

**CONFERENCE SESSIONS DETAILED  
SCAPTA ANNUAL CONFERENCE 2017**



**Friday, March 31, 2017**

**11:30 am – 3 hr course**

***Best Physical Therapy Practices for Children with Arthrogyrosis and Hip Dysplasia***

**Jennifer Baldwin, PT, DPT, PCS and Suzanne Cherry, PT, DPT, PCS**

**Overview:**

This instructional course will describe the current and best practices for pediatric physical therapists serving children with arthrogyrosis and hip dysplasia across childhood and adolescence.

**Objectives:**

1. Understand current and best physical therapy practice related to assessment and intervention for children with arthrogyrosis across childhood and adolescence.
2. Understand current and best physical therapy practice related to assessment and intervention for children with hip dysplasia across childhood and adolescence.
3. Describe the role of hip surveillance in managing hip dysplasia in children with disabilities.

**Detailed Description:**

Because pediatric physical therapists commonly assess, treat, and manage children with arthrogyrosis and hip dysplasia, this presentation will highlight current best physical therapy practice in arthrogyrosis and hip dysplasia. Arthrogyrosis multiplex congenital, which occurs at a rate of 1 in 3000-5000 children (Hall, Reed, Greene 1982, Kowalczyk, Felus 2016), is commonly assessed and managed by pediatric physical therapists.

During this instructional course, evaluation, assessment, outcome measures, intervention strategies, including the modern use of exoskeleton and assistive technology, will be thoroughly reviewed. In children with disabilities, who experience delay in gross motor skills, the development hip dysplasia is common, and as a result, pediatric physical therapists have a valuable role in evaluating, assessing, treating, and preventing hip dysplasia. A portion of this instructional course will focus on the pediatric physical therapists' role in hip surveillance programs. Information will also be shared as to evaluation process, outcome measures, and treatment strategies for children with hip dysplasia or who are at risk of developing hip dysplasia. Pediatric physical therapists armed with current best practices related to children with arthrogyrosis and hip dysplasia will improve children's health and function across the lifespan.

**Speaker Bios:**

Jennifer Baldwin, PT, DPT, PCS graduated from the University of Tennessee Health Science Center and has 17 years of experience as a physical therapist. She completed her Doctor of Physical Therapy degree with a focus in pediatrics from Rocky Mountain University of Health Professions. She has worked as a school-based therapist, private practice early intervention therapist, and currently works at East Cooper Pediatric Rehabilitation.

Suzanne Cherry, PT, DPT, PCS has completed over 22 years of experience since graduating from the Medical University of South Carolina. She is earned her Doctorate of Physical Therapy within the Pediatric Science track from Rocky Mountain University of Health Professions. Susanne is a pediatric physical therapist at Shriners Hospital for Children in Greenville, SC.

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**YOGA COURSES (2 Friday and 1 Saturday):**

**Friday, March 31, 2017**

**11:45 am – 2 hr course**

***Yoga- Mindfulness, Movements and Mudras***

**2:30 pm – 2 hr course**

***Parkinson's – BIG on Yoga***

**Saturday, April 1, 2017**

**10:30 am – 1 hr/15 min course**

***Hot Stone Restorative Therapy for Healing and Prevention***

**Mary M. Ambler, B.S. Ed, PTA, ERYT500, Yoga Therapist**

**Overview:**

Yoga sessions aim to help therapist incorporate yoga into rehabilitation, providing strategies to help clients connect through mind-body awareness. We will discuss special populations and learn tools/modifications necessary to suggest benefits and provide a safe and healing therapy session for each.

**Objectives:**

1. Understand basic concepts of yoga, yoga philosophy and how it relates to your population.
2. Articulate the benefits and contraindications of yoga in special populations.
3. Execute and recognize yoga exercises and breathing techniques that can be used with special populations.
4. Incorporate learned yoga breaths and postures into a typical therapy plan, HEP, or protocol.

**Detailed Description:**

The practice of physical therapy should have a varied approach. Yoga can offer alternatives that are appropriate and easy to add into the current habitual exercise plans and protocols we use. Depending on the diagnosis, different types of yoga and interventions can be used. These classes will help identify those postures, breaths, styles best suited and the modifications that might be necessary for different populations. I hope to also share some challenges and barriers for beginning and maintaining a community yoga program and/or incorporating these approaches in individual sessions.

**Speaker Bios:**

Mary "Peggy" Ambler graduated with B.S. Ed in 1992, and A.A.S in Applied Science – Physical Therapist Assistant Program in 2000. As a gymnast, she has always been interested in human physiology; and more recently as a yoga therapist, how the mind and breath are not separate from this. Since her formal training in yoga with Yoganize (2012) and Asheville Yoga Center (2014), she has become a yoga therapist with the mission of bridging the gap between rehab and yoga. As Director of Yoga Services at Integrative Oncology and Services and yoga therapist for research projects through Clemson University. Peggy hopes to share her skills and experiences with special populations so interested colleagues will feel empowered to incorporate yoga and yoga philosophy.

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**Friday, March 31, 2017**

**12:00 pm – 2 hr course**

***Clinical Application to the Foot and Ankle***

**Alex Volfson, DPT, OCS**

**Overview:**

Clinical application of the foot and ankle is a presentation to help clinicians apply the complex anatomy and biomechanics of the foot and ankle to help evaluate and treat common ankle injuries.

**Objectives:**

1. To understand the anatomy and biomechanics of the foot and ankle.
2. To apply appropriate clinical reasoning in the evaluation of the foot and ankle.
3. To implement proper treatment strategies based on understanding of tissue healing.
4. To evaluate the role of orthotics, taping and bracing.

5. To understand the role of imaging and when it is appropriate.

**Detailed Description:**

This is an evidence guided presentation derived from years of experience and interest in the foot and ankle. The presentation is in a lecture format with focus on anatomy, biomechanics, and treatment of common foot pathologies. Further focus will also be placed on the pathology of tendinopathy, ligament sprains, osteochondral injuries and best treatment guidelines for each. At the conclusion, the audience should be able to have a better understanding of the anatomy and its application in the treatment of the foot and ankle.

**Speaker Bio:**

"I received my baccalaureate in Exercise Science from the University of Georgia in 2006. From there I went to the Medical College of Georgia and graduated in 2009. Since then I have worked in an outpatient setting focusing on orthopedics and sports medicine. I am currently in charge of our motion analysis lab where we work with mostly runners but have also worked on a research project involving the Parkinson's population. Currently I am doing a residency through the IPA which has improved my clinical reasoning skills and understanding of human movement. When not working, I enjoy spending time with my family and doing outdoor activities."

