### Friday, March 22, 2019

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Room</th>
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<tbody>
<tr>
<td>11:00 AM - 11:30 AM</td>
<td>Registration</td>
<td>Registration Desk</td>
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<tr>
<td>11:30 AM - 1:45 PM</td>
<td>Mobilization of the Bariatric Patient: Strategies for PTs and PTAs</td>
<td>Main Hall</td>
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<td></td>
<td>Emily Gibbs, PT</td>
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<td></td>
<td>Incorporation of Dance into Physical Therapy Practice</td>
<td>Room 3</td>
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<td></td>
<td>Patrice Hazan, DPT, GCS, MS and Charlotte Walter, PT</td>
<td>(20 People)</td>
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<td></td>
<td>Stressed Out? Burned Out? Mindfulness for Clinicians and Students</td>
<td>Room 1AB</td>
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<tr>
<td></td>
<td>Heather Kindel, PT, PhD</td>
<td>(40 people)</td>
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<td></td>
<td>Rotator Cuff Repair: Why Less is More the First Six Weeks</td>
<td>Room 3A</td>
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<td>Joshua E Pniewski, PT, DPT and Trey Amodio PT, DPT</td>
<td>(40 People)</td>
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<td></td>
<td>Challenge and Progression during Task Oriented Arm Training after Stroke: Guiding Principles and Practical Applications</td>
<td>Room 3B</td>
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<td></td>
<td>Jill Campbell Stewart, PT, PhD, Kaci Handlery PT, DPT, Board-Certified Clinical Specialist in Neurologic Physical Therapy, Allison Lewis, PT, DPT, NCS, and Olivia Lockhart, MSOT, OTR/L</td>
<td>(40 People)</td>
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<tr>
<td>2:00 PM - 3:00 PM</td>
<td>Bridging the Gap: Community-Based Exercise for Individuals with Neurological Disability</td>
<td>Room 3B</td>
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<td></td>
<td>Reed Handlery, PT, DPT</td>
<td>(40 People)</td>
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<td>Patient Engagement: Promoting Self-Directed Behavior Changes</td>
<td>Room 1AB</td>
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<td></td>
<td>Luzelle Havenga BPhysT, PT</td>
<td>(40 people)</td>
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<td>Well-Being: Your Career Depends on It</td>
<td>Room 3A</td>
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<td>David Schary, PhD, MPH</td>
<td>(40 People)</td>
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<td>Shoulder Instability in the Pediatric Athlete</td>
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<td>Michael J Barr, PT, DPT, MSR</td>
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<td>3:00 PM - 5:15 PM</td>
<td>Senior Care Strategies: Fall Prevention with Cognitive Considerations</td>
<td>Room 1AB</td>
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<td>Donna Diedrich, PT, DPT, GCS and Angela Edney, MSA, OTR</td>
<td>(40 people)</td>
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<td>Where Do We Fit? The Wellness Puzzle</td>
<td>Room 3A</td>
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<td>Patrice Hazan, DPT, GCS, MS and Charlotte Walter, PT</td>
<td>(40 People)</td>
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<td>Vision and Brain Injury</td>
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<td>Katie Davis, OD, FCOVD</td>
<td>(40 People)</td>
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<td>Teaching Sleeping to Aid Healing</td>
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<td>Trudy Messer, PT, OCS, CKTP, CFMT</td>
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<tr>
<td>5:30 PM - 8:30 pm</td>
<td>Social Hour Event – Sponsored by Spartanburg Regional Healthcare System</td>
<td>Gringo’s Cantina</td>
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<td>Held at Gringo’s Cantina 11 Falls Park Dr, Greenville, SC</td>
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### Saturday, March 23, 2019

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<tr>
<th>Time</th>
<th>Event</th>
<th>Room</th>
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<tbody>
<tr>
<td>8:00 AM - 10:00 AM</td>
<td>Functional Mechanics of the Lower Extremity</td>
<td>Room 1AB</td>
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<tr>
<td></td>
<td>Curtis Kindel PT, PhD, OCS</td>
<td>(40 people)</td>
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<td>Chronic Pain in Stroke- We Can’t Stop with Function</td>
<td>Room 3A</td>
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<td></td>
<td>Sara Kraft, PT, DPT, NCS, ATP and Gretchen Seif, PT</td>
<td>(40 People)</td>
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<td>Facilitating Fitness and Function in Older Adults: A Mind-Body Approach</td>
<td>Main Hall</td>
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<td>C. Vicki Gold, PT, MA</td>
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<td>Compression Band Flossing</td>
<td>Room 3</td>
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<td>Jennifer Hutton, DPT</td>
<td>(20 People)</td>
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<td>Clinical Reasoning, Outcomes, and Expertise: Connecting the Dots</td>
<td>Room 3B</td>
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<td>Thomas Denninger, DPT, OCS, FAAOMPT, Susan Denninger, PT, DPT, PCS and Adam Lutz, PT, DPT</td>
<td>(40 People)</td>
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<tr>
<td>10:30 AM - 11:00 AM</td>
<td>Ortho Poster Presentations</td>
<td>Room 1AB</td>
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<td>Neuro Poster Presentations</td>
<td>(40 people)</td>
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<td>Room 3A</td>
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<tr>
<td>11:00 AM - 1:30 PM</td>
<td>Kinesiology Taping for Special Populations</td>
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<td>Jennifer Hutton, DPT</td>
<td>(20 People)</td>
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<td>Women Helping Women Succeed in Leadership</td>
<td>Room 3B</td>
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<td></td>
<td>Lisa K. Saladin, PT, PhD and Gretchen Seif, PT, DPT</td>
<td>(40 People)</td>
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<td>How Manual Therapy Works and Why it Matters</td>
<td>Room 1AB</td>
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<td></td>
<td>Thomas Denninger, DPT, OCS, FAAOMPT</td>
<td>(40 people)</td>
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<td>How to FIIT Best Practice in Neurological Rehabilitation</td>
<td>Room 3A</td>
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<td></td>
<td>Sara Kraft, PT, DPT, NCS, ATP, Mark Bowden, PT, PhD, Eric Monsch, PT, DPT, NCS and</td>
<td>(40 People)</td>
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<td>Addie Middleton, Phd, DPT</td>
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Friday, March 22, 2019
11:30 am – 2 hr course
Heather Kindel, PT, PhD

Overview:
Mindfulness trains individuals to be fully present in the moment, and has been shown in the literature to impact critical thinking, improve patient care, decrease stress, and reduce clinician burnout.

Objectives:
1. Participants will identify 7 facets of mindfulness and their applications toward stress management.
2. Participants will understand the neuroscience and research supporting the use of mindfulness for stress reduction.
3. Participants will experience a variety of mindfulness principles that apply to clinic and personal life.
4. Participants will be equipped to choose a mindfulness practice to continue.

