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SOFTWARE | ANALYTICS | REVENUE CYCLE SERVICES

YOUR ROADMAP TO INCREASED COMPLIANCE EFFICIENCY NET REVENUE

866-245-8093  THERAPY@SOURCEMED.NET  SOURCEMED.NET
SESSION CODES

CSM 2016 employs a session code system to better track the educational sessions offered in Anaheim. Each session is identified by a 2-letter section abbreviation, followed by a number indicating the day of the session, a letter indicating the time, and a 4-digit code unique to that session. A guide to the codes is below.

<table>
<thead>
<tr>
<th>Section, Day, or Time</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>AC</td>
</tr>
<tr>
<td>Aquatic Physical Therapy</td>
<td>AQ</td>
</tr>
<tr>
<td>Cardiovascular and Pulmonary</td>
<td>CP</td>
</tr>
<tr>
<td>Clinical Electrophysiology and Wound Management</td>
<td>CE</td>
</tr>
<tr>
<td>Education</td>
<td>ED</td>
</tr>
<tr>
<td>Federal Physical Therapy</td>
<td>FD</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>GR</td>
</tr>
<tr>
<td>Hand Rehabilitation</td>
<td>HR</td>
</tr>
<tr>
<td>Health Policy and Administration</td>
<td>HP</td>
</tr>
<tr>
<td>Home Health</td>
<td>HH</td>
</tr>
<tr>
<td>Neurology</td>
<td>NE</td>
</tr>
<tr>
<td>Oncology</td>
<td>ON</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>OR</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>PD</td>
</tr>
<tr>
<td>Private Practice</td>
<td>PP</td>
</tr>
<tr>
<td>Research</td>
<td>RE</td>
</tr>
<tr>
<td>Sports Physical Therapy</td>
<td>SP</td>
</tr>
<tr>
<td>Women’s Health</td>
<td>WH</td>
</tr>
</tbody>
</table>

DATE & TIME
(February 18, Block 1, 8:00 am–10:00 am)

HH-1A-2712

SECTION
(Home Health)

Unique ID
(2712)

Preconference
Day 1: Tuesday, February 16
Day 2: Wednesday, February 17

Education Sessions
Day 1: Thursday, February 18
Day 2: Friday, February 19
Day 3: Saturday, February 20

Time
1st Block: 8:00 am–10:00 am
2nd Block: 11:00 am–1:00 pm
3rd Block: 3:00 pm–5:00 pm

Session handouts are available at www.apta.org/CSM. Use code CSM2016.
General Information

All educational programming will occur at the Anaheim Convention Center, the Anaheim Marriott, and the Hilton Anaheim.

These location abbreviations will appear next to the listings in the program.

<table>
<thead>
<tr>
<th>ACC</th>
<th>Anaheim Convention Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Anaheim Marriott</td>
</tr>
<tr>
<td>H</td>
<td>Hilton Anaheim</td>
</tr>
</tbody>
</table>

The daily schedule is as follows:

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am–10:00 am</td>
<td>Educational Programming</td>
</tr>
<tr>
<td>10:00 am–11:00 am</td>
<td>Unopposed Exhibit Hall Time</td>
</tr>
<tr>
<td>11:00 am–1:00 pm</td>
<td>Educational Programming</td>
</tr>
<tr>
<td>1:00 pm–3:00 pm</td>
<td>Unopposed Exhibit Hall Time</td>
</tr>
<tr>
<td>3:00 pm–5:00 pm</td>
<td>Educational Programming</td>
</tr>
</tbody>
</table>

THE 18 SPECIALITY SECTIONS OF APTA

Thank you to all component leadership. For more information on a specific component, please visit their website below.

<table>
<thead>
<tr>
<th>Section</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACUTE CARE SECTION</td>
<td>acutept.org</td>
</tr>
<tr>
<td>AQUATIC PHYSICAL THERAPY SECTION</td>
<td>aquaticpt.org</td>
</tr>
<tr>
<td>CARDIOVASCULAR AND PULMONARY SECTION</td>
<td>cardiopt.org</td>
</tr>
<tr>
<td>ACADEMY ON CLINICAL ELECTROPHYSIOLOGY AND WOUND MANAGEMENT</td>
<td>aptasce-wm.org</td>
</tr>
<tr>
<td>EDUCATION SECTION</td>
<td>aptaeducation.org</td>
</tr>
<tr>
<td>FEDERAL PHYSICAL THERAPY SECTION</td>
<td>federalpt.org</td>
</tr>
<tr>
<td>ACADEMY OF GERIATRIC PHYSICAL THERAPY</td>
<td>geriatricspt.org</td>
</tr>
<tr>
<td>HAND REHABILITATION SECTION</td>
<td>handrehabsection.com</td>
</tr>
<tr>
<td>HEALTH POLICY AND ADMINISTRATION SECTION</td>
<td>aptahpa.org</td>
</tr>
<tr>
<td>HOME HEALTH SECTION</td>
<td>homehealthsection.org</td>
</tr>
<tr>
<td>NEUROLOGY SECTION</td>
<td>neuropt.org</td>
</tr>
<tr>
<td>ONCOLOGY SECTION</td>
<td>oncologypt.org</td>
</tr>
<tr>
<td>ORTHOPAEDIC SECTION</td>
<td>orthopt.org</td>
</tr>
<tr>
<td>SECTION ON PEDIATRICS</td>
<td>pediatricapta.org</td>
</tr>
<tr>
<td>PRIVATE PRACTICE SECTION</td>
<td>ppsapta.org</td>
</tr>
<tr>
<td>SECTION ON RESEARCH</td>
<td>ptresearch.org</td>
</tr>
<tr>
<td>SPORTS PHYSICAL THERAPY SECTION</td>
<td>spts.org</td>
</tr>
<tr>
<td>SECTION ON WOMEN’S HEALTH</td>
<td>womenshealthapta.org</td>
</tr>
</tbody>
</table>
APTA PAVILION

ACC  Exhibit Halls A & B
Visit Booth #436 in the Exhibit Hall to learn more about all APTA has to offer. APTA staff representing Member Engagement, the APTA Learning Center, PT-PAC, and many other APTA programs and services will be on hand to answer questions.

BADGE SCANNING
APTA provides an electronic system of badge scanning to verify attendance at education sessions. Please have your badge scanned upon entrance to each session. If you change sessions, the last session scanned during a given time block will be the only session recorded.

Your session transcript and CEU letter of participation will be available in the APTA Learning Center at http://learningcenter.apta.org through 2021. Click on My Learning Activities/My Courses to claim your CEU credit and download your letter and transcript. CEUs will be available in April 2016.

CONTINUING EDUCATION POLICY
Course content is not intended for use outside the scope of the learner’s license or regulation. Clinical continuing education should not be taken by individuals who are not licensed or otherwise regulated, unless they are involved in a specific plan of care.

CONTINUING EDUCATION UNITS (CEUs)
Attendance at CSM 2016 is worth up to 19 contact hours or 1.9 CEUs. All sessions are .2 CEUs (or 2 contact hours) unless otherwise noted.

Over 40 licensure agencies for physical therapists and physical therapist assistants have licensure renewal requirements that include completion of continuing education or continuing competence activities. CEUs earned at CSM are accepted in all states plus the District of Columbia, as allowed by the type of course requirements in state regulations. For specific information related to your licensure requirements, please see www.apta.org/licensure and click on Practice Acts by State or contact your licensure board.

A number of state licensure boards require documentation of learning time spent on content covering evaluative procedures to fulfill direct access certification requirements. Specific education session information can be found at www.apta.org/CSM/CEU.

APTA is an approved provider through the National Athletic Trainers Association (NATA Board of Certification Approved Provider #P1151). For additional information on CEU approval, see APTA’s Learning Center at http://learningcenter.apta.org and click on CEU Info.

Education session and preconference course speakers may be compensated by the activity’s sponsoring section for their participation as presenters. All presenters are required to exclude promotional content from their instructional methods or materials and to disclose relevant biases or conflicts of interest at the start of their presentations.

ELECTRONIC DEVICES
Please be considerate of speakers and other attendees by turning off your cell phones and other handheld devices during sessions.

EXHIBIT HALL

ACC  Exhibit Halls A & B
Enjoy more time in the Exhibit Hall at CSM 2016! Visit our exhibitors to learn more about their wide variety of products, services, and technology available to physical therapy professionals. Please take time to thank our exhibitors, as their participation is critical to the success of the meeting.

Please note that children under the age of 16 are not permitted in the Exhibit Hall.

Exhibit Hall Hours
Thursday, February 18 ................................. 9:30 am–4:00 pm
Friday, February 19 ................................. 9:30 am–4:00 pm
Saturday, February 20 ................................. 9:30 am–3:00 pm

Exhibit Hall Breaks
Daily ........................................ 10:00 am–11:00 am; 1:00 pm–3:00 pm

HANDOUTS AND ABSTRACT ACCESS
Please be advised that not all sessions include handouts. Speakers are encouraged to provide handouts for attendees, but are not required to do so.

The handouts will be accessible from the programming link that appears on APTA’s website at www.apta.org/CSM/handouts. All conference attendees have electronic access to the handouts using the password CSM2016 through June 20, 2016.

The 18 APTA specialty sections jointly sponsor a viewing service for members and nonmembers to access platform and poster abstracts presented at CSM. The viewer will be available until December 31, 2016, at www.apta.org/CSM/programming.

INFORMATION DESKS
Have a question about CSM? APTA staff is ready to help you make the most of your CSM experience. Visit one of the CSM Information Desks near Registration at the Anaheim Convention Center, the Ballroom Level of the Anaheim Marriott, or on Level 2 of the Hilton Anaheim. Information Desks will be staffed daily beginning at 7:00 am.

MOBILE APP
CSM’s mobile app allows you to build customized schedules, learn more about exhibiting companies, and receive schedule updates. To get the app, scan the QR code on the front of this program, or search for the app in your Android or iPhone app store by using the keyword CSM 2016. In addition, you can go to apta.expotogo.com/CSM to download the app.

Session handouts are available at www.apta.org/CSM. Use code CSM2016.
MOTHER’S ROOM
ACC Room 110
The First Aid Station will have a space reserved for the needs of nursing mothers. Please note that no refrigeration is provided.

POSTER PRESENTATIONS
ACC Exhibit Halls A & B
The sections have joined together to present posters on various physical therapy topics. Posters may be viewed during Exhibit Hall hours. Refer to page 136 for a listing of poster presentations. Authors will be available to discuss their posters from 1:00 pm to 3:00 pm on the days listed below.

Thursday, February 18
Acute Care, Aquatics, Cardiovascular/Pulmonary, Geriatrics, Health Policy and Administration, Orthopaedics (Elbow/Wrist/Hand, Other, Performing Arts, and Poster Award Candidates), Research, and Sports (Biomechanics, Case Studies, Running, Sports Residency)

Friday, February 19
Clinical Electrophysiology and Wound Management, Education, Federal Physical Therapy, Neurology (Balance and Falls, Stroke, and Vestibular SIGs), Orthopaedics (Occupational Health, Shoulder, and Spine SIGs), Sports (Shoulder/Elbow, Spine), and miscellaneous

Saturday, February 20
Hand Rehabilitation, Home Health, Neurology (Brain Injury, Degenerative Diseases, General, Practice Issues, and SCI SIGs), Oncology, Orthopaedics (Foot/Ankle, Hip/Knee, and Pain Management SIGs), Pediatrics, Sports, (Foot/Ankle, Knee, Knee–ACL), and Women’s Health

REGISTRATION
ACC Exhibit Hall A

Hours
Tuesday, February 16................................. 7:00 am–10:00 am
(Preconference courses only)

Wednesday, February 17......................... 7:00 am–7:00 pm
Thursday, February 18......................... 7:00 am–4:00 pm
Friday, February 19......................... 7:00 am–4:00 pm
Saturday, February 20......................... 7:00 am–3:00 pm

SESSION CAPACITY
Although every effort is made to provide adequate seating for all attendees, on occasion rooms are filled to capacity. Fire codes prevent APTA from allowing more individuals in a room than designated by law. Allow yourself sufficient time to arrive at sessions and, when rooms are filling up, please remove personal items from seats, and select seats in the front of the room and in the middle of rows. APTA encourages attendees to select alternative sessions in advance in the event that space is unavailable.

SPEAKER ROOM
Hilton Mezzanine Room 14

Speakers and Platform Presenters
Education session speakers and platform presenters must check in at the main Registration Desk in the Anaheim Convention Center in front of Exhibit Hall A. Audiovisual equipment is available to presenters in the speaker room, H–Mezzanine Room 14.

Speaker Room Hours
Thursday, February 18......................... 7:00 am–3:00 pm
Friday, February 19................................. 7:00 am–3:00 pm
Saturday, February 20................................. 7:00 am–2:00 pm

Poster Presenters
Poster presenters must check in outside Hall B on the street level of the Anaheim Convention Center. Poster check-in hours are:

Wednesday, February 17................................. 4:00 pm–6:00 pm
Thursday, February 18......................... 7:00 am–4:00 pm
Friday, February 19................................. 7:00 am–4:00 pm
Saturday, February 20................................. 7:00 am–1:00 pm

WI-FI AVAILABILITY
Free Wi-Fi is available throughout the Anaheim Convention Center.
Fighting back against Parkinson’s disease

Stephanie Combs-Miller, PT, PhD, NCS
Associate Professor & Director of Research, 
Indiana College of Health Sciences

Research Interests:
The use of exercise to slow the progression of Parkinson’s disease and increase the quality of life for people living with it. Mobility interventions for improved walking function after stroke.

Recent Projects:
Multiple studies on the effects of boxing training on mobility in people with Parkinson’s disease

“Eight years ago I watched a news story about Rock Steady Boxing, an exercise facility for people with Parkinson’s disease. This opened the door to a whole new line of research for me. Now, I’ve been able to incorporate my students into this exciting new area of rehabilitation research.”

uindy.edu/csm
### WEDNESDAY, FEBRUARY 17

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation for New Component Presidents</td>
<td>7:00 am–8:00 am</td>
<td>H–Avila B</td>
</tr>
<tr>
<td>ImPACT Training Workshop (ITPT Fast Track)</td>
<td>8:00 am–4:30 pm</td>
<td>M–Platinum Blrm 7</td>
</tr>
<tr>
<td>Residency Competency Measure Work Group</td>
<td>8:00 am–5:00 pm</td>
<td>H–Mezzanine Room 2</td>
</tr>
<tr>
<td>Specialization Academy of Content Experts (SACE) 1 Workshop</td>
<td>8:30 am–12:00 pm</td>
<td>M–Platinum Blrm 1</td>
</tr>
<tr>
<td>Specialization Academy of Content Experts (SACE) 2 Workshop</td>
<td>8:30 am–4:00 pm</td>
<td>M–Platinum Blrm 2</td>
</tr>
<tr>
<td>Component Leadership Meeting</td>
<td>8:30 am–5:00 pm</td>
<td>M–Marquis Blrm Northeast</td>
</tr>
<tr>
<td>Specialization Academy of Content Experts (SACE) Luncheon</td>
<td>12:00 pm–1:30 pm</td>
<td>M–Platinum Blrm 4</td>
</tr>
<tr>
<td>Component Presidents Luncheon</td>
<td>12:00 pm–2:00 pm</td>
<td>M–Marquis Blrm Northwest</td>
</tr>
<tr>
<td>CCIW Meeting</td>
<td>1:00 pm–5:00 pm</td>
<td>H–Ventura</td>
</tr>
<tr>
<td>ACAPT Roundtable Liaison Meeting</td>
<td>4:00 pm–7:00 pm</td>
<td>M–Platinum Blrm 4</td>
</tr>
<tr>
<td>Section Presidents Meeting With APTA Executive Committee</td>
<td>5:00 pm–6:00 pm</td>
<td>H–Coronado</td>
</tr>
<tr>
<td>PTA Town Hall Meeting</td>
<td>5:00 pm–6:30 pm</td>
<td>ACC–202 A</td>
</tr>
<tr>
<td>Education and Pedagogy Consortium</td>
<td>6:00 pm–7:00 pm</td>
<td>ACC–204 A</td>
</tr>
<tr>
<td>JOSPT Reviewers Reception</td>
<td>6:30 pm–8:30 pm</td>
<td>H–Capistrano A</td>
</tr>
<tr>
<td>Midwest Caucus Meeting</td>
<td>6:30 pm–8:30 pm</td>
<td>H–El Capitan A</td>
</tr>
<tr>
<td>ABPTS Ceremony</td>
<td>8:00 pm–9:30 pm</td>
<td>ACC–Birm C</td>
</tr>
<tr>
<td>Opening Reception</td>
<td>9:00 pm–10:30 pm</td>
<td>ACC–Grand Plaza</td>
</tr>
</tbody>
</table>

### THURSDAY, FEBRUARY 18

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>APTA Clinical Practice Guideline Development Group Meeting</td>
<td>6:30 am–8:00 am</td>
<td>H–Huntington A</td>
</tr>
<tr>
<td>Residency Competency Open Forum</td>
<td>7:00 am–8:00 am</td>
<td>ACC–210 D</td>
</tr>
<tr>
<td>Component Leadership Meeting Day 2: Management and Operations</td>
<td>8:00 am–3:30 pm</td>
<td>M–Marquis Blrm Northwest</td>
</tr>
<tr>
<td>Reference Committee Appointments</td>
<td>8:00 am–5:00 pm</td>
<td>H–Mezzanine Room 11</td>
</tr>
<tr>
<td>Exhibit Hall Breaks</td>
<td>10:00 am–11:00 am</td>
<td>ACC–Exhibit Hall</td>
</tr>
<tr>
<td>Manipulation Workgroup: MSK Issues &amp; Legislation Forum</td>
<td>12:00 pm–1:00 pm</td>
<td>ACC–209 B</td>
</tr>
<tr>
<td>Exhibit Hall Breaks</td>
<td>1:00 pm–3:00 pm</td>
<td>ACC–Exhibit Hall</td>
</tr>
<tr>
<td>JOSPT Members Meeting</td>
<td>1:00 pm–3:00 pm</td>
<td>H–Santa Monica</td>
</tr>
<tr>
<td>Consortium for the Humanities, Ethics, and Professionalism (CHEP) Inaugural Meeting</td>
<td>6:00 pm–7:30 pm</td>
<td>ACC–204 B</td>
</tr>
<tr>
<td>University of St. Augustine Alumni and Friends Social</td>
<td>6:00 pm–8:00 pm</td>
<td>M–Grand Blrm J</td>
</tr>
<tr>
<td>Maintenance of Specialist Certification (MOSC) Forum</td>
<td>6:30 pm–7:30 pm</td>
<td>ACC–303 A</td>
</tr>
<tr>
<td>Minority Affairs Reception</td>
<td>6:30 pm–7:30 pm</td>
<td>M–Platinum Blrm 7</td>
</tr>
<tr>
<td>Mount Saint Mary’s University Alumni, Student, and Faculty Reception</td>
<td>6:30 pm–8:00 pm</td>
<td>M–Grand Blrm K</td>
</tr>
<tr>
<td>Build Your Career Reception</td>
<td>6:30 pm–8:00 pm</td>
<td>M–Platinum Blrm 2</td>
</tr>
<tr>
<td>Western Caucus</td>
<td>6:30 pm–8:00 pm</td>
<td>ACC–209 A</td>
</tr>
<tr>
<td>APTA Components: Practice, Payment, &amp; State Legislative Chairs Meeting</td>
<td>6:30 pm–8:00 pm</td>
<td>M–Marquis Blrm Northwest</td>
</tr>
</tbody>
</table>
George Washington University PT Alumni Reception  
6:30 pm–8:00 pm  M–Grand Birm C

USC Alumni & Friends Reception  
6:30 pm–8:00 pm  H–Pacific Birm A

Midwestern University PT Alumni & Friends Reception  
6:30 pm–8:00 pm  M–Grand Birm H

Creighton University “Alumni & Friends” Reception  
6:30 pm–8:00 pm  M–Platinum Birm 3

MGH Institute of Health Sciences Alumni and Diane Jette Recognition Reception  
6:30 pm–8:00 pm  H–Lido C

University of Wisconsin–Madison Alumni Reception  
6:30 pm–8:00 pm  H–Avila A

Ohio University Alumni Reception  
6:30 pm–8:00 pm  H–Avila B

Southern Regional Caucus Meeting  
6:30 pm–8:30 pm  ACC–205 A

Northeast Regional Caucus Meeting  
6:30 pm–8:30 pm  ACC–205 B

Clinical Reasoning Curricula and Assessment Research Consortia Meeting  
6:30 pm–8:30 pm  ACC–204 A

Pacific University of Oregon Reception  
6:30 pm–8:30 pm  H–Oceanside

Boston University Alumni Event  
6:30 pm–8:30 pm  H–Huntington B

University of North Dakota Physical Therapy Alumni & Friend Reception  
6:30 pm–8:30 pm  H–Palos Verdes B

University of Washington Physical Therapy Alumni Social  
6:30 pm–8:30 pm  H–Manhattan

WesternU Reception  
6:30 pm–8:30 pm  H–Redondo

Research-Intensive Physical Therapy Programs Consortium Business Meeting  
6:30 pm–8:00 pm  ACC–202 A

University of the Sciences Alumni and Friends Social  
6:30 pm–8:30 pm  M–Gold Key III

Temple University PT Alumni Reception  
6:30 pm–8:30 pm  M–Grand Birm A

Emory University 2016 Alumni Reception  
6:30 pm–8:30 pm  M–Platinum Birm 4

A.T. Still University Alumni & Students Reception  
6:30 pm–8:30 pm  M–Platinum Birm 1

University of Miami Alumni Party  
6:30 pm–8:30 pm  M–Orange County Birm 2

Ohio State PT Alumni Reception  
6:30 pm–8:30 pm  M–Orange County Birm 3

Northwestern University Department of Physical Therapy & Human Movement Sciences Alumni & Friends Reception  
6:30 pm–8:30 pm  M–Orange County Birm 4