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**Friday, March 31, 2017**

**12:00 pm – 2 hr course**

***Importance of Intensity for Progressive Exercise Training in Stroke Rehabilitation***

**Jennifer L. Hunnicutt, MS, ATC and Stacey E. Aaron, MS**

**Overview:**

The purpose of this presentation is to provide clinicians the evidence needed to appropriately prescribe exercise intensity in progressive aerobic and resistance training programs for individuals with chronic stroke.

**Objectives:**

1. Understand the physiological mechanisms underlying exercise intensity in stroke rehabilitation.
2. Interpret exercise protocols in stroke rehabilitation research studies.
3. Design aerobic and resistance training protocols to improve gait speed in patients with chronic stroke.
4. Utilize various methods of determining the appropriate exercise intensity for patients with chronic stroke.

**Detailed Description:**

Locomotor impairments contribute to the inability to ambulate independently and efficiently in homes and communities, placing a large burden on families and society. Therefore, it is not surprising that the number one goal stated by individuals post-stroke is to regain locomotor function and is justifiably a central focus in rehabilitation. Given this common goal, clinicians desire therapies that can increase gait speed in reasonable amounts of time. Progressive aerobic and resistance training programs can be implemented as a means to improve exercise capacity and muscular function, respectively. However, less is known how these training programs translate to improved locomotor function. Additionally, these exercise programs are often under-prescribed and designed at inadequate intensities in physical therapy practice. At the Center for Rehabilitation Research in Neurological Conditions at MUSC, we have been investigating the effects of progressive training programs on locomotor function. The purpose of this presentation is to provide clinicians evidence to support design and implementation of progressive exercise training, to include both aerobic and resistance (strength and power) training. Additionally, clinicians will gain an understanding of the various methods used to determine the most appropriate intensities based on the needs and goals of their stroke patients.

**Speaker Bios:**

Jennifer L. Hunnicutt, MS, ATC is a 3rd year PhD student at the Medical University of South Carolina in the Department of Health Sciences and Research. She works with Dr. Chris Gregory in stroke rehabilitation research. Her primary role as a graduate assistant is to train and assess participants in the Poststroke Optimization of Walking using Explosive Resistance (POWER) training study at the Center for Rehabilitation Research in Neurological Conditions at MUSC. Prior to attending MUSC, Jennifer graduated from the University of Colorado at Colorado Springs with a Master's in Sports Medicine. Her thesis work was investigating the effects of power training on jump performance in collegiate figure skaters. In Colorado she also worked as the head athletic trainer at Sand Creek High School. Prior to graduate work, Jennifer earned her athletic training bachelor's degree and credentials from the College of Charleston. Here she gained

initial research experiences through her work investigating risk factors for ACL injury. Now at MUSC, Jennifer is able to bring her past experiences with athletes and apply many training principles to the stroke population. She is primarily interested in furthering her studies through investigating muscular changes that occur following stroke.

As an undergraduate at Ohio Wesleyan University, Stacey E. Aaron, MS gained proficiency and hands on experience in designing cardiorespiratory and strength training programs for not only healthy older adults, but diseased populations as well. During this time she completed an internship at the highly respected McConnell Heart Health Center in Columbus, Ohio. She conducted exercise stress tests, health evaluations, proper exercise movement orientations, and assisted in the cancer, cardiac, and pulmonary rehabilitation programs. During her master's program at the University of South Carolina, she learned the fundamentals of research design and development, along with a continued education of proper exercise prescription in special populations. During her free time she completed another internship in the cardiac, vascular, and pulmonary cardiac rehabilitation heart center at Lexington Medical Center in Columbia, South Carolina. Over the past three years at the Medical University of South Carolina as a pre-doctoral student she has been assisting mentor, Dr. Chris Gregory, on current studies that are assessing the effects of different types of exercise interventions on physical function post-stroke. Specifically, her research involvement has included using treadmill and cycling modalities to aerobically train individuals post-stroke and assessing how these interventions improve functional performance, such as gait and balance.

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**Friday, March 31, 2017**

**12:30 pm – 2 hr course**

***Dear Medicare May I...? What Outpatient Therapists Need to Know***

**Robbie B. Leonard, PT**

**Overview:**

Outpatient Medicare Regulations are difficult to understand and implement, but critical to follow for outpatient therapists. This course will provide information about the most difficult to understand outpatient therapy regulations in an easy to understand format. Attendees will leave this course with a clear understanding of the most commonly misunderstood Medicare regulations for outpatient therapy and will be prepared to put into place business processes to insure compliance.

**Objectives:**

1. Describe the referral requirements for Medicare including who is allowed to refer patients and options when a referral is not available.
2. Describe the Medicare nuances related to plans of care, signature requirements, maintenance, required documents and Medicare Cap Exceptions documentation.
3. Describe Medicare Rules pertaining to the supervision, billing and documentation of PTA services, students and other staff services specific to practice type and strategies for managing in the PTs absence.

**Detailed Description:**

Medicare is in a constant state of change and outpatient therapists MUST keep up with the latest rules in order to be successful in this increasingly difficult regulatory environment. This course will be targeted towards the more complex Medicare rules and regulations specific to outpatient therapy and will specifically deal with the most commonly misunderstood issues. Questions such as, Can a Medicare patient be self-pay or direct access? How can I cover services when I'm on vacation? Can I take referrals from all types of physicians and dentists for Medicare patients? What needs to happen if I have referrals from two different physicians for the same patient? When can I bill a re-evaluation? What counts as covered maintenance therapy? These are only a few of the questions that will be answered. Misunderstanding the Medicare regulations can lead to a non-compliant practice which can have great financial and legal risks. Attend this course to insure that you are up to date on the most frequently misunderstood Medicare rules for outpatient therapy.

**Speaker Bio:**

Robbie Leonard, PT is an experienced clinician and administrator and has served as an educator in both the continuing education and academic arena. She has owned her own practice and served as a VP of a large, multi-state private practice. She has taught on billing, coding and Medicare across the country. Robbie is currently the Chief Operating Officer for the Medical Billing Center. Medical Billing Center provides billing services for outpatient therapy practices

Nationwide. Robbie has been an active member of the APTA for 30 years. Robbie is the past chair of the SCAPTA Payment and Policy committee and serves on the Public Policy and Advocacy Committee of the APTA.

