Humeral Fractures: 3 Clinical Cases that Presented with Unique Challenges
Joshua E. Pniewski, Clinical Director

Overview:
Proximal Humeral (PH) Fractures account for 6% of all fractures in the western world, 85% of those are in individuals over the age of 50. It is important to know how these should be managed.

Objectives:
1. Participant will become familiar with proximal humeral fractures and and classifications form the radiologic perspective.
2. Participant will become familiar with the latest publications in how to manage proximal humeral fractures from the rehabilitation perspective.
3. Participant will understand physiologic healing timeline coupled with radiology to provide appropriate care to the patient with a complicated proximal humeral fracture.

Detailed Description:
Proximal humeral (PH) fractures account for 6% of the fractures in the western world. Over 85% of these fractures occur in individuals over 50. The management of these injuries can also be varied between immobilization for periods of time, gradual graded rehabilitation, surgical intervention, or any combination of the prior. The purpose of this series of complicated cases is to described pitfalls and complications seen during the evolution of the patient’s course from injury to discharge. The series of cases are ones that were not particularly easy to manage and proved to be challenging with some of the outcomes being less than desirable. Case 1 is of a PH fracture that underwent a reverse total shoulder after a period of conservative management that developed a deltoid dysfunction. Case 2 was a massive PH fracture with OIRF of the PH and RTSA due to massive cuff dysfunction. The patient post operatively went out of town for 3 months against the advice of the surgeon and began his rehabilitation process 3.5 months post-surgery. Case 3 declined surgical intervention and opted for conservative management of a minimally displaced PH fracture. Approximately 7 weeks post-injury, this individual felt a pop while in clinic engaging in AAROM activities. We will detail how this patient was also managed.

Speaker Bios
Dr. Pniewski has been a physical therapist for over 12 years just recently accepting 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 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.
Imposter Phenomenon
Jessica Jacobs, DPT; Tom Denninger, PT, DPT, OCS, FAAOMPT

Overview:
Imposter phenomenon is significantly associated with burnout indices. Participants will explore imposter phenomenon and burnout as it relates to their role as students and/or clinicians.

Objectives:
1. Participants will be able to summarize imposter phenomenon.
2. Participants will be able to identify burnout characteristics.
3. Participants will be able to assess their level of imposter phenomenon and burnout.
4. Participants will be able to explore correlations between imposter phenomenon and job burnout.
5. Participants will be able to outline ways to address imposter phenomenon and burnout.

Detailed Description:
Experts estimate that imposter phenomenon affects as many as 70% of people at some point in their lives. For many, this syndrome is an ongoing phenomenon in which high achieving individuals have self-doubt and feelings of unworthiness about their achievements. These individuals believe they are imposters and often remain silent about their fears. Imposter syndrome was found to be significantly associated with burnout indices in medical students (Villwock, J., Sobin, L. B., Koester, L. A. & Harris, T. M., 2016) and clinical nurse specialists (Haney, T.S., Birkholtz, L., & Rutledge, C., 2018).

Using validated scales related to imposter characteristics, participants will assess their levels of imposter phenomenon and burnout. Self-assessment will allow for better application of the didactic content. Background knowledge of imposter phenomenon and burnout will be presented in a didactic form to participants. Group discussions will occur related to experiences with imposter phenomenon and job burnout. The session will end with strategies to address imposter syndrome and job burnout.

Speaker Bios
Jessica Jacobs serves as the Director of Clinical Education and Assistant Professor for Anderson University's School of Physical Therapy. She is a 2009 DPT and 2015 Neurological Residency graduate of the Medical University of South Carolina. She is currently enrolled in Clemson University's Educational Leadership Ph.D program.
Overview:
An introduction to Leaper: being piloted in India, China and the United States. Its purpose is to identify delays in five major domains of development. Current trends in milestone achievement across demographics will be presented.

Objectives:
Upon completion of this course, participants will be able to:
1. Identify factors affecting early identification of developmental delay and referral.
2. Understand current trends in milestone acquisition.
3. Discuss the relationship between cultural changes in childrearing and its possible impact on development.
4. Identify ways to implement collaboration between the pediatrician and the therapy community.

Detailed Description:
"For the therapist, the issue of what seems to be “late referral” is not a new one. It is reported that an estimated 15% of Americans have some type of diagnosed delay; however, only 3% receive early intervention (EI)¹. Despite this, the American Academy of Pediatrics (APA) show that there has been an increase in referrals to EI since 2002². Currently there are two main forms of assessment: parent questionnaire and formal pediatrician assessment¹. The former can be an efficient first step to early identification and many pediatricians depend on parental report during well baby visits. In an effort to streamline this process and better inform parents, an app called Leaper has been created. This collaboration consists of Dr. Jigisha Chaudhary, MD Pediatrics, F.A.A.P and Yichien Su, MS, CCC-SLP, with consultation from Elizabeth Harvey, PT, DPT, MSR. The app currently covers birth to five years of age to assist with early detection and intervention, spanning five major developmental domains. It is currently being piloted in India and the United States.


Speaker Bios
Elizabeth Harvey, PT, DPT, MSR, CKTI, CEIM graduated from the Medical University of SC in 2002, obtaining her DPT from AT Still University in 2008. She is currently a PhD student at the University of Medical Sciences Arizona. She specializes in treatment of pediatric patients with complex neurologic and orthopedic challenges, including oral motor/facial dysfunction. Dr. Harvey employs novel techniques via therapeutic tapings, NMES, focal vibration and sensory massage to promote neural plasticity. Currently she serves Kinesio University as a Curriculum Design Specialist and a member of the International Research Committee. She is involved in local and international activities to promote wellness and prevention, as well as integrative treatment techniques. She is a member of the American Physical Therapy Association, Neurodevelopmental Treatment Association and Infant Massage USA. Dr. Harvey is the owner of ABC Therapies, LLC in Moncks Corner, SC.
Friday, March 20, 2020
11:00 am – 1 hr course

Don’t forget about psychosocial variables in neurorehabilitation: They are important.
Catherine VanDerwerker, DPT

Overview:
Psychosocial variables have strong associations with poorer outcomes and even higher mortality post-neurologic injury. Physical therapists need to understand, identify, and help address psychosocial factors to maximize rehabilitation potential.

Objectives:
1. Explain the biopsychosocial model of health.
2. List at least four psychosocial variables that have been associated with poor neurorehabilitation outcomes.
3. Name at least three self-report measures that could be used to assess psychosocial variables in the clinic.
4. Describe the role of physical therapists and physical therapist assistants in identifying, acknowledging and addressing at least three psychosocial variables.

Detailed Description:
Health is no longer viewed solely through the lenses of biology. Health is a combination of biological, social, environmental, and psychological factors. Often, it is the factors other than biology that are the most difficult to address and have the greatest impact on health and rehabilitation. Research has demonstrated that some psychosocial variables have very strong associations with poorer outcomes and even higher mortality. It is imperative that physical therapists and physical therapist assistants (1) understand the potential impact of psychosocial variables on rehabilitation outcomes, (2) are able to identify these factors in their own patients, (3) and are able to help address these factors to maximize rehabilitation potential.

This course will (1) review the biopsychosocial model of health; (2) review the literature regarding psychosocial factors associated with poor outcomes and higher mortality post-neurological injury; and (3) present some screening tools that can be used to assess psychosocial factors. As there is no defined way to address these factors, the end of the course will be an open discussion regarding the participant’s own thoughts, ideas, and experiences on how to approach and help address psychosocial factors in the clinic in an effort to maximize rehabilitation outcomes.