Department of Physical Therapy Elon University  
6:30 pm–8:30 pm  H–La Jolla

University of Findlay Alumni Reception  
6:30 pm–8:30 pm  H–El Capitan B

University of the Incarnate Word Alumni and Friends Reception  
6:30 pm–8:30 pm  H–Monterey

UCSF Alumni at Combined Sections Meeting, Anaheim  
6:30 pm–8:30 pm  H–California Birm A

Department of Physical Therapy, Movement, and Rehabilitation Sciences Alumni Reception  
6:30 pm–8:30 pm  M–Platinum Birm 8

Missouri State University Gathering for Alumni, Students & Friends  
6:30 pm–8:30 pm  H–Salinas

“Loons at Disneyland” Minnesota Reception  
7:00 pm–8:30 pm  M–Orange County Birm 1

Simmons College Alumni Event  
7:00 pm–9:00 pm  H–Sunset

All Iowa Alumni Reception  
7:00 pm–9:00 pm  M–Platinum Birm 10

University of North Carolina Alumni and Friends  
7:00 pm–9:00 pm  M–Grand Birm G

Medical University of SC PT Alumni, Friends, and Faculty Reception  
7:00 pm–9:00 pm  H–Huntington C

University of Florida Alumni & Friends Reception  
7:00 pm–9:00 pm  H–Santa Monica

LLU SAHP PT Alumni Reunion  
7:00 pm–10:00 pm  H–California Birm B

University of Colorado PT Alumni & Friends Reception  
7:00 pm–10:30 pm  H–Palos Verdes A
### FRIDAY, FEBRUARY 19

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>UMSOM–PTRS Alumni &amp; Friends Reception</td>
<td>7:30 pm–9:30 pm</td>
<td>M–Grand Blrm B</td>
</tr>
<tr>
<td>Rosalind Franklin University Alumni Reception</td>
<td>7:30 pm–9:30 pm</td>
<td>H–San Simeon B</td>
</tr>
<tr>
<td>Health System Rehab Community Networking Event</td>
<td>6:00 am–7:30 am</td>
<td>H–Redondo</td>
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<tr>
<td>CCIP Trainer Forum</td>
<td>6:30 am–8:00 am</td>
<td>H–El Capitan A</td>
</tr>
<tr>
<td>APTA CPG: Section Representative Meeting</td>
<td>6:30 am–8:30 am</td>
<td>H–Huntington A</td>
</tr>
<tr>
<td>Student Assembly Board of Directors Meeting</td>
<td>7:00 am–12:00 pm</td>
<td>H–Carmel</td>
</tr>
<tr>
<td>Reference Committee Appointments</td>
<td>8:00 am–5:00 pm</td>
<td>H–Mezzanine Room 11</td>
</tr>
<tr>
<td>Section Presidents Meeting</td>
<td>8:00 am–10:00 am</td>
<td>H–Malibu</td>
</tr>
<tr>
<td>Exhibit Hall Breaks</td>
<td>10:00 am–11:00 am</td>
<td>ACC–Exhibit Hall</td>
</tr>
<tr>
<td>JOSPT Board of Directors Meeting</td>
<td>11:00 am–1:00 pm</td>
<td>H–Sunset</td>
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<tr>
<td>Exhibit Hall Breaks</td>
<td>1:00 pm–3:00 pm</td>
<td>ACC–Exhibit Hall</td>
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<tr>
<td>Chapter Presidents Meeting</td>
<td>1:00 pm–3:00 pm</td>
<td>H–Laguna A</td>
</tr>
<tr>
<td>Student Assembly Forum</td>
<td>6:30 pm–7:30 pm</td>
<td>ACC–209 A</td>
</tr>
<tr>
<td>Catherine Worthingham Fellows Reception</td>
<td>6:30 pm–7:30 pm</td>
<td>H–Salinas</td>
</tr>
<tr>
<td>Open Hearing on Oncology Section’s Petition for Specialization</td>
<td>6:30 pm–8:00 pm</td>
<td>ACC–210 C</td>
</tr>
<tr>
<td>Azusa Pacific University First Annual Alumni Reception</td>
<td>6:30 pm–8:00 pm</td>
<td>M–Gold Key III</td>
</tr>
<tr>
<td>Rutgers University Alumni, Faculty, Student &amp; Friends Reception</td>
<td>6:30 pm–8:00 pm</td>
<td>H–Huntington B</td>
</tr>
<tr>
<td>SUPT Alumni and Friends Reception</td>
<td>6:30 pm–8:30 pm</td>
<td>H–Oceanside</td>
</tr>
<tr>
<td>Arcadia University Alumni Reception</td>
<td>6:30 pm–8:30 pm</td>
<td>H–Manhattan</td>
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### SATURDAY, FEBRUARY 20

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<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Exhibitor Forum</td>
<td>8:00 am–9:00 am</td>
<td>ACC–211 A</td>
</tr>
<tr>
<td>Exhibit Hall Breaks</td>
<td>10:00 am–11:00 am</td>
<td>ACC–Exhibit Hall</td>
</tr>
<tr>
<td>Exhibit Hall Breaks</td>
<td>1:00 pm–3:00 pm</td>
<td>ACC–Exhibit Hall</td>
</tr>
<tr>
<td>Exhibit Hall Raffle Hour</td>
<td>2:00 pm–3:00 pm</td>
<td>ACC–Exhibit Hall</td>
</tr>
</tbody>
</table>
## SECTION MEETINGS & EVENTS

### WEDNESDAY, FEBRUARY 17

#### EDUCATION

*Journal of Physical Therapy Education*

- Editorial Board Meeting  
  1:00 pm–3:00 pm  
  H–Mezzanine Room 9

#### HOME HEALTH

- Home Health Section Meet & Greet  
  6:00 pm–8:00 pm  
  M–Platinum Blrm 7

#### ONCOLOGY

- Board of Directors Meeting  
  6:00 pm–9:00 pm  
  H–Avila B

#### PEDIATRICS

- Regional Directors/State Representatives Meeting  
  3:30 pm–5:30 pm  
  ACC–205 A

#### PRIVATE PRACTICE

- Board of Directors Meeting  
  5:00 pm–8:00 pm  
  H–Mezzanine Room 1

#### RESEARCH

- Diagnosis Dialog Work Group Taskforce–Part 2  
  9:00 am–12:00 pm  
  H–Avila A

#### THURSDAY, FEBRUARY 18

#### ACUTE CARE

- Acute Care Research Open Forum  
  11:00 am–12:00 pm  
  H–Mezzanine Room 5

#### CARDIOVASCULAR AND PULMONARY

- Board Meeting  
  6:30 pm–8:30 pm  
  M–Gold Key II

#### CLINICAL ELECTROPHYSIOLOGY AND WOUND MANAGEMENT

- Wound Management SIG Council Meeting (By Invitation Only)  
  9:30 am–10:30 am  
  H–Mezzanine Room 7

- Wound Management SIG Business Meeting  
  11:00 am–1:30 pm  
  H–Mezzanine Room 7

- Wound Management Clinical Specialization Meeting (By Invitation Only)  
  1:30 pm–2:30 pm  
  H–Mezzanine Room 7

- EMG Practice Forum  
  3:00 pm–5:00 pm  
  H–Mezzanine Room 7

#### EDUCATION

- Academic Faculty SIG Meeting  
  7:00 am–8:00 am  
  H–Mezzanine Room 9

#### GERIATRICS

- GCS Breakfast  
  6:30 am–8:00 am  
  H–Laguna A

- Cognitive and Mental Health SIG Meeting  
  7:00 am–8:00 am  
  H–Mezzanine Room 2

- Bone Health SIG Meeting  
  10:00 am–11:00 am  
  H–San Clemente

- Balance and Falls SIG Meeting  
  11:00 am–12:00 pm  
  H–Mezzanine Room 2

- Members Meeting  
  6:30 pm–10:00 pm  
  M–Blrm Northeast

#### HEALTH POLICY/ADMINISTRATION

- Pro-Bono Catalyst Group Networking Meeting  
  1:00 pm–2:00 pm  
  H–Mezzanine Room 9

- APTA Nominating Committee Caucus Meeting  
  1:30 pm–3:00 pm  
  H–Huntington A

- Tech SIG Business Meeting  
  2:00 pm–3:00 pm  
  H–Mezzanine Room 9
Section Meetings & Events

NEUROLOGY

Neuroconsortium Roundtable
6:30 pm–7:30 pm
H–Ventura

ONCOLOGY

Hospice and Palliative Care SIG Meeting
1:00 pm–2:00 pm
ACC–201 A
Pediatric Oncology SIG Meeting
1:00 pm–2:00 pm
ACC–207 A

ORTHOPAEDICS

Imaging SIG Membership Meeting
7:00 am–7:45 am
ACC–303 D
Animal Rehabilitation SIG Membership Meeting
7:00 am–7:45 am
ACC–304 A
Occupational Health SIG Membership Meeting
7:00 am–7:45 am
ACC–Blrm A
Calling All Authors: Writing for Independent Study Course (ISC) and Orthopaedic Physical Therapy Practice (OPTP)
3:00 pm–4:00 pm
H–Mezzanine Room 4
Board, Committee Chair, SIG President, Coordinator Meeting
5:00 pm–8:30 pm
H–Coronado

PEDIATRICS

Member Breakfast
6:30 am–7:30 am
M–Orange County Blrm 2
School-Based SIG
10:00 am–11:00 am
H–Mezzanine Room 6
School Based SIG Meeting
11:00 am–12:00 pm
H–Mezzanine Room 6
Pediatric Residency Directors Meeting
1:00 pm–3:00 pm
H–Mezzanine Room 6
Board of Directors Meeting
6:30 pm–9:30 pm
H–Malibu

PRIVATE PRACTICE

Private Practice Section Reception
6:30 pm–9:00 pm
H–San Simeon A

RESEARCH

EDGE Task Force Meeting (By Invitation Only)
11:00 am–1:00 pm
H–Mezzanine Room 8
Qualitative Research SIG Meeting
6:30 pm–7:30 pm
H–San Clemente
Biomechanics SIG Meeting
6:30 pm–8:00 pm
H–Laguna A
Evidence-Based Practice SIG Meeting
6:30 pm–8:00 pm
H–Laguna B
Early Career Researcher SIG Meeting
7:30 pm–9:00 pm
H–San Clemente

SPORTS PHYSICAL THERAPY

Business Meeting
6:30 pm–7:30 pm
M–Marquis Blrm South
SPTS Awards Ceremony
7:30 pm–8:30 pm
M–Marquis Blrm South

FRIDAY, FEBRUARY 19

ACUTE CARE

Total Joint Replacement SIG Meeting
12:00 pm–1:00 pm
H–Mezzanine Room 5
Emergency Department Communication Group Meeting
1:30 pm–2:30 pm
H–Mezzanine Room 5
Business Meeting
8:30 pm–9:00 pm
H–El Capitan A
Membership Social
9:00 pm–10:30 pm
H–El Capitan A

CARDIOVASCULAR AND PULMONARY

Meet & Greet Coffee
6:45 am–7:45 am
M–Gold Key III
Business Meeting
6:30 pm–8:30 pm
M–Grand Blrm F

CLINICAL ELECTROPHYSIOLOGY AND WOUND MANAGEMENT

Biophysical Agent/Electrical Stimulation Forum
8:00 am–9:00 am
H–Mezzanine Room 7
Reimbursement Task Force (By Invitation Only)
9:30 am–10:30 am
H–Mezzanine Room 7
Board of Directors Meeting (By Invitation Only)
1:30 pm–3:00 pm
H–Mezzanine Room 7
Executive Meeting (By Invitation Only)
3:00 pm–3:30 pm
H–Mezzanine Room 7
Mentor/Social Gathering
6:30 pm–7:00 pm
H–Santa Monica
Business Meeting
7:00 pm–9:00 pm
H–Santa Monica
EDUCATION
Clinical Education SIG Meeting
8:00 am–10:00 am
ACC–210 A
Residency and Fellowship SIG Meeting
1:00 pm–3:00 pm
H–Mezzanine Room 9
PTA Education Section Issues Forum
3:00 pm–5:00 pm
ACC–209 B
Business Meeting and Reception
6:30 pm–10:00 pm
M–Grand Blrm D

GERIATRICS
Health Promotion and Wellness SIG Meeting
1:00 pm–2:00 pm
H–Mezzanine Room 2
Residency & Fellowship SIG Meeting
3:00 pm–4:00 pm
H–Mezzanine Room 2
Membership Committee Meeting
4:00 pm–5:00 pm
H–Mezzanine Room 2

HEALTH POLICY/ADMINISTRATION
Global Health SIG Business Meeting
7:00 am–8:00 am
H–San Clemente
Business Meeting, Awards, and GHSIG Reception
6:30 pm–10:00 pm
H–California Blrm A

HOME HEALTH
Business Meeting
6:30 pm–8:30 pm
H–San Clemente

NEUROLOGY
Myelin Melter and Neurology Business Meeting
6:30 pm–9:30 pm
H–Pacific Blrm A

ONCOLOGY
HIV SIG Meeting
1:00 pm–2:00 pm
ACC–201 A
Lymphedema SIG Meeting
1:00 pm–2:00 pm
ACC–207 A
Membership Meeting
6:30 pm–8:00 pm
M–Orange County Blrm 1
Celebration of Life Reception
8:00 pm–10:00 pm
M–Orange County Blrm 1

ORTHOPAEDICS
Foot and Ankle SIG Membership Meeting
7:00 am–7:45 am
ACC–Birm E
Performing Arts SIG Membership Meeting
7:00 am–7:45 am
ACC–Birm A
Rose Award Recipient Platform Presentation
3:00 pm–4:00 pm
ACC–211 A
Orthopaedic Section Membership Meeting
4:00 pm–5:30 pm
ACC–211 A
Meet & Greet
6:30 pm–7:30 pm
H–California Blrm B
Awards Ceremony
7:30 pm–9:00 pm
H–California Blrm B

PEDIATRICS
SIG Meetings: Hospital-Based, Adults and Adolescents, and Early Intervention
6:30 am–7:30 am
H–California Blrm B
Business Meeting
6:30 pm–8:30 pm
H–Pacific Blrm B

PRIVATE PRACTICE
Taste Test Reception
6:30 pm–9:00 pm
H–San Simeon A

RESEARCH
Business Meeting
7:00 am–8:30 am
ACC–205 A
Student/Researcher Roundtable
1:30 pm–2:45 pm
H–Mezzanine Room 8
SOR/RIPPT/ACAPT PhD & Postdoctoral Mixer
6:30 pm–7:30 pm
H–Carmel

SPORTS PHYSICAL THERAPY
Emergency Response SIG Business Meeting
7:00 am–7:45 am
M–Platinum Blrm 6
Shoulder, Hip, and Knee SIG Combined Business Meeting
7:00 am–7:45 am
M–Platinum Blrm 2
Female Athlete, Youth Athlete, and Physically Challenged Athlete SIG Combined Business Meeting
7:00 am–7:45 am
M–Grand Blrm E
TeamMates Happy Hour
7:00 pm–8:30 pm
M–Platinum Blrm 2

WOMEN’S HEALTH
WCS Recertification: What You Need to Know
8:00 am–9:00 am
H–Avila AB
SATURDAY, FEBRUARY 20

ACUTE CARE
Productivity/Value Tool Roundtable Discussion
8:00 am–10:00 am  H–Mezzanine Room 5
Intensive Care Unit Communication Group
11:00 am–12:00 pm  H–Mezzanine Room 5

CLINICAL ELECTROPHYSIOLOGY AND WOUND MANAGEMENT
Diabetic Foot Ulcer Clinical Practice Guidelines Meeting
(By Invitation Only)
8:00 am–5:00 pm  H–Mezzanine Room 7
Venous Leg Ulcer Clinical Practice Guidelines Meeting
(By Invitation Only)
8:00 am–5:00 pm  H–Mezzanine Room 7

EDUCATION
Breakfast Roundtables
7:00 am–8:00 am  H–Laguna A
PTA SIG Breakfast Meet and Greet
7:30 am–8:00 am  ACC–209 B
PTA Educators SIG Meeting
8:00 am–10:00 am  ACC–209 B

GERIATRICS
Board of Directors Meeting #2
6:30 am–8:00 am  H–San Clemente
Gerinotes Editorial Board Meeting
10:00 am–11:00 am  H–Mezzanine Room 2

HEALTH POLICY/ADMINISTRATION
Open Forum for Catalyst Formations
1:00 pm–3:00 pm  H–Mezzanine Room 9

NEUROLOGY
Vestibular SIG Business Meeting
7:00 am–7:45 am  H–Pacific Blrm A
Brain Injury SIG Business Meeting
7:00 am–7:45 am  H–Pacific Blrm B
Spinal Cord Injury and AT-SWM SIG Business Meeting
7:00 am–7:45 am  H–Pacific Blrm C
Mentor Mixer
1:00 pm–3:00 pm  H–Mezzanine Room 6

ORTHOPAEDICS
Mentorship Program Meeting
7:00 am–8:00 am  H–Mezzanine Room 4
Pain Management SIG Membership Meeting
7:00 am–7:45 am  ACC–304 A

PEDIATRICS
SIG Meetings: Neonatology, School-Based, Sports, ACE
6:30 am–7:30 am  H–California Blrm A

SPORTS PHYSICAL THERAPY
Golf and Golf Performance SIG Business Meeting
7:00 am–7:45 am  M–Platinum Blrm 2
Intercollegiate/Professional Athlete, Sports Performance,
and Tactical Athlete SIG Combined Business Meeting
7:00 am–7:45 am  M–Platinum Blrm 8
Running SIG Business Meeting
7:00 am–7:45 am  M–Platinum Blrm 7
Residency SIG Business Meeting
7:00 am–7:45 am  M–Platinum Blrm 6
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SESSION CODES

CSM 2016 employs a session code system to better track the educational sessions offered in Anaheim. Each session will be identified by a 2-letter section abbreviation, followed by a number indicating the day of the session, a letter indicating the time, and a 4-digit code unique to that session. A guide to the codes can be found on page 3.

*Location abbreviations: ACC = Anaheim Convention Center; M = Anaheim Marriott; H = Hilton Anaheim.

ACUTE CARE

BREAKING DOWN BARRIERS: UTILIZATION OF STANDARDIZED MEASURES IN ACUTE CARE
8:00 am–10:00 am  ACC–Blrm E  AC-1A-1884
Speakers: Brian McDonnell, PT, DPT, Shannon M. Carthas, PT, DPT, Shelby Hart

This session will explore the frequency of use of standardized outcome measures in physical therapist practice, citing the many evidence-based barriers as well as therapist-identified facilitators to utilizing standardized outcome measures. The presenters will also discuss research aimed at studying behavior change in health care. Attendees will learn about a quality improvement effort aimed at increasing both utilization and application of standardized measure results to improve clinical care in the acute care setting. The presenters will discuss a variety of standardized measures and the patient care populations for which they can be utilized in order to assist in discharge planning and clinical decision making in acute care. Physical therapists will be able to more consistently incorporate standardized outcome measures into their practice at both individual and institutional levels.

Multiple Level

CPR OR DNR: REVIVE OR ABANDON CURRENT ACUTE CARE CURRICULAR APPROACHES? PART 1
8:00 am–10:00 am  ACC–304 C  AC-1A-7339
Joint Program: Education
Speakers: Molly A. Hickey, PT, DPT, Eric S. Stewart, PT, DPT, Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

Acute care practice has evolved over the years as medical technologies have advanced. Chronic medical complexities and comorbidities have emerged from prolonged life expectancy, and regulatory standards have challenged the fiscal responsibility of hospitals. It is essential that entry-level physical therapy curricula address the setting-specific decision making required to navigate these influences. CAPTE does not currently require entry-level students to complete clinical education in the acute care setting. This session will explore the necessary competencies for a PT in an acute care practice. The characteristics required for a competent acute care physical therapist were defined by the Acute Care Practice Analysis in 2010. However, academic institutions have not uniformly altered didactic or clinical instruction to ensure the development of practitioners who able to meet clinical demands. This session also will present strategies for identifying and demonstrating the value of the acute care physical therapist.

Multiple Level

AEROBIC CONDITIONING IN THE ACUTE CARE SETTING FOR PATIENTS WITH CANCER-RELATED FATIGUE
8:00 am–10:00 am  ACC–207 A  ON-1A-4859
Joint Program: See Oncology for more details

Multiple Level

Stop by booths #716 and #821 and sign our “Love What You Do” board.

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CPR OR DNR: REVIVE OR ABANDON CURRENT ACUTE CARE CURRICULAR APPROACHES? PART 2

11:00 am–1:00 pm  ACC–304 C  AC–1B–7473
Joint Program: Education
Speakers: Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS, Molly A. Hickey, PT, DPT, Eric S. Stewart, PT, DPT

To an untrained spectator, observing the clinical practice of competent acute care physical therapists may not outwardly reveal activities that require exceptional skill. What fails to be appreciated is the clinical problem-solving and reasoning skills that not only allow seamless and safe practice, but also the identification and rapid mobilization of appropriate resources to maximize patient potential. The subtleties of the acute care practice lie in the pace of the setting, the flux of physiologic functions, the extensive use of monitoring equipment, and the communication and interprofessional team skills required. This session will assist academicians in developing comprehensive and engaging learning experiences, assessments, and evaluative rubrics that emphasize the reasoning and critical thinking skills to produce competent therapists. Two different academic institutions will share various approaches on ways to improve upon noted academic and clinical deficits within current operational constraints.