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**Friday, March 31, 2017**

**12:00 pm – 2 hr course**

***Depression: Why It's a Physical Therapy Problem***

**Catherine VanDerwerker, PT, DPT, NCS and Ryan E. Ross, M.Ed, CSCS**

**Overview:**

The high prevalence of depression in the patient populations treated by physical therapists makes it imperative that therapists understand depression, its effect on rehabilitation outcomes, and available screening tools.

**Objectives:**

1. Identify the signs and symptoms of depression.
2. List at least 2 ways depression affects neuroplasticity.
3. Describe the type and intensity of exercise that has been shown to improve depressive symptoms.
4. Administer and interpret the results of at least one screening tool for depression.
5. Describe what to do if a patient/client demonstrates depressive symptoms.

**Detailed Description:**

It has been demonstrated in multiple practice areas of physical therapy that regardless of the primary diagnosis patients with depression make fewer gains in rehabilitation compared to non-depressed patients. It has also been shown that many of the patient populations that physical therapist treat, such as stroke, spinal cord injuries, chronic pain, and coronary artery disease, also have a higher prevalence of depression compared to the general population. Knowing these two facts, it is imperative that physical therapists understand the potential impact of depression on rehabilitation outcomes and are able to correctly identify depressive symptoms and make appropriate referrals for treatment.

The effects of depression on an individual extend beyond mood and motivation. Chronic untreated depression affects the brain's structure, function, and ability to respond to stimuli. This presentation will inform attendees about the symptoms of depression and the effects of depression on neuroplasticity. Current treatment options will be introduced, including exercise, which can be administered by physical therapists. Valid screening tools will also be discussed to aid physical therapists in identifying depression and assist with appropriate referrals.

**Speaker Bios:**

Catherine J. VanDerwerker, PT, DPT, NCS is currently a 3rd year PhD student at the Medical University of South Carolina (MUSC) in the Department of Health Sciences and Research. She is also the 2016 recipient of the Patricia Leahy Award by the Foundation for Physical Therapy. Catherine graduated from the College of Charleston with a B.A. in Biology and earned her DPT from MUSC. After graduating with her DPT, Catherine practiced physical therapy full-time for 4 years in multiple areas, including inpatient and outpatient neurorehabilitation, pediatrics, and skilled nursing. While practicing, she noticed that regardless of the primary diagnosis, patients without depressive symptoms achieved greater gains in therapy compared to patients who exhibited symptoms of depression. This difference motivated Catherine to return to MUSC to study depression and rehabilitation.

Ryan Ross is a Certified Strength and Conditioning Specialist a doctoral candidate in the Ph.D. of Health and Rehabilitation Sciences program at the Medical University of South Carolina. Prior to beginning his doctoral studies, he served as an Assistant Professor in the Department of Health and Exercise Science at The College of New Jersey where his primary area of interest was examining the manipulation of exercise prescription variables on exercise performance. Upon entering his current program of study Ryan felt a stronger desire to apply his knowledge as a fitness professional to clinical populations. His current area of interest lies in gaining a stronger grasp on the influence of exercise on the central nervous system in neurological and neuropsychiatric populations in order to identify the underlying mechanisms that may drive response to exercise. Additionally, he is interested in understanding the influence of manipulating exercise parameters (mode, frequency, intensity/volume, time) in order to develop exercise training programs that will produce optimal results in those with nervous system impairment. Currently, his doctoral dissertation is examining the influence of aerobic exercise on neuroplasticity in depression.

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**Friday, March 31, 2017**

**2:45 pm – 2 hr course**

***Neural and Vestibular Contributions to Patients with Chronic Neck Pain, Whiplash and Post-Concussive Symptoms***

**Thomas R. Denninger, DPT, OCS, FAAOMPT and Jacqueline DelGiorno, DPT, OCS**

**Overview:**

Current evidence is emphasizing the role of integrated symptoms including muscular, sensory, and vestibular as mitigating factors for the development and persistence of neck related symptoms. This session will explore the diagnosis and treatment of these impairments.

**Objectives:**

1. Attendees will demonstrate understanding of current models cervical motor control.
2. Attendees will understand the latest current evidence for the use of cervical joint position sense and joint positioning error.
3. Attendees will develop the clinical ability to detect and treat pathologic ocular and vestibular reflexes.

**Detailed Description:**

Chronic neck pain is one of the costliest diagnosis the US is currently facing. Many mechanisms of injury contribute to this including whiplash associated disorders, post concussive symptoms, and also insidious onset. Despite differences in onset, patients can often experience poorly understood symptoms including dizziness, gaze disturbances, tinnitus, watery or dry eye, anxiety, and headache. This course will explore the proposed neural and vestibular mechanisms behind these symptoms and in depth discussion regarding correcting cervical motor control and cervical joint position awareness.

**Speaker Bios:**

Thomas Denninger completed his Bachelors of Science in 2005 and his Doctorate in Physical Therapy in 2008. Following graduation Dr. Denninger remained an additional year at Sacred Heart's Orthopedic Residency. Dr. Denninger received the 2008 Dean's Leadership Award for the School of Education and Health Professionals, and 2012 Distinguished Alumni Award. Dr. Denninger is recognized as an Orthopedic Clinical Specialist by the American Physical Therapy Association and a Fellow of the American Academy of Orthopedic Manual Physical Therapists. Following graduation Dr. Denninger has presented at multiple national and state conferences. He was an author on the Orthopedic Section of the American Physical Therapy Association's Clinical Practice Guidelines on Low Back Pain. Dr. Denninger serves as reviewer for the Journal of Orthopedic and Sports Physical Therapy and the Journal of Manual and Manipulative Therapy. Dr. Denninger presently practices in Greenville, SC at ATI Physical Therapy overseeing multiple clinics. He is certified by Kinetacore as a Level I and II Functional Dry Needler. Dr. Denninger serves as primary faculty for both Sports and Orthopedic Residencies through ATI Physical Therapy and Evidence in Motion. Dr. Denninger has published numerous manuscripts related to manual therapy, differential diagnosis, and timing of physical therapy intervention.