Speaker Bios
Catherine J. VanDerwerker, PT, DPT, PhD is a Research Associate at the Medical University of South Carolina (MUSC). Catherine graduated from the College of Charleston with a B.A. in Biology and earned her DPT from MUSC. After graduating with her DPT, she practiced physical therapy full-time for 4 years in multiple areas, including inpatient and outpatient neurorehabilitation, pediatrics, and skilled nursing. Despite the practice area, Catherine noticed a difference between gains made by patients with the same medical diagnosis but different psychosocial variables. It was this noticeable difference that motivated her to return to MUSC to complete her PhD and to study depression and neurorehabilitation. Catherine is the 2016 recipient of the Patricia Leahy Award by the Foundation for Physical Therapy and is funding by the Craig H. Neilson Foundation.
"Power of Collaboration"
2020 SCAFTA Annual Conference
March 20–21, 2020
Medical University of South Carolina, Charleston, SC
Myofascial Cupping Techniques
Milica McDowell, DPT

Overview:
This course introduces the concept of skin/fascial decompression to help improve tissue mobility, improve movement and modulate pain with the use of myofascial cups.

Objectives:
1. Recognize and demonstrate a novel skin/fascial/movement screening process
2. Describe and interpret the research as it relates to connective tissue gliding, pain modulation, and movement therapies.
3. Integrate myofascial cupping techniques related to soft tissue pathology as it relates to tension/decompression, direction and pressure.

Detailed Description:
Understand the neuroanatomy, skin and fascia and how it relates to the course. Review the current literature related to myofascial cupping techniques. Define Time Under Pressure (TUP) as it relates to decompression (curative vs. destructive dosages). Review safety of applications, Cupping indications/contraindications, Introducing skin/fascial/movement screening process, Introduce and practice use of cupping as it relates to direction and pressure. Types of Treatments: Tissue decompression: External Glide– multiple vectors Internal Glide, Cupping plus Functional Movement Treatment Variables: Body Positions, Graded exposure techniques, Distraction Methods.

Speaker Bios
Milica McDowell, MS, DPT specializes in orthopedic and sports medicine rehabilitation. She is certified by the ACSM as a Health Fitness Specialist. In addition to teaching courses in Kinesiology and Biomechanics in the Health and Human Performance Department at Montana State University-Bozeman, Milica established Clearwater Physical Therapy in 2004, a practice where she maintains a clinical caseload in physical therapy. Clearwater offers state of the art technology like an Alter-G treadmill, IASTM, dry needling and kinetic chain integration. She is co-owner of Bluebird Medical Supply Company, a DME provider serving Southwest Montana which works with patients throughout the lifespan and functionality spectrum. Milica is a co-founder of 4cSports Injury Analytics, a biomechanics analysis software company that works in the markerless motion capture space. An avid athlete who played basketball through college, she’s currently training for her 3rd Ironman triathlete, enjoys hot yoga classes, is an aspiring far biker, and is the proud mother to a 10-year-old black diamond skier.
Friday, March 20, 2020
12:30 pm – 2 hr course

Framing Clinical Reasoning to Maximize Patient Outcomes
Sara Kraft PT, DPT, NCS, ATP; Gretchen Seif PT, DPT, OCS, FAAOMPT; Jason St Clair, PT, DPT, OCS, FAAOMPT

Overview:
This session will focus on clinicians developing a systematic framework for analyzing movement and developing the most effective plan of care based on movement and therapeutic goals.

Objectives:
1. Learners will watch videos of patient and analyze abnormal movement developing hypotheses for the movement patterns.
2. Learners will understand and apply a framework for clinical reasoning to facilitate the most effective plan of care.
3. Learners will understand how to analyze the program and measure effectiveness.
4. Learners will be able to modify programs using the clinical reasoning framework.

Detailed Description:
We will start presenting a clinical reasoning framework that will cross the spectrum of patient populations. We will discuss how to use the framework in daily practice and why this framework should guide clinical decision making. We will present a variety of case studies using videos to facilitate applying the framework to real patients. This will be discussion based and participants will be encouraged to think outside the box and challenge their current practice.

Speaker Bios
Dr. Kraft has over 23 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. 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 MUSC seating and mobility clinic, and is the MUSC Neurological Residency director.

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.

Dr. St Clair graduated form MUSC in 2010 with a Doctor of Physical Therapy degree. He obtained ABPTS certification in Orthopedic Physical Therapy in 2017 and completed an Orthopedic Manual Physical Therapy Fellowship in 2019. He is a full time practicing clinician and serves as an Adjunct Instructor for the MUSC DPT program.
**Overview:**
This course will provide you with the resources and skills to determine nutritional needs, navigate professional scopes of practice, and how to provide the most appropriate evidence-informed nutrition education.

**Objectives:**
1. Discuss knowledge of basic nutritional science, nutritional determinants, and relevance to patientcare.
2. Utilize nutritional screening tools to determine the existence of nutritional needs and need for referral and/or interprofessional collaboration with nutrition professionals.
3. Assess and implement the appropriate type of nutritional education that meets the patient where they are and respects professional boundaries.

**Detailed Description:**
The phrase “You Are What You Eat” applies to everyone, even our patients, but nutritional content is often absent in physical therapy education. Physical therapy practitioners deserve to know the role that nutrition plays, in not only rehabilitation outcomes, but how it affects our patient’s day to day, their risk of developing chronic disease, and their overall quality of life. However, it is critical in knowing the appropriate time to intervene and whether or not our patients deserve referral and/or interprofessional collaboration with nutrition professionals. This course will provide you with the resources and skills to appropriately implement nutritional concepts in patient care and harness the “Power of Collaboration.” Key focus includes the determination of nutritional needs, navigating professional scopes of practice, and using a patient’s readiness to change to provide the most appropriate evidence-informed nutrition education.

**Speaker Bios**
Dr. Patrick Berner is a physical therapist and registered dietitian nutritionist practicing in upstate South Carolina. He is one of only a few of individuals in the country who holds this combination of credentials. Dr. Berner received his Bachelor of Science in Dietetics from the University of Louisiana at Lafayette, his Doctor of Physical Therapy degree (DPT) from the University of St. Augustine, and completed his Dietetic Internship through the University of Houston. His company, Fuel Physio, LLC, focuses on providing quality education, consulting, and coaching for general health and well-being of individuals, with an emphasis on human movement and nutrition. While also facilitating healthier work environments and communities. Dr. Berner is current adjunct faculty for Anderson and Baylor Universities’ Doctor of Physical Therapy programs, where he provides content knowledge related to nutrition, digestion, metabolism, and general health promotion, and well-being. He also currently sits on the steering committee for APTA’s Council on Prevention, Health Promotion, and Wellness in Physical Therapy and is an advocate for physical therapists’ involvement in population health. Dr. Berner is known to be an engaging and experienced speaker on topics of health promotion and wellness and integrating nutrition in physical therapy practice.
Rehabilitation Management Involving Child with Multiple Congenital Limb Deficiency
Cindy Dodds, PT, PhD, PCS; Brenda Reagan, OTR/L, MS; Jared McNeill, COP

Overview:
This session will highlight the examination, measurement, interventions, and assistive technology using a case study of a child with multiple congenital limb deficiency. Learners will also participate in a patient demonstration with parental overview. Participation across lifespan for children with multiple congenital limb deficiency will be discussed.

Objectives:
By the end of this session using a case study, the learner will:
1. Be introduced to diagnoses associated with multiple congenital limb deficiency
2. Use the ICF to frame rehabilitation for child with multiple congenital limb deficiency
3. Identify outcomes associated with multiple congenital limb deficiency
4. Describe appropriate interventions
5. Discuss the role of orthotics, prostheses and assistive technology

Detailed Description:
Children with multiple congenital limb deficiency require a creative multi-disciplinary team in order to promote active participation across home, school, and community environments. Framed in the International Classification of Functioning, Disability and Health, this presentation will describe assessments and interventions used with a child having multiple congenital limb deficiency and family. A pediatric physical therapist, occupational therapist, and orthotist/prosthetist will share creative strategies and multiple assistive technologies used to maximize the child’s participation in life. Discussions related to the child's current and future rehabilitation and assistive technology needs will also occur between the session presenters and participants.