Multiple Level

PHYSICAL THERAPISTS IN THE ICU: THE WHY, WHAT, AND HOW OF TAKING RATIONALE TO ACTION: INSIGHTS AND LESSONS FROM QUALITY IMPROVEMENT

11:00 am–1:00 pm  ACC–Blrm E  AC–1B–8637
Speaker: Kyle Ridgeway, PT, DPT

A growing body of literature illustrates the safety, feasibility, and possible positive effects of physical therapy, mobility, and rehabilitation within the ICU during critical illness. But, research also indicates that hospital and unit culture, as well as clinician attitudes, are important issues affecting clinical practice patterns. Myths and perceptions regarding safety, feasibility, patient participation, rationale, and potential benefits remain present across disciplines. This session will review the published literature on common barriers, clinician beliefs, and successful programs. The theory and model of quality improvement (eg, engage, educate, execute, evaluate) will be presented as a foundation for success. Attendees will take away recommendations for program components and design based upon hospital size, current practice patterns, and potentially available resources. The speaker will present a process for appropriate background assessment, planning, implementation, and evaluation of ICU physical therapy programs.

Intermediate

FRAILTY: WHAT IS IT REALLY? WHAT DOES IT MEAN FOR PTs?

11:00 am–1:00 pm  ACC–212 A  GR–1B–1646
Joint Program: See Geriatrics for more details

REDUCING HOSPITAL READMISSIONS: THE ACUTE CARE PHYSICAL THERAPIST’S ROLE

3:00 pm–5:00 pm  ACC–Blrm E  AC–1C–9567
Speakers: Allison M. Lieberman, PT, Gina Dubuisson, PT

Twenty percent of Medicare patients are readmitted to the hospital within a month of discharge. Under the Affordable Care Act’s Hospital Readmissions Reduction Program, financial penalties have been instituted for diagnosis-specific hospital readmissions in an effort to reduce these numbers. Acute care PTs must understand the program’s implications and the therapist’s unique role in preventing avoidable readmissions. This session will review the Hospital Readmissions Reduction Program and its impact on the health care system. The presenters will discuss evidence-based physical therapy approaches to reducing readmissions with an emphasis on targeted diagnostic groups receiving care in the intensive care unit and emergency department. Special attention will be placed on effective communication with the critical care team and primary care provider to reduce avoidable readmissions. The presenters will also discuss a continuum of care models aimed at improving outcomes and reducing readmission.

Multiple Level

REHABILITATION FOR INDIVIDUALS WITH RETT SYNDROME

3:00 pm–5:00 pm  H–California Blrm B  PD–1C–6618
Joint Program: See Pediatrics for more details

REHABILITATION OF THE BARIATRIC PATIENT

3:00 pm–5:00 pm  ACC–304 C  AC–1C–6138
Speakers: Bonnie Swafford, PT, DPT, Jackie Dwyer, PT, DPT

More than one third of US adults are obese with related conditions that include cardiovascular disease, pulmonary disease, arthritis, and type 2 diabetes. The medical costs are significantly higher for people who are obese. The Joint Commission’s vision statement is that “all people always experience the safest, highest quality, best value health care across all settings” with the mission to provide safe and effective care. This session will review the definition, causes, and treatments of obesity. The speakers will discuss evaluation and skilled interventions for acute inpatients, including use of evidence-based objective tests and measures. The session will cover equipment for safe mobility of the bariatric patient using videos and rationale for choice of various mechanical aids. The presenters will share bariatric case scenarios and a case report of a bariatric patient with hemiparesis progressing from ICU to inpatient rehabilitation.

Multiple Level
AQUATIC PHYSICAL THERAPY

ARTICULAR CARTILAGE: BASIC SCIENCE PRINCIPLES AND APPLIED CLINICAL OPPORTUNITIES IN WATER AND LAND TRANSITIONS
8:00 am–10:00 am M–Grand Blrm F AQ-1A-7732
Joint Program: Orthopaedics, Sports
Speakers: Lori T. Brody, PT, PhD, SCS, Paula R. Geigle, PT, PhD
This session will emphasize the importance of the relationship between structure and function of articular cartilage and the impact of exercise interventions. Aquatic-based interventions will be the primary focus of this session, with examples of how water’s unique properties can be applied to articular cartilage insufficiency using cases of hip and knee osteoarthritis. This session will also describe integration with land-based exercises and decisions about therapeutic exercise dosage in different environments.
Intermediate

DIFFERENTIAL PEDIATRIC DIAGNOSES AND BENEFITS OF AQUATIC-BASED INTERVENTION
11:00 am–1:00 pm M–Grand Blrm F AQ-1B-9286
Joint Program: Pediatrics
Speaker: Kathleen M. Dickinson, PT
This session will identify the distinct aquatic therapy benefits for the individual with cerebral palsy, muscular dystrophy, osteogenesis imperfecta, spinal muscular atrophy, Rett syndrome, and the medically fragile. The speaker will also explore the clinical applications of current research for all diagnoses, with a special focus through the life span for progressive disorders including Duchenne muscular dystrophy and Rett syndrome. Clinicians will explore the benefits of providing aquatic physical therapy to individuals with life-threatening disorders and providing palliative care in the aquatic medium.
Intermediate

AQUATIC NEUROREHABILITATION ACROSS THE LIFESPAN
3:00 pm–5:00 pm M–Grand Blrm F AQ-1C-8608
Joint Program: Neurology
Speakers: Elizabeth Ennis, PT, EdD, PCS, ATP, Megan Danzl, PT, DPT, PhD, NCS
This session will discuss the use of aquatics as a modality for treatment in patients with neurological conditions across the lifespan. Cases will be presented with treatment strategies that are supported by current literature. Participants will be given the opportunity to brainstorm strategies for treating a current client and the feasibility and mechanics of aquatic treatment. Small- and large-group discussion will be used to facilitate application and problem solving.
Multiple Level

CARDIOVASCULAR AND PULMONARY

THE WHY, WHAT, AND HOW OF VITAL SIGNS AND CARDIOVASCULAR RISK STRATIFICATION FOR THE OUTPATIENT PT
8:00 am–10:00 am M–Grand Blrm D CP-1A-4325
Speakers: Richard S. Severin, PT, DPT, Kyle Ridgeway, PT, DPT, Matt Lee, PT, DPT, OCS, FAAOMPT
As a potential entry point into the health care system, medical screening is a vital component of the clinical examination. To date there is no established practice guideline or consensus statement from APTA or any specialty sections regarding cardiovascular screening or risk assessment for outpatient physical therapy. As physical therapists continue to advocate for direct access, screening for cardiovascular stability is warranted for patient safety, appropriate referral, and timely medical management. The potential for significant cardiovascular stress and response is present during rehabilitation, even during seemingly low-intensity activities. This session will present the physiology, epidemiology, clinical application, logistical models, and how-to’s of cardiovascular risk assessment and screening. The speakers also will discuss potential cost- and time-efficient processes for clinical implementation based on actual private practices. Attendees will learn how to leverage this approach for marketing to consumers and physicians.
Intermediate

SYSTEMIC EXERTION INTOLERANCE DISEASE, MYALGIC ENCEPHALOMYELITIS, OR CHRONIC FATIGUE SYNDROME? WHAT’S IN THE NAME AND WHY IT MATTERS FOR PTs
8:00 am–10:00 am M–Grand Blrm G CP-1A-8277
Joint Program: Oncology
Speakers: Todd E. Davenport, PT, DPT, MPH, OCS, Staci R. Stevens, MA, Mark Van Ness, PhD, Christopher R. Snell, PhD
Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) is a syndrome involving intolerance of physical exertion that causes disabling fatigue. Postexertional symptoms are so pervasive in ME/CFS that the Institute of Medicine (IOM) advocates renaming ME/CFS as systemic exertional intolerance disease (SEID). The unique symptomatology of ME/CFS/SEID places PTs in a unique position to identify ME/CFS/SEID and direct its appropriate management through both physical therapy interventions and referral to other health care providers for consultation. In this session, clinicians and researchers will provide information about the clinical management of ME/CFS/SEID and cover the development of the IOM and National Institutes of Health reports and the clinical features and pathoetiology of ME/CFS/SEID. The presenters will discuss potential cost- and time-efficient processes for clinical implementation based on actual private practices. Attendees will learn how to leverage this approach for marketing to consumers and physicians.
Basic
AEROBIC CONDITIONING IN THE ACUTE CARE SETTING FOR PATIENTS WITH CANCER-RELATED FATIGUE
8:00 am–10:00 am  ACC–207 A  ON-1A-4859
Joint Program: See Oncology for more details

OVERCOMING TAH CHALLENGES: INNOVATION IN PT PRACTICE
11:00 am–1:00 pm  M–Grand Birm D  CP-1B-2652
Speakers: Vicky Hu, PT, DPT, CCS, CSCS, Suzanne Seidel, PT, CCS
Total artificial heart (TAH) implantation is increasingly being used to treat end-stage heart failure. Decreased functional mobility due to cardiovascular compromise may negatively impact recovery following TAH implantation. Currently, there is little research to support physical therapy functional outcomes and timing of physical therapy intervention after TAH implantation. This session will provide an overview of the Syncardia total artificial heart, pathophysiology necessitating TAH implantation, progression of medical stability, indications and contraindications, and transition to the Freedom Driver. The speakers will explore innovations in physical therapy intervention and highlight a systematic assessment guideline incorporating standardized tests with the TAH population. The presenters will also focus on early mobility through the acute hospital continuum of care to discharge or transplantation. Attendees will learn about current research and case study excerpts emphasizing the optimal timing for initiation of physical therapy.

CARDIOVASCULAR AND PULMONARY RESEARCH UPDATE: A YEAR IN REVIEW
11:00 am–1:00 pm  M–Grand Birm G  CP-1B-0955
Speakers: Paul Ricard, PT, DPT, CCS, Lawrence P. Cahalin, PT, PhD, CCS
The APTA vision statement for the physical therapy profession adopted in 2013 looks to shape the practice by creating practitioners who can help people improve their social and family roles through optimal movement. To achieve this new goal, practitioners need access and the ability to openly discuss advances in practice and concepts. An ever-growing body of literature is published annually, but a lack of accessibility, clinical and personal time, or knowledge of article synopsis can hinder the process of seeing patterns in the larger body of evidence. This session will review the cardiovascular and pulmonary literature published within the past year. This session will provide participants with a broad overview of research. The research will be compiled and categorized into themes with key articles highlighted and presented by each speaker. This session will also give participants an opportunity to discuss and comment on the theme of specific articles.

LINDA CRANE MEMORIAL LECTURE: THE SCIENCE OF HEALING. THE ART OF CARING.
#heartofthematter
3:00 pm–5:00 pm  M–Grand Birm D  CP-1C-8102
Speaker: Julie Ann Starr, PT, DPT, CCS
In his 2001 address, then-APTA president Ben F. Massey Jr, PT, MA, introduced the slogan: “The science of healing. The art of caring.” This slogan became a powerful, unifying message compelling us to reflect on our profession, its future path, and our role in achieving that ideal. Since that time, the science of healing has elevated and transformed our profession, but a new slogan, “Boston Strong,” has compelled me to reflect on the second part of that slogan: “The art of caring.” Are we there yet?

CLINICAL ELECTROPHYSIOLOGY AND WOUND MANAGEMENT

BIOPHYSICAL AGENTS: REVIEW OF EVIDENCE ON DETERMINANTS OF EFFICACY
11:00 am–1:00 pm  ACC–207 C  CE-1B-5186
Joint Program: Research
Speakers: Mark Richards, PT, MS, CEEAA, John Tawfik, PT, DPT, CCS, CEEAA
Biophysical agents have recently received increased scrutiny and critical review within APTA. These actions have generated considerable discussion and debate among the membership. It is apparent from some published exchanges that there are misunderstandings regarding the specific clinical indications and the fundamental requirements for the efficacious application of biophysical agents. This session will identify the essential factors that appear to predict whether the application of a biophysical agent is likely to generate the desired clinical outcome. The speakers will provide an overview of the strength of evidence for individual biophysical agents by clinical indication, and will discuss the “passive” and “active” role of biophysical agents in therapy plans of care. The efficacy of electrical stimulation, therapeutic ultrasound, electromagnetic energy, and light therapy will each be reviewed in the context of proper individual selection, acuity of condition, intensity, duration, and application quality and technique.

Multiple Level  .1 CEU

Intermediate
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ACUTE BRACHIAL PLEXOPATHY IN THE YOUNG ADULT: EMPHASIS ON THE DIRECT ACCESS PHYSICAL THERAPY MODEL AND THE ELECTROPHYSIOLOGICAL EVALUATION

11:00 am–1:00 pm ACC–202 A CE-1B-0694
Joint Program: Hand Rehabilitation, Neurology
Speakers: Richard J. McKibben, PT, DSc, ECS, John C. Ciccarello, PT, DPT, Shawn E. Humphries, PT, MPT, ECS, OCS, Jeremy D. Houser, PT, DPT, OCS

Physical therapists are qualified to recognize certain conditions, signs, and symptoms and integrate other health care professional consultations when determining appropriate patient management. This session will describe the practice of the direct access physical therapist and rationale for appropriate medical decision making. Through the evaluation of suspected acute brachial plexopathy, the session will integrate the history, physical examination, and case disposition of several patients presenting with primary proximal girdle weakness, including the referral for electrodiagnostic testing (EMG/NCS), and additional specialty consultation. The speakers will focus on the relationship between the physical therapist in a direct access model, unique presentations of brachial plexopathy, the referral relationship with specialty services, and how EMG/NCS assists the therapist provider with data. Attendees will learn about the relationship of the physical therapist with specialty providers when treating patients presenting with acute proximal upper extremity weakness.

Multiple Level

THE ROLE OF PHYSICAL THERAPISTS IN WOUND MANAGEMENT

3:00 pm–5:00 pm ACC–202 A CE-1C-1268
Speakers: Stephanie Woelfel, PT, DPT, CWS, FACCWS, Karen A. Gibbs, PT, DPT, PhD, CWS, Tim Paine, PT, CWS, Val Sullivan, PT, CWS, Melissa Johnson, PT, CWS

This session will discuss the role of the physical therapist in wound management. This role will be discussed in terms of practice setting, state rules, and regulations. Specific wound management interventions and exercise interventions will be presented, as well as reimbursement considerations.

Multiple Level

EDUCATION

INTEGRATING A BUDGET AND RISK-FRIENDLY STUDENT RUN PRO BONO CLINIC INTO THE CURRICULUM

8:00 am–10:00 am ACC–209 B ED-1A-3268
Joint Program: Health Policy
Speakers: Nancy R. Kirsch, PT, DPT, PhD, Susan Paparella-Pitzel, PT, DPT, Shannon McErlean

A pro bono clinic has many benefits, but programs are often intimidated by real and imagined institution-imposed barriers to establishing a fully operational clinic from conception to operation. The presenters will explore the various perspectives of establishing a successful pro bono community physical therapy clinic from student, faculty, and administrative perspectives. This session will provide practical solutions to frequent barriers to starting student-run clinics, such as space, time, scheduling, supervision, student participation, money, documentation, equipment, security, and risk management. Attendees will learn about the development of a student board, peer supervisory models, service models of teaching, and how service learning can be integrated into the entry-level education program. The presenters will also share different approaches to appraising whether service learning provides a direct and relevant link between academic and clinical experiences.

Intermediate

CPR OR DNR: REVIVE OR ABANDON CURRENT ACUTE CARE CURRICULAR APPROACHES? PART 1

8:00 am–10:00 am ACC–304 C AC-1A-7339
Joint Program: See Acute Care for more details

GET SMART? A COVERT OPERATION TO INVESTIGATE SMARTPHONE AND TECHNOLOGY BEHAVIORS IN THE CLASSROOM AND CLINIC

8:00 am–10:00 am ACC–210 C ED-1A-8959
Speakers: Anne K. Lorio, PT, DPT, NCS, Carla Huggins, PT, DPT, Candy Tefertiller, PT, DPT, ATP, NCS, Stephen Leo, Jonathan Wheeler

Advances in technology over the past 20 years have made smartphones, tablets, and other technologies readily available for classroom use. Although these devices allow students to learn in new and interactive ways, they can also present more distractions, not only to the user, but also to the instructor. If this acceptance, use, and abuse of technology in the classroom is becoming a trend among our current students, is it a trend that we are likely to see carry over into the professional world as students become clinicians? This session will evaluate several different perspectives on current use of technology in an educational setting and in professional practice. Perspectives from professors, clinical educators, program directors, and current students will be presented in a panel discussion.

Intermediate
TRANSFORMING TEACHING, LEARNING, AND ASSESSMENT OF CLINICAL REASONING IN RESIDENCY EDUCATION

8:00 am–10:00 am  ACC–209 A  ED-1A-4090

Speakers: Nicole Christensen, PT, PhD, MAPcSc, Lisa Black, PT, DPT, Gail M. Jensen, PT, PhD, FAPTA, Matthew S. Briggs, PT, DPT, PhD, SCS, AT, Jennifer Furze, PT, DPT, PCS, Mary Jane K. Rapport, PT, DPT, PhD, FAPTA

One of the challenges of PT practice is preparing professionals who can understand, evaluate, and manage the uncertainty of practice. The desire to improve clinical reasoning is one of the most common reasons for entering postprofessional residency programs in all physical therapy specialty areas. One of the most important outcomes of residency education is the attainment of advanced clinical reasoning and judgment skills that are grounded in critical reflection. This foundation empowers residency graduates to continue their advancement towards clinical expertise. This session will describe how the work being done in medical education can be applied to PT residency education. The presenters will discuss how a system of competencies linked to entrustable professional activities (EPAs) for the learning and assessment of clinical reasoning may be used to transform clinical reasoning education in residency programs.

Multiple Level

DEMYSTIFYING THE WRITING FOR PUBLICATION PROCESS

8:00 am–10:00 am  ACC–205 A  RE-1A-5712

Joint Program: See Research for more details

EXCELLENCE IN EDUCATION IN THE HEALTH PROFESSIONS: WHAT WE HAVE LEARNED, PART 1

11:00 am–1:00 pm  ACC–210 A  ED-1B-4230

Speakers: Gail M. Jensen, PT, PhD, FAPTA, Lee S. Shulman, PhD, Jan Gwyer, PT, PhD, FAPTA, Laurita Hack, PT, DPT, PhD, MBA, FAPTA, Terrence Nordstrom, PT, EdD, FAPTA, Elizabeth Mostrom, PT, PhD

The Carnegie Foundation for the Advancement of Teaching, under the leadership of Dr. Lee Shulman, did a comparative study of education for the professions of the clergy, engineering, law, nursing, and medicine (Preparation for the Professions Program). The qualitative studies were not meant to arrive at judgments on the quality of individual programs, but rather they identified multidimensional characteristics of excellence that could strengthen the preparation of professionals within and across professions. Those studies led to ongoing reforms in the professions. An important outcome of these studies was the identification of characteristic forms of teaching and learning—signature pedagogies—that represent fundamental ways future practitioners are educated. Shulman will discuss signature pedagogies in the professions along with key findings from the Carnegie comparative studies.

Intermediate

ACADEMIC AND CLINICAL DISSONANCE IN PHYSICAL THERAPIST EDUCATION: HOW DO STUDENTS COPE?

11:00 am–1:00 pm  ACC–209 A  ED-1B-2514

Speakers: Lisa Dutton, PT, PhD, Debra O. Sellheim, PT, PhD

A recent study of the informal and hidden curriculum in physical therapist education found that students experience areas of dissonance between what they learn in the classroom and what they experience in clinical practice. In other health professions, research suggests that curricular dissonance can lead to indifference or a negative view of a particular value and undermine an explicit curriculum content area such as human sciences or evidence-based practice. This session will present the findings of a qualitative research study examining how physical therapist students from 13 Midwestern DPT programs experienced and coped with curricular dissonance. Participants will have the opportunity to discuss student responses to and feelings about their experiences of dissonance. In addition, participants will consider the implications of these findings for academic programs, clinical practice, and the profession.

Multiple Level

GENOMICS: TEACHING ETHICAL CONSIDERATIONS IN HEALTH CARE’S NEW FRONTIER

11:00 am–1:00 pm  ACC–210 C  ED-1B-2575

Speakers: Rhea Cohn, PT, DPT, Shawneequa Callier, JD, MA

Genomics, the branch of molecular biology that studies genes and their combined effect on growth and development, is health care’s new frontier. The exciting possibility of new and customized treatments in precision medicine is being supported by federal initiatives. Physical therapists treat patients with genetically based conditions such as cystic fibrosis, Duchenne muscular dystrophy, and sickle cell anemia. In the future, these patients may be offered a wider range of treatment options as the field of individualized medicine expands. Students need to be introduced to the field of genomics and consider the ethical questions that arise for our profession. This session will describe how one Doctor of Physical Therapy program has integrated genomics into an existing curriculum. Participants will utilize group discussion to begin developing relevant learning module or case study dealing with ethical issues related to genomics.

Multiple Level
STANDARDIZING THE STANDARDIZED PATIENT EXPERIENCE
11:00 am–1:00 pm  ACC–210 D  ED-1B-5348
Speakers: Stefany D. Shaibi, PT, DPT, OCS, GCS, Pamela R. Bosch, PhD
The use of standardized patients in physical therapy education can no longer be considered novel. There is limited discipline-specific literature to guide physical therapy educators in the development and successful implementation of this learning tool. The paucity of literature suggests that the use of standardized patients in physical therapy education is not widely embraced, but it is more likely that physical therapy educators do not have strategies for implementing the use of standardized patients or may not have the resources to integrate this learning experience into their curriculum. This session is intended to review current evidence to inform the use of standardized patients in entry-level physical therapy education, provide a comprehensive model for the use of standardized patients that includes multiple levels of feedback for the learner, and guide participants in the formation of their own standardized patient experience.