Jacqueline DelGiorno completed her Bachelors of Science in 2008 and his Doctorate in Physical Therapy in 2011. Following graduation Dr. DelGiorno completed her OCS through Proaxis Therapy's Orthopedic Residency. Dr. DelGiorno is recognized as an Orthopedic Clinical Specialist by the American Physical Therapy Association and is also an IMPACT trained physical therapist. Dr. DelGiorno is currently practicing in Greenville, SC at ATI Physical Therapy. In 2014 she received Proaxis Therapy's John Atkins Award for Clinical Excellence. Her primary clinical focus is in orthopedics with specific emphasis on cervical spine rehabilitation and post-concussive syndrome. She is a primary faculty for the Orthopedic Residency Program through ATI Physical Therapy for the cervical spine. Dr. DelGiorno has publications in ACL rehabilitation and exercise and cognitive functioning, and is nearing completion of an RCT on Total Knee Rehabilitation in which she is the primary treating therapist.

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**Friday, March 31, 2017**

**2:45 pm – 2 hr course**

***Incorporating Exercise Training in the Management of the Cancer Survivor***

**G. Stephen Morris, PT, PhD, FACSM**

**Overview:**

Exercise training is increasingly advocated for the clinical management of cancer survivors. Safely using this physiologically demanding intervention with these complex patients is the focus of this session.

**Objectives:**

1. Why is exercise training important for the cancer survivors?
2. Is participation in an exercise training program safe for a cancer survivor?
3. Can a cancer survivor physiologically adapt to the stress of participation in an exercise training program?
4. What guidelines are available to assist the clinician in implementing an exercise program?
5. What caveats should the clinician be aware of when considering using exercise training as a therapeutic intervention?

**Detailed Description:**

Emerging evidence suggests that 1) inactivity can contribute to the occurrence of cancer, 2) participation in exercise training (ET) can ameliorate some of the adverse effects of cancer treatment and 3) participation in ET can improve the physical/functional status in cancer survivors who have completed treatment. (Jones & Peppercorn, 2009)) Collectively these data demonstrate that there is a therapeutic role for physical therapist directed ET across the cancer continuum. However, participation in an ET program clearly imposes a physiological challenge, and for the cancer survivor, these physiological challenges are often superimposed on a patient made more complex by adverse effects associated with the disease process, treatment strategies and comorbidities (Silver & Gilchrist, 2011). Guidelines are available to guide the clinician in safely implementing an ET program for the cancer survivor (Schmidt et al, 2010). A better understanding of the importance for cancer survivors to participate in an ET program and the challenges faced by the physical therapist utilizing this intervention to treat this patient population should improve the utilization, safety and efficacy of this intervention. As such, the purpose of this session is introduce the clinician to the utility of this intervention and strategy and to its safe implementation in the cancer survivor population.

**Speaker Bio:**

G. Stephen Morris, PT, Ph.D., FACSM is currently an associate professor in the Department of Physical Therapy at Wingate University in Wingate, NC and serves as the President of the Oncology Section of the American Physical Therapy Association. He earned his Ph.D. in exercise science from the University of Texas at Austin and then completed a four year research fellowship at UC Irvine, Irvine, CA. After teaching exercise physiology at Louisiana State University for 7 years, he entered physical therapy school and earned a license to practice in 1999. Brief teaching stints at Texas Woman's University and Texas Tech University were followed by a 10 year adventure in patient care and research in oncology rehabilitation at UT MD Anderson Cancer Center in Houston, TX. Dr. Morris came to Wingate University after having served as Director of Rehabilitation Services at St. Jude Children's Research Hospital in Memphis.

His interests in oncology are focused on oncology rehabilitation and specifically on the use of exercise training as a treatment modality for cancer prevention and cancer survivorship. He has authored over 20 articles and coauthored several book chapters in the area of oncology rehabilitation. He has spoken both nationally and internationally on the role of exercise training in oncology rehabilitation and is involved in local efforts to establish exercise programs for cancer survivors. He currently serves as the President of the Oncology Section of the APTA.

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**Friday, March 31, 2017**

**3:00 pm – 2 hr course**

***Prosthetics Symposium: Successful Rehabilitation of the Lower Limb Amputee***

**Kevin Carroll, MS, CP, FAAOP/D**

**Overview:**

This live lecture course is a must for health care and rehabilitation professionals who work with or care for prosthetics patients. It will include patient models and provide opportunity for therapists to see the latest prosthetic technology.

**Objectives:**

1. Understand how to practice appropriate prosthetic management of bilateral transfemoral amputees and management of congenital limb deficiencies.
2. Explain rehabilitation plans for the prosthesis.
3. Compare and contrast post treatment assessments and therapies experienced by the amputee.

4. Evaluate common prosthetic gait anomalies.

**Detailed Description:**

This presentation is a must for healthcare and rehabilitation professionals who work with or care for prosthetic patients. The three-hour lecture includes hands-on demonstrations with patient models and provides an opportunity for therapists to work with the latest prosthetic technology including microprocessor prosthetics and CAD CAM imaging. Other topics will cover Medicare guidelines, socket fit and assessment, patient evaluation techniques and other current prosthetic issues and concerns. Attendees will be provided with prosthetic principles enabling them to define their patient's amputation classification, assess their patient's physical therapy treatment during immediate post-operative therapy and determine appropriate treatment and long-term care recommendations.

Attendees will be advised of the most current insurance issues related to lower extremity patients so they can review and evaluate their patient's insurance plans and issues. They will be able to interpret, evaluate and make recommendations for physical therapy treatment plans incorporating the latest Medicare Rx guidelines and policies.

**Speaker Bio:**

Kevin is an accomplished healthcare professional with more than 35 years' experience as a practicing prosthetist, visionary researcher, and skilled educator. As Vice President of Prosthetics for Hanger Clinic, Carroll travels nationally and internationally presenting scientific symposiums and managing clinics for difficult prosthetic cases, and his commitment to improving prosthetics has placed him at the forefront of numerous prosthetic breakthroughs.

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**Friday, March 31, 2017**

**3:15 pm – 2 hr course**

***Lessons from Disney for Maximizing Sessions with Individuals with Autism***

**Lisa Lane**

**Overview:**

The presentation discusses autism symptoms and provides guidance for using Applied Behavior Analysis strategies to enhance the effectiveness of physical therapy sessions with clients with autism.

**Objectives:**

1. Recognize symptoms of autism.
2. Understand the impact of autism on family.
3. Implement reinforcement more effectively in physical therapy sessions.
4. Build useful communication with clients with autism in physical therapy sessions.
5. Understand the basic functions of problem behavior and modify strategies accordingly in physical therapy sessions.