Speaker Bios
Cindy Dodds is an Associate Professor within the Division of Physical Therapy, College of Health Professions at the Medical University of South Carolina. She is responsible for the pediatric content within the program, which included pediatric experiential learning opportunities in South Carolina and Africa for physical therapy students. Cindy was the 2018 MUSC recipient of the MUSC Teaching Excellence Award in the category of Educator-Mentor in 2018. Her clinical and research interest focus on children with medical complexity and she, in fact, is a co-founder of a public charter school serving children with multiple disabilities. Cindy is one author of the Pediatric Awareness and Sensory Motor Assessment and is currently examining its validity using heart rate variability. To promote her resiliency, Cindy enjoys walking, painting, living with her dogs, and watching silly animal videos.
Friday, March 20, 2020

**Management of Patients Who “Push”**
Michelle Green PT, DPT, NCS

**Overview:**
Enhance your understanding of why pushing occurs, gain hands-on skills to perform a trunk assessment, develop a toolbox of interventions and learn an intentional progression for all level patients.

**Objectives:**
1. Identify common characteristics of pusher patients.
2. Discuss research regarding suggested pathology of pusher behavior.
3. Execute appropriate assessment tools to identify pushers and their related impairments.
4. Identify appropriate treatment interventions for the low-level, mid-level and high-level pusher patient.
5. Simulate the set-up and execution of a common treatment progression for seated, standing and gait related activities appropriate for a pusher patient.

**Detailed Description:**
Patients who "push" can be difficult patients for therapists to manage. The condition of "pushing", though researched for close to fifty-years, continues to be poorly understood and the evidence supporting interventions is significantly limited. The use of a hypothesis-oriented, task-analysis approach provides the clinician with a structured framework to approach an assessment of a pusher, where the aim is to understand the impairments limiting each functional activity. Once the impairments have been identified, interventions are developed and focus on reducing the negative impact of the underlying impairments as they relate to the activity limitations. Use of a Dynamic Systems motor control theory approach in treatment promotes optimization of movement through systematic manipulation of the task, the individual and the interaction with the environment. This allows intentional progression toward the desired goal. For pushers, this approach allows the clinician to better prioritize initial interventions and provides a framework for progression; useful considering evidence for treatment is so limited. This presentation provides a unique approach to pushers, classifying them into three different functional levels and organizes interventions around those levels. This assists in appropriate and safe intervention development which matches the patient's ability.

**Speaker Bios**
Dr. Green has 25 years of experience in the acute and acute rehab setting treating patients primarily with a neuro diagnosis, but including other ortho and medically challenged patients. Dr. Green focuses her workshops on treatment development based on the ICF Model and identification of impairments limiting functional deficits from a task-analysis, hypothesis-driven approach. Her background in Pilates, Yoga and NDT has influenced her assessment and treatment approach providing her with an enhanced insight to movement assessment and guided -movement re-education. Dr. Green travels nationally presenting lectures on topics including Stroke Rehab, Geriatric Strength Training, Management of Patients who “Push” and Developing Functional Core Stability. Dr. Green is a graduate of Ithaca College in Ithaca, NY, lives in Fayetteville, NC and is an Assistant Professor in the DPT program at Campbell University in Buies Creek, NC.
Application of Basic Strength and Conditioning Movements to PT Practice
Jeremiah Blankenship, PT, DPT, MS, OCS, CSCS, OMT-C; Philip Van Dyke, PT, DPT, SCS, CSCS

Overview:
This presentation describes how the six basic strength movements can be incorporated into PT practice for improved patient functional outcomes. The presentation will focus on the squat (box squat), lower body pull, upper body pull, press, functional carries, and functional dragging activities and how they are integral to functional mobility.

Objectives:
1. Participants will be able to describe the six basic strength movements.
2. Participants will be able to describe at least one progression/variation of each movement.
3. Participants will be able to program the incorporation of each movement into a client treatment plan.

Detailed Description:
In the field of physical therapy improving functional movement patterns is of significant importance. In the practice of strength and conditioning for athletic populations the needs to improve these same patterns is of equal need. The training for athletic populations for performance and treatment of functionally impaired populations for daily living differ in the intensity of loading, level of progression, and scale of the exercise. The benefit of basic strengthening movements however is beneficial to each. This presentation will cover the six basic strength and conditioning movements and their relation to daily activities, their performance, scaled variations for patient fitness level, progressions, lateralization, and exercise programming for patient needs.

Speaker Bios
Dr. Blankenship has been a physical therapist for 10 years treating primarily in orthopedic outpatient settings. His area of interest and practice are in the use of manual physical therapy and functional exercise interventions to maximize patient function and outcomes. He regularly incorporates exercise selection, exercise prescription, and methods from the field of strength and conditioning for patients to help restore function, performance, and independence in their lives. Previously he had a career in fitness, exercise testing, and performance coaching. He is a father of two wonderful daughters and a lovely wife. He is a member of Upstate Barbell Club in Greenville, SC.

Philip Van Dyke obtained his doctorate of physical therapy from the University of Miami Miller School of Medicine and subsequently obtained his board specialization in sports physical therapy after completing a sports residency with ATI Physical Therapy. He has continued to practice in the outpatient orthopedic setting and currently works at The Sports Medicine Institute with Spartanburg Regional Healthcare system. He is involved in the developing sports and orthopedic physical therapy residencies at Spartanburg Regional as the lead faculty member for curriculum involving the knee and contributing faculty member for curriculum involving return to play. He also contributed to the development of the return to play protocol for lower extremity injuries currently used by Spartanburg Regional.
Friday, March 20, 2020

1:45 pm – 1 hr course

Power of the Team in Adolescent Idiopathic Scoliosis…..Parent, Child, MD, PT, CPO, and more
Dr. Robert F. Murphy, MD; Amira Mauad, CPO; Marissa N. Muccio, PT

Overview:
Growing demands in healthcare to decrease cost, increase value, quality and patient outcomes impacts every participant in healthcare. Learn how a comprehensive team approach with Adolescent Idiopathic Scoliosis (AIS) accomplishes ALL. Dr. Robert Murphy will provide a physician overview of AIS and team approach. Amira Mouad CPO will discuss bracing and team communication, and Marissa Muccio PT will discuss scoliosis specific physical therapy and team communication. Walk away with at least 3 strategies to immediately increase your TEAM POWER.

Objectives:
Participants will be able to:
1. Identify 2 strategies to facilitate patient specific communications with team orthopedic physician
2. Demonstrate accurate use of scoliometer
3. Identify 2 areas of treatment that utilize inter-discipline communication with orthotists
4. Discuss the role of physical therapy in patient/family shared decision making
5. List 2 resources for family/peer support.
6. Explain 2 items of patient education for AIS.

Detailed Description:
Adolescent Idiopathic Scoliosis (AIS) is one of many conditions that impact pediatric patients across a developmental span. This presentation will use AIS as an example of how to maximize patient outcomes using a high quality team approach. Physician, physical therapists, orthotists, patient/family, and mental health all play a role. That may be challenging with varying levels of patient knowledge, access, and geographical locations, and frequencies of visits within each team member. Even our friendly neighborhood EMR and HIPPA can even present difficulties. Patient/family education and treatments may evolve and change over the course of developmental span and the condition (AIS as exampled). How each team member can improve patient care will be identified. Strategies for inter-team communication will also be identified for each team member.

Speaker Bios
Robert F. Murphy, M.D., is a pediatric orthopaedic surgeon at MUSC specializing in the care of musculoskeletal conditions in children and adolescents. Dr. Murphy’s expertise is in pediatric and adolescent spinal conditions and deformity, pediatric and adolescent hip dysplasia and hip conditions, as well as lower extremity and foot deformities in children. He also treats children with sprains, strains, injuries, and fractures.