Multiple Level

CPR OR DNR: REVIVE OR ABANDON CURRENT ACUTE CARE CURRICULAR APPROACHES? PART 2
11:00 am–1:00 pm  ACC–304 C  AC-1B-7473
Joint Program: See Acute Care for more details

LEAP-ING FROM EVIDENCE TO PRACTICE: INNOVATIVE WAYS TO USE PTJ CONTENT IN THE CLASSROOM AND CLINICAL SETTING
3:00 pm–5:00 pm  ACC–210 D  ED-1C-5778
Speakers: Patricia J. Ohtake, PT, PhD, Rachelle Buchbinder, MBBS (Hons), MSc, PhD, FRACP, Kathleen Gill-Body, PT, DPT, NCS, FAPTA, Chris Maher, PT, PhD, Darcy Reisman, PT, PhD
In this session, PTJ Editorial Board members will describe 5 types of PTJ articles and features. The presenters will also provide innovative strategies for their incorporation into clinician professional development and physical therapist student education to facilitate transfer of evidence to practice. Participants will have the opportunity to engage the presenters in an open discussion about the use of PTJ articles and features to assist knowledge translation.

Multiple Level

EXCELLENCE IN EDUCATION IN THE HEALTH PROFESSIONS: WHAT WE HAVE LEARNED, PART 2
3:00 pm–5:00 pm  ACC–210 A  ED-1C-4445
Speakers: Gail M. Jensen, PT, PhD, FAPTA, Lee S. Shulman, PhD, Jan Gwyer, PT, PhD, FAPTA, Laurita Hack, PT, DPT, PhD, MBA, FAPTA, Terrence Nordstrom, PT, EdD, FAPTA, Elizabeth Mostrom, PT, PhD
The National Study of Excellence and Innovation in Physical Therapist Education is a multi-site, 3-year qualitative investigation of physical therapist education modeled after the Carnegie studies of Preparation for the Professions, including identification of a signature pedagogy for the profession. The research team will share: proposed key findings and recommendations; the signature pedagogy for physical therapist education; and verified characteristics that support excellence and innovation in physical therapist education. Dr. Lee Shulman, President Emeritus of the Carnegie Foundation for the Advancement of Teaching, will provide his perspectives on the findings of this study and the proposed signature pedagogy. The session will conclude with an interactive discussion of essential educational research questions for the profession that arise from these findings.

Intermediate

CREATION OF A VIRTUAL PHYSICAL THERAPY CLINIC AND PEDIATRIC PATIENTS FOR THE PURPOSES OF INSTRUCTION IN OBSERVATIONAL GAIT ANALYSIS
3:00 pm–5:00 pm  ACC–209 B  ED-1C-7273
Joint Program: Pediatrics
Speakers: Eydie Kendall, PT, PhD, PCS, C. Brian Cleveley, MArch, BES, Isom Allan, PT, DPT
This session will describe a project involving the creation of a virtual pediatric physical therapy clinic and characters with gait anomalies for the purposes of instruction in observational gait analysis. The patient gait library was created via motion capture from actual children with gait anomalies. The gait patterns were then imprinted onto virtual characters in the virtual clinic. Students are able to observe gait patterns online, assess and document their findings, and have their responses checked for accuracy immediately. Students can have unlimited practice to a variety of gait patterns prior to performing gait assessments for real children. The presenters will show the benefits of practicing gait assessment for DPT students without having to use real-life demonstrations or videos of real patients minimizing the risk of embarrassment or breaches in confidentiality.

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IMPLEMENTING A 2:1 COLLABORATIVE MODEL IN CLINICAL EDUCATION
3:00 pm–5:00 pm ACC–210 C ED-1C-7478
Speakers: Patrick Pabian, PT, DPT, SCS, OCS, CSCS, Steven B. Ambler, PT, DPT, MPH, CPH, OCS, Jamie Dyson, PT, DPT, Carol Levine, PT, DPT, Gina M. Musolino, PT, EdD, MSEd
This session will incorporate both academic preparation and clinical strategies for implementing a 2:1 model of clinical education (CE). The discussion will include considerations for best practice approaches utilizing the 2:1 CE model that consider regulatory and supervision guidelines, student preparation and assessment, clinical instructor preparation, strategies for clinical implementation in both the outpatient and acute care settings, and evidence supporting the use of a collaborative model. The presenters will share experiences with the positive results and related challenges of implementing 2:1 CE Models.
Intermediate

DEVELOPING A STUDENT CLINICAL EDUCATION PROGRAM IN HOME HEALTH
3:00 pm–5:00 pm ACC–204 A HH-1C-2540
Joint Program: See Home Health for more details

TO TEACH IS TO LEARN: DIDACTIC AND CLINICAL TEACHING AS A LEARNING MODEL FOR RESIDENTS
3:00 pm–5:00 pm ACC–209 A ED-1C-5609
Speakers: Melissa Kidder, PT, DPT, OCS, Tonya Apke, PT, DPT, OCS, John DeWitt, PT, DPT, SCS, ATC, Chad Cherny, PT, DPT, MS, SCS, CSCS, Robyn McHugh, PT, DPT, OCS, Amelia Siles, PT, DPT, NCS
Postprofessional education has advanced dramatically with the onset of formal credentialing of residency and fellowship programs. While various educational models exist, our goal is to highlight the use of mentored teaching as a means to enhance the resident’s path towards expert practice. This session will analyze novel residency teaching paradigms to foster clinical decision making, leadership, and professional responsibilities. Outcomes of faculty, postprofessional, and entry-level students will be reviewed to identify best practice models and develop strategies to enhance both the classroom and clinical teaching experience.
Intermediate

VIRTUAL REALITY AND SERIOUS GAME-BASED REHABILITATION FOR INJURED SERVICE MEMBERS
11:00 am–1:00 pm M–Grand Birm E FD-1B-7941
Speakers: Christopher A. Rabago, PT, PhD, Alison L. Pruziner, PT, DPT, Kim Gottshall, PhD, Jose A. Dominguez, PT, PhD, OCS
Virtual reality (VR) and serious game (SG) technologies combine hardware, software, and human-computer interfaces to promote interaction with simulated environments. This session will highlight clinical cases and empirical results from VR- and SG-based rehabilitation programs at 4 military treatment facilities. These facilities utilize systems ranging from low-cost, video gaming consoles to expensive, fully immersive platforms like the Computer-Assisted Rehabilitation Environment (CAREN). These VR and SG interventions are based on well-established therapeutic techniques and can be used to promote functional interactions with challenging environments while maintaining full safeties and controls. The presenters will show how SG-based tools can be used to deliver home exercise programs and may lead to novel telemedicine applications. This session will also explore how VR and SG rehabilitation tools are becoming more accessible to clinicians and are used in the military to supplement conventional rehabilitation and facilitate reintegration to active duty or civilian life.
Multiple Level
Thursday, February 18

EVIDENCE-BASED AMPUTEE REHABILITATION TO MAXIMIZE LOWER LIMB PROSTHETIC PERFORMANCE
3:00 pm–5:00 pm  M–Grand Blrm E  FD-1C-6647
Speakers: Robert S. Gailey, PT, PhD, Ignacio A. Gaunaurd, PT, PhD
The clinical use of outcome measures has become a standard in many specialty areas of rehabilitation and health care. How these measures are used can vary from simple documentation of current functional status to monitoring change of over time with a particular patient group. One of the more powerful uses of selected performance-based outcome measures is related to treatment prescription and using the instrument to identify an individual’s specific physical limitation, and applying targeted exercises targeted to enhance performance. This session will focus on the use of standardization in physical therapy treatment with the implementation of outcome measures to identify physical limitations and the prescription of a target exercise program for people with limb loss. The speakers will show how rehabilitation techniques that focus on core stability exercises can improve function not only with walking and everyday activities with a prosthesis, but also with higher-level activities that require speed and agility.
Intermediate

ADVANCED MUSCULOSKELETAL TREATMENT ON THE BATTLEFIELD: DRY NEEDLING
3:00 pm–5:00 pm  M–Grand Blrm G  FD-1C-2959
Joint Program: Neurology
Speakers: Rob Halle, PT, DPT, OCS, CSCS, John B. Canada, PT, DPT, CSCS, KeithAnn Halle, PT, DPT, CBIS, VRCS
Historically, disease non-battle injury (DNBI) has resulted in significantly more time lost than injuries related to a hostile combat environment. DNBI related to the musculoskeletal system accounts for more than 50% of all DNBI-related casualties. Trigger point dry needling (TDN) is becoming an increasingly popular mode of treatment for musculoskeletal injuries. Many physical therapy programs across the country are now teaching TDN as a part of their curriculum. This treatment approach focuses on releasing or inactivating muscular trigger points to decrease pain, reduce muscle tension, and assists soldiers with an accelerated return to duty. This session will outline the clinical decision-making process associated with TDN, summarize the evidence, offer specific clinical recommendations, and outline one format for informed consent. The clinician will gain additional insight into using TDN appropriately and a framework from which to decide whether to include TDN in their plan of care.
Intermediate

GERIATRICS
EXERCISE AND DIABETES: TOOLS FOR INTEGRATING PATIENT-DIRECTED PRACTICE
8:00 am–10:00 am  ACC–303 B  GR-1A-8104
Speakers: Lynne Hughes, PT, PhD, OCS, MTC, Ann H. Newstead, PT, PhD, MS, GCS, NCS, CEEAA, Heather Braden, PT, MPT, PhD, GCS
This session will promote the use of patient-directed care in contrast to the paternalistic medical model. Part 1 will emphasize the design and implementation of evidence-based research exercise interventions for older adults with diabetes. Part 2 will provide tools to improve adherence to lifestyle changes. Cognitive mapping and motivational interviewing will be introduced as clinical management tools for use by physical therapists to integrate into patient-directed practice.
Intermediate

USING EVIDENCE FOR EFFECTIVE EXERCISE PRESCRIPTION IN INDIVIDUALS WITH KNEE OSTEOARTHRITIS
11:00 am–1:00 pm  ACC–303 B  GR-1B-8814
Joint Program: Orthopaedics
Speakers: Wendy K. Anemaet, PT, PhD, GCS, Amy S. Hammerich, PT, DPT, PhD, OCS
This session will provide therapists with up-to-date information on the effect of exercise on the pathology, impairments, and functional limitations associated with knee osteoarthritis (OA). The speakers will present evidence-based recommendations based for prescribing effective exercise interventions to address specific impairments and functional limitations to prepare therapists to maximize outcomes and minimize impact of pathology in persons with knee OA.
Intermediate
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FRAILTY: WHAT IS IT REALLY?  
WHAT DOES IT MEAN FOR PTs?  

11:00 am–1:00 pm  ACC–212 A  GR-1B-1646  
Joint Program: Acute Care  
Speakers: Myla U. Quiwen, PT, DPT, PhD, MS, GCS, NCS, Sara Espinoza, MD, MSc, AGSF, Helen P. Hazuda, PhD  
The proportion of US adults over the age of 65 is increasing dramatically. Older patients are often described as “frail” and are referred to physical therapy. Nonetheless, frailty is a geriatric syndrome that lacks a clear clinical consensus about its definition. The expert panel will introduce research on the physiologic and biologic basis of frailty, methods used to classify frailty, and factors that predict the occurrence of frailty and its sequelae. While there is an urgent need for effective intervention to address the risks and consequences of frailty, there is limited direct evidence on specific interventions to mitigate and reduce frailty. Given the nature of frailty, however, physical therapy will likely play a prominent role in frailty interventions. This session will provide practical information on the identification and classification of frailty in medical clinical practice and present a synthesis of the current available evidence on effective interventions for the frail older person.  

Multiple Level

EXERCISE PRESCRIPTION PRINCIPLES  
FOR THE OLDER ADULT WITH MULTIPLE  
CHRONIC CONDITIONS  

3:00 pm–5:00 pm  ACC–303 B  GR-1C-4173  
Joint Program: Home Health  
Speakers: Cathy H. Ciolek, PT, DPT, GCS, Greg Hartley, PT, DPT, GCS, CEEAA, Jill Heitzman, PT, DPT, GCS, NCS, CWS, CEEAA, FACWS, William H. Staples, PT, DPT, DHSc, GCS, CEEAA  
Two out of three older Americans have multiple chronic conditions. Health care costs for this segment of the population accounts for 66% of the country’s health care costs. Physical therapists and physical therapist assistants working with older adults with multiple chronic conditions must utilize exercise prescription principles that appropriately challenge their patients to maximize their physical function via strengthening, aerobic conditioning, gait, and balance interventions that meet guidelines for dose, intensity, frequency, and duration. This session will utilize patient case scenarios to present the clinical decision-making process in prescribing appropriate exercises for older adults based on outcome measures, acuity of the condition, and comorbidities as they move through the various practice settings. Attendees will learn to apply guidelines to adequately challenge the aging adult with multiple conditions.  

Intermediate

HOT FLASHES, LOW LIBIDO, AND BACK FAT:  
SINGING THE MENOPAUSE BLUES  

11:00 am–1:00 pm  ACC–203 A  WH-1B-9169  
Joint Program: See Women’s Health for more details

BASIC INTERVENTIONS FOR BLADDER CONTROL  

3:00 pm–5:00 pm  ACC–212 A  GR-1C-4272  
Joint Program: Women’s Health  
Speaker: Cynthia E. Neville, PT, DPT, WCS, BCB-PMD  
Urinary incontinence is a worldwide problem associated with negative rehabilitation outcomes for adults with a wide range of orthopedic and neurologic diagnoses and across the spectrum of rehabilitation settings. Physical therapists play an important if not critical role in identifying and treating bladder control problems. Yet, many physical therapists fail to identify urinary incontinence or provide recommended interventions. Participants will learn to identify the type and severity of their adult patient’s bladder problem using questionnaires and screening tools. This session will present a variety of evidence-based basic and effective behavioral techniques that can be incorporated into a physical therapy plan of care. Participants will learn and practice pelvic floor muscle exercises, techniques to facilitate pelvic floor muscle contractions, and how to prescribe a pelvic floor muscle training program.  

Basic

HAND REHABILITATION  

UPPER EXTREMITY IMAGING ACROSS THE  
LIFESPAN: PEDIATRIC POPULATION  

8:00 am–10:00 am  ACC–213 B  HR-1A-7621  
Joint Program: Pediatrics  
Speakers: Mary Beth Geiser, PT, DPT, OCS, FAAOMPT, Carolyn S. Smith, MD  
Diagnosing upper extremity bony fractures, nonaccidental injury, or underlying pathology in the pediatric population can be a daunting task for the health care professional. Infants and children often require special considerations for proper management. This session will discuss information pertinent to radiation dose, client positioning, distraction strategies, and imaging selection for pediatric injuries involving the shoulder, elbow, or hand. The speakers will also discuss ways to monitor skeletal maturity, assess healing rates, and recognize possible signs of abuse. Participants will also learn about clinical situations where advanced or repeat imaging is necessary.  

Basic
CERVICOTHORACIC AND SHOULDER INTERVENTIONS FOR UPPER LIMB SYMPTOMS
8:00 am–10:00 am ACC–207 C HR-1A-0357
Speakers: Emmanuel Yung, PT, DPT, MA, OCS, FAAOMPT, Michael Wong, PT, DPT, OCS, FAAOMPT, Stephanie Bell, PT, MSPT, OCS, CSCS, Jeremiah Y. Samson, PT, OCS, COMPT, FAAOMPT
Emerging evidence suggests that multimodal (ie, manual therapy and exercise) therapy is effective and high utilization of care may actually produce poorer results for neck pain. This evidence implies that efficient utilization of a multimodal intervention may maximize patient outcomes. Most manual and movement examination and treatment approaches have been published in isolation, but these have not been widely presented in combination to optimize results. This session will provide evidence-based manual and movement intervention approaches and highlight scientifically proven yet simple patient-specific progression strategies for the cervical spine, thoracic spine, and shoulder regions. Using patient case examples from professional sports and member of the US military, the speakers will provide physical therapists with key intervention strategies for the cervicothoracic spine and shoulder regions for patients with upper extremity symptoms.

Multiple Level

UPPER EXTREMITY IMAGING ACROSS THE LIFESPAN: ADULT POPULATION
11:00 am–1:00 pm ACC–213 B HR-1B-8555
Speakers: Mary Beth Geiser, PT, DPT, OCS, FAAOMPT, Carolyn S. Smith, MD
This session will discuss how different forms of imaging (eg, radiographs, CT, MRI, and ultrasound) can be effectively used to evaluate and clinically diagnose the most common upper extremity injuries or pathologies found in the adult and geriatric populations. The presenters will guide clinicians through a series of images for the shoulder, elbow, wrist, and hand, while infusing key literature that supports diagnosis, treatment, and proper management of these conditions. Attendees will learn important differences between traditional and nontraditional orthopedic injuries, rheumatoid arthritis versus osteoarthritis changes, bone density issues, and effects of cancer and cancer treatments on the shoulder, elbow, wrist, hand, and carpometacarpal joint of the thumb.

Basic

ACUTE BRACHIAL PLEXOPATHY IN THE YOUNG ADULT: EMPHASIS ON THE DIRECT ACCESS PHYSICAL THERAPY MODEL AND THE ELECTROPHYSICAL EVALUATION
11:00 am–1:00 pm ACC–202 A CE-1B-0694
Joint Program: See Clinical Electrophysiology for more details

CARPAL INSTABILITIES
3:00 pm–5:00 pm ACC–213 B HR-1C-1769
Speakers: Elizabeth Byrne, PT, MPT, OCS, CHT, ATC, Linda de Haas, PT, OCS, CHT
This session will discuss the anatomy and pathology of the wrist. The presenters will also review ligament instabilities and current management concepts for physical therapists.

Intermediate

HEALTH POLICY AND ADMINISTRATION

ASSESS YOUR ORGANIZATION’S READINESS TO SUCCEED AT MARKETING
8:00 am–10:00 am H–Pacific Birm B HP-1A-1886
Speaker: Peter R. Kovacek, PT, DPT, MSA
Marketing can be an expensive, complex, and frustrating activity for many therapists and organizations. If done well, the results can be quite worthwhile. If done poorly, they are likely to be poorly designed, ineffective, and excessively costly and may actually reduce the likelihood of success of the organization. This session will examine how you and your team can prepare to engage in marketing activities and help you understand your gaps in knowledge, experience, skills, and attitudes toward marketing in your practice. Attendees will learn how to maximize their marketing strategies by using the Physical Therapist Marketing Readiness Self-Assessment. After attending this session, you and your organization will be better prepared to choose the right marketing tools for the best results.

Basic
INTEGRATING A BUDGET AND RISK-FRIENDLY STUDENT-RUN PRO BONO CLINIC INTO THE CURRICULUM
8:00 am–10:00 am ACC–209 B ED-1A-3268
Joint Program: See Education for more details

FINANCIAL INFORMATION FOR COMPONENT LEADERS
8:00 am–10:00 am H–Palos Verdes A HP-1A-9965
Speaker: Rob Batarla, MBA, CPA, CAE
The APTA Executive Vice President and Chief Financial Officer will update component leaders on financial information including investments and taxes.
Multiple Level

WEARABLE TECHNOLOGY MEETS PHYSICAL THERAPY
8:00 am–10:00 am H–Pacific Birm D HP-1A-7936
Speakers: Robert Latz, PT, DPT, CHCIO, George Fulk, PT, PhD, Elizabeth Ennis, PT, EdD, PCS, ATP, Mary Rodgers, PT, PhD, FASB, FAPTA
Wearable mobile health technologies have exploded over the past 5 years. With improvements in technology these devices have become smaller, more affordable and are more consumer friendly. Wearable mobile health sensors provide the ability to accurately and precisely monitor and measure steps taken, calories burned, transitions, time spent doing certain activities, and other health parameters while patients go about their everyday activities in their home and community. In addition, there are FDA-approved monitors for tracking Parkinson disease changes, glucose, vital signs, and more. Information from these devices can help inform physical therapist practice and can even be used as part of a behavioral intervention to motivate clients to improve their health.
In this session, the speakers will provide an overview of wearable technologies related to physical therapy. Attendees will learn how some clinicians are currently (or will be in the near future) using these technologies in clinical practice. This session will improve awareness of the opportunities, benefits, and precautions in using wearable mobile health technologies in physical therapy.
Basic

BUILDING SUCCESSFUL HOME HEALTH SPECIALTY PROGRAMS
8:00 am–10:00 am ACC–204 A HH-1A-9709
Joint Program: See Home Health for more details

PATIENTS LIVING IN POVERTY: PHYSICAL THERAPY CONSIDERATIONS
11:00 am–1:00 pm H–Palos Verdes A HP-1B-5953
Joint Program: Home Health
Speakers: Catherine R. Bookser-Feister, PT, DPT, PCS, Kerstin M. Palombo, PT, PhD
Because of the Affordable Care Act, many of the 43 million Americans living in poverty have recently obtained insurance coverage. This is a new and large group who may present for physical therapist services. Many PTs are not well prepared for success in working with persons who live under poverty conditions. An understanding of poverty-related contextual factors is needed for therapists to effectively meet patients’ needs and allow for optimal outcomes. This session will provide background information to help practitioners understand the impact of poverty on physical therapy care. The presenters will examine the increased incidence of physical therapy-related health conditions that occur in populations of persons in poverty. They will present literature documenting negative outcomes that occur when medical conditions are complicated by coexisting poverty. Attendees will take away suggestions will be given to improve access to PT and effectiveness of care for underserved populations.
Multiple Level

PROFESSIONALISM ACROSS THE CONTINUUM: PT STUDENT TO EMPLOYEE
11:00 am–1:00 pm H–Pacific Birm B HP-1B-1601
Speakers: Nancy R. Kirach, PT, DPT, PhD, Emily S. Becker, PT, Deborah K. Anderson, PT, MS, PCS
Professionalism is a skill that is developed throughout an individual’s career. Feedback is useful in developing highly effective and intuitive professional behaviors. This session will explore the development of professionalism throughout an individual’s education and career. Professional behaviors will be examined through multiple lenses, including the academic institution, clinical education, and employer. The presenters will review the profession’s definition of professional behaviors and the application of these behaviors based on situational context. Attendees will have the opportunity to participate in a panel discussion and application of feedback techniques to ensure a variety of learning opportunities. The presenters will also discuss the value of remediation, as well as what is available to remediate unprofessional behaviors at all levels of development.
Intermediate
PRACTICABILITY OF WEARABLE TECHNOLOGY IN PHYSICAL THERAPY
11:00 am–1:00 pm H–Pacific Blrm D HP-1B-3553
Speakers: Robert Latz, PT, DPT, CHCIO, Steven G. Wilkinson, PT, PhD, Daniel J. Vreeman, PT, DPT, Chris Peterson, PT, DPT, Cert MDT, George Fulk, PT, PhD

Wearable mobile health technologies have become smaller, more powerful, and less expensive during the past 5 years. Small sensors are now available to measure everything from activity level to vital signs. In addition, special clothing can measure physicality, including EMG activity, positional sense, and change of position. In this session, the presenters will review the practical application of wearable technology in the physical therapy clinical setting. Clinicians will learn about appropriate and inappropriate use, management, data flow, security (HIPAA), and other concerns. The speakers also will examine clinical application, data flow from device to EHR to dashboard to analysis, and barriers to implementing these technologies. This session will provide a solid basis for any PT or PTA interested in using wearable technology in physical therapy.