**Detailed Description:**

In the past two decades, the rate of autism has skyrocketed from 1 in 2,500 to 1 in 68 (1 in 42 boys). Increasingly, physical therapists are working with clients on the autism spectrum. For some, physical therapy is the first entry into receiving services of any kind; these families may turn to their physical therapists in search of additional information and guidance. For others, physical therapy is one component of an extensive combination of therapies, including Applied Behavior Analysis (ABA) therapy. This presentation will empower physical therapists in both situations by providing a better understanding of autism and ABA therapy along with strategies to enhance the effectiveness of physical therapy sessions. Using Disney songs as a theme, we will discuss ways to implement reinforcement, build communication, handle transitions, and address problem behaviors. Additionally, this presentation offers insights into the parental perspective. All strategies are founded in ABA, which has been proven effective through hundreds of peer-reviewed studies.

**Speaker Bio:**

After graduating as valedictorian and class president from Dillon High School, Lisa attended the University of South Carolina, receiving her B.A. in Philosophy, summa cum laude, her M.A. in English, with honors, and her J.D. from the School of Law, with honors. She joined the law firm of Kennedy Covington Lobdell and Hickman, becoming a partner in 1992, before moving to South Carolina. When her younger son was diagnosed with autism in 1996, she helped establish



Project HOPE Foundation as a nonprofit to serve those struggling with autism. She has gained expertise in the field of autism, participating in thousands of hours of Applied Behavior Analysis sessions and working with hundreds of families of children with autism. In 2009, she became a Board Certified Associate Behavior Analyst. Along with her co-director, Susan Sachs, Lisa has been instrumental in developing each of Project HOPE Foundation's programs and directing the day-to-day operations of one of its programs, Hope Academy, an inclusion-based school. Additionally, Lisa enjoys the privilege of serving as the music teacher at Hope Academy. Lisa is a frequent speaker to civic clubs, educational groups, and community organizations.

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**Saturday, April 1, 2017**

**8:00 am – 2 hr course**

***Reunited and It Feels So Good: Combining Neurologic and Orthopedic Principles***

**Gretchen Seif, PT, DPT, OCS, FAAOMPT and Sara Kraft, PT, DPT, NCS, ATP**

**Overview:**

This course will assist the neurologic and orthopedic clinicians in the examination and treatment of the patient with shoulder pain from both the other specialties frame of reference.

**Objectives:**

By the end of the session the participant will be able to:

1. Assess a patient with shoulder dysfunction by combining both orthopedic and neurologic principles.
2. Identify common orthopedic and neurologic impairments leading to shoulder dysfunction in the patient with a neurologic diagnosis.
3. Develop a comprehensive plan to address shoulder dysfunction.

**Detailed Description:**

Recent trends in physical therapy practice encourage specialization in numerous areas of physical therapy practice. While specialization clearly has many advantages for best practice in the specific practice area, some clinicians have a diminished comfort level treating patients outside of their specialized practice area which may lead to fractured care. This course will address treating patients with common neuromuscular disorders using a holistic approach combining both orthopedic and neurological practice principles. We will use video case studies of patients with common neuromuscular disorders presenting with concurrent orthopedic impairments. Throughout the course, participants will evaluate video case studies and develop a comprehensive treatment plan addressing both the neurological and orthopedic impairments identified. Barriers for clinicians to practice in a holistic manner will also be discussed and strategies to overcome those barriers will be explored.

**Speaker Bios:**

Dr. Seif has over 23 years experience working with individuals with musculoskeletal dysfunction as a clinician in an outpatient physical therapy clinic. 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.

Sara V. Kraft graduated from the Medical University of South Carolina in 1996. She is currently an Associate Professor at the Medical University of South Carolina since 2009. Dr. Kraft's practiced as the Neurological Team Leader at the Medical University Hospital from 2000 to 2009 and her clinical expertise is in the area of physical therapy examination and intervention for individuals with neurological disorders. She became an APTA Neurological Certified Specialist in 2002 and an Assistive Technology Practitioner in 2007. She currently teaches the Neuromuscular courses at MUSC and serves as a Faculty advisor for the interprofessional probono therapy clinic.

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**Saturday, April 1, 2017**

**8:00 am – 2 hr course**

***Contemporary Mechanisms of Manual Therapy: Beyond Mechanical Effects***

**Thomas R. Denninger, DPT, OCS, FAAOMPT**

**Overview:**

Over the last ten years, current understanding of the mechanisms beyond the use of manual therapy have rapidly progressed to include peripheral and central neurophysiologic effects challenging traditional mechanical models.

**Objectives:**

Following this presentation, participants will:

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:**

Much literature as 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.

**Speaker Bio:**

Thomas Denninger completed his Bachelors of Science in 2005 and his Doctorate in Physical Therapy in 2008. Following graduation Dr. Denninger remained an additional year at Sacred Heart's Orthopedic Residency. Dr. Denninger received the 2008 Dean's Leadership Award for the School of Education and Health Professionals, and 2012 Distinguished Alumni Award. Dr. Denninger is recognized as an Orthopedic Clinical Specialist by the American Physical Therapy Association and a Fellow of the American Academy of Orthopedic Manual Physical Therapists. Following graduation Dr. Denninger has presented at multiple national and state conferences. He was an author on the Orthopedic Section of the American Physical Therapy Association's Clinical Practice Guidelines on Low Back Pain. Dr. Denninger serves as reviewer for the Journal of Orthopedic and Sports Physical Therapy and the Journal of Manual and Manipulative Therapy. Dr. Denninger presently practices in Greenville, SC at ATI Physical Therapy overseeing multiple clinics. He is certified by Kinetacore as a Level I and II Functional Dry Needler. Dr. Denninger serves as primary faculty for both Sports and Orthopedic Residencies through ATI Physical Therapy and Evidence in Motion. Dr. Denninger has published numerous manuscripts related to manual therapy, differential diagnosis, and timing of physical therapy intervention.

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**Saturday, April 1, 2017**

**8:00 am – 3 hr course**

***Early Mobility in Children with Disabilities***

**Cindy Dodds, PT, PhD, PCS and Lori Bartleson, PT, DPT**

**Overview:**

This instructional course will describe the important purposes of offering early mobility to children with disabilities as well as developmental processes involved with early mobility. To support the use of early mobility in clinical practice, course participants will also learn how to modify commercially available ride on cars for young children with disabilities.

**Objectives:**

1. Understand the purposes of offering early mobility to children with disabilities.
2. Recognize the development of mobility skills in children with disabilities.
3. Learn how to modify commercially available ride on cars for young children with disabilities.