A native Midwesterner, Dr. Murphy graduated from the University of Notre Dame in 2005. His medical degree was obtained from Emory University School of Medicine in Atlanta, Georgia in 2009. Following medical school, Dr. Murphy completed his residency at the University of Tennessee – Campbell Clinic in Memphis, Tennessee. He received a further year of subspecialty training exclusively in pediatric orthopaedics at Boston Children’s Hospital, affiliated with Harvard Medical School.

Dr. Murphy is active in clinical research as well as medical education. He is an active member of the American Academy of Orthopaedic Surgeons and the Pediatric Orthopaedic Society of North America. He has also participated in international medical outreach trips.
Marissa Muccio graduated UMDNJ in 98' with a Bachelor's in Physical Therapy. Her professional passion has always been providing the highest quality service to patients, families, and the community. She has worked a variety of pediatric settings including: NICU, neuromuscular, cranial facial, pediatric oncology, pediatric in-patient, out-patient, Aquatics, EIP and Schroth PSSE; An APTA certified CI for Rutgers' University she provides pediatric affiliations for PT doctoral students. In 2005 she acquired certification in Neuro-Developmental Treatment for Pediatrics. In 2011 she became one of the first C2 certified therapists in the US for the 3-D treatment of scoliosis via the Barcelona Scoliosis Physiotherapy School. She now leads the largest Scoliosis Centers in the US and is committed to expanding the research for scoliosis specific exercises.

Memberships past and present include:
- APTA, APTANJ, SCAPTA, NDTA, SOSORT and SRS.
- Medical Advisor for Curvy Girls Scoliosis, a non-profit.
- 2016 Rutgers SHRP DPT Alumni of the Year
- 2018 James Tucker Excellence in Clinical Practice and Teaching Award
- 2019 Patient Education Committee for the Scoliosis Research Society

Amira Mouad is an ABC certified prosthetist and orthotist in the Asheville office of Ability Prosthetics and Orthotics. Amira began her career working with a prosthetic manufacturing company. In addition to her passion for working with amputees and advanced devices, Amira finds working with the pediatric population to be extremely rewarding. In 2015, Amira gained certification as a cranial remolding specialist. She worked as the sole clinician under a pediatric neurosurgeon in private practice as well as at Arnold Palmer Children’s Hospital. Amira also holds a certification for the Wood-Cheaneu-Rigo orthosis. She is the 12th certified clinician in the U.S., 14th overall. Amira attends annual conferences on topics focused on effectiveness, outcomes and improving the patient-practitioner experience through technology, documentation updates and a dedicated, team approach to patient care.

ACCOMPLISHMENTS & QUALIFICATIONS
- ABC Certified Prosthetist and Orthotist
- Bachelor’s degree in Healthcare Administration from University of Central Florida
- Orthotics and Prosthetics certifications from Northwestern University in Chicago
- Member of the American Academy of Orthotists and Prosthetists (AAOP) and the American Orthotic & Prosthetic Association (AOPA)
- WCR certified clinician through Align clinic, San Mateo, CA
Improving Overhead Function by Improving Lower Extremity Biomechanics and Stability
Frank Layman, DPT

Overview:
It’s widely accepted that the lower extremity can contribute vastly to UE motion. Unidentified LE dysfunctions in patients with UE pathology can result in less advantageous outcomes. Poor Lower extremity biomechanics and stability can significantly affect upper extremity performance. Improving the functional stability of the lumbopelvic and Lower Extremity (LE), as well as, the shoulder complex is important to improving UE function and prevention/exacerbation of injury.

Objectives:
Upon completion of this course, attendees will be able to:
1. Discuss the biomechanics associated with the influence of LE posture on UE movement.
2. Describe the potential contributors of UE dysfunction found in the LE.
3. Identify the key shoulder, core and LE stabilizers in UE movement.
4. Consider treatment approaches that could be included in a better understanding of the LE to UE dynamic

Detailed Description:
Over the course of years in practice and lecturing extensively the regional interdependence model of examination has evolved into a great interest. Not focusing on just the area of involvement, but related biomechanical areas of influence can allow improved outcomes and results. The extent of that influence is compelling and maybe further from the primary presentation of pain/dysfunction than most will accept or follow up with in their examination. Trunk and BLE posture, alignment and stability are often overlooked contributing factors in UE pathology. A more regional method of evaluation and treatment, to be effective but efficient, can prove to be a more comprehensive approach. One of the problems where this has been seen is in young overhead athletes being treated for UE dysfunctions with recurring signs and symptoms: the recurring issues went until a more regional approach was adopted for evaluation and treatment. This course aims to identify LE contributors to UE dysfunctions and discuss evaluation and treatment approaches to improve outcomes. It is a great opportunity to explore and discuss related biomechanics of UE movement that extends beyond the upper quadrant. The exploration of these concepts can help improve clinical reasoning and treatment skills.

Speaker Bios
Frank Layman PT, DPT, EdD, MTC graduated with a Bachelor of Science degree in Sports Medicine/Athletic Training from Radford University, earned his Master of Science degree in Physical Therapy from Old Dominion University, and has an EdD from the University of Virginia in Curriculum and Instruction, with concentrations areas in Administration and Sports Medicine. He received a transitional DPT from the university of St. Augustine, where he obtained his Manual Therapy Certification. He also holds certifications in Dry Needling and orthotics. He is a specialist in the field of orthopedics and sports medicine for nearly three decades and has also worked in home health and EC. He has a vast amount of experience treating patients and athletes of all age groups and activity levels. Dr. Layman has taught Sports Medicine courses and has been active with programs in Athletic Training, Physical Therapy, and Physical Therapy Assistance programs. He has worked as an adjunct faculty of High Point University’s Department of Physical Therapy. In his primary position he holds a dual role in addition to his clinical and patient care responsibilities he also has administrative duties for a local hospital’s multi-site OPPT department. Dr. Layman is an officer in
the United States Army Reserves, where he has served for 20 years earning multiple awards.
Neurophysiological Interventions for Chronic Pain
Eric Kao, PT, DPT

Overview:
Participants will learn to use and document evidence-informed neurophysiological interventions including therapeutic neuroscience education, relaxation routines, and guided visualization to improve pain modulation in this lab-based session.

Objectives:
Upon completion of this course, the participant should be able to:
1. Explain the neuroscience of pain.
2. Discuss the 4 stages of chronic pain development.
3. List the 6 components of pain modulation and demonstrate at least 1 intervention for each component.
4. Document appropriately for the interventions used.
5. Progress a client toward effective self-management.

Detailed Description:
Modern neuroimaging indicates that the experience of chronic pain is very distinct from acute pain. Chronic pain is processed in the limbic system, the same area that lights up with depression/anxiety and addiction disorders, while acute pain is processed in the sensory regions. This altered central processing suggests that purely physical interventions, such as surgery or exercise solely to improve tissue tolerance, fail to address a key factor of chronic pain. This presentation opens with an expanded paradigm beyond the physical stress theory to include modern neuroscience. Physical stress and tissue tolerance are expanded to nociception and the corticolimbic threshold, respectively. From here, the transition from acute, nociception-driven pain to chronic, altered processing-based pain is discussed with recent fMRI research. While clinicians may understand the importance of interventions to improve pain processing, many shy away due to unfamiliarity, low confidence, lack of practice, and confusion regarding documentation. This is why the majority of the session is dedicated not only to the detailed explanation and demonstration of interventions to improve components of pain modulation, but primarily to practice with fellow attendees. Education and examples of documentation and advancing a client towards self-management with their home program are also provided.