Intermediate

THOUGHTFUL LEADERSHIP: THE QUIET LEADER, AND LEADING THE QUIET
3:00 pm–5:00 pm H–Pacific Blrm B HP-1C-0952
Speakers: Carina M. Torres, PT, DPT, Amelia J. Arundale, PT, DPT, SCS, Peter R. Kovacek, PT, DPT, MSA, Derek Fenwick, PT, MBA, GCS

Do people say you’re too quiet? Do you think your ideas don’t get heard? Are your team members more on the quiet side? Many leaders have described a point in their leadership journey when they have had to work to overcome being misunderstood or disregarded because of their quiet temperament. Many have asked how they, as introverts, can survive in the extroverted world of leadership commonly found in business, clinical practice, associations, and communities. Quiet leaders have the ability to successfully lead by tapping into their natural strengths. This session will provide attendees with tools and tips that can help quiet leaders transform the world around them and help extroverted leaders support and lead their introverted peers.

Multiple Level

THE ABC’s OF ICD-10 FOR PHYSICAL THERAPY
3:00 pm–5:00 pm H–Pacific Blrm D HP-1C-1778
Speaker: Rick Gawenda, PT

With the transition to ICD-10, providers of outpatient therapy services need to understand how to select the appropriate ICD-10 codes for outpatient physical therapy services provided in a private practice, skilled nursing facilities, hospital outpatient departments, rehabilitation agencies, home health using Part B in the home, and comprehensive outpatient rehabilitation facilities. This session will build upon the basics of ICD-10 by providing in-depth ICD-10 coding, documentation, and payment information for physical therapy services in the outpatient setting. Some of the conditions to be discussed during this session include joint replacements, orthopedic conditions including hand and wrist injuries and lacerations, postsurgical conditions, vertigo, and lymphedema. The presenters will use a hands-on approach using case scenarios to incorporate documentation changes and compare ICD-9 to ICD-10 codes. Attendees will learn about coding resources and additional tips for transitioning to ICD-10.

Intermediate

PTJ SYMPOSIUM: HEALTH SERVICES RESEARCH
3:00 pm–5:00 pm H–Palos Verdes A HP-1C-8700
Joint Program: Research
Speakers: Linda Resnik, PT, PhD, Janet K. Freburger, PT, PhD, Peter Amico, PhD, Julia Chevan, PT, PhD, MPH, OCS, Julie Fritz, PT, PhD, FAPTA, Anne Thackeray

What is the role of health services research (HSR) in improving patient care in rehabilitation settings and in influencing policy? Select authors from PTJ’s special series showcase their work, covering aspects of care delivery along the continuum from acute care to postacute care to outpatient settings. Specific topics include outpatient therapy expenditures and policy, physical therapy utilization and downstream health care costs, out-of-pocket expenditures for physical therapy, and rehabilitation in acute and postacute care settings. Join an interactive discussion with the authors. Regardless of whether you are a researcher or a clinician, you will leave the session with a greater understanding of the implications of HSR for patients and practice and of the opportunities that lie ahead for physical therapists in this area of research.

Intermediate
HOME HEALTH

BUILDING SUCCESSFUL HOME HEALTH SPECIALTY PROGRAMS
8:00 am–10:00 am  ACC–204 A  HH-1A-9709
Joint Program: Health Policy
Speaker: Dan Kevorkian, PT, MSPT

It is vitally important that any home health program is built in such a way as to incorporate clinical, operational, and marketing teams in order to successfully launch a program. Specialty programs are often the cornerstone of home health offerings, and you don’t want to be left behind. This session will cover what it takes to build a strong home health program that addresses needs in the community. The facilitators will also discuss quality clinical care that can be replicated throughout your patient population to meet the demands of value-based purchasing.

Basic

HOME HEALTH HOSPICE REFERRAL...HELP!
8:00 am–10:00 am  ACC–204 C  HH-1A-3718
Joint Program: Oncology
Speakers: Richard Briggs, PT, MA, Jo-Ellen P. Thomson

Referrals for hospice physical therapy can be fraught with uncertainty for the evaluating therapist. Questions arise about medical prognosis, patient goals and awareness, prioritization, treatment planning, equipment, and reimbursement. This session will explore all aspects of hospice physical therapy, including organizational concerns, treatment approaches, clinical pearls, and the psychosocial and spiritual issues that arise during care. An open forum will allow participants to exchange and problem solve practice issues.

Multiple Level

HOT TOPICS IN HOME HEALTH
11:00 am–1:00 pm  ACC–204 C  HH-1B-4147
Speakers: Cynthia J. Kraft, PT, MS, Roshunda Drummond-Dye, JD, Judith Stein, JD

This session will feature industry experts as they discuss the most current issues facing the home health industry and take questions from the audience.

Intermediate

PATIENTS LIVING IN POVERTY: PHYSICAL THERAPY CONSIDERATIONS
11:00 am–1:00 pm  H–Palos Verdes A  HP-1B-5953
Joint Program: See Health Policy for more details

EXERCISE PRESCRIPTION PRINCIPLES FOR THE OLDER ADULT WITH MULTIPLE CHRONIC CONDITIONS
3:00 pm–5:00 pm  ACC–303 B  GR-1C-4173
Joint Program: See Geriatrics for more details

DEVELOPING A STUDENT CLINICAL EDUCATION PROGRAM IN HOME HEALTH
3:00 pm–5:00 pm  ACC–204 A  HH-1C-2540
Joint Program: Education
Speakers: Kenneth L. Miller, PT, DPT, CEEAA, Bill Anderson, PT, DPT, GCS, CEEAA, Michele Berman, PT, DPT, MS, Tracey Collins, PT, PhD, Shari B. Mayer, PT, DPT, PCS

Student physical therapy clinical education programs in the home health setting have many benefits for the student therapist, academic program, and the home health agency. The student is exposed to a practice setting that affords one-to-one mentoring. The setting provides a wide array of diagnoses and functional ability levels including the family and caregiver relationship in care provision. The home health environment provides the students with a valuable clinical experience where they can readily utilize the biopsychosocial approach and International Classification of Function, Disability and Health (ICF) in practice. This session will explore the development and expansion of student physical therapy clinical education programs in the home health setting. The presenters will share the benefits for the physical therapist student, academic program, and the home health agency.

Multiple Level

EVIDENCE-BASED HOME ASSESSMENT TOOLS AND RESOURCES FOR PTs AND PTAs
3:00 pm–5:00 pm  ACC–204 C  HH-1C-6626
Speakers: Diana L. Kornetti, PT, MA, Roger W. Sondrup, PT

Defensible documentation that supports homebound status continues to be an issue for clinicians when auditing activities are underway. Commonly, electronic medical record (EMR) systems are relied upon to meet this requirement for payment of services under the Medicare Part A home health benefit. A thorough and accurate home assessment can support homebound status, as well as justify the need for additional skilled therapy visits. An evidence-based approach to reducing risk of falls includes a standardized assessment of the home environment. Enhancing therapy evaluation can assist in clarifying homebound status as well as support the need for skilled therapy services and assist with reduction of falls. This session will provide participants with resources for documenting evidence-based home assessment status clearly and concisely. Specific examples of current home assessment tools and resources will be reviewed.

Intermediate
CANCER AND NUTRITION: WHAT PTs NEED TO KNOW BEFORE, DURING, AND AFTER TREATMENT
3:00 pm–5:00 pm ACC–201 ON-1C-6633
Joint Program: See Oncology for more details

NEUROLOGY

ANNE SHUMWAY-COOK LECTURESHIP:
CAN WE CHANGE WHAT WE DO TO HELP THOSE WHO DON’T GET BETTER?
8:00 am–10:00 am H–Pacific Blrm C NE-1A-2057
Speaker: Susan J. Herdman, PT, PhD, FAPTA

The vestibular system serves as a useful model to understand mechanisms underlying recovery, the development of exercises based on those mechanisms, and the level of functional recovery that can be expected naturally or with intervention. There now is abundant research regarding the benefits of vestibular physical therapy in patients with unilateral vestibular hypofunction. One of the greatest dilemmas for therapists is the patient who does not improve with interventions that have been shown to be effective treatments. This session will examine the historical treatment of patients with dizziness, review successful treatment, explore factors that may affect the outcome of rehabilitation in patients with vestibular dysfunction, and translate these findings into the treatment of individuals with other neurological disorders participating in outpatient rehabilitation. The presenters will also explore alternative treatment approaches that may benefit patients who have not responded to traditional vestibular physical therapy.

Intermediate

THE B-FIT MODEL FOR HUNTINGTON DISEASE REHABILITATION
8:00 am–10:00 am H–Pacific Blrm A NE-1A-2485
Speakers: Elizabeth Ulanowski, PT, DPT, NCS, Megan Danzl, PT, DPT, PhD, NCS, Justin Phillips, MD

This session will provide physical therapists the opportunity to advance their knowledge and skills for rehabilitation for individuals with Huntington disease (HD). To achieve this, we will review the pathology and medical management of HD, present the most up-to-date literature about physical therapy intervention, and describe a new model, the Balance, Functional Mobility, Intensity, and Trunk Stability (B-FIT) approach, for HD rehabilitation. The B-FIT model includes suggestions for optimizing the dosage and frequency of physical therapist services over time and factors to consider in designing therapy sessions. Through the use of patient cases, the speakers will demonstrate how PTs can immediately translate the information presented in this session into clinical practice. The presenters will also address how physical therapists can use community resources to initiate a fitness group and the framework near them.

Multiple Level

PUSHING THE LIMITS: NOVEL BALANCE APPROACHES IN AGING AND STROKE
11:00 am–1:00 pm H–Pacific Blrm C NE-1B-3161
Speakers: Mark W. Rogers, PT, PhD, FAPTA, Sandy McCombe Waller, PT, PhD, NCS, Douglas Savin, PT, PhD, Vicki L. Gray, PT, PhD

Impairments in posture and balance control leading to instability, falls, injuries, and diminished quality of life are major problems among older adults, particularly those with neurologic conditions. Consequently, assessment and intervention approaches to enhance balance function, restore mobility, and prevent falls are a major focus of physical therapist practice. Recent advances in technology and understanding about balance control have led to new concepts for developing assessment and intervention approaches. This session will present current information about impairments in posture and balance control leading to instability, falls, injuries, and diminished quality of living for older adults with neurologic conditions. The presenters will discuss new insights with application to novel assessment and intervention approaches targeting balance dysfunction in older adults and individuals with stroke.

Intermediate

ACUTE BRACHIAL PLEXOPATHY IN THE YOUNG ADULT: EMPHASIS ON THE DIRECT ACCESS PHYSICAL THERAPY MODEL AND THE ELECTROPHYSIOLOGICAL EVALUATION
11:00 am–1:00 pm ACC–202 A CE-1B-0694
Joint Program: See Clinical Electrophysiology for more details

DIFFERENTIATING MIGRAINE, CERVICOGENIC, AND ANXIETY-RELATED DIZZINESS
11:00 am–1:00 pm H–Pacific Blrm A NE-1B-7639
Speakers: Rob Landel, PT, DPT, OCS, CSCS, FAPTA, Laura Morris, PT, Janene M. Holmberg, PT, DPT

Dizziness is a common and often debilitating problem, yet often remains unexplained in 40%-80% of cases. Physical therapists can play a crucial role in differentiating the cause of dizziness, particularly when the dizzy symptoms are originating from migraines, anxiety, or the cervical spine. There is increasing evidence that failure to properly identify and treat cervical, anxiety, or migraine contributions to dizziness results in protracted or suboptimal recovery. The purpose of this session is to present the common manifestations of symptoms arising from anxiety, migrainous vertigo, and cervicogenic dizziness. The presenters will focus on how to clinically differentiate dizziness from these 3 sources. Suggestions for appropriate management for each condition will be presented.

Intermediate
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WALKING RECOVERY AFTER SCI: TRANSLATING LESSONS FROM THE LAB INTO CLINICAL PRACTICE
11:00 am–1:00 pm  H–California Blrm D  NE-1B-0141
Speakers: Jeffrey Kleim, PhD, Candy Tefertiller, PT, DPT, ATP, NCS

There have been an increasing number of studies published in recent years focusing on walking recovery after spinal cord injury (SCI) in both basic and translational science models. Basic science literature may provide novel insights into the advancement of clinical care after spinal cord injury with the goal of recovering walking. However, because basic scientists and frontline clinicians don’t always “speak the same language,” these findings may be underutilized in the development of interventions focused on walking recovery after SCI. This session will provide the audience with an overview of pertinent literature from both basic and translational science focused on motor learning to improve walking recovery after spinal cord injury. The presenters will discuss clinical interventions for improving motor learning after spinal cord injury, along with suggestions regarding timing, dosage, and feedback.

Intermediate

USING FES AND WHOLE BODY VIBRATION TO TREAT CHILDREN WITH CP
11:00 am–1:00 pm  H–California Blrm A  PD-1B-8852
Joint Program: See Pediatrics for more details

IT’S ALL ABOUT THAT BASE: GLUTEAL FUNCTION AND ACTIVATION AFTER STROKE
3:00 pm–5:00 pm  H–Pacific Blrm C  NE-1C-3615
Speaker: Walter B. Weiss, PT, MPT, NCS, KEMG

Adequate hip extensor and abductor function is essential for successful walking. The gluteal muscles play a vital role in maintaining pelvic stability. Hip extensor and abductor weakness has been associated with increased falls, abnormal gait patterns, and an inability to increase walking speed. Recent advances in clinical research have highlighted key concepts to facilitate neuroplasticity and recovery after stroke. Clinicians treating the stroke population frequently miss the impact of hip muscle weakness towards specific gait deviations and often forgo individual muscle strength testing. This session will highlight the penalties of hip extensor and abductor weakness for individuals with hemiparesis from stroke. The presenter will review the supine hip extensor manual muscle test. The presenter will also demonstrate treatment concepts to facilitate neuroplasticity including functional, high-challenge, motor learning-based exercises for maximal recruitment.

Intermediate

AQUATIC NEUROREHABILITATION ACROSS THE LIFESPAN
3:00 pm–5:00 pm  M–Grand Blrm F  AQ-1C-8608
Joint Program: See Aquatics for more details

GETTING PUBLISHED IN JNPT: A CHAT WITH THE EDITORIAL BOARD
3:00 pm–5:00 pm  H–Salinas  NE-1C-9652
Speaker: Edelle C. Field-Fote, PT, PhD, FAPTA

The Journal of Neurologic Physical Therapy (JNPT) is your Neurology Section journal. Do you have ideas to enhance the usefulness of the journal’s print or digital content? Have you thought about submitting an article, but are uncertain about what it entails? Do you have questions about becoming a reviewer? This session will provide information about becoming involved with JNPT as a contributor or reviewer for JNPT. The editor-in-chief, associate editors, and editorial board members look forward to chatting with you.

Intermediate

ADVANCED MUSCULOSKELETAL TREATMENT ON THE BATTLEFIELD: DRY NEEDLING
3:00 pm–5:00 pm  M–Grand Blrm G  FD-1C-2959
Joint Program: See Federal for more details

REHABILITATION FOR INDIVIDUALS WITH RETT SYNDROME
3:00 pm–5:00 pm  H–California Blrm B  PD-1C-6618
Joint Program: See Pediatrics for more details
NEUROIMAGING OF MOTOR AND SENSORY FUNCTION IN HEALTH AND DISEASE
3:00 pm–5:00 pm  ACC–206 A  RE-1C-6586
Joint Program: See Research for more details

WE WANT TO PUMP YOU UP: TARGETED EXERCISE FOR ADULTS WITH CEREBRAL PALSY
3:00 pm–5:00 pm  H–California Blrm A  PD-1C-3337
Joint Program: See Pediatrics for more details

PTJ SYMPOSIUM: REGENERATIVE REHAB AND GENOMICS
3:00 pm–5:00 pm  ACC–205 B  RE-1C-8656
Joint Program: See Research for more details

ONCOLOGY

ONCOLOGY RESEARCH UPDATE: A YEAR IN REVIEW
8:00 am–10:00 am  ACC–201 A  ON-1A-7577
Joint Program: Research
Speaker: Cynthia L. Barbe, PT, DPT, MS

Individuals undergoing cancer treatment, as well as those surviving with the side effects of the disease and its interventions, have the potential risk of developing impairments in all body systems that may lead to limited movement. This necessitates both early and prolonged therapy across the continuum of care. There exists an ever-growing body of literature that is published annually, and it can be integrated to help PTs recognize patterns in the larger body of evidence for those who lack the knowledge of article summation, clinical and/or personal time, and access to research. This session will review the oncology literature published within the past year with a focus on research relevant to oncologic health conditions, so that practitioners may prepare patients for physical therapy interventions. The evidence will be assembled and categorized into themes, with key articles emphasized and presented by the speaker, and the opportunity for attendees to discuss and comment on each.

Multiple Level

SYSTEMIC EXERTION INTOLERANCE DISEASE, MYALGIC ENCEPHALOMYELITIS, OR CHRONIC FATIGUE SYNDROME? WHAT’S IN THE NAME AND WHY IT MATTERS FOR PTs
8:00 am–10:00 am  M–Grand Blrm G  CP-1A-8277
Joint Program: See Cardiovascular and Pulmonary for more details

HOME HEALTH HOSPICE REFERRAL…HELP!
8:00 am–10:00 am  ACC–204 C  HH-1A-3718
Joint Program: See Home Health for more details

AEROBIC CONDITIONING IN THE ACUTE CARE SETTING FOR PATIENTS WITH CANCER-RELATED FATIGUE
8:00 am–10:00 am  ACC–207 A  ON-1A-4859
Joint Program: Acute Care, Cardiovascular and Pulmonary
Speakers: Laura Blood, PT, DPT, Ashley Donovan, PT, DPT

This session will discuss cancer and its treatments, specifically highlighting cancer-related fatigue and how it negatively impacts functional capacity and quality of life. The speakers will explore specific interventions and expected outcomes for aerobic conditioning pertaining to patients with an oncological diagnosis. This presentation will focus on aerobic conditioning within an acute care setting; however, it will also cover the continuation of intervention across other settings.

Multiple Level

PHYSICAL THERAPY MANAGEMENT OF CHEMOTHERAPY SIDE EFFECTS IN CHILDREN
11:00 am–1:00 pm  ACC–207 A  ON-1B-7933
Joint Program: Pediatrics
Speakers: Regine L. Souverain, PT, DPT, PCS

While rare, pediatric cancers are the leading cause of disease-related death among children. Children undergoing active treatment for cancer can often present with muscle weakness, balance deficits, gait impairments, and limited endurance. Chemotherapy can have deleterious effects on their physical, cognitive, and psychosocial functioning. Survivors can experience long-term effects that restrict their participation in age-appropriate community, school, and leisure activities with their peers. In this session, the speakers will discuss common chemotherapy agents used to treat pediatric cancers, their side effects, and their rehabilitation management. Evidence will be presented supporting physical therapy intervention to address the physical changes related to cancer treatment. Through case studies, participants will better understand the impact of the chemotherapy agents on the physical performance of the child and the importance of the role of the physical therapist.