**Detailed Description:**

Evidence indicates the early mobility for children with disabilities enhances mobility, socialization (Ragonesi, Chen, Agrawal, Galloway 2011; <http://www1.udel.edu/gobabygo/>) and participation (Field, Miller et al. 2015). Using lecture, demonstration, and hand-on learning, this instructional course will highlight the importance of early mobility of children with disabilities. The stages of mobility in children with disabilities will also be discussed. Lastly,

course participants will learn how to successfully modify commercially available ride on cars, which will enhance pediatric physical therapy practice and improve outcomes for children with disabilities.

**Speaker Bios:**

Cindy Dodds, PT, PhD, PCS graduated from Medical College of Virginia and has over 26 years of experience in the field of physical therapy. She completed a Master's in Health Science from the Medical University of South Carolina and a Doctorate of Philosophy in Pediatric Science from Rocky Mountain University of Health Professions. Dr. Dodds' clinical and research interests focus on children with complex disabilities, examining physical activities, and quality of life. She also is currently validating the Pediatric Awareness and Sensory Motor Assessment to measure cognitive awareness in children with complex disabilities. She is an Assistant Professor at the Medical University of South Carolina.

Lori Bartleson, PT, DPT, is a pediatric PT with over 21 years of experience specializing in school-based practice. She graduated with a Physical Therapy degree from the Medical University of South Carolina in 1995. She received her transitional Doctor of Physical Therapy from A.T. Still University in 2012. She has been very involved in SCAPTA throughout her career serving many years as the Lowcountry District Co-chair, two terms on the board of directors, and three years on the nominating committee. For the past six years she has served the APTA as the Academy of Pediatric Physical Therapy's South Carolina representative. Lori is also a board member for the Medical University of South Carolina's Alumni Association. As part of the physical therapy doctoral program at MUSC, Lori presents the schoolbased lecture during their pediatrics class.

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**Saturday, April 1, 2017**

**8:00 am – 3 hr course**

***Innovation in Wellness***

**Patrice Hazan, PT, DPT, GCS, MA**

**Overview:**

The medical model of care is changing to emphasize wellness and prevention, especially in the management of chronic conditions. We need to focus not only on getting our patients well, but in keeping them well. Wellness includes aerobics, strengthening, balance and flexibility. Physical therapists can develop and implement evidence based small group exercise classes for wellness and prevention.

**Objectives:**

1. Identify and explain how group physical therapy classes will fill a gap in the continuum of care for individuals managing chronic conditions.
2. Explain and list evidence based facts describing how physical therapy led group exercise classes are different than anything that is being offered currently in the community.
3. Communicate and outline the financial benefits of offering a system of group exercise classes for wellness and prevention to individual's managing chronic conditions.
4. Describe in detail the system of care required for offering a wide range of skilled functional classes to meet to complex needs of individuals with chronic conditions.
5. Implement a marketing plan to promote group physical therapy class offerings.

**Detailed Description:**

Our Nation is facing a health care crisis: How do we provide health and well ness care for our aging population managing chronic conditions. Thinking outside of the box, a creative and innovative solution is to offer physical therapy group exercise classes for well ness and prevention for individuals managing chronic conditions. Offering group classes will increase referrals and profits for individual therapy as well as diversify revenue to include a cash based component. Group exercise classes offer a holistic- patient centered approach to patient care. Referrals for individual therapy are generated directly from clients coming to the group programs as well as indirectly due to the fact that offering these unique skilled classes for wellness will make your clinic known as the leader in innovative geriatric rehabilitation in your community. In the current competitive environment of physical therapy private practice, practitioners are looking for ways to stand apart from other practices, generate referrals and offer "niche" programs. Group Class offerings creates a niche.

**Speaker Bio:**

Patrice Hazan has a doctorate in physical therapy from Des Moines University and a master's 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 and a member of the Private Practice Section of the APTA. She is the owner, Founder and CEO of GroupHab Physical Therapy and Wellness. With a love and passion for wellness she has created a Geriatric private practice around holistic care and post rehab wellness exercise classes.

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**Saturday, April 1, 2017**

**9:15 am – 2 hr course**

***Overcoming Fear of Feedback***

**Elizabeth Regan, PT, DPT, OCS and Jennifer Cline, PT, MS**

**Overview:**

The purpose of this educational session is to provide framework and guidance for embracing feedback as a positive part of professional growth and teamwork for students, colleagues and staff.

**Objectives:**

1. Differentiate feedback: appreciation, objective observation, coaching and ranking.
2. Examine the barriers to the feedback process at the individual and workplace levels.
3. Perform self-reflection as a tool to improve peer/student feedback and identify strategies for ongoing self-reflection for increased performance.
4. Evaluate components of successful feedback and how they apply to the clinical world.

**Detailed Description:**

Physical Therapists are experts at using feedback and coaching to assist patients in overcoming movement dysfunction. When it comes to providing feedback to our students, colleagues and staff, it can induce fear and avoidance. This outcome is often due to lack of knowledge and tools to perform feedback for positive change. The purpose of this educational session is to provide framework and guidance for embracing feedback as a positive part of professional growth and teamwork. The presentation will include examples of how to apply to the relationships in the clinical world: Cl-student, manager-staff, senior therapist-junior therapist.

**Speaker Bios:**

Elizabeth Regan, PT, DPT, OCS is beginning the PhD program in Exercise Science at University of South Carolina in fall 2016. Elizabeth has experience creating and managing a clinical education program as Director of Clinical Education for Wingate University and teaching in both physical therapy and physical therapist's assistant programs. Elizabeth has practice and Cl experience in outpatient orthopedics and is an advanced credentialed Cl. She is open and excited to share her knowledge and experiences with students and feedback.

Jennifer Cline PT, MS serves as Center Manager of Rehabilitation, Carolinas Medical Center. Jen has been practicing physical therapy for over 24 years in some of the largest healthcare systems in the United States. She has been a clinical instructor since 1999 and is a credentialed clinical instructor trainer for the APTA. Jen has academic experience as a Director of Clinical Education at Georgia State University and remains passionate about quality education and evidenced based practice.

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**Saturday, April 1, 2017**

**10:15 am – 1 hr course**

***Hip Arthroscopy: The Proper Candidate for Rehab to Post-Operative Management***

**Joshua E. Pniewski, DPT**

**Overview:**

There are many pain generators when it comes to the hip. Cam and pincer lesions are very problematic if left untreated. There has been significant evidence to support the use of arthroscopic debridement and labral repair when

conservative management has failed. Looking at the right candidates and post-operative management literature is essential to achieve optimal outcomes.