Detailed Description:
Stress is a glaring reality in higher education and clinical practice. The number of physical therapy students with diagnoses of anxiety and depression continues to increase. Likewise, clinicians experience rising stress from dealing with productivity standards, insurance regulations, and patient needs. Mindfulness, a teaching with Eastern roots, trains individuals to be fully present in the moment, and has been shown in the literature to impact critical thinking, improve patient care, decrease stress, and reduce clinician burnout. Despite a strong presence in medical and nursing literature, however, mindfulness is just beginning to appear in physical therapy literature and practice. In a mixed methods study, the author taught mindfulness to a cohort of DPT students, and evaluated the effects on their stress, self-regulation, and mindfulness through pre and posttests (immediately and 8 weeks after), using the Five Factor Mindfulness Questionnaire (FFMQ), Perceived Stress Scale (PSS), and Motivational Strategies for Learning Questionnaire (MSLQ). Statistical analysis revealed statistically significant changes in PSS ($p = .014$) and FFMQ ($p = .002$) across group and time, and between group and time for the MSLQ ($p = .027$). In this course, study results will be shared, and mindfulness techniques taught to decrease stress for students and clinicians, which will ultimately benefit the patient.

Speaker Bios:
Dr. Heather Kindel is a licensed physical therapist in the States of South Carolina and Pennsylvania who has 17 years of post-licensure experience including 6 years as a full-time faculty member. She holds a baccalaureate degree in health science, a master’s degree in physical therapy, and a Ph.D. in instructional management and leadership. In addition, she is a Certified True Colors Awareness Facilitator. Dr. Kindel joined the Anderson University faculty in August, 2018 as an assistant professor in the School of Physical Therapy. Prior to joining AU, she was on the PT faculty at Saint Francis University in Loretto, PA, where she served as the assistant director of clinical education and assistant professor. Dr. Kindel’s primary teaching load is in the content areas of: women’s health, psychosocial and spiritual aspects of patient care, and ethics. Her current research interests focus on mindfulness as an approach to combat student stress, stress urinary incontinence in athletes, and health literacy. Dr. Kindel has a record of community and professional service that includes active membership in her church, membership in the American Physical Therapy Association, PPTA and SCAPTA, advisor of CRU student ministry, and facilitator of True Colors workshops within her university and community.
**Overview:**
This session will discuss challenge, progression, and individualization in task-oriented training after stroke. Guiding principles will be explored and practical examples from both research and clinic environments will be provided.

**Objectives:**
1. Define principles that can change the level of challenge during task-oriented training after stroke.
2. Describe approaches to define individualization and progression and how these approaches may be used to optimize challenge level during task-oriented training after stroke.
3. Describe strategies to implement principles of challenge and progression during task-oriented training in the clinic.

**Detailed Description:**
Task-oriented training is an important component of stroke rehabilitation. However, given the heterogeneity in clinical presentation of stroke, the content of task-oriented training often varies between individuals. Utilization of a structured and well-defined approach to determine practice challenge and progression is needed to optimize intensity and individualization of training. This session will outline a set of guiding principles for defining challenge during arm training after stroke based on current evidence. Individualization and progression of practice will also be reviewed. Practical examples will be provided along with strategies for implementation in the clinic.

**Speaker Bios:**

**Jill Stewart:**
Earned her physical therapy degree at the University of Evansville and a post-professional Master’s degree in neurologic physical therapy at the University of Indianapolis. She practiced in a variety of clinical settings before completing her PhD in Biokinesiology at the University of Southern California and a postdoctoral research fellowship at the University of California, Irvine. Currently, Dr. Stewart is an Assistant Professor in the Program in Physical Therapy at the University of South Carolina. She directs the Motor Behavior and Neuroimaging Laboratory where her research focuses on the control and learning of skilled movement with the aim of improving motor rehabilitation in individuals with neurologic diagnoses.

**Alli Lewis:**
Earned her Doctor of Physical Therapy degree and completed a Neurologic Residency program through the Medical University of South Carolina. She is a Board-Certified Clinical Specialist in Neurologic Physical Therapy. She practiced in inpatient rehabilitation for several years before returning to graduate school to pursue a PhD in Rehabilitation Sciences at the University of South Carolina in the Motor Behavior and Neuroimaging Laboratory. Her broad research interests are in rehabilitation after stroke. She is especially interested in understanding how to optimize practice conditions to enhance motor learning.

**Kaci Handlery:**
Graduated with her Doctorate in Physical Therapy from the University of South Carolina in 2015. Since graduating, she has worked as a Research Physical Therapist in the Motor Behavior and Neuroimaging Laboratory and as a physical therapist at Palmetto Health Richland where she primarily covers the neurologic and trauma floors. Dr. Handlery is also an adjunct faculty member in the DPT program at the University of South Carolina where she teaches a course on acute care physical therapy. In 2018, Dr. Handlery became a Board-Certified Clinical Specialist in Neurologic Physical Therapy.

**Olivia Lockhart:**
Earned her Master of Science in Occupational Therapy degree at Indiana University and has practiced as an occupational therapist in both acute care and inpatient rehabilitation settings for over 5 years. Currently, Ms. Lockhart works as an intervention therapist on a study that utilizes task-oriented arm training after stroke in the Motor Behavior and Neuroimaging Laboratory at the University of South Carolina. Her broad interests include community engagement and improving functional outcomes through use of meaningful activities. Ms. Lockhart is a member of the American Occupational Therapy Association and is certified by the National Board of Certification in Occupational Therapy.
Friday, March 22, 2019
11:30 am – 2 hr course
Rotator Cuff Repair: Why Less is More the First Six Weeks
Joshua E Pniewski, PT, DPT and Trey Amodio, PT, DPT

Overview:
As surgical techniques advance, the post-operative course and rehab should also advance. With shrinking time in the clinic due to various restrictions, maximizing efficiency of treatment should be a priority.

Objectives:
1. Evaluate the literature in order to design a rehabilitation plan to minimize impact to repaired tissue during the first 6 weeks.
2. Utilize current evidence to support a safe and progressive rehabilitation program citing specific EMG evidence to cater to a progress therapeutic exercise course.
3. Use data collected to show outcomes post rotator cuff repair comparing visit sessions from traditional models to new treatment efficiency models.

Detailed Description:
Treating patients’ status post rotator cuff repair has been observed and detailed extensively in the literature. However, with the ever changing healthcare system treatment methodology should also adapt. With high co-pays, capped visit plans for physical therapy, and a myriad of other obstacles, how do we as physical therapists still achieve excellent patient outcomes with all of hurdles? By using criteria and the current level of evidence a cost effective plan of care can be developed in which the therapist and patient work together.

Speaker Bios:
Dr. Pniewski has been a physical therapist for over 12 years and is in a Clinic Director position with ATI Physical Therapy in Aiken, SC. Prior to this position he spent a majority of his career in the Department of the Army and a stint as an assistant professor with Augusta University. He has authored several publications in peer reviewed journals with the Orthopedic Surgery Staff at Dwight D. Eisenhower Army Medical Center. He has spoken on these topics at national conventions to include the APTA Combined Sections Meeting, The National Conference for the American Society of Shoulder and Elbow Therapists (ASSET), and at the SCAPTA Annual Conference in 2018 in Charleston SC. His poster on Functional Outcomes Following Hip Arthroscopy was voted best poster at the SCAPTA Annual Conference in 2013. He is also a manuscript reviewer for the American Journal of Sports Medicine.