Multiple Level
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PHYSICAL THERAPY TRENDS IN HOSPICE AND PALLIATIVE CARE
11:00 am–1:00 pm ACC–201 A ON-1B-5479
Speaker: Caryn McAllister, PT, DPT
Hospice and palliative care is an area of health care that has experienced significant growth in the past decade. As our population ages and lives longer, we will continue to see more patients utilize hospice and palliative care. The role of physical therapy in hospice and palliative care is a mystery to many, including health care professionals—and specifically PTs! This session will describe the history of the hospice and palliative care movement, dispel myths related to hospice, explain the role of PT in hospice and palliative care, provide specific case examples focusing on the evaluation and treatment, and provide PTs with the knowledge to begin treating patients enrolled in hospice and palliative care in various environments. Attendees will advance their knowledge of the role of physical therapy in hospice and palliative care.
Multiple Level

CANCER & NUTRITION: WHAT PTs NEED TO KNOW BEFORE, DURING, AND AFTER TREATMENT
3:00 pm–5:00 pm ACC–201 A ON-1C-6633
Joint Program: Home Health
Speaker: Elizabeth K. Bennett, PT, RDN, LD, MS, MA
Nutrition plays an integral role in cancer prevention, treatment, and recovery. Side effects of chemotherapy and radiation can affect the patient’s ability to ingest, absorb, and utilize adequate nutrients, and postoperative tissue healing requires specific attention to energy balance. Changes in carbohydrate, protein, and lipid metabolism may negatively impact the physical therapy plan of care. In some cases, treatment side effects will last a lifetime, significantly affecting the survivor’s quality of life. This session will outline nutrition recommendations and the pharmacological management of nutrition impact symptoms associated with cancer treatment. The speakers will discuss management of common nutrition problems associated with hematopoietic cell transplantation. Attendees will learn about evidence-based nutrition guidelines for cancer risk and survivorship, including strategies for implementing nutrition education in the plan of care with a focus on the outpatient setting. The presenters will provide oncology nutrition resources for adult cancer survivors and information on the most common dietary supplements marketed to cancer survivors.
Multiple Level

ORTHOPAEDICS
OLYMPIC EQUESTRIAN SHOWJUMPING: PHYSICAL THERAPY ASSESSMENT, CONDITIONING, AND REHABILITATION OF HORSE AND RIDER
8:00 am–10:00 am ACC–304 A OR-1A-2060
Speakers: Sharon Classen, PT, Mark Revenaugh, DVM
Olympic equestrian showjumping is an elite sport that combines the strength, agility, and athleticism of both horse and rider. It is a unique, dangerous, and highly unpredictable activity involving an intricate relationship between 2 athletes. Similar to all Olympic events, showjumping requires specific attention to prevention, maintenance, and rehabilitation of common injuries germane to the sport. This session will describe the training, conditioning, and biomechanical analysis of both equine and equestrian athletes, in addition to outlining common rehabilitation techniques to restore sport performance.
Intermediate

Session handouts are available at www.apta.org/CSM. Use code CSM2016.
RUNNING: DYNAMIC TRUNK AND PELVIC CONTROL STRATEGIES FOR OPTIMAL PERFORMANCE

8:00 am–10:00 am ACC–Birm A OR-1A-3833
Joint Program: Sports, Women’s Health
Speakers: Paul Hodges, PhD, MedDr, DSc, BPhthy(Hons), FACP, Deydre Teyhan, PT, PhD, OCS, Bryan Heiderscheit, PT, PhD, Julie W. Wiebe, PT, MPT

Running and impact activities rely heavily on effective dynamic trunk and pelvic control strategies for optimal performance. This session will explore the evidence for the contribution of local and global muscular interactions to support thoracic, lumbar spine, and pelvic control; continence; respiration; and balance. Attendees will learn about the interaction of the muscles of the trunk, spine, and pelvic floor during running and other impact activities, such as Crossfit. The speakers will explore examination and treatment suggestions and use case studies of individuals of different ages and sexes to demonstrate the application of the evidence. Case studies will also demonstrate an integrative, external treatment of the pelvic floor appropriate for the orthopedic and sports medicine setting.

Multiple Level

OCCUPATIONAL HEALTH SIG PROGRAM: FROM “HIRE TO RETIRE,” INJURY PREVENTION AND WELLNESS

8:00 am–10:00 am ACC–Birm C OR-1A-6335
Speakers: Douglas Flint, PT, DPT, OCS, Phil Jiricko, MD, MHA

This Occupational Health Special-Interest Group session will detail the value of adding work-related services to your practice. This is a detailed presentation on the development and maintenance of programs in pre-employment and post-offer screening, preventing and managing injuries, as well as assessing and monitoring the health and function of employees throughout their employment. Statistics taken from work with firefighters and other public service sectors will be reviewed as an example that can be applied to your practice.

Intermediate

ARTICULAR CARTILAGE: BASIC SCIENCE PRINCIPLES AND APPLIED CLINICAL OPPORTUNITIES IN WATER AND LAND TRANSITIONS

8:00 am–10:00 am M–Grand Blrm F AQ-1A-7732
Joint Program: See Aquatics for more details

SPORTS MEDICINE SECRETS FOR THE ADVANCED ORTHOPEDIC CLINICIAN

11:00 am–1:00 pm ACC–Birm A OR-1B-4138
Speakers: Michael Wong, PT, DPT, OCS, FAAOMPT, Andrew Morcos, PT, DPT, OCS, ACS, ATC, CSCS, FAAOMPT, Marshall LeMoine, PT, DPT, OCS, FAAOMPT, Stephanie Bell, PT, MSPT, OCS, OCS

This session will present a practical way of managing dysfunction of the sporting movement of overhead throwing. Video of optimal and nonoptimal movements will be used to train the eye of the clinician. The speakers will link evidence-based impairments to the observed movement faults and discuss current best practice in recreational, collegiate, and professional sport rehabilitation. With the use of well-reasoned manual techniques and movement analysis, participants will augment their repertoire of clinical skills and tools in their orthopedic toolbox. Using manual, movement, and sports therapy examination approaches, the presenters will demonstrate how mobile apps for movement analysis, relevant impairment-based examination (linked to faulty movements), and specific interventions can be integrated to achieve desired outcomes. Case examples will help attendees better integrate these concepts into their own orthopedic clinical practice environment.

Multiple Level

IMAGING SIG PROGRAM—IMAGING MODALITIES: CLINICAL REASONING AND KEY INSTRUCTIONAL ELEMENTS

11:00 am–1:00 pm ACC–Birm C OR-1B-6026
Speakers: Deydre Teyhan, PT, PhD, OCS, Michael D. Ross, PT, DHSc, OCS, Charles Hazle, PT, PhD, Rachel L. Hawe, PT, DPT, Marcie Harris-Hayes, PT, DPT, MSCI, OCS, James M. Elliott, PT, PhD, Theodore Croy, PT, PhD, OCS, William G. Boissonnault, PT, DPT, DHSc, FAPTA

This session will include technical imaging content with accompanying clinical reasoning and key instructional points. Using case scenarios, the speakers will discuss the properties and use for each of the commonly used modalities for imaging techniques: radiography, computed tomography, magnetic resonance imaging, ultrasound, and dual-energy x-ray absorptiometry. The session also will address the critical issues of expectations for student/entry-level competency and the future of imaging in physical therapist practice. Participants will be invited, but not required, to submit questions to a moderator. The presenters, as well as the authors of the Imaging in Education Manual, will address each moderated question. This session will conclude with an interactive round table discussion centered on the key issues of imaging in education and clinical practice.

Multiple Level
CHANGING BEHAVIOR THROUGH PHYSICAL THERAPY: IMPROVING PATIENT OUTCOMES
11:00 am–1:00 pm  ACC–304 A  OR-1B-2453
Speakers: Kristin Archer, PT, DPT, PhD, Stephen Wegener, PhD, ABPP, Susan Vanston, PT, MS

Psychosocial risk factors, such as fear of movement, have a negative influence on rehabilitation outcomes and often result in higher levels of pain and disability. “Changing Behavior through Physical Therapy” (CBPT) is a program designed to improve patient outcomes through decreases in fear of movement and increases in self-efficacy. CBPT focuses on graded activity, goal setting, problem solving, cognitive restructuring, and relaxation training. This session will introduce the CBPT program, a targeted approach to rehabilitation, and evidence-based cognitive and behavioral strategies that can be integrated into clinical care. Clinicians and researchers will learn ways to help patients manage their pain and increase their activity level, replace negative thinking with positive thoughts, find the right balance between rest and activity, and decrease setbacks by recognizing high-risk situations. This session will provide a framework for addressing psychosocial risk factors and improving outcomes in patients with acute, subacute, and chronic musculoskeletal pain.

Intermediate

USING EVIDENCE FOR EFFECTIVE EXERCISE PRESCRIPTION IN INDIVIDUALS WITH KNEE OSTEOARTHRITIS
11:00 am–1:00 pm  ACC–303 B  GR-1B-8814
Joint Program: See Geriatrics for more details

ACHILLES TENDON RUPTURE: IS FULL RECOVERY POSSIBLE? PERSPECTIVES FROM AN ORTHOPEDIC SURGEON, A PHYSICAL THERAPIST, AND A BIOMECHANIST
3:00 pm–5:00 pm  ACC–Blrm C  OR-1C-0374
Speakers: Karin G. Silbernagel, PT, PhD, ATC, Richard W. Willy, PT, PhD, OCS, Katarina Nilsson Helander, MD, PhD

This session will review the evidence and current knowledge on treating patients with Achilles tendon rupture. Achilles tendon rupture occurs in 12-37 per 100,000 people every year. Recreational sports activity accounts for 73% of Achilles tendon ruptures, with the highest incidence occurring in individuals aged 30-49. Due to the level of disability following Achilles tendon rupture, many of these patients are unable to return to their prior level of physical activity or sport after injury. The best approach to treating individuals following Achilles tendon rupture is unclear. This session will include a review of the evidence concerning the best treatment approach both from the orthopedic surgeon’s and the physical therapist’s perspective. The speakers will describe how an Achilles tendon rupture affects function and how this limits the ability to return to sports. Attendees will learn about obstacles to full recovery and suggestions for how to overcome them.

Multiple Level

SUSPENSION TRAINING: AN INNOVATIVE APPROACH TO NEUROMUSCULAR REEDUCATION
3:00 pm–5:00 pm  ACC–304 A  OR-1C-1400
Speaker: Melissa Baudo Marchetti, PT, DPT

Research suggests that performing neuromuscular reeducation, stabilization, closed kinetic chain exercises, and balance training in an unstable environment enhances muscle activation more than training in the stable environment. Exercise balls, balance discs, and foam balance pads are just a few tools that are often used to create a more unstable environment in order to enhance muscle activation in rehabilitation. Suspension training offers a more efficient method for muscle activation compared to traditional methods such as exercise balls, balance discs, balance pads, and the BOSU. This session will introduce PTs to the concept of suspension training and how it may enhance the rehabilitation process and achieve more efficient outcomes than traditional methods.

Multiple Level

CLINICAL EXAMINATIONS FOR DIAGNOSIS OF SHOULDER CONDITIONS: WHAT SHOULD BE THE FOCUS?
3:00 pm–5:00 pm  ACC–Blrm A  OR-1C-7937
Speakers: Joseph Godges, PT, DPT, MA, OCS, Paula M. Ludewig, PT, PhD, Shirley A. Sahrmann, PT, PhD, FAPTA, Barbara J. Norton, PT, PhD, FAPTA

One of the guiding principles for achieving APTA’s new Vision Statement refers to the importance of affirming the physical therapy profession’s responsibility to evaluate and manage the movement system in patients and clients. Decisions about management strategy should be related to diagnoses of the movement system that are within the scope of PT practice and based on test results. This session will address the question: “Which tests should be included in our clinical examinations?” The APTA Orthopaedic Section shoulder guidelines focus on 3 categories of most the prevalent disorders. However, questions remain about the level of specificity needed in diagnostic classification, the relevance of many diagnostic tests to physical therapy, and how to teach students to integrate lists of impairment findings in assigning a useful diagnostic label. This session will explore approaches for examining patients with movement-related conditions of the shoulder and use a case-based approach to compare and contrast rationales for inclusion of specific clinical tests.

Intermediate
DEVELOPMENTAL DYSPRAXIA:  
SENSORY CONSIDERATIONS FOR MOTOR SKILL DEVELOPMENT
8:00 am–10:00 am  
H–California Birm C  
PD-1A-2714
Speakers: Noel M. Spina, PT, DPT, PCS, Stefanie Bodison, OTD, OTR/L
Praxis refers to the ability to conceptualize and plan how to perform complex motor actions. Developmental dyspraxia is the failure to have acquired this ability. Praxis develops automatically in typically developing systems from infancy onwards. A core component in the development of praxis is the ability to integrate multisensory information from the body and the environment. Infants and children with various neurodevelopmental disorders, particularly those with autism spectrum disorder, often fail to properly integrate multisensory information and, therefore, have difficulty learning complex motor skills. This session will describe the contribution of the maturing sensory systems to the development of praxis and subsequent motor skill development. The speakers will highlight the collaborative efforts between researchers and clinicians in their efforts to better understand, identify, and intervene with infants and children who demonstrate challenges with developmental dyspraxia. Attendees will gain knowledge of current research and the translation of that knowledge into clinical consideration.

FUNCTIONAL FASHIONS AND WEARABLE TECH FOR KIDS WITH DISABILITIES
8:00 am–10:00 am  
H–California Birm B  
PD-1A-0689
Speakers: Michele A. Lobo, PT, PhD, Iryna Babik, PhD, Martha L. Hall, MS
This session will describe a user-centered approach to design for devices that are worn by users with disabilities and will review examples of existing wearable technology for pediatric patients. The model considers a range of variables that are meaningful to users, including function, expressiveness, aesthetics, comfort, and ease of use. The goal is to make functional products that are also affordable, accessible, attractive, and easy and fun to use. This contrasts the current model of device design whereby engineers create complex devices in isolation, with a skewed focus on function and medical companies sell them at very high costs. The speakers will review how a handful of teams, including theirs, are successfully bringing together rehabilitation, child development, engineering, and fashion/apparel professionals to design items from everyday clothing through exoskeletons aimed at improving function, participation, and self-perception.

Differential Pediatric Diagnoses and Benefits of Aquatic-Based Intervention
11:00 am–1:00 pm  
M–Grand Birm F  
AQ-1B-9286
Joint Program: See Aquatics for more details
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RESEARCH FORUM 2016: VALID MEASURES FOR BODY STRUCTURES AND FUNCTION
11:00 am–1:00 pm  H–California B1rm C  PD-1B-6137
Speakers: Eileen Fowler, PT, PhD, Noelle G. Moreau, PT, PhD, Andrea L. Behrman, PT, PhD, Carole A. Tucker, PT, PhD, PCS, RCEP, Beth McManus, PT, PhD

This research forum will focus on valid pediatric measures of body structures and function, or impairments—specifically tone, selective motor control, strength, neuro-recovery, and pain. The speakers will introduce the concept of common data elements for childhood diagnosis and valid assessments to identify spastic versus dystonic movement disorders in children with cerebral palsy (CP). Some of the measures to be discussed include the Selective Control Assessment of the Lower Extremity (SCALE), the Pediatric Neuromuscular Recovery Scale (Peds NRS), and pain measures developed by the Patient Reported Outcomes Measurement Information System (PROMIS). Attendees will learn about 2 large databases focusing on standardized measures of neurological impairment, autism, Down syndrome, and developmental delay. The discussion will explore the relationship between impairments, gross motor task performance, and physical therapist service use among a large multi-state sample of young children and will identify strengths of large databases as well as current gaps and opportunities for strengthening clinical and outcomes research.

Intermediate

BEYOND THE SCM: ANATOMY OF THE NECK AND ITS CLINICAL IMPLICATIONS
11:00 am–1:00 pm  H–California B1rm B  PD-1B-2193
Speakers: Jean A. Zollars, PT, DPT, MA, Anjali Gupta, PT, MSPT

Pediatric therapists often see babies and children with neck, thoracic, and shoulder issues such as torticollis, brachial plexus injury, and postural asymmetries. This session will review the anatomy not only of the musculature, but also of the nerves, arteries, and organs of the neck and thoracic inlet region. Participants will be taken on a layer-by-layer anatomical review, followed by a self-palpation of their own neck and supraclavicular regions to learn and palpate these various structures. The speakers will cover symptoms of overstretching of these structures, such as infant distress, increased neck tension, restlessness, increased breathing and heart rate, as well as postural and developmental asymmetries. The presenters also will offer suggestions for preventing therapeutic aggravation of the sensitive neurovascular and visceral structures, and for promoting increased range of motion, function, and improved development.

Multiple Level

PHYSICAL THERAPY MANAGEMENT OF CHEMOTHERAPY SIDE EFFECTS IN CHILDREN
11:00 am–1:00 pm  ACC–207 A  ON-1B-7933
Joint Program: See Oncology for more details

WE WANT TO PUMP YOU UP: TARGETED EXERCISE FOR ADULTS WITH CEREBRAL PALSY
3:00 pm–5:00 pm  H–California B1rm A  PD-1C-3337
Joint Program: Neurology
Speakers: Noelle G. Moreau, PT, PhD, Mary E. Gannotti, PT, PhD, Andrew McAleavey, MS

This session will apply current best evidence regarding muscle response to exercise in cerebral palsy (CP) in order to prescribe individualized, targeted exercise programs to maximize gait and functional ability. The speakers will utilize a unique, interactive case application design, in which an adult with CP will be one of the presenters and will describe his surgical and therapy history from childhood to adulthood, providing a unique lifespan perspective. Attendees will hear about changes in his gait parameters, as measured by gait analysis, the influence of surgery, maturation, and changes in exercise routine from middle childhood to adulthood. The speakers will outline an exercise prescription based on physiological principles to meet his goals for gait, function, and wellness. In addition, general recommendations will be made for exercise for ambulatory individuals with CP to maximize muscle performance and gait into adulthood.

Intermediate

SECTION ON PEDIATRICS: CLINICAL PRACTICE GUIDELINES UPDATE
3:00 pm–5:00 pm  ACC–207 C  PD-1C-7702
Speaker: Sandra L. Kaplan, PT, DPT, PhD

In concert with the Section on Pediatrics Strategic Plan, this session will update members about the status of clinical practice guideline (CPG) development and implementation. The presenters will discuss current projects, updates in methodology, and evidence of implementation. Attendees will learn about the roles for volunteers and opportunities for training, as well as participate in discussions that may influence future topics and guideline development processes.

Multiple Level

CREATION OF A VIRTUAL PHYSICAL THERAPY CLINIC AND PEDIATRIC PATIENTS FOR THE PURPOSES OF INSTRUCTION IN OBSERVATIONAL GAIT ANALYSIS
3:00 pm–5:00 pm  ACC–209 B  ED-1C-7273
Joint Program: See Education for more details

44  APTA Combined Sections Meeting 2016
REHABILITATION FOR INDIVIDUALS WITH RETT SYNDROME

3:00 pm–5:00 pm  H–California Birm C  PD-1C-3077

Joint Program: Acute Care, Neurology

Speakers: Rochelle Dy, MD, Beverly Lott, Carla M. Uria, PT, Elizabeth Mann, MA, SLP

Rett syndrome is a genetic disorder that mainly affects women and is characterized by progressive neurodevelopmental impairments. Age of onset and severity of symptoms vary from one individual to another. Symptoms can include loss of functional hand use and verbal communication, muscle tone abnormalities, movement disorders, feeding difficulty, apraxia, and gait abnormalities. Treatment of symptoms and prevention of secondary complications are the keys to achieving motor skills or maintaining existing functional abilities. This session will provide an overview of the common motor and speech disabilities associated with Rett syndrome. The speakers will present an interdisciplinary rehabilitation approach that includes assessment at different stages of the disorder to help establish appropriate functional goals, and management using various effective therapeutic interventions and techniques, orthoses, and assistive/adaptive devices. Participants will engage in discussions of treatment strategies to achieve movement goals with patients.

Basic

FOR KIDS AND KIDS AT HEART: A NEW GENERATION OF TECHNOLOGY FOR SOCIAL MOBILITY

3:00 pm–5:00 pm  H–California Birm C  PD-1C-6618

Speakers: James (Cole) Galloway, PT, PhD, Andrina J. Sabet, PT, ATP, Amy M. Morgan, PT, ATP

Young children use their almost constant movement and mobility as a catalyst for learning and development across domains such as cognition and socialization. This interplay of movement, mobility, and development, known as “embodied development” allows for a dramatic shift in many aspects of assessment, treatment, and education, including the design of technology for high-dose mobility. The speakers will review the theoretical and empirical foundation supporting the impact of select technologies to maximize social mobility in the real world. They will discuss the design and uses of emerging technologies, such as harness systems embedded in the real world, and both wheeled and non-wheeled mobility environments, to address the ICF spectrum for a variety of impairment levels and diagnoses. Attendees will learn how these “peds” technologies are being scaled and modified for “big kids” (aka “adults”)!

Multiple Level

PRIVATE PRACTICE

DOCUMENTING TO SUPPORT MEDICAL NECESSITY, PART 1: EVALUATIONS AND REEVALUATION

8:30 am–10:00 am  ACC–201 C  PP-1A-0964

Speaker: Rick Gawenda, PT

Physical therapist services continue to be on the audit radar for various Medicare and private insurance carriers medical review entities. This session will review the necessary components of documentation for the initial evaluation and reevaluation that will help you document the key points in supporting medical necessity and the skilled nature of physical therapist services.

Intermediate

GROUP PRACTICE: CREATING A BUSINESS STRUCTURE

8:00 am–10:00 am  ACC–208 A  PP-1A-7601

Speaker: Mike Danford, PT, DPT, OCS, MTC

The purpose of this session is to help smaller practices anticipate some of the changes in business framework that will be helpful in transitioning to a group practice, with PTs having the opportunity to become shareholders. By making changes in your business framework ahead of time, you provide clearer expectations for staff PTs and this allows them to visualize their role in your growing company. It is inevitable that different PTs will have different strengths and different personal and professional needs or goals. By creating a business structure with some flexibility, you are more likely to be able to satisfy the work/life balance for company partners. Topics will include guidelines to consider for determining how shares are created and distributed, how to determine who can purchase more shares, how to deal with some potential problem situations, and how to structure buy-ins and buy-outs.

Multiple Level

FORMING STRATEGIC ALLIANCES WITH PATIENTS, PHYSICIANS, AND YOUR COMMUNITY

11:00 am–1:00 pm  ACC–201 C  PP-1B-5381

Speakers: Christopher Lee, Brian Gallagher, PT

Many private practice owners and therapists do not know where to begin when it comes to asking for new patients, whether it be from current patients, the community, or outside referral sources. This session will teach clinicians how to sustain long-term alliances with referral sources by making your good deeds well known. Within a clinic, so much opportunity is left undiscovered with our own base of loyal patients. The speaker will give tips and tricks, as well as content to show clinicians and private practice owners how to get more referrals without even leaving their office, by utilizing the role of the patient care representative. Attendees will learn how to pilot and manage an advertising campaign, track the success of the campaign, and apply formulas to sustain success and correct campaigns that need improvement.