Speaker Bios
Eric is a physical therapist practicing in South Carolina who works in the outpatient setting specializing in treating clients with chronic pain. He was the lead physical therapist of the chronic pain team at Prisma Health Hospital Tuomey Outpatient Therapy. He became certified in hypnosis after 60 hours of training by Dr. Fredric Mau, the founder of Relaxation-Based Pain Relief. In 2019, Eric presented on the usage of hypnosis, relaxation techniques, and guided visualization for the South Carolina Board of Physical Therapy Examiners. In addition to his normal work, Eric also created and operates www.StrengthInNumbers.blog - a website dedicated to the free dissemination of information regarding evidence-informed physical therapy.
Friday, March 20, 2020
3:15 pm – 2 hr course

PT & The Critically Ill Child: Why, When, How, What Next?
Jenna Domann, DPT

Overview:
Participants will learn the physical therapist’s role in a multidisciplinary early mobility program in a pediatric intensive care unit. Interventions across the continuum of care will also be discussed.

Objectives:
By the end of this instructional session the learner will:
1. Describe the ABCDEF/ICU Liberation Bundle as related to pediatric intensive care.
2. Describe the post-intensive care syndrome as related to pediatric patients.
3. Explain the importance of early mobility and a multidisciplinary care team in the Pediatric Intensive Care Unit.
4. Discuss patient and physical therapy outcomes associated with rehabilitation services in the pediatric intensive care unit.
5. Summarize the role of the pediatric outpatient physical therapist following patient’s discharges from pediatric intensive care units.

Detailed Description:
More children with critical illnesses are surviving to hospital discharge than ever before thanks to evolving developments in medical technologies. The physical, cognitive, and mental health implications of ICU survivorship have recently been described as a Post-Intensive Care Syndrome and can have lasting effects on the pediatric client. The role of the multidisciplinary care team in the ICU is important for early identification of risk factors, early rehabilitation programs, and overall prevention of secondary complications common following an ICU stay. This presentation will discuss a multidisciplinary approach to comprehensive management of the critically ill child in the context of the ICU Liberation Bundle. Participants will learn the role of the physical therapist across the continuum of care for a critically ill child, from early mobility to outpatient therapy. Participants will be also presented with an early mobility protocol for safe implementation of rehabilitation services in a pediatric intensive care setting.

Speaker Bios
Jenna Domann, PT, DPT graduated in 2016 from Washington University in St. Louis and specializes in pediatric acute care practice. Her clinical interests include early rehabilitation in critical care and management of the child with chronic critical illness. Dr. Domann currently chairs a multidisciplinary ICU Liberation initiative and serves as an APTA credentialed clinical instructor. She is also an adjunct instructor at the Medical University of South Carolina.
Overview:
This presentation will describe the development and implementation of an interprofessional program for students in the health professions to provide early exposure and education about comprehensive care in multiple sclerosis.

Objectives:
1. Describe the role of building student focused programming to build and strengthen MS practice through early exposure to discipline specific and interprofessional collaboration.
2. Critique a simulated component of the presented program.
3. Identify opportunities for program development within your local community.

Detailed Description:
The National Multiple Sclerosis Society partnered with key community healthcare resources and formed a taskforce of volunteer academicians and clinicians interested in MS care to respond to recent evidence identifying a shortage in the MS care workforce. A pilot outreach program, titled Multiple Sclerosis (MS): A Clinical Perspective, for students in healthcare disciplines was developed and then implemented at two universities in North Carolina. To date, Multiple Sclerosis (MS): A Clinical Perspective has been held through 5 different events across North Carolina and South Carolina, has reached 324 students in 14 different healthcare disciplines, and has involved 51 clinical experts. Primary challenges to program implementation have included marketing to reach target audiences, registrant drop-out on day of attendance (up to 50% drop out), and parking limitations for visiting students and presenters living with MS. A standardized survey was developed and piloted at the most recent event in April 2019. Preliminary results from the survey indicate that the program helped the majority of respondents understand key learning objectives such as (1) identifying signs and symptoms of MS in discipline specific training contexts; and (2) understanding the importance of interprofessional collaboration to optimize the care and lives of individuals living with MS.

Speaker Bios
Dr. Alicia Flach is a Clinical Assistant Professor at the University of South Carolina in the Physical Therapy Program. Her primary teaching role is in rehabilitation of adults with neurological conditions and injuries. She received her undergraduate degree from the University of Illinois and her Doctorate of Physical Therapy from University of South Carolina. Additionally, she is recognized as a Board-Certified Clinical Specialist in Neurologic Physical Therapy (NCS), Board-Certified Multiple Sclerosis Clinical Specialist (MSCS), and Parkinson's Foundation Physical Therapy Faculty Scholar. Her clinical practice focuses on collaborating with individuals living with degenerative neurological conditions, such as Parkinson’s disease, Multiple Sclerosis, and Amyotrophic Lateral Sclerosis, to reach their movement goals. Dr. Flach’s research interests are how physical activity and exercise can help in optimizing movement, such as walking and balance, overall function, and quality of life in individuals living with degenerative neurological conditions.
Functional Mechanics of the Shoulder Complex: Using Dry Needling to Facilitate Normal Mechanics Followed by Exercise Progression
Curt Kindel PT, PhD, OCS; Matthew de Ruig, PT, DPT, CMTPT

Overview:
Instruction in mechanics of the shoulder complex is an integral part of physical therapy education, but many foundational concepts are not fully implemented. This course will review established biomechanical concepts and apply dry needling techniques with progression to therapeutic exercise for the shoulder complex.

Objectives:
1. Explain mechanics of the shoulder complex and how they relate to function
2. Apply dry needling concepts to specific musculature of the shoulder complex
3. Analyze therapeutic techniques, including dry needling and therapeutic exercise, of the shoulder based upon biomechanical principles and concepts
4. Evaluate therapeutic exercises based on muscle characteristics, joint mechanics, and functional relevance for the shoulder complex

Detailed Description:
Shoulder mechanics are a foundational aspect of all physical therapy and physical therapist assistant programs. However, many concepts are not effectively applied in the clinical setting. Additionally, because of the complexity of the shoulder, interventions during the acute, subacute, and chronic stages are not always integrated from a functional perspective. This course will attempt to discuss shoulder mechanics, incorporate dry needling as an intervention to facilitate mechanics, and progress with functional therapeutic exercise based upon current evidence.

Speaker Bios
Dr. Kindel graduated from Saint Francis University with a Bachelor of Science in 1999 and a Master of Physical Therapy in 2001. He worked full time in outpatient orthopedics for six years. In 2007, Dr. Kindel received his board certified specialization in Orthopaedics from the American Board of Physical Therapy Specialties. He began teaching full time in the Department of Physical Therapy at Saint Francis in August of 2007. In May of 2015, Dr. Kindel graduated with his PhD in Biomechanics from Penn State University. He currently is an Associate Professor of Physical Therapy at Anderson University in Anderson, South Carolina. As well as teaching, he also continues a part-time practice in outpatient orthopedics. He is married and has two teenage daughters.
Saturday, March 21, 2020

8:00 am – 2 hr course

Evidence-Based Management of Club Foot: The French Physical Therapy Method and a Team-based Approach
Susan Denninger, PT, DPT, PCS; Suzanne Cherry, PT; Tricia Bucci, MPT

Overview:
This session will explore and address available treatment options for the management of congenital club foot with an emphasis on the utilization and outcomes of the French Physical Therapy method (daily stretching, exercise and massage, and taping).

Objectives:
Following this session attendees will:

1. Be able to explain the clinically relevant anatomy, etiology, patterns of presentation, and classification systems of clubfeet in children.
2. Identify and describe traditional conservative and surgical treatment pathways for the management of clubfoot and their outcomes.
3. Identify, using the ICF Model, common body structure-function impairments, activity limitations, and participation restrictions experienced by infants and young children with clubfeet and their short- and long-term implications on gait and overall development.
5. Be able to discuss the importance of functional-based outcome measures such as the Pirani/Böhm/Sinclair (PBS) Score for the assessment of ambulatory and recurrent clubfoot.