Trey Amodio is a graduate from Augusta University. He has a particular passion for the post-operative shoulder population. He has worked closely with his ATI mentorship to progress his knowledge on various topics. He is currently a staff physical therapist at ATI Physical Therapy in Aiken, SC. He has been published in Complementary Therapies in Clinical Practice in May 2018 with the title "Trunk and hip muscle activation during yoga poses: Do sex-differences exist?" This was a ground breaking study in which data collected can be used across different disciplines. His passion to direct patient care for the best possible outcomes are shown in his cross disciplinary research.
Incorporation of Dance into Physical Therapy Practice
Patrice Hazan, DPT, GCS, MS and Charlotte Walter, PT

Overview:
Music in physical therapy: a fun, creative, underutilized treatment tool! Discover how the use of music can facilitate improvements in balance, coordination, agility, gait, functional strength and cognition.

Objectives:
1. Recognize how music can be used in patient treatment to facilitate increase in functional strength, balance, coordination, gait, and cognitive skills
2. Assess patient ability to complete dance-centered interventions
3. Obtain confidence to employ principles of music and dance multiple patient populations (elderly, chronic pain, Parkinson’s).

Detailed Description:
Bring your dancing shoes as this hands-on session will include demonstration and active participation. Leave with techniques you can immediately implement with your patients.

Music and dance are under-utilized physical therapy treatment modalities. Although music and dance have not traditionally been included in our DPT education, there is a wealth of research supporting and demonstrating the benefits of both music and dance in patient care.

Many rehabilitative gains can be achieved with the use of music and dance. Learn how to employ music strategies during treatment for multiple patient populations using the beats per minute to encourage changes in cadence and size of movements, weight shift, turns, direction changes, backward steps, weight shifting, trunk and hip rotation, side stepping, trunk control, isolation of movement, etc.

You do not need to be a dancer to incorporate music into your PT treatment plan: simple patterns and moves can build on one another, or slight modification and adjustment of a single move can provide challenges. Learn how to challenge and adapt the treatment to meet the patient’s capabilities and needs. Patients love it! Because music and dance are fun, patients are likely to increase adherence and active participation in treatment.

Speaker Bios:
Patrice Hazan has a Doctorate in Physical Therapy from Des Moines University and a Masters degree in Gerontology from Roosevelt University. In addition, she is a Board Certified Geriatric Clinical Specialist and a member of the Academy of Geriatrics with the American Physical Therapy Association. She also is a member of the American College of Sports Medicine. She is the CEO and founder of GroupHab® Physical Therapy and Wellness. Patrice is renowned for her patient care and ground breaking group therapy classes.

Dr. Walter is a recent graduate of the University of South Dakota. She was drawn to physical therapy for the opportunity to use her knowledge and love for movement to get people back to activities that are the most meaningful for them - from work to play to caring for their loved ones.

During her doctorate training she worked in hospital, rehab, and outpatient settings. Dr. Walter completed her final clinical assignment at GroupHab Physical Therapy this spring and is excited to use GroupHab's unique model to improve senior's health, enhance their quality of life, and increase confidence in their ability to stay well.
Overview:
The hospitalized bariatric patient presents unique mobility challenges for PTs and PTAs. Come and learn strategies for strengthening and mobilizing this population including equipment needs and procurement.

Objectives:
1. Identify barriers to mobilizing bariatric patients
2. Describe techniques for strengthening and safe mobilization of the bariatric patient
3. Identify options for bariatric equipment
4. Discuss difficulties encountered in discharge planning

Detailed Description:
Mobilizing a hospitalized bariatric patient can be a daunting task for PTs and PTAs. These patients may have had limited mobility at home or are now immobile due to serious medical issue coupled with prolonged bed rest which complicates their discharge planning. Equipment of the appropriate size such as beds, chairs, wheelchairs and walkers may not be available or may be difficult to use. Limited joint excursion affects strengthening exercises. This session will provide instruction on techniques for strengthening and mobilizing the bariatric patient and will include information on available bariatric equipment. Time will be allotted for demonstration and “hands on” training using a bariatric training suit, bariatric bed and bariatric chair.

Speaker Bios:
Emily Gibbs, PT, received her BS in physical therapy from East Carolina University in 1979 and has practiced in multiple settings including acute care, long term acute care, long term care and home health as both a clinician and manager. She has worked for the Spartanburg Regional Healthcare System since 2001. While practicing as an inpatient PT she worked with the gastric bypass surgery program which led to an interest in rehab for the bariatric medical patient, subsequently developing strategies for mobilizing this population. She has served as the Safe Patient Handling and Mobility coordinator for the SRHS system since 2013, continuing her interest in safe mobility for the bariatric patient. She received a grant from the Spartanburg Regional Foundation in 2018 for the purchase of a bariatric training suit and is in the progress of establishing a bariatric SPHM specialty program for SRHS.
Overview:
Individuals with neurological disability would benefit from additional exercise at discharge, however resources may be limited. Physical therapists can bridge the gap between rehabilitation and community-integration via community-based exercise programs.

Objectives:
1. Consider the physical therapist’s role in promotion of exercise/physical activity after discharge.
2. Evaluate a program utilized by your patients in the community (exercise-based or other).
3. Propose a physical therapist-initiated intervention that would benefit an undeserved population in your community.
4. Consider barriers and facilitators (for all parties involved) regarding the creation and implementation of a community-based program.

Detailed Description:
Physical therapists (PTs) are in a prime position to impact the health and wellness of individuals, and in turn, communities (Rea, 2004). As movement experts, PTs often address the physical aspect of wellness, however their services may be underutilized after discharge.

“NExT” is a community-based, PT-led, group exercise program for individuals with neurological deficits and their care partners. NExT was originally created as a way to address low physical activity (PA) levels in individuals with stroke who were no longer receiving rehabilitation but has grown in the last three years to include individuals with multiple sclerosis and acquired brain injury. The focus of NExT is to educate individuals on the importance of PA, regardless of functional ability, and also to provide a safe, and socially supportive environment in which to exercise. By reflecting on our experience with NExT, we discuss the challenges of offering such a program, including building partnerships in the community, recruiting participants, collaborating with clinicians and researchers, and maximizing adherence and outcomes. Through open discussion, we hope to improve NExT and also facilitate the creation of additional community-based interventions throughout South Carolina.