Basic

Session handouts are available at www.apta.org/CSM. Use code CSM2016.
ENHANCING YOUR 2 FACES OF REFERRAL GENERATION

11:00 am–1:00 pm        ACC–208 A        PP-1B-1202
Speaker: Dennis Bush, PhD

Do you find it becoming increasingly more difficult to ensure the continuous flow of new patients into your practice? This session will provide you with specific strategies and tactics for dealing with this major success trigger for your business. The “face of your patients” represents your patients and the community you serve. Building loyalty with this group of “faces” can lead to reliance on direct referral sources. See and hear real examples of how this approach can be applied immediately in your business. The “face of your direct referral sources” represents your referring physicians, nurse practitioners/physician assistants, office managers, referral specialists, medical assistants, case managers, and front desk staff. The speakers will examine the role of the practice liaison in creating opportunities for meaningful face and voice time with referral sources. Attendees will gain sample tools for practice liaisons, including a referral tracking tool, referral source mapping tool, and a meaningful visit time allocation tool.

Intermediate

THE ANTIDOTE TO BURNOUT IN PHYSICAL THERAPIST PRACTICE

3:00 pm–5:00 pm        ACC–208 A        PP-1C-6985
Speakers: Jennifer Kish, PT, DPT, Laurence Benz, PT, DPT, MBA, OCS, Jessica Dugan, PT, DPT

The 2015 Medscape Physician Lifestyle Report found 46% of physicians surveyed felt burned out, compared to slightly less than 40% in 2013. While we do not definitely know the statistics for physical therapists, we confidently believe that, like physicians, the rates are increasing and that it is not a natural career progression. On the other hand, in part due to fatigue, pressure, constant changes in health care, and overexposure to negative conditions, physical therapists and other health care providers can very naturally experience calcification or a temporary state whereby they disregard the wholeness of the patient they are treating. This session will describe positive psychology principles, including exquisite empathy, high-quality connections, positive emotions, renewal, and decalcification techniques, and apply them to physical therapist practice and education to determine how student and employee performance, retention, and satisfaction may be impacted. The speakers will identify and distinguish the concepts of calcification, renewal, and burnout.

Multiple Level

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EXCEPTIONAL CARE AND PROFITABILITY IN LIGHT OF HEALTH CARE REFORM FOR PATIENTS WITH CHRONIC MUSCULOSKELETAL PAIN
3:00 pm–5:00 pm  ACC–201 C  PP-1C-8078
Speaker: Adriaan Louw, PT, PhD

This session will combine 2 worlds: pain science and business. More than 100 million Americans are affected by some form of chronic pain. Emerging research in the neurophysiology and neurobiology of pain shows that movement and biopsychosocial professions such as physical therapy are ideally suited to treat these patients. The increase in chronic pain and general dissatisfaction of patients with the care provided creates a unique business opportunity for PTs. Advanced therapeutic treatments for pain, such as therapeutic neuroscience education, graded motor imagery, pacing, graded exposure, and exercise, will become increasingly desirable due to their low cost and patient empowerment. The speakers will focus heavily on the use and clinical implementation of pain sciences in clinical practice. Attendees will learn about the evidence for pain science education; how to apply pain science to clinical practice; billing; time and cost-effectiveness; staff training; integration into movement-based therapies; marketing; and more.

Multiple Level

RESEARCH

DEMYSTIFYING THE WRITING FOR PUBLICATION PROCESS
8:00 am–10:00 am  ACC–205 A  RE-1A-5712
Joint Program: Education

Speakers: Catherine Quatman-Yates, PT, DPT, PhD, Stephanie Di Stasi, PT, PhD, OCS, Terese Chmielewski, PT, PhD, SCS, Jason Hugentobler, PT, DPT, SCS, CSCS, Christin M. Zwolski, PT, DPT, OCS, Lindsey Brown

Do you need to boost your publication record quality and output? Would you like to empower your students or clinicians to become powerful, productive writers? Do you have a desire to publish more, but feel overwhelmed by how to make that happen? Although innate writing talent and a history of publication are a plus, they are not prerequisites to getting your ideas and research published efficiently and effectively. Writing skills can be learned and developed. Through interactive lecture, group exercises, and open discussion, attendees will learn how to enhance their writing quality and productivity and enrich their repertoires of tactics and tricks to work through the writing process. The session's content will be supported by theory and data in the higher education and educational psychology literature, supplemented with anecdotes and case examples provided by a panel of writing mentors and mentees from both traditional academic models and hospital-based clinic settings.

Basic

GET IN THE GAME WITH PCORI: A SUCCESSFUL RESEARCH GROUP’S EXPERIENCE
8:00 am–10:00 am  ACC–206 A  RE-1A-0069
Speakers: Jennifer Brach, PT, PhD, Anthony Delitto, PT, PhD, FAPTA, G. Kelley Fitzgerald, PT, PhD, FAPTA, Sara R. Piva, PT, PhD, OCS, FAAOMPT, Michael J. Schneider, PhD, DC

As NIH pay lines are at an all-time low, people are looking for alternative sources of research funding. One such option is funding from the Patient-Centered Outcomes Research Institute (PCORI). PCORI is a nonprofit, nongovernmental organization located in Washington, DC. Its mandate is to improve the quality and relevance of evidence available to help patients, caregivers, clinicians, employers, insurers, and policy makers to make informed health decisions. As the largest single research funder that has comparative effectiveness research as its main focus, PCORI incorporates patients and other stakeholders throughout the entire research process. In order to be successful in this new funding world of PCORI, one must understand the particulars of the PCORI process. This session will introduce PCORI and define critical components of successful PCORI applications. The speakers will use successfully funded PCORI applications as examples.

Intermediate

ONCOLOGY RESEARCH UPDATE: A YEAR IN REVIEW
8:00 am–10:00 am  ACC–201 A  ON-1A-7577
Joint Program: See Oncology for more details

MENTORSHIP: EXPLORING THE TRANSITION FROM MENTEE TO MENTOR
8:00 am–10:00 am  ACC–205 B  RE-1A-0289
Speakers: Ann T. Harrington, PT, DPT, PhD, PCS, Rebecca L. Craik, PT, Ph.D., Therese E. Johnston, PT, PhD, MBA, Joseph Zeni, PT, PhD, Rick Segal, PT, PhD, FAPTA

Mentoring relationships evolve over the course of a career, and navigating these roles can be difficult during professional transitions. This session will explore the transition from trainee to junior faculty member and the dual role of mentee and mentor in the early career phase, as well as the changing mentoring role in the transition from junior to midcareer to senior faculty member. The speakers will discuss strategies to identify mentors within clinical and academic environments and keys to consider in providing mentorship to undergraduate students, graduate students, and clinicians. Evidence-based frameworks for formal and informal mentorship will be introduced. This session will combine lecture and facilitated panel discussion formats, with audience participation throughout.

Intermediate

BIOPHYSICAL AGENTS: REVIEW OF EVIDENCE ON DETERMINANTS OF EFFICACY
11:00 am–1:00 pm  ACC–207 C  CE-1B-5186
Joint Program: See Clinical Electrophysiology for more details
DECISIONS, DECISIONS… THE COST, BENEFIT, AND IMPACT OF PhD TRAINING
3:00 pm–5:00 pm  ACC–205 A  RE-1C-7020
Speakers: Carole A. Tucker, PT, PhD, PCS, RCEP, David A. Brown, PT, PhD, Daniel Pinto, PT, PhD, OCS, FAAMPT

Research-trained physical therapists and rehabilitation scientists support the growth and advancement of science within the physical therapy profession. Professionally trained PTs have the option of obtaining advanced training and education through advanced clinical practice pathways such as residency training and fellowships, yet fewer choose to pursue PhD training than in the past. PhD training models are evolving, and the need to provide PhD training to build the cadre of independent scientists remains a critical focus in our profession. One’s career decision-making pathway may be based on a blend of financial constraints, school fatigue, desire for rapid advancing of one’s clinical expertise, and life-balance issues. In this session the speakers will explore a spectrum of common, emerging, and novel postprofessional training pathways in relation to PhD education. They will compare and contrast these pathways using business model cost-benefit analyses, as well as social cost analyses, based on a 2015 survey of postprofessionals.

Intermediate

PTJ SYMPOSIUM: HEALTH SERVICES RESEARCH
3:00 pm–5:00 pm  H–Palos Verdes A  HP-1C-8700
Joint Program: See Health Policy for more details

NEUROIMAGING OF MOTOR AND SENSORY FUNCTION IN HEALTH AND DISEASE
3:00 pm–5:00 pm  ACC–206 A  RE-1C-6586
Joint Program: Neurology
Speakers: Patrick J. Sparto, PT, PhD, Lara Boyd, PT, PhD, Gammon Earhart, PT, PhD, Eric D. Vidoni, PT, PhD

Many advances in the understanding of neural control of movement and sensory function have occurred with the advent of functional neuroimaging techniques. The goal of this session is to first educate attendees about the different neuroimaging modalities, including structural and functional MRI, positron emission tomography (PET), near infrared spectroscopy (NIRS), electroencephalography (EEG), and transcranial magnetic stimulation (TMS). The speakers will address various types of study designs and the pros and cons of each modality, and will offer an overview of research regarding both healthy populations across the lifespan and individuals with neurological disorders.

Intermediate

PTJ SYMPOSIUM: REGENERATIVE REHAB AND GENOMICS
3:00 pm–5:00 pm  ACC–205 B  RE-1C-8656
Joint Program: Neurology
Speakers: Fabrisia Ambrosio, PT, PhD, Jeffrey Kleim, PhD, Catherine L. Curtis, PT, EdD, Anthony Delitto, PT, PhD, FAPTA, Mathew Muchnick, Barbara K. Smith, PT, PhD, Kimberly Topp, PT, PhD

All physical therapists have a stake in regenerative rehabilitation, regardless of setting or focus—practice, research, or education. Selected authors from PTJ’s special series share their original research and insights in each of these areas, with topics that range from gene therapy for specific conditions, to translation of genomic advances to physical therapist practice, to students’ perspectives on the integration of regenerative rehabilitation and genomics into the DPT curriculum. Join the authors for a fascinating discussion as they shed light on the nature and nurture of common diseases and on the role of the physical therapist in this emerging area of practice and research.

Intermediate

SPORTS PHYSICAL THERAPY

PHYSICAL THERAPIST MANAGEMENT OF THE PHYSICALLY CHALLENGED ATHLETE
8:00 am–10:00 am  M–Platinum Blrm 9  SP-1A-5629
Speakers: Teresa L. Schuemann, PT, DPT, Barbara Springer, PT, PhD, OCS, SCS, Mark A. Anderson, PT, PhD, ATC, Shana Harrington, PT, PhD, SCS, MTC

The physical therapist has unique knowledge and skills that allow them to be productive members of the sports medicine team for physically challenged athletes. Physical therapists can provide care along the spectrum of injury prevention, prehabilitation, rehabilitation, and performance enhancement. As part of a sports medicine team, the physical therapist can assist with classification, venue coverage, and training to allow full return and participation in competitive athletics for the physically challenged athlete.

Multiple Level

RUNNING: DYNAMIC TRUNK AND PELVIC CONTROL STRATEGIES FOR OPTIMAL PERFORMANCE
8:00 am–10:00 am  ACC–Blrm A  OR-1A-3833
Joint Program: See Orthpaedics for more details

ARTICULAR CARTILAGE: BASIC SCIENCE PRINCIPLES AND APPLIED CLINICAL OPPORTUNITIES IN WATER AND LAND TRANSITIONS
8:00 am–10:00 am  M–Grand Blrm F  AQ-1A-7732
Joint Program: See Aquatics for more details
MANAGEMENT OF UPPER EXTREMITY INJURIES IN THE FEMALE ATHLETE
8:00 am–10:00 am M–Platinum Blrm 4 SP-1A-8160
Joint Program: Women’s Health
Speakers: Marisa Pontillo, PT, DPT, SCS, Todd S. Ellenbecker, PT, DPT, MS, SCS, OCS, Brian Tovin, PT, DPT, MMSc, SCS, ATC, FAAOMPT, Wendy Hurd, PT, PhD, SCS

Upper extremity injuries most often occur in tennis, swimming, softball, and gymnastics athletes. Female athletes may differ from male athletes in terms of biomechanical demands, posture, and training; all of these must be considered to optimize return to play in an injured athlete. Additionally, several risk factors have been identified that should be integrated into injury prevention programs for these athletes. This session will examine the incidence and prevalence of common shoulder, elbow, and wrist injuries in female athletes, and the clinical presentation and differential diagnosis of these conditions. Physical therapists will learn about the biomechanical demands of tennis, swimming and diving, softball, and gymnastics, as well as an evidence-based approach to rehabilitation for each sport. Return-to-play criteria and integration of interval sports programs will be included for each approach to rehabilitation for each sport. Return-to-play criteria and integration of interval sports programs will be included for each sport. The attendee will gain a greater understanding of the specific considerations for the female athlete who has sustained an upper extremity injury.

Multiple Level

GOLF: GETTING BACK IN THE SWING, FOCUSING ON THE LOWER QUARTER
8:00 am–10:00 am M–Platinum Blrm 6 SP-1A-5568
Speakers: Audrey L. Millar, PT, PhD, Judy Foxworth, PT, PhD, OCS, Michael Way, PT, DPT, SCS, LAT, ATC

The presenters will address the science and clinical practice related to the sport of golf, focusing on older adults and lower quarter dysfunctions. They will address the underlying demographics and epidemiology of golf injuries in the US, especially among older adults, which represent the largest percentage of recreational golfers. In addition, they will discuss the epidemiology of individuals returning to golf following injury or lower quarter surgeries. They will analyze the biomechanics of the lower quarter during the golf swing, relating it to injury risk and implications for rehabilitation following injury or surgeries of the lower quarter. There is limited research to guide clinicians regarding treatment of individuals who wish to return to golf after lower quarter injury or orthopedic surgeries. This session will examine the available evidence and biomechanical principles, to help participants effectively develop rehabilitation strategies for returning to golf.

Intermediate

OPERATIVE TECHNIQUES AND REHAB OF THE PROFESSIONAL BASEBALL PLAYER AFTER TOMMY JOHN SURGERY
8:00 am–10:00 am M–Marquis Blrm Northeast SP-1A-6092
Speakers: Drew T. Jenk, PT, DPT, Kevin Wilk, PT, DPT, Susan Falsone, PT, MS, SCS, COMT, CSCS, ATC, Orr Limpisvast, MD

This session will provide in-depth knowledge regarding operative techniques, immediate postop rehab, and sport-specific return to professional baseball after ulnar collateral ligament (UCL) reconstruction, or Tommy John surgery. Presenters will provide insight into the most current surgical techniques and UCL rehab principles, and the best sport-specific rehab guidelines for the professional baseball player.

Intermediate

HIP PAIN BEYOND FEMOROACETABULAR IMPINGEMENT AND LABRAL TEARS
11:00 am–1:00 pm M–Platinum Blrm 6 SP-1B-2215
Speakers: Benjamin R. Kivlan, PT, OCS, SCS, CSCS, RobRoy L. Martin, PT, PhD, Hal D. Martin, DO

This session will explore nonarthritic sources of hip pain beyond femoroacetabular impingement and labral tears. Presenters will explore pathoanatomic and biomechanical mechanisms of extra-articular impingement syndromes, peritrochanteric hip pain, and nerve entrapments, and will review current evidence to offer the best management practices for physical examination and functional testing of the hip region. They also will review evidence for conservative and surgical management of hip-related pathology to help establish evidence-based treatment guidelines considering both short- and long-term health of patients with hip pain.

Advanced

RECOVERY CONSIDERATIONS IN ATHLETIC INJURY: PROMOTING DURABILITY AND INJURY PREVENTION
11:00 am–1:00 pm M–Platinum Blrm 9 SP-18-9858
Speakers: Ellen Shanley, PT, PhD, Todd Ellenbecker, PT, DPT, SCS, OCS, Charles A. Thigpen, PT, PhD, ATC, J. Craig Garrison, PT, PhD, SCS, ATC, Lane B. Bailey, PT, DPT, PhD, CSCS

Sports physical therapists treat impairments to allow athletes to return from musculoskeletal injuries to their sport. While this approach results in the desired effect of return to sport, it does not address the ability to prevent subsequent injury and the athlete’s long-term durability. Incomplete recovery decreases the body’s ability to function at its highest level and increases the risk of injury. Given the high rate of specialization and overtraining, failure to recover when integrating rehabilitation demands with training may limit the athlete’s ability for optimal return to sport. This session will discuss how to develop and execute prevention and rehabilitation plans while ensuring adequate recovery, phased progression of return to activity, and injury prevention during training. The speakers will discuss special considerations for the safe monitoring of youth athletes during sport, as well as step-wise progression back to full activity level and performance after injury.

Intermediate
EVIDENCE-BASED APPROACH FOR SELECTION AND APPLICATION OF STRENGTH AND NEUROMUSCULAR CONTROL EXERCISES FOR ACL REHABILITATION

11:00 am–1:00 pm M–Platinum Birm 4 SP-1B-7663
Speakers: Rafael F. Escamilla, PT, PhD, Kevin Wilk, PT, DPT, Kyle Yamashiro, PT, Toran D. MacLeod, PT, PhD, Alan Hirahara, MD

This session will present evidence for selecting and applying strength and neuromuscular control exercises for patients rehabilitating from lower extremity injury, with a special focus on anterior cruciate ligament (ACL) injury. Presenters will examine cruciate ligament loads and muscle activity among common lower extremity weight-bearing and nonweight-bearing exercises, and discuss the application of strengthening exercises and proprioception and neuromuscular control drills for the ACL patient. Other topics will include injury prevention strategies, neuromuscular control in the ACL-deficient athlete, the concept of “copers” versus “noncopers,” and specific functional drills to return an athlete back to sport.

Intermediate

PREHOSPITAL CARE OF AN ATHLETE WITH SUSPECTED CERVICAL SPINE INJURY

11:00 am–1:00 pm M–Platinum Birm 7 SP-1B-7372
Speakers: Mike Kordecki, PT, DPT, SCS, ATC, Danny D. Smith, PT, DHSc, OCS, SCS, ATC, Laura A. Schmitt, PT, DPT, OCS, SCS, ATC

In 1998, a group of more than 30 emergency medicine and sports medicine organizations, including the Sports Physical Therapy Section of APTA, gathered as the Inter-Association Task Force of the National Athletic Trainers’ Association to develop guidelines for the acute management of the spine-injured athlete. The resulting document, “Prehospital Care of the Spine-Injured Athlete,” has been the mainstay for on-the-field care of potential spine injuries. The field of medicine and the design of protective equipment have changed dramatically in the past 16 years, resulting in updating the recommendations that were established in 1998. The task force reconvened in January 2015 and an updated standard of care has been established based on current evidence reflected in these changes. Changing the original protocols was necessary to ensure that health care professionals provide the best prehospital care for athletes with suspected cervical spine injuries. This session will discuss the updated guidelines.

Intermediate

THE MANY FACES OF SPORTS PHYSICAL THERAPY

3:00 pm–5:00 pm M–Platinum Birm 9 SP-1C-6289
Speakers: Bryan Heiderscheit, PT, PhD, Jill Thein-Nissenbaum, PT, DSc, SCS, ATC, John L. Meyer, PT, DPT, OCS, FAFS, Scott T. Miller, PT, MS, SCS, CSCS, Carol Ferkovic Mack, PT, DPT, SCS, CSCS, Kevin McHorse, PT, SCS, Kevin Wilk, PT, DPT, Erin Barill, PT

Sports physical therapy is practiced in various settings. Many physical therapists would like to practice within this field, but they believe the opportunities are too limited or are unsure how to get involved. This session will enable participants to hear from sports PTs from varied backgrounds and settings, including international competition, professional sports, NCAA Division I athletics, academics, pediatrics, research, and private practice. Each therapist has his or her own background and path to the present and will provide insight into current and future opportunities in the field of sports physical therapy. Interaction with presenters and other Sports Physical Therapy Section members during and after the presentation will be available.

Basic

LET’S HEAR IT FOR THE GIRLS: CHALLENGES AND OPPORTUNITIES OF BUILDING THE YOUNG FEMALE ATHLETE

3:00 pm–5:00 pm M–Platinum Birm 6 SP-1C-2207
Joint Program: Women’s Health
Speakers: Julie Granger, PT, DPT, SCS, Amanda M. Blackmon, PT, DPT, OCS, CMTPT, Christin M. Zwolski, PT, DPT, OCS

Young female (child, preadolescent, and adolescent) athletes need special consideration by the physical therapist. From a young age, girls may struggle with return to exercise following injury. They may have physical, psychological, cognitive, or emotional developmental needs that require early intervention for prevention or rehabilitation. Evidence supports age-appropriate female-specific approaches to evaluation, management, and prevention of several conditions throughout a young female athlete’s development. This session connects theoretical constructs with clinical reasoning to address the biopsychosocial aspects of movement dysfunction specific to young female athletes. Topics will include development of central/core stability and gross and fine motor skills; consideration of a young female’s psychosocial, emotional, and cognitive developmental status and interaction with family members; age-appropriate and family-specific interviewing, education, and communication skills; developmental considerations to medical history factors including the Female Athlete Triad/Tetrad; and developmental considerations to age-appropriate injury prevention. Presenters will include demonstration and practice of skills, exercises, and discussion of interventions to restore optimal movement and function.