Detailed Description:
Clubfoot is one of the most common pediatric foot conditions that pediatric physical therapists and orthopedic surgeons treat. The treatment concept for congenital clubfoot has experienced a major shift from a surgical towards a more conservative, non-surgical approach as a result of long-term outcome studies following the Ponseti method, French Physical Therapy method, and various other bracing or splinting techniques. Children with clubfeet have significantly less range of motion, movement, and power in their ankle/foot complex compared to children with normal feet. Children who are successfully managed conservatively without surgery have superior outcomes, thus placing an emphasis on early and effective conservative management.

This session is for pediatric clinicians involved with the care of infants with clubfoot or children with a history of clubfoot. The session will review and explain the clinically relevant anatomy, etiology, patterns of presentation, and classification systems of clubfeet in children. The French Physical Therapy method of treating clubfoot will be explained and demonstrated along with its supporting evidence. Commonly found body-structure function impairments, activity limitations, and participation restrictions found in infants and children with clubfoot will be discussed along with how selected treatment modalities impact the child and family. This session will explore the management of clubfoot in various practice settings, including newborn nursery and NICU, along with the child with recurring and/or ambulatory clubfoot.

Speaker Bios
Sue Denninger is core faculty at Anderson University in the School of Physical Therapy with primary teaching responsibilities in the area of pediatrics, motor control, evidence-based practice/clinical reasoning, and clinical education. Sue practices at Shriners Hospital for Children in Greenville treating children in both the inpatient and outpatient settings with musculoskeletal and neuromuscular conditions.
diagnoses. Her previous clinical experience was at Prisma Health System in acute care pediatrics.
Sue is currently working on an EdD in Higher Educational
Sue holds a BS in exercise science and a DPT from Sacred Heart University in Fairfield, CT. She has been a Board- Certified Pediatric Clinical Specialist through ABPTS since 2013.

**Tricia Bucci, MPT** Has been a physical therapist at Shriners Hospitals for Children-Erie, PA and now, Shriners Hospitals for Children-Greenville, SC for a combined 21 years. Areas of interest include; training in French Functional Method of treatment for clubfeet at Texas Scottish Rite Hospital, treatment of infants with torticollis/plagiocephaly, serving as a clinical education coordinator, and most recently, serving as a member of the AMC team at Shriners Hospitals for Children in Greenville.
Saturday, March 21, 2020

8:00 am – 2 hr course

Defeating Trunk Asymmetries in the Treatment of Hemiparesis after Stroke or Acquired Brain Injury: Assessment and Techniques to Improve Trunk Control and Limb Function
Scotty Bethune, PT; Carolyn Denton, PT

Overview:
Restoring function following stroke, a leading cause of disability in the US and source of disabling conditions including hemiparesis, is a primary focus in PT intervention in acute care, inpatient and outpatient rehab settings.

Objectives:
1. Recognize common trunk deviations associated with hemiparesis from stroke or other acquired brain injury.
2. Describe benefits of promoting normal movement patterns to minimize the escalation of secondary impairments related to the development of abnormal movement and muscle tone from a neurological disorder such as stroke or acquired brain injury.
3. Identify intervention strategies with consideration for establishing neutral postural alignment in static positions as well as transitional movements and activities of daily living.
5. Support the theory of instilling and maintaining normal movement in the patient's recovery with current peer-reviewed literature on neural plasticity.

Detailed Description:
Restoring function following stroke, a leading cause of disability in the US and source of disabling conditions including hemiparesis, is a primary focus in PT intervention in acute care, inpatient and outpatient rehab settings. This course will focus on loss of trunk control as a major impairment from hemiparesis, and its impact on restoration of independence for mobility related ADLs, balance and walking, and enforce the importance of establishing a stable base for progressive intervention when addressing mobility of the extremities. We will examine the trunk as the foundation of the human body, from basic anatomy to its role in function, identify terminology for descriptive documentation, and discuss tools for assessment and intervention. This course will aid the learners to establish a comprehensive program to normalize postural control and build core strength for stability for the extremities and to enable the client to restore mobility-related function in the activities and participation realms.

Speaker Bios
Scotty Bethune PT, MPH, is a Board-Certified Clinical Specialist in Neurologic Physical Therapy. She received her BS in Physical Therapy from the University of Connecticut in 1996 and earned her Master of Public Health graduate degree from the University of North Carolina at Chapel Hill in 2003. Scotty completed the NDT 3-week training in 2000. She is a Physical Therapist on the Stroke Team at New Hanover Regional Medical Center Rehabilitation Hospital, serves as a staff trainer in an on-site interdisciplinary course for Advanced Mobility Skills, and is the Site Coordinator for Clinical Education and a Clinical Instructor. Scotty serves on the board for the Carolina Clinical Education Consortium as a Clinical Member and is an active member in the APTA and NDTA.
Saturday, March 21, 2020
8:00 am – 2 hr course

Functional Anatomy of the Upper and Lower Limb
Stephanie McGowan, DPT

Overview:
This learning opportunity is for individuals looking to improve and expand upon their knowledge of human anatomy using cadaveric prosections. Orthopedic and neurological anatomy of the upper and lower limb will be featured with highlighted relevance to pathology and function. This workshop is intended to complement the Shoulder and Hip movement course taught by Drs. Seif and Kraft, however this course can be taken independently.

Objectives:
1. Participants will review clinically relevant anatomy of the shoulder girdle and hip including musculature, neural tissue, and other associated structures.
2. Participants will demonstrate proper palpation skills of anatomical structures on the list of anatomical terms.
3. Participants will understand the relationship between structure and function of every joint in these regions and apply to clinical correlates from the lecture session.

Detailed Description:
Participants will have the opportunity to palpate and investigate the anatomy of the shoulder girdle and hip of prosected cadavers. The workshop will be organized into supervised stations that focus varying parts of the regional anatomy. At each station, participants will have the opportunity to observe identified structures, seek and find structures, then have small group discussion.

Speaker Bios
Stephanie McGowan, DPT teaches the following courses in the DPT Curriculum: human gross anatomy, evaluation and treatment of musculoskeletal dysfunction, orthotics and prosthetics, and human biomechanics. She maintains a clinical practice focused on patients with sports and orthopedic related dysfunctions. Her scholarly interests include using clinic- based motion analysis to identify movement disorders in injured runners and running athletes that can facilitate improved intervention strategies. Her most recent initiative is running a student-supported injury prevention outreach program for local school and club athletes.
Saturday, March 21, 2020

8:00 am – 1 hr course

Collaboration with Colleagues and Community: Parkinson's Disease: Resources.Education.Vitality (PD.R.E.V.)
Alicia Flach, PT,DPT,NCS; Travis Gawler PT,DPT,NCS

Overview:
Parkinson's Disease: Resources.Education.Vitality (PD.R.E.V.) is a community education symposium designed by providers from University of South Carolina and Prisma Health. Symposium details, attendee feedback, and future directions will be presented.

Objectives:
1. Describe benefits of collaboration realized by an interprofessional team, individuals living with Parkinson’s Disease, and the community.
2. Identify role of early collaboration of individuals newly diagnosed with Parkinson’s disease and health care providers.
3. Relate current or potential collaboration opportunities in your community to PD.R.E.V.

Detailed Description:
Through the collaborative efforts of relocated healthcare providers with an interest and expertise in Parkinson's Disease(PD), a community need was identified. After multiple meetings for idea generation and program development, Parkinson’s Disease. Resources. Education. and Vitality(PD.R.E.V.) was designed. The objective was to provide individuals with PD and their care partners and/or family members an opportunity to meet their healthcare provider team in a small group setting to learn the basics of PD management, and how to thrive with PD. Program team members included a movement disorders neurologist, a neuropsychologist, and two physical therapists. Synchronizing team member schedules and identifying optimal symposium frequency have been the largest barriers since debut. At the time of submission the program has had 85 attendees. All attendees are asked to complete a program evaluation. Through this collaboration PD.R.E.V has resulted in building rapport within the healthcare team and between the healthcare team and the PD community. Many attendees have gone on to participate in a longitudinal research study designed by the same provider team, seek services from the presenting team members, and utilized local resources (ie local support group or community exercise classes).