Speaker Bios:
Reed Handlery graduated from the University of South Carolina (USC) with his Doctorate in Physical Therapy in 2016. During his first year as a physical therapist, he had many questions that did not have clear answers. This led him to return to USC and pursue his PhD in Rehabilitation Sciences. In 2018, based on his prospective research, Reed was awarded the Promotion of Doctoral Studies I scholarship through the Foundation for Physical Therapy and the Arnold Fellowship through USC’s Arnold School of Public Health. His research interests are in the promotion of health and wellness for all people, but particularly those with neurological deficits. Together with his mentor, Dr. Stacy Fritz, he created a community-based exercise program for individuals with neurological disability and their care partners, which has grown from a handful of individuals to over 30 in just three years. Reed is also co-instructor of the Health Promotion & Wellness course in USC’s DPT program. Through his research and teaching, he hopes to show the vital role of physical therapists in the promotion of movement-based medicine for all people.
Overview:
Physical therapists race obstacles that erode well-being, resulting in lower quality care in patients and career burnout. This presentation explores those obstacles and provides practical strategies to address them.

Objectives:
1. Describe the causes of low well-being that lead to lower quality of care and career burnout.
2. Explain the interconnectedness between the well-being of practitioners and the level of care they provide.
3. Discuss a holistic system of support that focuses on the whole person using psychological and social skills.
4. Develop practical strategies to increase well-being and career satisfaction.

Detailed Description:
Being an expert in physical therapy is not enough to enjoy a long, successful, and satisfying career. Physical therapists face numerous obstacles to their professional success like increasing hours, plateauing insurance reimbursements, interacting with patients with chronic pain, and maintaining a work/life balance. Over time, these obstacles erode professional and personal well-being, resulting in lower quality care in patients and career burnout. To overcome these obstacles, a physical therapist needs a holistic system of support. This system includes psychological and social skills like self-awareness, self-compassion, and mental toughness. Unfortunately, these topics are often absent in physical therapy programs leaving practitioners unprepared for the challenges facing them. To better equip physical therapists, this presentation will (a) discuss the importance of professional and personal well-being, (b) identify common obstacles to well-being, and (c) provide practical strategies to increase well-being and career satisfaction.

Speaker Bios:
David Schary is an Assistant Professor of Exercise Science at Winthrop University. His mission is to help people understand the importance of the psychological and social aspects in their everyday lives. Dr. Schary’s research interests include performance, leadership, and well-being across a variety of domains (e.g., medical profession, emergency services, wildland firefighters, and athletics). Currently, he is researching the relationship between well-being and performance. In addition to teaching and research, Dr. Schary is a performance consultant for Winthrop Athletics, the U.S. Forest Service, and the National Fallen Firefighters Foundation. Prior to academia, Dr. Schary coached rowing at the high school, collegiate, and masters levels.

Dr. Schary completed his PhD in Exercise and Sport Science, with a concentration in Exercise and Sport Psychology, and MPH, with a concentration in Biostatistics, at Oregon State University. He also holds a Master of Science in Exercise and Sport Studies from Smith College and a Bachelor of Arts in Sociology from the University of California, Davis.
Friday, March 22, 2019

2:00 pm – 1 hr course

Shoulder Instability in the Pediatric Athlete

Michael J Barr, PT, DPT, MSR

Overview:
Identify signs and symptoms of anterior and multi-directional shoulder instability in pediatric/adolescent athletes including examination techniques, rehabilitation stages and progression and treatment options from conservative to surgical.

Objectives:
1. Identify signs and symptoms of anterior and multi-directional shoulder instability
2. Understand examination techniques to support the diagnosis and potential differential diagnoses
3. Review rehabilitation guidelines, techniques and progression
4. Discuss treatment options including rest and home exercises, physical therapy and surgical intervention

Detailed Description:

Speaker Bios:
Michael Barr is the Sports Medicine Manager and Physical Therapist at MUSC Heath. He received a Bachelor of Science degree in Exercise Science from the College of Charleston. Michael then went on to complete a Master of Science in Rehab Sciences – Physical Therapy from the Medical University of South Carolina in 2004. After practicing for 4 years, Michael continued his education and completed a Doctorate in Physical Therapy degree in 2008. Since starting at MUSC Health in 2006 Michael is responsible for the day to day operations of Sports Medicine department including overseeing MUSC Health’s Athletic trainers, outreach program and event coverage. Michael is the team physical therapist for the Charleston Battery, Charleston RiverDogs and Lowcountry High Rollers in addition to a number of other area high schools, recreation and club teams and leagues. Michael currently treats athletes from all over the Lowcountry out of the MUSC Health East Copper Physical Therapy Office.

In addition to his medical background, Michael is a former collegiate soccer player at the College of Charleston, as well as a former collegiate, youth and national level coach. Michael currently holds multiple soccer coaching licenses including a USSF “B” license and goalkeeping licensure.
Patient Engagement: Promoting Self-Directed Behavior Changes

Luzelle Havenga BPhysT, PT

Overview:
Patient empowerment is a process to promote self-directed behavior changes in patients, so they are more likely to follow and meet self-established goals. Where empowerment is embraced, clinical outcomes and hospitalization rates improve.

Objectives:
1. Apply empowerment methodologies to teach patients self-management strategies and build trust and transparency amongst the entire care team - physicians, nurses, aides, and therapists.
2. Discuss how critical it is to have access to data to compare the effects empowerment has on clinical outcomes.
3. Identify why Physical Therapy is key to success in HF/COPD patients as it relates to reduction of acute care hospitalization.

Detailed Description:
Patient and caregiver empowerment methodologies, applied at home, can keep high-risk heart failure and COPD patients out of the hospital. Using an interdisciplinary approach focused on teaching self-management strategies, patients live a better life with a chronic disease. Where empowerment is embraced, clinical outcomes and hospitalization rates improve. Patient empowerment is a process to promote self-directed behavior changes in patients, so they are more likely to follow and meet self-established goals. Goals include health maintenance and improvements and life goals. Empowerment methodologies use patient engagement tactics and tools to help patients build the confidence to manage their disease while reducing patient and caregiver stress and anxiety as they become active participants in their health. Functional status improvement has a direct effect on re-hospitalization and therefore the role of the Physical Therapist is key to success.

Speaker Bios:
Luzelle Havenga PT, BPhysT is the Assistant Vice President of Therapy Innovation for Amedisys, a national home health, hospice, and personal care provider. Her work focuses on the development and implementation of evidence-based clinical programs aimed at patient self-care and disease awareness that enhance the lives of patients and caregivers while improving clinical outcomes and reducing hospitalizations. Luzelle is part of a team that has trained over 13,000 clinicians in 36 states that include nurses, home health aides, and physical, occupational, and speech therapists on patient empowerment and disease-specific programs. Specialties include Heart Failure, COPD, Fall Reduction and other programs in development.
Overview:
Safety in elder care often centers on fall prevention and cognitive concerns. Our session will provide strategies to identify fall risk and overlay cognition with relation to successful intervention.