**Objectives:**

1. Evaluate the literature in order to design a rehabilitation plan to minimize impact to the hip with femoral acetabular impingement.
2. Utilize current evidence to support a safe and progressive rehabilitation program for hip arthroscopic debridement and/or labral repairs.
3. Describe proper imaging and findings in order to be prepare the patient for surgical consultation if conservative management has failed.

**Detailed Description:**

As surgeons evolve with their surgical techniques, the rehabilitation professional falls behind in the development of proper rehabilitation guidelines. Many times the PT will fall back on the tried and true “protocols” that may not necessarily progress the patient due to lack of information on certain surgical techniques. With close interactions with surgeons, the proper technical literature was collected. Identification of outcomes and careful data collection a criterion based post-operative progression was developed. Patients that may have femoral acetabular impingement may have a difficult time getting back to their desired level of activity participation. It is paramount that when therapists treat these patients prior to surgery, particular attention be paid to hip internal rotation and flexion forces in weight bearing and non-weight bearing movements. If the patient continues to have issues and the medical team of surgeon and therapist may decide the patient is a candidate for a hip arthroscopy. Using the best evidence can help prevent post-operative complications and stiffness which will be outline in detail.

**Speaker Bio:**

Dr. Pniewski has been a physical therapist for over 9 years just recently accepting a position at Augusta University in their Department of Physical Therapy. He had been with the department of the army for 7 years prior to this transition. 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 and The National Conference for the American Society of Shoulder and Elbow Therapists (ASSET). 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.

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**Saturday, April 1, 2017**

**3:00 pm – 2 hr course**

***Orthopedic Management of Patients with Primary Neurological Diagnosis***

**Jenna Bartsokas, PT, DPT, OCS and Ashley Kinser, PT, DPT**

**Overview:**

This course will address common orthopedic complaints in the primary neurologically involved client and the manual and exercise therapy interventions of these orthopedic impairments.

**Objectives:**

1. Describe common impairments related to post-stroke and chronic SCI shoulder.
2. Identify common musculoskeletal complaints based on gait abnormalities.
3. Demonstrate proficiency with manual therapy (mobilization and manipulation) to the thoracic spine, scapula, and glenohumeral joint.
4. Demonstrate proficiency with manual therapy (mobilization and manipulation) to the lumbopelvic region.

**Detailed Description:**

Throughout my student clinical and work experiences, I have noticed that we, as Physical Therapists, have created an imaginary separation for our patients—they are either “Neuro” or “Ortho” patients. My interests lie in the ability to combine both the “Ortho” and “Neuro” worlds.

Thorough examination and treatment of acute and chronic pain is a skill set important in physical therapy practice regardless of setting. I have discussed the challenges of administering manual interventions with those practicing in the acute/inpatient setting, as well as the hesitation to treating "Neuro" patients for those in the outpatient orthopedic setting. From what I can gather, most clinicians simply feel uncomfortable stepping outside of their comfort zone, whether that is performing manual interventions on their patients with primary neurological diagnoses, or orthopedic PTs using their skill set on a patient population they do not regularly treat. This course is meant to educate clinicians practicing in any setting on the orthopedic management of and manual interventions for patients with primary neurological diagnoses. We will focus on intervention strategies designed to decrease pain and improve function related to the glenohumeral, scapulothoracic, and lumbopelvic regions through lecture and lab sessions.

### **Speaker Bios:**

Jenna Bartsokas is in her third-year of practice as an Outpatient Orthopedic Physical Therapist. Upon graduation from Walsh University's Doctorate of Physical Therapy Program in Ohio, she joined the Orthopedic Residency class of 2014-15 at Proaxis Therapy. After completing the residency, Jenna has continued to work for the company, now ATI Physical Therapy, at the Spine Center location in Greenville, SC. While in physical therapy school, Jenna developed a special interest in adaptive sports and the continuum of care for people with life-long disability. She trained under an orthopedic certified specialist, Dr. Marty Kilbane, at the Cleveland VA Hospital on the SCI and Disorders floor, and saw the importance of manual interventions and orthopedic management in people with chronic SCI. Since graduation, she has done specialty training on the treatment of orthopedic impairments in patients with primary neurological disorders at Frazier Rehab in Louisville, led by world-renown Dr. Tim Flynn, and has furthered her adaptive sport involvement to become a Wheelchair Basketball Regional Classifier. Currently, Jenna treats the orthopedic impairments of able-bodied children and adults; however, she aspires to develop a case load treating the orthopedic impairments of people with primary neurological disorders in the outpatient setting.

Ashley Kinser

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**Saturday, April 1, 2017**

**3:00 pm – 2 hr course**

***Mentorship Across the Practice Continuum***

**Sara Kraft, PT, DPT, NCS, ATP & Mark Bowden, PT, PhD**

### **Overview:**

This class is designed to provide physical therapy clinicians skills to Improve provision and reception of mentoring across the educational spectrum. We will describe mentoring from the academic setting, supervisor mentoring, and peer to peer mentoring.

### **Objectives:**

1. Provide a frame work for mentoring experienced clinicians.
2. Contrast clinician mentoring with student clinical education.
3. Describe a hierarchy of mentorship illustrating ability to receive mentoring across an experience spectrum
4. Describe experiences from academician, neurologic clinical specialists, clinical mentors, and residents.

### **Detailed Description:**

Over the past 5 years, the Division of Physical Therapy at the Medical University of South Carolina (MUSC) has developed a neurologic residency program that focuses on translation of evidence-based didactic material into direct clinical practice. This model is largely dependent on developing a cohort of expert clinical mentors guided by MUSC faculty. This network of mentors includes a lead mentor who coordinates effort of up to five clinical mentors located at distinct rehabilitation hospitals. These clinical mentors are often graduates of the residency and have undergone a year of clinical mentoring including at least 160 hours of one-on-one clinical contact. These mentoring sessions are not designed to improve clinical competency, but are instead focused on improving clinical decision-making and advanced practice. In addition, the expectation of mentees is to develop leadership and mentoring skills of their own to become resources in their clinic and beyond. The mentorship training program includes APTA-sponsored online education as

well as individually focused Instruction on education and treatment models. Goals and objectives are guided by clearly delineated expectations and competencies for progression. This workshop will highlight experiences from current and past mentors/mentees and will offer strategies for often difficult peer-to-peer mentoring.