Speaker Bios
Dr. Alicia Flach is a Clinical Assistant Professor at the University of South Carolina in the Physical Therapy Program. Her primary teaching role is in rehabilitation of adults with neurological conditions and injuries. She received her undergraduate degree from the University of Illinois and her Doctorate of Physical Therapy from University of South Carolina. Additionally, she is recognized as a Board-Certified Clinical Specialist in Neurologic Physical Therapy (NCS), Board-Certified Multiple Sclerosis Clinical Specialist (MSCS), and Parkinson’s Foundation Physical Therapy Faculty Scholar. Her clinical practice focuses on collaborating with individuals living with degenerative neurological conditions, such as Parkinson’s disease, Multiple Sclerosis, and Amyotrophic Lateral Sclerosis, to reach their movement goals. Dr. Flach’s research interests are how physical activity and exercise can help in optimizing movement, such as walking and balance, overall function, and quality of life in individuals living with degenerative neurological conditions.
Pragmatic Application of Practice Guidelines in the Clinic: Programming High Value Care at a National Scale
Thomas Denninger, PT, DPT, OCS, FAAOMPT

Overview:
Guideline adherent management of patients with musculoskeletal conditions holds potential to improve outcomes and decrease cost, however, absorption rates of clinical practice guidelines remains extremely low.

Objectives:
1. Define the research to practice translation gap within the perspective of orthopedic physical therapy
2. Discuss the challenges and rationales associated with poor adoption of research and clinical practice guidelines
3. Examine implementation strategies and their effect on patient reported outcomes and clinical behaviors

Detailed Description:
The rates of health sciences research publications is at an all time high and continues to accelerate. Despite attempts at creating access to research and attempts at clinical translation, rates of absorption and implementation continue to be extremely low, and decreasing. Not only is translation delayed, traditional estimates is that it takes 17 years for a research finding to become clinical practice, but most applicable discovery will never translate to practice. This occurs despite the possibility of decreased patient disability, lower need for dangerous opioid prescriptions, and massive health savings for a system rapidly going broke. From a physical therapist’s perspective we look outward and see under-utilization of our services from a systems perspective, however, we need to also look internally and see that the care delivered within the four walls of a physical therapy clinic is highly variable, often ineffective, and far from guideline based.

The production and publication of clinical practice guidelines throughout healthcare and specifically Orthopedic Physical Therapy has become common place. However, rates of implementation continue to be staggeringly low for a variety of reasons. This session will explore the challenges associated with the implementation of research into practice and specifically discuss strategies that have been used at a large national outpatient orthopedic and sports medicine company to decrease unwanted variability and improve patient outcomes. Changes in clinical behaviors, care parameters, and patient reported outcomes will be shared that are directly tied to the implementation of strategies to simplify and scale behaviors, knowledge, and the skills associated with high value care.

Speaker Bios
Tom has spent his career working in a multidisciplinary Pain and Spine center. Tom has specialized in the care of patients with complex pain conditions including chronic back and neck pain, fibromyalgia, central sensitivity, chronic fatigue syndrome, and whiplash associated disorders. He completed his DPT and Orthopedic Residency at Sacred Heart University in Fairfield, CT and completed his fellowship in manual physical therapy through Evidence in Motion. He has presented at national conferences and has multiple peer reviewed articles on the topic of persistent pain. He works in Greenville, SC serving as Sr. Director of Market Research and Development for ATI Physical Therapy.
Anterior Shoulder Instability: What do we know now?
Joshua E. Pniewski DPT, Clinical Director

Overview:
Anterior shoulder instability continues to be a large population in the athletic rehabilitation population. Managing these patients conservatively and surgically continue to present challenges.

Objectives:
1. Learner will be presented with current concepts in the treatment anterior shoulder instability
2. Learner will be presented with current literature and consensus rehabilitation guidelines.
3. Learner will be presented with current evidence on when to "speed" up and "slow" down the rehabilitation progression with selected cases and case descriptions.

Detailed Description:
Anterior Shoulder instability or Bankart Lesion (BL) continues to be a major contributor to shoulder pain in the athletic rehabilitation population. Identifying these patients early in their recovery can be vital to helping them continue in their sport of choice. In the realm of conservative management, the "wait and see what happens track" can have its pitfalls. However, there are many that are still able to perform at a high level despite having a diagnosed BL. When these patients have failed to progress, or participate at their desired level, referral back to the orthopedic surgeon can be time sensitive. Appropriate post-operative management can play a critical role. This lecture will outline the American Society of Shoulder and Elbow Therapists (ASSET) guidelines and cross referenced to over 29 published academic institutions' post-operative rehabilitation guidelines. Sling management, when to speed up, and when to slow down is very patient dependent. This lecture will cover specific instances where these management techniques are appropriate. These evidence that is still being published shows that there still may be more to learn on how to help these individuals get back to their desired activity level.

Speaker Bios
Dr. Pniewski has been a physical therapist for over 12 years just recently accepting 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 and The National Conference for the American Society of Shoulder and Elbow Therapists (ASSET). His most recent presentation at the Georgia Shoulder and Elbow Surgeons Society 2019 Shoulder Instability Symposium outlined progressive rehabilitation for those with Bankart Repairs. Dr. Pniewski presented alongside Dr. JT Tokish and Dr. Matt Provencen who have been leaders in the surgical management of shoulder instability.
Saturday, March 21, 2020

9:15 am – 2 hr course

How to Stop Sucking at Social Media Marketing
Elliot Cleveland, PT, DPT; Brandon Arvay, DMA

Overview:
9/10 business owners know digital marketing is a powerful tool to getting patients in the door, but almost none actually know how to utilize it.

Objectives:
1. Define your ideal patient.
2. Find that patient on the platform they already exist
3. Learn the differences between each platform
4. Create meaningful content for your target audience
5. Create a marketing plan for this audience

Detailed Description:
Businesses survive on their ability to strategically market to their target audience. As Physical therapists, we too often rely on other professions to help get patients in the door rather than taking a proactive approach to directly seeking out patients that need our help. This session is designed to help you define your target audience, teach you how to become an authoritative figure to those individuals, and turn them into avid fans who will pay a premium for your work.

Speaker Bios
Elliot Cleveland has successfully created a niche physical therapy business, Marching Health, which targets marching bands, and primarily operates through digital media. In 2 years, he has grown Marching Health to having over 30,000 social media followers and impacting marching bands and performers all over the globe. He is a leader and pioneer in the music world and is a nationally sought after speaker and clinician.
Coordination with Athletic Training Services within Army Basic Combat Training
Brian E Stoltenberg, PT, DSc, OCS, SCS; Benjamin K Bower, PT, DPT, OCS

Overview:
This presentation will provide insight into how Athletic Trainers have become key extenders of Physical Therapy services within the Fort Jackson footprint.

Objectives:
1. Understand how Athletic Trainers extend screening, evaluative and rehabilitative services across the Fort Jackson footprint.
2. Describe the importance of collaborative relationships between Fort Jackson Athletic Trainers, unit command teams, physical therapy, and primary care.
3. Appreciate the integral role Athletic Trainers play in the execution and development of injury prevention and performance optimization initiatives on Fort Jackson.
4. Identify the potential for increased utilization of Athletic Trainers throughout the military as our forces look to maximize mission readiness.

Detailed Description:
This presentation will begin with an overview of the structure and flow of interdisciplinary patient care during Basic Combat Training on Fort Jackson, SC. The process starts with Athletic Trainers triaging all medical complaints at 5 A.M. and often ends again with Athletic Trainers discussing the status of a recruit with the unit command teams. Physical Therapists serve as coordinators for athletic training services across the installation, to include utilization during various injury prevention and performance optimization efforts. Athletic Trainers have become a valued resource in the military health care system, as evidenced by their expanding roles within initial training and across operational units. After a thorough understanding of the health care structure and flow has been established, the presentation will transition to case reports demonstrating the power of collaboration with Athletic Trainers providing far-forward services within the Army’s Basic Training environment.