Objectives:
1. Recognize at least 4 components contributing to fall risk in the elderly client.
2. Employ fall risk guide to PT assessments and interventions for fall prevention
3. Describe cognitive strengths identified during a therapy evaluation related to successful fall prevention strategies

Detailed Description:
According to the CDC every 20 minutes an older adult dies from a fall. This is one reason why there are frequent concerns for safety in the elder care setting related to falls and fall prevention. Falls are common, costly and often considered preventable. Though it is not realistic to set a goal for no falls, interdisciplinary teams should be able to identify the components contributing to fall risk. Our session will assist you in identifying components of fall risk. We will compare leading fall risk tools and focus on one standardized, evidence-based algorithm for risk stratification. Next, we will expand with examination of the impact cognition, specifically the decline often seen in aging adults with introduction to the Allen Disability Model. Inability to follow directions or behaviors are often cited as barriers to fall prevention. We will review client presentation scenarios and describe evidence-based solutions for optimal safety and intervention planning.

Speaker Bios
Dr. Diedrich is a board certified Geriatric Clinical Specialist through the APTA as well as a section member of the Academy of Geriatrics and Cardiopulmonary PT. In her current role she leads Aegis’ service delivery and care re-design projects for post-acute care environments. Dr. Diedrich has over 35 years of clinical experience, the majority of which has been in the area of post-acute care. As an established presenter at professional, national and state healthcare conferences she educates on the role of rehab in avoidable rehospitalization, functional improvement and the impact of physical therapy in value based care. She was lead author for a 2013 Geri-Notes article: Care ReDesign: Planning for Rehab in a Bundled Model of Care World and works on collaborative program development for care across the post-acute care continuum.

Angela Edney is a national clinical director for Aegis Therapies with 25+ years of management experience in senior care. Ms. Edney provides field support for clinical practice specialists, area vice presidents, facility management and rehab staff. She has co-authored several resources for therapists, including an article on falls prevention for patients with cognitive impairments that was published in the OT Practice in 2005. She also received the Chairman’s Award from Beverly Enterprises, Inc., in 2005. In 2006 and 2007, she received awards from the Allen Cognitive Network for promotion of the “Allen Cognitive Model Through Original Application to Clinical Practice.” She is NDT trained and has work in many acute and sub-acute settings including, inpatient rehab, home heath, outpatients and skilled nursing facilities. In addition, she has done presentations at many national and state conferences. Ms. Edney has co-authored many resources on dementia, incontinence management and seating and positioning.
Friday, March 22, 2019
3:00 pm – 2 hr course
Where Do We Fit? The Wellness Puzzle
Patrice Hazan, DPT, GCS, MS and Charlotte Walter, PT

Overview:
The medical model is changing to emphasize health promotion and prevention, leaving many PTs wondering how we fit in. Discover how PTs are successfully implementing wellness in patient care. Open Discussion Interactive Forum format.

Objectives:
1. Recognize and understand how and by what manner the medical model of physical therapy is changing to emphasize health promotion and prevention
2. Understand the components of wellness and how PTs would include wellness intervention within our current patient treatment in a wide range of setting
3. Describe how PTs can utilize alternative models of care to obtain long term wellness for patient outcomes.
4. Obtain knowledge of national association and government resources that can be utilized to provide a wealth of knowledge for our patients.
5. Explain treatment that would constitute physical therapy “direct patient wellness intervention”

Detailed Description:
The medical model of physical therapy is transforming from reactive to proactive with an emphasis on health promotion and prevention. This change has left many PTs unsure as to what this means, what is our role, and how do we fit into the puzzle. Join in this open discussion and learn from other PTs how they have successfully moved into the health promotion and prevention arena. Discover how a wellness revolution can include alternative models of delivery physical therapy treatment that create long term solutions that will have a profound impact in improving the health of our nation. You will leave with an understanding how health promotion and prevention fit into the context of PT’s as “movement system experts” as well as how to create and include wellness intervention within our current medical system. Because the APTA practice act regarding health promotion and prevention includes both collaboration and direct PT intervention we will expand upon both areas. In addition, participants will realize the abundance of resources available to health care providers from the various national health associations and community organization. Join us and Change the Way You Think About Physical Therapy!

Speaker Bios:
Patrice Hazan has a Doctorate in Physical Therapy from Des Moines University and a Masters degree in Gerontology from Roosevelt University. In addition, she is a Board Certified Geriatric Clinical Specialist and a member of the Academy of Geriatrics with the American Physical Therapy Association. She also is a member of the American College of Sports Medicine. She is the CEO and founder of GroupHab® Physical Therapy and Wellness. Patrice is renowned for her patient care and ground breaking group therapy classes.

Dr. Walter is a recent graduate of the University of South Dakota. She was drawn to physical therapy for the opportunity to use her knowledge and love for movement to get people back to activities that are the most meaningful for them - from work to play to caring for their loved ones. During her doctorate training she worked in hospital, rehab, and outpatient settings. Dr. Walter completed her final clinical assignment at GroupHab Physical Therapy this spring and is excited to use GroupHab's unique model to improve senior’s health, enhance their quality of life, and increase confidence in their ability to stay well.
Overview:
Acquired brain injury (ABI) represents a major public health concern. Visual problems found in patients with ABI encompass a wide range of basic visual concerns, along with more specialized oculo-motor and non-oculo motor aspects.

Objectives:
1. Participants will be able to explain the visual anatomy system as well as common visual deficits following CVA and TBI.
2. Participants will be able to implement evidence-based vision screenings and accommodations for patients following an acquired brain injury.
3. Participants will be able to explain the benefits of Neuro-Optometry Services as well as identify when these services may be beneficial for patients following CVA and TBI.

Detailed Description:
Acquired brain injury (ABI) represents a major public health concern. Visual problems found in patients with ABI encompass a wide range of basic visual concerns, along with more specialized oculo-motor and non-oculo motor aspects. Vision problems can be remediated with a range of visual interventions: lenses, prisms, occluders, tints and vision therapy. This course seeks to explain the visual anatomy system as well as common visual deficits following CVA and TBI, illustrate how to use evidence-based vision screenings and accommodations for patients following an acquired brain injury and demonstrate the benefits of Neuro-Optometry Services.

Speaker Bios:
Katie Davis is an optometrist board certified by the College of Vision Development (COVD) in the field of developmental and rehabilitative vision. She practices in Columbia, SC. She serves as the SC liaison for the COVD and is the Midlands Optometric Society President. In 2017, she was awarded the Horizon Award by the South Carolina Optometric Physician’s Association.
Overview:
A review of efficient sleeping patterns and most common dysfunctions associated with sleeping. Education on tools to improve sleep as well as efficient sleeping postures to aid healing and limit inflammation.

Objectives:
1. To inform individual of efficient sleeping
2. To educate on common sleeping dysfunctions related to pain and inflammation
3. To instruct on common methods/techniques to improve patients sleep behaviors
4. To educate on sleep aids including alternative options to medication
5. To educate on efficient sleeping posture

Detailed Description:
Sleeping habits are a challenging issue for physical therapists to educate patients about that are dealing with pain and inflammation. This course is intended to teach therapists what in fact efficient sleeping is and inform on the most recent evidence on how sleeping aids healing including giving them the tools they can teach their patients (and themselves) to sleep more efficiently and heal their bodies.