**Speaker Bios:**

Sara Kraft, PT, OPT, NCS, ATP has 20 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 OPT students. 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 serves as the faculty coordinator of the CARES student run free pro-bono clinic at MUSC, practices clinically at the Roper SCI interprofessional clinic and MUSC seating and mobility clinic, and is the MUSC Neurological Residency Coordinator.

Mark Bowden, PT, PhD is an Assistant Professor in the Department of Health Science and Research and the Division of Physical Therapy at the Medical University of South Carolina and is a Research Health Scientist at the Ralph H. Johnson VA Medical Center. He graduated from Duke University in 1995 with an MS, PT and received his PhD in rehabilitation science from the University of Florida in 2009. Dr. Bowden is the founding Director of the Neurologic Residency program, is the Coordinator of Post-Professional Education in the Division of Physical Therapy, and has 14 years of experience in teaching neurologic rehabilitation in physical therapy curricula.

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**Saturday, April 1, 2017**

**3:00 pm – 2 hr course**

***Mechanical Lifts in Schools: Who? When? Why? What? Where?***

**Lori Bartleson, PT, DPT**

**Overview:**

This course will provide the learner with evidence and discussion on guidelines to “make the case” for the who, when, what, and where of using mechanical lifts versus 1-2 person transfers in the school setting. The focus will be on maintaining student and staff safety while ensuring that maximal functional independence of the student can be achieved.

**Objectives:**

Upon completion of this course the learner will be able to

1. Identify the complex factors that must be considered when creating a student specific safe “lift” vs. “transfer” plan.
2. Choose a lifting device depending on student, environmental, and staff needs.
3. Build an evidenced-based case to support the lifting decisions and overcome barriers.
4. Embed a therapeutic lifting/transfer plan into a student’s IEP to maximize safety and independence for the students and staff in a school setting.

**Detailed Description:**

This course will provide a review of current research/evidence regarding the use of mechanical lifts in schools. The decision-making process will be examined for incorporating mechanical lifts in schools for children with a variety of pediatric diagnoses from preschool through high school with considerations within the ICF model and physical therapy best practice guidelines. The focus will be on maintaining student and staff safety while ensuring that maximal functional independence of the student can be achieved. Resources for safe lifting and transfer protocols will be presented. Discussion will include consideration of students’ academic placement and programming and IEP goals and accommodations. Barriers to implementation including staffing, financial resources, safety protocols/guidelines, and workplace safety laws/guidelines will be addressed. Current evidence and resources will be provided to support therapists and IEP teams in overcoming these barriers.

**Speaker Bio:**

Lori Bartleson, PT, DPT, is a pediatric PT with 21 years of experience specializing in school-based practice. She graduated with a Physical Therapy degree from the Medical University of South Carolina in 1995. She received her transitional Doctor of Physical Therapy from A.T. Still University in 2012. She has been very involved in SCAPTA

throughout her career serving many years as the Lowcountry District Co-chair, two terms on the board of directors, and three years on the nominating committee. For the past six years she has served the APTA as the Academy of Pediatric Physical Therapy's South Carolina representative. Lori is also a board member for the Medical University of South Carolina's Alumni Association. As part of the physical therapy doctoral program at MUSC, Lori presents the school-based lecture during their pediatrics class.

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**Saturday, April 1, 2017**

**3:00 pm – 2 hr course**

***The Injured Golfer: Biomechanics, Rehabilitation Concerns and Strategies***

**Doug Miller, PT, DPT, OCS**

**Overview:**

Effective rehabilitation of the injured golfer requires sound biomechanical understanding of the golf swing, awareness of golf injury patterns common to the sport and the ability to develop specialized exercise regimens and/or adaptations to address their needs.

**Objectives:**

1. Understand biomechanics of proper golf swing.
2. Appreciate common abnormal swing patterns.
3. Learn common injuries associated with golf and intervention strategies.
4. Create specific rehabilitative exercise programs for the golfer.
5. Develop awareness for presence of permanent impairments and ability to guide the golfer in adaptive techniques to reduce risk injuries.

**Detailed Description:**

Golf is a game/sport played by individuals with many levels of expertise and fitness levels. Sound swing mechanics allow consistent control of the player's ball, optimal distance capability and reduces risk for injury. Subtle injuries can be just as debilitating to player performance as major injuries and should not be discounted. Common injuries in golf involve the lead shoulder, elbow, wrist as well as spine, hip and knee. This course will explore the nuances of golf swing mechanics, overview common injuries and treatment strategies, learn golf specific exercises for rehabilitation, injury prevention and performance enhancement as well as learn ways to make biomechanical adaptations for the impaired golfer.

**Speaker Bios:**

Doug graduated from Appalachian State University with a BS in psychology in 1981 where he was a member of the golf team. He received his BSPT in 1984 from East Carolina University, and has been OCS certified since 1998. In 2005 he attained his traditional doctorate in PT from Rocky Mountain University. In his career Doug has been a therapist for the PGA/Senior PGA Tour and continues to work with golfers and their various injuries. Currently, he works for ATI PT and is a clinic director in Charleston, SC.

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**Saturday, April 1, 2017**

**3:00 pm – 2 hr course**

***Upper Limb Prosthetic Options and Therapy Protocols***

**Brian Monroe, C.P.O**

**Overview:**

Through lecture and patient models the attendees will be introduced to options available to individuals with upper limb amputation. Therapy protocols for this level of injury will be discussed and highlighted.

**Objectives:**

1. Introduce Prosthetic options for UE limb loss.
2. Therapy protocols for individuals with UE amputation.
3. Functional skills and outcomes for this patient population.



**Detailed Description:**

Upper limb amputation is a devastating injury resulting in a profound loss of function. Depending on the study, success rates for long term prosthetic utilization range from 50%-80%. The goal of this course is to introduce the prosthetic options available to individuals with limb loss, highlight therapy protocols, and identify reasons for abandonment and how to achieve successful prosthetic rehabilitation for this patient population.

**Speaker Bios:**

Brian Monroe is a certified prosthetist orthotist specializing in upper extremity prosthetics. He is actively involved in prosthetics and outcomes research. He has authored several text book chapters and educational literature. As a national expert in upper limb prosthetics for Hanger Clinic Mr. Monroe provides CUE courses for allied health professionals, patient care for high level Ue cases, and developed treatment protocols for trauma hospitals and rehabilitation facilities.