Speaker Bios
Brian Stoltenberg obtained his DPT from Baylor University in 2009. After several years of Active Federal Service that included a deployment to Afghanistan, he was afforded the opportunity to earn his DSc from Baylor and complete the Division 1 Sports PT Fellowship at West Point New York in 2017. He currently serves as an athletic training program coordinator at Fort Jackson, SC – the Army’s largest Initial Entry Training installation. Brian is a board-certified clinical specialist in orthopaedic and sports physical therapy and maintains NSCA certification as a strength and conditioning specialist.
Saturday, March 21, 2020
10:45 am – 2 hr course

A Multidisciplinary Approach to Establishing and Managing a Pediatric Concussion Clinic
Stacey Gray, PT, DPT, PCS; Kikki Thayer, MS, CCC-SLP, CBIS; Jen Marshall, PA-C

Overview:
The presentation looks at developing and running a pediatric concussion clinic from an interdisciplinary approach. It will factor in challenges, successes and areas for growth when managing a concussion clinic. It looks at assessments completed in concussion clinic, as well as many of the recommendations provided, including referrals to therapy, school accommodations, and referrals for other disciplines.

Objectives:
1. To understand the process of developing a pediatric concussion clinic.
2. To understand frequent tests and measurements completed in a concussion clinic setting.
3. To understand resources we can provide for our patients in the clinic.
4. When it is appropriate to make referrals outside of concussion clinic

Detailed Description:
The course will look into the process of developing and running a pediatric concussion clinic. It will look into the history of our concussion clinic; the difficulties we initially had with scheduling; growing the clinic, including our role in marketing the concussion clinic. The presentation will look at some of the available tests for the pediatric and adolescent population, to assess their cognition/memory as well as their ocularmotor, vestibular and balance systems. The course will provide treatment ideas to provide in clinic as well as accommodations for school and return to sports/activity protocols.

Speaker Bios
Stacey Gray, PT, DPT, PCS is a physical therapist at the Medical University of South Carolina. Stacey completed her undergraduate degree at Saint Mary’s College in South Bend, IN and she attended Shenandoah University for physical therapy school, graduating in 2009. Stacey attained her PCS (Pediatric Certified Specialist) in 2016. Stacey has worked at pediatric physical therapy clinics throughout her career, initially at Children’s Hospital of Richmond at VCU in Fredericksburg, VA prior to moving to Charleston, SC. Stacey now works at the outpatient pediatric therapy clinic for MUSC and enjoys the variety of patients and diagnoses she treats on a daily basis, which includes an interest in concussion treatment. Stacey is the physical therapist for the Pediatric Concussion Clinic at MUSC, which evaluates and manages concussions with a multidisciplinary approach.
Saturday, March 21, 2020
10:45 am – 2 hr course

Neonatal Abstinence Syndrome: Providing multidisciplinary, coordinated, and community-based care
Susan Denninger, PT, DPT, PCS; Tara Hannon

Overview:
This session will define, explore, and demonstrate effective treatment approaches and outcomes of a team-based model of treating infants and families impacted by Neonatal Abstinence Syndrome.

Objectives:
1. Following this session attendees will be able to define and provide foundational knowledge regarding Neonatal Abstinence Syndrome (NAS) as it relates to newborn care, developmental outcomes, and the growing opioid epidemic.
2. Following this session attendees will identify, using the ICF Model, common body structure-function impairments, activity limitations, and participation restrictions experienced by infants with NAS.
3. Following this session attendees will describe the various treatment approaches utilized by physical therapists, occupational therapists, and speech-language pathologists in treating infants with NAS.
4. Following this session attendees will understand the role of pharmaceutical and non-pharmaceutical management of NAS and how various healthcare and community-based professionals work together in managing these complex infants.

Detailed Description:
Increasing resources are being directed towards addressing the growing opioid epidemic in the United States including addressing the short- and long-term care needs of children from opioid-affected families. Infants born with Neonatal Abstinence Syndrome (NAS) require immediate and specialized care in the newborn nursery and NICU settings along with long-term follow-up. The role of physical, occupational, and speech therapists in the care of these complex newborns continues to be supported by the evidence as these infants require both pharmaceutical and non-pharmaceutical management to minimize their hospital length of stay, decrease complications, and maximize developmental outcomes.

This session for pediatric clinicians of all experience levels and settings will review the key concepts of NAS and identify commonly found body-structure function impairments, activity limitations, and participation restrictions of this population and how they are treated by physical therapists, occupational therapists, and speech-language pathologists. This session will explore the importance of providing family-centered care and establishing a therapeutic alliance between infant’s family and the medical team along with the importance of a coordinated and organized treatment approach in the newborn and NICU settings.

Speaker Bios
Sue Denninger is core faculty at Anderson University in the School of Physical Therapy with primary teaching responsibilities in the area of pediatrics, motor control, evidence-based practice/clinical reasoning, and clinical education. Sue practices at Shriner’s Hospital for Children in Greenville treating children in both the inpatient and outpatient settings with musculoskeletal and neuromuscular diagnoses. Her previous clinical experience was at Prisma Health System in acute care pediatrics working primarily with infants and young children in newborn nursery, the NICU, PICU, and general pediatrics. Sue is currently working on an EdD in Higher Educational Leadership at North Greenville
University. Her research interests are in the scholarship of teaching and learning specifically as it relates to developing clinical reasoning and critical reflection practices in entry-level DPT students. Sue holds a BS in exercise science and a DPT from Sacred Heart University in Fairfield, CT. She has been a Board-Certified Pediatric Clinical Specialist through ABPTS since 2013.

Saturday, March 21, 2020
10:45 am – 2 hr course

Breaking the Trend of 3x10: Strength Training in Physical Therapy
Reed Handlery, Physical Therapist

Overview:
The current session will demonstrate how strength training principles can be applied in a variety of physical therapy settings. Learners will receive hands-on experience with common strength training exercises.

Objectives:
1. Explain strength training and conditioning principles and how they can be applied to enhance the care of patients undergoing physical therapy.
2. Recognize the pros and cons of measures that assess strength.
3. Describe how to adapt common strength training movements to a patient’s stage of healing, pain and current abilities.
4. Demonstrate performance of common strength training exercises (e.g. squat, deadlift, upper extremity pushing and pulling).
5. Recognize common movement faults during strength training exercises and demonstrate cues to facilitate optimal performance.

Detailed Description:
Have you ever encountered a patient that was simply too strong? Neither have we. Adequate strength is associated with quality of life and is a precursor to quality movement. Not surprisingly, improving a patient or client’s strength is often a goal targeted by physical therapists. Unfortunately, strength training is often neglected in both physical therapy education and practice, lending to a gap in knowledge. The purpose of the current session is to demonstrate how strength training principles can be applied in physical therapy practice. Content will include 1) principles of strength training, 2) how to assess strength in the clinic, 3) performance and modification of common strength training movements (squat, hip-hinge, upper body pushing and pulling) and 4) the use of cues (e.g. verbal, visual, tactile) to facilitate optimal performance of exercise. Speakers will present a variety of case studies detailing how strength training can be applied in practice and the audience will have the opportunity to develop their own programming given a specific patient case. Audience members will learn to incorporate strength training through a unique hands-on experience. In the end, 3x10 will never look the same again.

Speaker Bios
Reed Handlery, PT, DPT, received his Doctorate in Physical Therapy from the University of South Carolina. He is currently a licensed Physical Therapist in South Carolina and practices both in the acute care and outpatient orthopedic settings. Dr. Handlery is a PhD student at the University of South Carolina under the mentorship of Stacy Fritz, PhD, PT. Dr. Handlery’s research focus is on strength and aerobic exercise training for individuals with chronic stroke and specifically how to use modes of exercise to increase physical activity levels.