Speaker Bios:
Trudy Messer is a Canadian-trained physical therapist with over 21 years of experience with multiple advanced certifications including an Orthopedic Certified Specialist (OCS®) from the American Physical Therapy Association, a Certified Kinesiotaping Practitioner (CKTP) from Kinesiotaping America and a Certified Functional Manual Therapist (CFMT®) from the Institute of Physical Art. She is an experienced registered yoga teacher of 200 hours as well as a Yoga Alliance Certified Education Practitioner (E-RYT 200, YACEP®).
Saturday, March 23, 2019
8:00 am – 2 hr course
Clinical Reasoning, Outcomes and Expertise - Connecting the Dots
Thomas Denninger, DPT, OCS, FAAOMPT, Susan Denninger, PT, DPT, PCS and Adam Lutz, PT, DPT

Overview:
This session will define, explore, and connect the concepts of clinical reasoning, patient outcomes, and expertise in Physical Therapy practice for clinicians in various settings of various levels of experience

Objectives:
1. Following this session, attendees will be able to define models of clinical reasoning including dual process systems theory.
2. Following this session, attendees will be able to list clinician, patient, and episode factors that influence patient outcomes
3. Following this session, attendees will be able to compare various attributes of defining clinical expertise

Detailed Description:
Clinical reasoning, outcomes, and expertise are buzz words associated with professional development. This affects every clinician from student to seasoned veteran. Current research has helped shed light on strategies for the development of reflective learning that bring about meta-cognition and continuous improvement, which have been shown to bring about expertise and improved patient outcomes.
This session for clinicians of all settings and experience will review the key concepts of clinical reasoning, highlight strategies to develop both inductive and deductive clinical decisions, and explore how these processes influence patient outcomes and define clinical expertise.

Speaker Bios:
Tom Denninger serves as a Regional Director of Clinical Excellence for the southeast for ATI Physical Therapy. He is a 2008 DPT and 2009 Orthopedic Residency graduate of Sacred Heart University in Fairfield, CT and a 2011 manual therapy fellowship graduate from Evidence in Motion. He is certified in trigger point dry needling and therapeutic neuroscience education. He has presented at multiple national and state conferences and has published manuscripts in the area of low back pain, medical screening, geriatric knee pain, and patient choice.

Susan Denninger currently serves as core faculty at Anderson University’s developing Physical Therapy program. She completed her DPT at Sacred Heart University in 2010 and has been recognized as a Pediatric Clinical Specialist since 2013. She currently practices at Shriner’s Hospital for children and has previously created programs for adolescents with chest wall deformities and infants with club feet. He research has been presented at both physician and PT conferences and is currently completing her EdD at North Greenville University.

Adam Lutz is a current PhD student at the University of South Carolina based out of ATI Physical Therapy in Greenville. He is a DPT graduate of the University of North Florida. He has been awarded the Norman J. Arnold Doctoral fellowship and is currently on several grants investigating ideal outcomes in patients with musculoskeletal disorders.
Overview:
This course will review some biomechanical concepts, introduce new ones, and apply them specifically to the movement system. Common evaluative techniques and therapeutic interventions will be discussed and analyzed.

Objectives:
1. Identify characteristics of the musculoskeletal system and how they relate to movement or restoration of movement
2. Explain mechanics of the lower extremity and how they relate to function
3. Evaluate examination and rehabilitation techniques of the lower extremity based upon biomechanical principles and concepts
4. Evaluate therapeutic exercises based on length-tension relationship and joint mechanics for the lower extremity

Detailed Description:
Healthcare practitioners typically receive instruction on mechanics of the musculoskeletal system throughout their education. However, once in clinical practice, many of those foundational concepts are disregarded. In addition, research is constantly identifying new knowledge which affects our effectiveness of evaluation and treatment. This course will review some biomechanical concepts, introduce new ones, and apply them specifically to the movement system. Common evaluative techniques and therapeutic interventions will be discussed and analyzed.

Speaker Bios:
Dr. Kindel graduated with his MPT from St. Francis University (PA) in 2001. He earned his Orthopaedic Clinical Specialist certification in 2007, and his PhD in Biomechanics from Penn State University in 2015. He taught in the PT department at St. Francis University for 11 years, and recently joined the faculty at Anderson University in August 2018. Dr. Kindel resides in the Greenville region with his wife and two daughters.
Facilitating Fitness and Function in Older Adults - A Mind-Body Approach
C. Vicki Gold, PT, MA

Overview:
Recognizing the growing population of older adults, it is important that physical therapists have strategies and techniques to help them overcome the mental and physical challenges aging often brings.

Objectives:
1. Participants will be able to describe at least 3 mental and 3 physical changes older adults may experience.
2. Participants will be able to define the 5 components of "The ABCs" System approach to physical therapy treatments.
3. Participants will be able to demonstrate a mock "ABCs" training.

Detailed Description:
This fun, informative training presents a simple ABCs system to help older adults achieve their therapeutic goals. Learn to integrate Alignment, Breathing and Centering into physical therapy treatments for improved patient outcomes.

Speaker Bios:
Physical therapist w 45+ years traditional medical experience. Additional trainings: Yoga, Tai Chi, Pilates, Alexander and Feldenkrais Techniques. Specializations: There. ex. (PNF; NOT) plus "personal transformation" trainings with Landmark Education and life experience! Former Director of Physical Therapist Assistant Program - LaGuardia Community College, NYC + faculty positions IN PT programs at: NYU, Hunter College, NYC and Cal. State Univ. in Fresno, CA; Supervisor of PT dept. at a children's rehab. hosp. in Sao Paulo, Brazil - created PT instruction manual for staff; Presenter of back injury prevention trainings - Cedars-Sinai Med. Center in California and for nursing staff at local (NY) nursing homes; Presenter of fall and injury prevention programs to local senior groups. Created mind-body training system: The ABCs of Prevention and Fitness, At Home and On-the-Job (Alignment, Breathing and Centering), which is about to be promoted nationally.
Saturday, March 23, 2019
8:00 am – 2 hr course
Chronic Pain in Stroke — We Can’t Stop with Function
Sara Kraft, PT, DPT, NCS, ATP and Gretchen Seif, PT, DPT

Overview:
This session will discuss pain in the stroke population in regards to incidence, cause, and treatment of pain; incorporating pain sciences to enhance neuroplasticity, myofascial trigger point training and long-term management.

Objectives:
1. Learners will understand the incidence and most common causes of pain in the stroke population.
2. Learners will understand the pain sciences theory and how it neuroplastic changes in stroke patients in mediating the pain response.
3. Learners will understand and apply R/L Lateralization, trigger point management, and 2-point discrimination training to manage pain in the stroke population.

Detailed Description:
We will start with defining neuroplasticity and discussing the difference between nociceptive pain, neuropathic pain and nociceptive pain. We will then discuss the incidence of pain in stroke patients, the most common causes of pain in this population, and current practice. We will introduce R/L lateralization and how to incorporate 2-point discrimination and lateralization into practice to improve pain modulation. We will discuss trigger point management and introduce dry needling, myofascial release and other mechanisms to address pain from trigger points. Finally, we will address postures and positioning to assist with long term management of pain in this population.

Speaker Bios:
Dr. Kraft has over 22 years of clinical experience working in the field of neurorehabilitation. She has worked as a clinician, manager, and now educator in all settings. Dr. Kraft is currently on faculty at MUSC teaching the neuromuscular coursework to DPT students. and is the MUSC Neurological Residency Director She graduated from MUSC in 1996 with her bachelors in physical therapy and a masters in health science. Since graduating she went on to get her transitional doctorate in physical therapy and has been a certified neurological specialist since 2002 and an Assistive technology professional since 2007. She currently continues her clinical practice as the faculty coordinator of the CARES student run free pro-bono clinic at MUSC, and the MUSC seating and mobility clinic.

Dr. Seif has been a licensed clinician since 1993 specifically working with individuals with musculoskeletal dysfunction as in an outpatient physical therapy setting. She is an Associate Professor at The Medical University of South Carolina (MUSC), teaching in the musculoskeletal lab series. She also serves as the faculty co-coordinator of the MUSC student run interprofessional free PT/OT clinic.She received her BS in Physical Therapy from The Ohio State University in 1993, her Master’s in Health Sciences from MUSC in 1997 and a Doctorate of Physical Therapy in 2009 from Regis University. She maintains a current clinical practice.
Overview:
This course introduces the concept of skin/fascial/nerve gliding to help reduce tissue swelling, improve movement and modulate pain with the use of ‘compression band floss.’

Objectives:
1. Define, understand and integrate the myofascial sequencing model.
2. Discover and explore the neuroanatomy of the dermal/fascial subsystem.
3. Describe and interpret the research as it relates to connective tissue gliding and pain modulation.
4. Integrate banded floss techniques for soft tissue pathology as it relates to tension, direction and pressure.

Detailed Description:
This course introduces the concept of skin/fascial/nerve gliding to help reduce tissue swelling, improve movement and modulate pain with the use of ‘compression band floss.’ This course will cover the anatomy, physiology and neurology of the effects of compression band flossing on connective tissue gliding, tissue traction and tissue compression. Interventions with compression band floss (including direction and pressure concepts) will be reviewed and integrated into current rehabilitative concepts.

This course is intended for practitioners and therapists with a basic understanding of soft tissue techniques.

Speaker Bios:
Jennifer currently works in one of the top children’s hospitals in Tennessee, treating the developmentally delayed population, as well as children with neurological and orthopedic diagnoses, both congenital and acquired. She is a Selective Functional Movement Assessment (SFMA), Functional Movement System (FMS), and a Myodetox Level 1 Certified (manual therapy) provider, and is the lead physical therapist in a regional combined specialty hip clinic, which offers preoperative and postoperative rehabilitation programs for local patients, as well as coordinated treatment plans with out of state physical therapists. Dr. Hutton works in conjunction with progressive orthopedic surgeons to develop cohesive, minimally invasive treatment programs. This includes a physical therapy approach to children with Perthes disease. She and her partners create content to educate the public on treatment alternatives, which include varied options for rehabilitation.

Dr. Hutton is involved in several community efforts for children with disabilities. She volunteers building adaptive bicycles for her local Amtryke chapter. She also serves on a committee that organizes an annual triathlon and is developing an adaptive sports camp, both for children with special needs. Jennifer truly enjoys working with children and believes that helping them achieve their independence, and empowering them to move better, will be pivotal as they progress in life.
Overview:
This course introduces the concept of movement therapy and enhancement via functional taping methods with populations who require special circumstances.

Objectives:
1. Explain the concept of a longitudinal muscle chain approach to the elastic therapeutic taping for special populations (geriatrics, pediatrics, pregnancy)
2. Review the physiology effects of kinesiology taping
3. Demonstrate functional taping and understand its use for the applications on geriatric, pediatric and pregnant patients

Detailed Description:
This course introduces the concept of movement therapy and enhancement via functional taping methods with populations who require special circumstances. The populations include geriatric, pediatric and pregnant patient populations. The course includes a review of the current literature supporting the theory of kinesiology taping for the purposes of rehabilitation, edema/swelling management and postural management.
This course is intended for practitioners and therapists with all levels of experience with taping. All supplies needed for the course are provided.

Speaker Bios:
Jennifer currently works in one of the top children’s hospitals in Tennessee, treating the developmentally delayed population, as well as children with neurological and orthopedic diagnoses, both congenital and acquired. She is a Selective Functional Movement Assessment (SFMA), Functional Movement System (FMS), and a Myodetox Level 1 Certified (manual therapy) provider, and is the lead physical therapist in a regional combined specialty hip clinic, which offers preoperative and postoperative rehabilitation programs for local patients, as well as coordinated treatment plans with out of state physical therapists. Dr. Hutton works in conjunction with progressive orthopedic surgeons to develop cohesive, minimally invasive treatment programs. This includes a physical therapy approach to children with Perthes disease. She and her partners create content to educate the public on treatment alternatives, which include varied options for rehabilitation.

Dr. Hutton is involved in several community efforts for children with disabilities. She volunteers building adaptive bicycles for her local Amtryke chapter. She also serves on a committee that organizes an annual triathlon and is developing an adaptive sports camp, both for children with special needs. Jennifer truly enjoys working with children and believes that helping them achieve their independence, and empowering them to move better, will be pivotal as they progress in life.
Overview:
This session will provide both emerging and established women in leadership concrete ideas to improve their skills in conflict management, mentorship and networking.

Objectives:
1. Participants will have strategies to improve conflict management in work and other various leadership positions.
2. Participants will have strategies to improve skills related to developing mentorship through networking at work and in other organizations.
3. Participants will be able to identify barriers to their own advancement.

Detailed Description:
There are unique gender differences in leadership. Both with achieving leadership positions and interactions with colleagues and others while in these positions. This panel presentation is aimed to empower women to succeed in leadership, but all are welcome. We will begin with brief lecturette on general gender differences, then specific short (10 minute) presentations on conflict management, mentorship and networking. The speakers will have prepared questions for the audience to initiate open and honest discussions and will conclude with questions/answers and discussions for the participants.

Speaker Bios:
Dr. Lisa Saladin is currently the Executive Vice-President for Academic Affairs and Provost at the Medical University of South Carolina and Vice President of the American Physical Therapy Association. She has been widely recognized for her teaching excellence with three University Health Sciences Teaching Excellence Awards; a South Carolina Governor’s Distinguished Professor Award, and a 2009 MUSC Master Teacher designation. In 2008, she was recognized nationally for her teaching excellence with the receipt of the Award for Excellence in Academic Teaching from the American Physical Therapy Association. In addition, she has been an invited speaker locally and nationally on the topic of leadership development. Lisa has been an active participant in the American Physical Therapy Association (APTA) for 25 years and a strong advocate for the profession. She served as Chapter President for South Carolina from 2004-2008 and in 2008 Lisa was elected to the APTA Board of Directors. Lisa has also served as Chief Delegate for SC (3 terms) and as a member of numerous national committees and task forces including the APTA Vision Task Force and Movement Systems Board Workgroup. She has chaired the APTA Movement System Task Force and the APTA Public Policy and Advocacy Committee.

Dr. Seif has been a licensed clinician since 1993 specifically working with individuals with musculoskeletal dysfunction as in an outpatient physical therapy setting. She is an Associate Professor at The Medical University of South Carolina (MUSC), teaching in the musculoskeletal lab series. She also serves as the faculty co-coordinator of the MUSC student run interprofessional free PT/OT clinic.

She received her BS in Physical Therapy from The Ohio State University in 1993, her Master’s in Health Sciences from MUSC in 1997 and a Doctorate of Physical Therapy in 2009 from Regis University. She maintains a current clinical practice.
Overview:
There has been substantial progress in understanding the mechanisms of patient improvement with hands on care, however, this progress has not been translated to practice.

Objectives:
1. Attendees will demonstrate understanding of current models of mechanisms for soft tissue, neural, thrust, and non-thrust forms of manual therapy.
2. Attendees will understand the role of manual therapy in patient management and improve patient selection of manual techniques.
3. Attendees will develop the improved language with patients when discussing manual therapy mechanisms in order to decrease dependence and maladaptive beliefs.

Detailed Description:
Substantial scientific literature has supported the use of manual therapy for a variety of musculoskeletal complaints including and not limited to spinal pain, ankle sprains, osteoarthritis, and shoulder pain. This has led to an increase in utilization of manual therapy in the PT profession, however, traditional mechanical models of action persist as the predominant model of explanation and clinical decision making. This session will include an in-depth analysis of the literature related to the mechanisms of manual therapy and its implications in optimal patient management and education.

Speaker Bios:
Tom Denninger serves as a Regional Director of Clinical Excellence for the southeast for ATI Physical Therapy. He is a 2008 DPT and 2009 Orthopedic Residency graduate of Sacred Heart University in Fairfield, CT and a 2011 manual therapy fellowship graduate from Evidence in Motion. He is certified in trigger point dry needling and therapeutic neuroscience education. He has presented at multiple national and state conferences and has published manuscripts in the area of low back pain, medical screening, geriatric knee pain, and patient choice.
Saturday, March 23, 2019
11:30 am – 2 hr course

How to FITT Best Practice in Neurological Rehabilitation
Sara Kraft, PT, DPT, NCS, ATP, Mark Bowden, PT, PhD, Eric Monsch, PT, DPT, NCS and Addie Middleton, PhD, DPT

Overview:
This session will discuss intensity principles to enhance neuroplasticity and how to apply them in the neurological setting

Objectives:
1. Learners will understand the FITT principles and how they influence neuroplasticity
2. Learners will apply the FITT principles to the neurological population based on a case study
3. Learners will analyze the program and measure effectiveness
4. Learners will develop strategies to adapt their program for improved effectiveness

Detailed Description:
We will start with defining neuroplasticity and discussing how intensity affects neuroplasticity. We will then discuss the intensity-based research in neurological rehabilitation in regard to current and future practice. We will discuss the barriers in implementing this paradigm as well as strategies to overcome these barriers. We will present a case study on a patient with a neuromuscular diagnosis and together problem solve this patients’ primary impairments. We will then develop a treatment plan following the intensity principles including how to measure effectiveness and how to adjust the program based on those measurements. Participants will leave with the tools necessary to design, implement and evaluate their current practice incorporating the intensity principles.

Speaker Bios:

Dr. Kraft has over 22 years of clinical experience working in the field of neurorehabilitation. She has worked as a clinician, manager, and now educator in all settings. Dr. Kraft is currently on faculty at MUSC teaching the neuromuscular coursework to DPT students. and is the MUSC Neurological Residency Director She graduated from MUSC in 1996 with her bachelors in physical therapy and a masters in health science. Since graduating she went on to get her transitional doctorate in physical therapy and has been a certified neurological specialist since 2002 and an Assistive technology professional since 2007. She currently continues her clinical practice as the faculty coordinator of the CARES student run free pro-bono clinic at MUSC, and the MUSC seating and mobility clinic.

Mark Bowden, PT, PhD has over 23 years of experience as a physical therapist, working as a clinical practitioner, therapy manager, research physical therapist, and researcher. He received his BS in Psychology in 1991 and his MS, PT in 1995, both from Duke University. He received his PhD in Rehabilitation Science from the University of Florida in May 2009 where his doctoral work concentrated on movement dysfunction after neurologic injury, specifically measurement of activity specific behavioral recovery. Presently, he serves as an Associate Professor and Director of the Division of Physical Therapy in the College of Health Professions at the Medical University of South Carolina and as a Research Health Scientist at the Ralph H. Johnson VA Medical Center in Charleston, SC. Dr. Bowden has published extensively in the field of neuro-rehabilitation focusing on both therapeutic applications to improve walking ability after neurologic injury and the mechanisms by which improved walking ability is attained.

Eric Monsch, PT, DPT, NCS has 6 years of experience as a physical therapist with clinical and research experience in various areas of Neurorehabilitation. He received a BS in Exercise Science from the University of South Carolina in 2009, and a DPT from the Medical University of South Carolina in 2012. Clinical experience was gained working on CVA and BI disease specific teams at Vanderbilt Stallworth Rehabilitation hospital and obtained a Specialist Certification in Neurology from the ABPTS in 2017. He is currently an instructor in the DPT program at the Medical University of South Carolina and serves as a research physical therapist and residency coordinator for the MUSC PT Neurologic Residency. He is also a Parkinson's Foundation physical therapy faculty scholar. Clinically, he continues treating patients in both the acute and inpatient rehabilitation settings, providing a unique opportunity to bridge the gap between clinical patient treatment, rehabilitation research, and PT education.

Addie Middleton, PhD, DPT has 11 years of experience in the field of physical therapy as a clinician and a researcher. Dr. Middleton received a clinical doctorate in physical therapy in 2007 and practiced full-time for over four years. Dr. Middleton then transitioned from the clinical-side to the research-side by pursuing a PhD in the Rehabilitation Sciences track of Exercise Science at the University of South Carolina. She then completed a health services research postdoctoral fellowship in the Division of Rehabilitation Sciences at the University of Texas Medical Branch (UTMB) under the mentorship Dr. Kenneth Ottenbacher. Dr. Middleton received additional training as a Research Assistant Professor funded by the Rehabilitation Research Career Development Program (K12, PI: Ottenbacher). She is now faculty in the Division of Physical Therapy at the Medical University of South Carolina. Dr. Middleton is also a Clinical and Translational Research (CTR) Scholar supported by the Delaware CTR-ACCEL Program. Additionally, she is a Faculty Fellow supported by the Foundation for Physical Therapy's Center of Excellence in Physical Therapy Health Services and Health Policy Research and Training (CoHSTAR) Grant. Her primary focus is conducting research that facilitates translation of evidence into practice.