Multiple Level
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2016 CSM APTA Presentations

FULL EDUCATIONAL SESSION
Changing New Grad Perspectives: Creating Excitement to Work in Geriatrics
Dr. Heather Cronin
Todd Bzdewka
Dr. William Dieter

PLATFORM PRESENTATION
Vestibular Rehabilitation and Balance Training following Acoustic Neuroma Resection: A Case Study Report
Dr. Heather Thompson
Dr. William Dieter

POSTER
“From Paper to Practice: Implementation of Evidence Based Best Practice for Falls Prevention in the Older Adult”
Dr. Daniel Quirk
Dr. James Eng

POSTER
“Practical Applications of Skilled Maintenance Within a House Call Delivery Model”
Dr. Travis King

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Clockwise from top left: FOX clinicians Daniel Quirk, PT, DPT, GCS; Heather Cronin, PT, DPT, GCS; William Dieter, PT, DPT, GCS; Travis King, PT, DPT, GCS; Andrew Hamish, PT, DPT, GCS; Tatyana Mikhats, PT, DPT, GCS

Session handouts are available at www.apta.org/CSM. Use code CSM2016.
A CASE-BASED APPROACH TO EXAMINATION, EVALUATION, AND TREATMENT OF COMPLICATED SHOULDER DISORDERS
3:00 pm–5:00 pm M–Platinum Blrm 4 SP-1C-1532
Speakers: Rob Manske, PT, DPT, MEd, SCS, CSCS, ATC, George J. Davies, PT, DPT, SCS, CSCS, ATC, FAPTA, Todd S. Ellenbecker, PT, DPT, MS, SCS, OCS

In this session each presenter will introduce a complicated shoulder case for audience and panel discussion on clinical reasoning and rationales for suggested examination and intervention strategies. The presenter of each case will then provide scientific rationale for given examination and intervention techniques, demonstrating use of best available evidence.
Intermediate

WOMEN'S HEALTH

THE ROLE OF THE PT IN THE POSTPARTUM PATIENT WITH CHRONIC RESPIRATORY DISEASE
8:00 am–10:00 am ACC–203 A WH-1A-9166
Speakers: Carrie J. Pagliano, PT, DPT, OCS, WCS, MTC, Karen von Berg, PT, DPT, Joanna Conroy, MS, RD, LD, CDE

Patients living with cystic fibrosis, bronchiectasis, asthma, or other types of chronic obstructive pulmonary disease who choose to have children experience changes to the musculoskeletal system as a result of their disease that are further complicated by pregnancy. Postpartum patients with chronic respiratory disease have additional difficulty controlling intra-abdominal pressure due to their disease status, combined with additional postpartum challenges to the musculoskeletal system. Typical musculoskeletal physical therapy for patients with chronic respiratory disease addresses posture, mobility, and exercise prescription. This treatment model needs to be expanded to address the additional needs of the postpartum patient with chronic respiratory disease. Attendees will learn about general aspects of common chronic respiratory diseases, including respiratory status, postural and musculoskeletal changes, continence status, nutrition challenges, and exercise prescription. Participants will learn how to evaluate a patient for musculoskeletal dysfunction related to postpartum and respiratory status, as well as develop an appropriate treatment plan and potential referral list.
Intermediate

THE WHEN, WHAT, WHO, AND HOW OF PAIN SCIENCE IN CLINICAL PRACTICE
8:00 am–10:00 am ACC–204 B WH-1A-7744
Speaker: Adriaan Louw, PT, PhD

According to research, pain neuroscience education helps decrease pain, disability, pain catastrophization, and movement limitations. However, there remains a huge disconnect with many clinicians who aren’t sure how to deliver pain neuroscience education. This session aims to help attendees implement pain neuroscience education into everyday physical therapist practice in a variety of settings. The presenter’s clinical research team has conducted and published numerous studies examining the clinical aspects of pain neuroscience education: Who needs it? What should be taught? When is an optimal time? How should it be delivered? Additionally, the presentation will help attendees with real-life clinical issues, such as billing, time management, documentation, the place of exercise and hands-on treatment, and more. It’s time for a true clinical application course of pain neuroscience. Clinicians will learn simple, user-friendly metaphors, drawings, illustrations, and examples that powerfully affect a patient’s beliefs and attitudes regarding their pain.

MANAGEMENT OF UPPER EXTREMITY INJURIES IN THE FEMALE ATHLETE
8:00 am–10:00 am M–Platinum Blrm 4 SP-1A-8160
Joint Program: See Sports for more details

RUNNING: DYNAMIC TRUNK AND PELVIC CONTROL STRATEGIES FOR OPTIMAL PERFORMANCE
8:00 am–10:00 am ACC–Birm A OR-1A-3833
Joint Program: See Orthopaedics for more details

HOT FLASHES, LOW LIBIDO, AND BACK FAT: SINGING THE MENOPAUSE BLUES
11:00 am–1:00 pm ACC–203 A WH-1B-9169
Joint Program: Geriatrics
Speakers: Karen L. Litos, PT, MPT, WCS, Karen Snowden, PT, DPT

Natural or medically induced menopause can cause myriad symptoms impacting a woman’s quality of life. Physical therapists must be educated in promoting healthy aging of female consumers by implementing evidence-based strategies for optimizing movement and improving the human experience in accordance with APTA’s vision. This session is designed to educate physical therapists and physical therapist assistants on the latest evidence on how menopause impacts movement and function; current evidence-based practice standards in examination and treatment of the postmenopausal woman; and strategies for informing patients and the public in exercise guidelines to prevent adverse events related to menopause while empowering healthy aging.
Multiple Level
CONTINENCE, PELVIC ORGAN SUPPORT, BREATHING, AND LUMBOPELVIC CONTROL

11:00 am–1:00 pm  ACC–204 B  WH-1B-3516
Speaker: Paul W. Hodges, PhD

Pelvic floor muscle activity is essential for continence and pelvic organ support. However, these functions cannot be considered in isolation, as these muscles are also involved in breathing and lumbopelvic control; the mechanisms for control of continence and pelvic organ support are affected by intra-abdominal pressure and other elements of lumbopelvic control. It is impossible to consider any of these elements in isolation and comprehensive assessment and management of incontinence, pelvic organ support, and pelvic pain. There is physiological and epidemiological evidence to support this problem. This session will present the function and dysfunction of this integrated system in women and men, as well as introduce assessment and rehabilitation strategies to restore optimal integration of function.

Multiple Level

BASIC INTERVENTIONS FOR BLADDER CONTROL

3:00 pm–5:00 pm  ACC–212 A  GR-1C-4272
Joint Program: See Geriatrics for more details

LOW BACK PAIN AND PELVIC FLOOR DISORDERS: NEURAL MECHANISMS OF MUSCLE SYNERGIES

3:00 pm–5:00 pm  ACC–204 B  WH-1C-3175
Speakers: Skulpan Asavasopon, PT, PhD, OCS, FAAOMPT, Daniel J. Kirages, PT, DPT, OCS, FAAOMPT, Jason J. Kutch, PhD, Christopher Powers, PT, PhD, FAPTA

This session will highlight original research related to the neural mechanisms of abdominal muscle activation, relevant to patients with low back pain and pelvic floor disorders. The speakers will present evidence from functional magnetic resonance imaging, transcranial magnetic stimulation, and electromyographic data that tie in muscle synergies involving the trunk, pelvic floor, and gluteal muscles. Understanding the neural mechanisms of these muscle synergies may help clinicians better understand how specific muscle imbalances may be associated with low back pain or common pelvic floor disorders. The presenters will provide their clinical insight of how this evidence might be translated into clinical practice relevant to these 2 patient populations. This session will close with a compelling presentation that will provide a fresh perspective of how the “core” of the brain relates to these “core” muscles that are relevant to patients with low back pain and pelvic floor disorders.

Multiple Level

PREGNANCY AND PARENTING IN WOMEN WITH CHRONIC PHYSICAL DISABILITY

3:00 pm–5:00 pm  ACC–203 A  WH-1C-1270
Speakers: Amy Wagner, PT, DPT, Susan N. Smith, PT, DPT, PCS

Twenty-six million women in America have a chronic disability, with mobility impairments being the most frequently cited. Pregnancy and parenting among women with chronic disabilities is becoming increasingly common, but there is little information for clinicians specifically addressing this population. As advances in medical care continue to increase the survival of premature infants and infants with diagnoses such as neural tube deficits, more women with chronic physical disabilities such as cerebral palsy and spina bifida are reaching their reproductive years. These women face unique challenges including access to reproductive health care, decreased mobility, and obstacles in caring for their infants. Parenting is challenging in the best of circumstances. Adding mobility issues, chronic pain, and barriers to patient care results in unique challenges that are not well documented or understood. This session will introduce the PT to management of the prenatal and postpartum woman with a long-term physical disability.

Multiple Level

WHY EVERY PATIENT TREATED FOR CANCER SHOULD SEE A PELVIC FLOOR PHYSICAL THERAPIST

3:00 pm–5:00 pm  ACC–207 A  ON-1C-7954
Joint Program: See Oncology for more details

LET’S HEAR IT FOR THE GIRLS: CHALLENGES AND OPPORTUNITIES OF BUILDING THE YOUNG FEMALE ATHLETE

3:00 pm–5:00 pm  M–Platinum Blrm 6  SP-1C-2207
Joint Program: See Sports for more details
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54 APTA Combined Sections Meeting 2016
SESSION CODES

CSM 2016 employs a session code system to better track the educational sessions offered in Anaheim. Each session will be identified by a 2-letter section abbreviation, followed by a number indicating the day of the session, a letter indicating the time, and a 4-digit code unique to that session. A guide to the codes can be found on page 3.

*Location abbreviations: ACC = Anaheim Convention Center; M = Anaheim Marriott; H = Hilton Anaheim.

ACUTE CARE

CLINICAL PRACTICE GUIDELINES: TOOLS FOR ADVOCATING AND ACHIEVING CHANGE IN YOUR CLINICAL PRACTICE
8:00 am–10:00 am  ACC–304 AB  AC-2A-9755
Speakers: James M. Smith, PT, DPT, Alan C. Lee, PT, DPT, PhD, CWS, GCS, Jacqueline Coffey Scott, MLS, Patricia J. Ohtake, PT, PhD
Clinical practice guidelines (CPGs) are evidence-based recommendations designed to optimize patient care. When coupled with clinical judgment and consideration for the patient’s goals, the use of CPGs reduces practice variation and improves achievement of patient-centered health outcomes. Despite the growing availability of CPGs, there is suboptimal use of the recommendations in CPGs in clinical practice. Physical therapists will learn about clinical practice guidelines and develop strategies for incorporating CPG recommendations into managing acute care patients. Participants will learn how to access CPGs, interpret recommendations, integrate those recommendations into patient care strategies, use CPGs to promote interprofessional coordination and collaboration, and utilize CPGs to advocate for optimal services by other members of the health care system.

Multiple Level

BRAIN TUMOR REHABILITATION IN ADULTS: ACROSS THE CONTINUUM OF CARE
8:00 am–10:00 am  ACC–201 A  ON-2A-2406
Joint Program: See Oncology for more details

FUNCTIONAL RECONCILIATION: IMPLEMENTING OUTCOMES ACROSS THE CONTINUUM
11:00 am–1:00 pm  ACC–Blrm E  AC-2B-0938
Speakers: Michael Friedman, PT, MBA, Kelly Daley, PT, MBA, Anita Bemis-Dougherty, PT, DPT, MAS, Suzanne Havrilla, PT, DPT, GCS, COS-C, Mark Shepherd, PT, DPT, OCS, FAAOMPT, Alan Jette, PT, PhD
Health care reform has reinforced the need to maximize value by targeting interventions, eliminating preventable harms, and increasing the utilization of surveillance models to promote health status. Functional status is a key indicator of overall health. Individuals experiencing declines in functional status are more vulnerable to medical complications and resulting declines in health. A key element to increasing the awareness of functional decline and appropriately intervening is frequently evaluating and documenting a practical functional assessment among disciplines and utilizing this scale to achieve “functional reconciliation.” This session will detail Johns Hopkins Medicine’s pragmatic approach to achieving functional reconciliation, which highlights the importance of interdisciplinary functional assessment in an era of accountable care. The speakers also will focus on the population health and the drive for clinical and financial outcomes within the hospital system through postacute care and into the ambulatory environment.

Intermediate
ACUTE CARE PRODUCTIVITY MEASUREMENT: “WHAT ABOUT THE PATIENT?” THE TIME HAS COME TO SHIFT TO A VALUE-BASED MEASUREMENT SYSTEM

11:00 am–1:00 pm  ACC–304 C  AC-2B-3677

Speakers: James Dunleavy, PT, DPT, MS, Brian McDonnell, PT, DPT, GCS, Shannon M. Carthas, PT, DPT

Acute care practice productivity measurement tools have not changed since before the advent of diagnostic-related groups and episodic payments. These tools, created by nonclinicians, do not take into account that not all acute care rehabilitation services generate revenue and may include much more than just CPT code defined interventions. Unreasonable and non-evidence-based benchmarks are causing ethical dilemmas and friction between the physical therapy profession and hospital administrations. The Acute Care Section empanelled a task force to look at what is necessary to change these traditional paradigms and move the profession to a value-driven measurement system. This presentation will share the result of the work of the Task Force and the results of the membership survey taken last year and its impact on the task force’s work and direction. The speakers will discuss the Acute Care Section Position Statement on Value/ Productivity and new definitions for severity, intervention, goals, prognosis, and others that more clearly define the acute care physical therapy practice. Attendees will learn about a framework for developing a measurement tool that incorporates the cost of providing care, the patient’s severity, the intensity of our interventions, and the measurement tools we currently use to determine patient outcomes.

Basic

AN INTERDISCIPLINARY APPROACH TO THE TREATMENT OF PEDIATRIC CHRONIC PAIN

11:00 am–1:00 pm  H–California Blrm B  PD-2B-7399

Joint Program: See Pediatrics for more details

BUNDLED PAYMENT IMPLEMENTATION FOR PRIMARY TOTAL JOINT PATIENTS

3:00 pm–5:00 pm  H–Pacific Blrm D  HP-2C-8294

Joint Program: See Health Policy for more details

FROM BED TO CHAIR IN THE ICU: EVIDENCE-BASED GUIDELINES FOR UPRIGHT SITTING FOR PATIENTS WHO ARE CRITICALLY ILL

3:00 pm–5:00 pm  ACC–Birm E  AC-2C-3853

Speakers: Fred Carey, PT, PhD, Sunflower Chirieleison, PT, MPT

Once mobilized, how long should a critically ill patient sit up in a chair? This question arose from practices observed at a Level 1 trauma center that has long had a culture supporting early mobility of critically ill patients. There was a potential downside to this enthusiasm for early mobility—once up and mobilized, patients were often left in a chair for very long periods of time. These patients were frequently too medically compromised to actively reposition themselves or even sense the need for repositioning. This session will emphasize the importance of evaluating the critically ill patient, taking into consideration any comorbidities in determining how appropriate it is to place such an individual in a seated position. Attendees will learn how to implement an appropriate sitting protocol and progression for a patient in a critical care setting by using an algorithm that takes into consideration the patient’s diagnosis and Braden scale score. Evidence supporting the use of specialty seating equipment also will be presented. Therapists and other members of the care team need to recognize that, once up to a chair, a patient still requires skilled intervention to maximize the benefits and minimize the risks of early mobilization.

Intermediate

COMBINING INITIATIVES: FALLS, EARLY MOBILITY, AND SAFE PATIENT HANDLING, OH MY!

3:00 pm–5:00 pm  ACC–304 C  AC-2C-0635

Speakers: Jennifer McIlvaine, PT, MSPT, Margaret Arnold, PT, CEES, CSPHP

Physical therapists and other health care professionals in acute care hospitals face multiple, concurrent initiatives aimed at improving the care and safety of patients. Numerous single-focus initiatives, however, can lead to staff indifference and poor compliance. Fall and injury prevention programs are heavily emphasized within hospitals for compliance with CMS guidelines to reduce hospital-acquired conditions. There is also evidence supporting the benefits of early and progressive mobility programs in the early stages of hospitalization. Additionally, safe patient handling programs are gaining momentum for their ability to decrease injuries. This session will explore how one large, university-based health system created a comprehensive program for acute care patients across all disciplines. The speakers will address patient mobility assessment, documentation via electronic medical records, determining the plan of care, and patient education. This session will also include video case studies of acute care PT treatments during early progressive mobility with safe patient handling equipment.

Multiple Level
I HAVE A GREAT IDEA! ACUTE CARE RESEARCH FROM PLANNING TO PUBLICATION
3:00 pm–5:00 pm    ACC–204 A    AC-2C-7173
Speakers: Beth A. Smith, PT, DPT, PhD, Barbara K. Smith, PT, PhD

The goal of this session is for participants to understand the feasibility of conducting a research study and how to move forward with next steps. The presenters will describe the process of planning and designing a study, including forming an appropriate research question, design, and considerations for selecting a sample size. Attendees will learn how to identify and obtain any necessary approvals from an institutional review board prior to collecting data, as well as the different processes for presenting a research abstract versus publishing a manuscript. This session will provide basic guidance on conducting a research study in acute care physical therapy, including research planning, design, data collection, and presenting and publishing your work. This session is aimed at acute care clinicians who are interested in research but do not have formal research training.

ACUTE CARE SECTION 6th ANNUAL LECTURE: SURVIVAL IS NOT ENOUGH
6:30 pm–8:30 pm    H–California Birm C    AC-2D-7974
Speaker: Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

The health care climate has changed considerably over the last several years and transformation has been forced upon the profession, regardless of our readiness to accept its consequences. An inward look into the state of acute care education and practice is in order to determine if we are appropriately positioned to bring forth and to demonstrate our value to all constituents. While our successes should be celebrated, our gaps must be identified and addressed. Pivotal decisions must occur so that our identity can be clearly articulated, priorities appropriately established, and worth be undeniably evidenced. If not, we risk exclusion from populations and settings that could significantly benefit from functional reconciliation by movement experts knowledgeable in the management of acute illness complicated by chronic disease.

Multiple Level    .1 CEU
AQUATIC PHYSICAL THERAPY

AQUATICS FOR THE PATIENT WITH LYMPHEDEMA
3:00 pm–5:00 pm  M–Grand Birm F  AQ-2C-1933
Joint Program: Women’s Health
Speaker: Lynette Jamison, OTR/L, MOT, CLT
This session will provide the therapist with information to develop and implement an aquatic treatment plan that will augment a full lymphedema management program. Participants will be provided with the evidence to support the use of an aquatic treatment plan for this patient population. This session will also cover treatment and after care protocols, including manual lymph drainage, aquatic exercise, and use of compression bandages and garments. The presenter will discuss anatomy, physiology, and some possible pathologies of the lymphatic system. The speaker also will describe specific exercises, case studies, and information regarding specific training for manual lymph drainage and purchasing compression products.

CARDIOVASCULAR AND PULMONARY

COLLABORATIVE CARE OF PEDIATRIC PULMONARY PATIENTS DURING HOSPITALIZATION
8:00 am–10:00 am  M–Grand Birm D  CP-2A-7802
Joint Program: Pediatrics
Speakers: Eryn Housinger, PT, DPT, Betty Morgan Sullivan, MS
As many as 30,000 children and adults live with cystic fibrosis (CF) in the United States. CF is a complex progressive disease that requires adherence to an intensive treatment regimen. Exercise and physical therapy intervention can improve patient quality of life, exercise tolerance, and lung function, and assist with slowing the disease’s process. This session will provide an example of programming to encourage improved quality of life and participation and motivation for completing treatment during an acute care admission. The speakers will discuss the role of physical therapy, including evaluation, treatment, and interventions, as well as the role of the child life specialist, including evaluations, interventions, and staff assistance. There will be a focus on coordination of care between these 2 services and how they assist the overall medical team.

LET’S TALK ABOUT SEX AND CARDIOVASCULAR DISEASE
11:00 am–1:00 pm  M–Grand Birm D  CP-2B-7153
Speakers: Sarah Haag, PT, DPT, WCS, Cert. MDT, RYT, Meghan Lahart, PT, DPT, CCS
Cardiovascular disease has been the leading cause of death in the United States for the last 80 years. Due to improved interventions, medications, and rehabilitation opportunities, people are living longer and more active lives in spite of cardiovascular disease. Sexual health and performance is an important aspect of quality of life and psychosocial health. The speakers will cover common sexual issues impacted by cardiovascular disease, activity restrictions, how to inquire about your patient's sexual health, and how to go about referring them to address this important issue.

OBSERVATION-INDUCED VASCULAR DYSFUNCTION: PATHOPHYSIOLOGY AND TREATMENT WITH EXERCISE
3:00 pm–5:00 pm  M–Grand Birm G  CP-2C-7433
Speaker: Abraham D. Lee, PhD
Seventy percent of US adults are either overweight or obese. Being overweight or obese is a risk factor for the development of insulin resistance, type 2 diabetes, myocardial and coronary artery diseases, hypertension, stroke, renal disease, and dyslipidemia. One common denominator underlying these abnormalities is vascular dysfunction induced by obesity. This session will explain how obesity causes vascular dysfunction and other abnormalities, such as insulin resistance and insulin action on hemodynamics and muscle metabolism, and how it can be improved with exercise training. The topics covered in this session include the structure and function of blood vessels, methods for assessing the vascular system, cellular mechanisms underlying vascular dysfunction, the role of insulin in regulating microcirculation and blood flow, nutritive and nonnutritive perfusion in skeletal muscle, and adaptive changes in blood vessels in response to exercise training.

NAVIGATING THE MAZE: CARDIOPULMONARY BILLING
3:00 pm–5:00 pm  M–Grand Birm D  CP-2C-8229
Speakers: Rebecca Crouch, PT, DPT, MS, CCS, FAACVPR, Ellen Hillegass, PT, PhD, CCS, FAPTA
This session will educate the physical therapy practitioner in the legal and recommended billing codes for treating cardiac and pulmonary patients for optimal reimbursement.

Multiple Level
CLINICAL ELECTROPHYSIOLOGY AND WOUND MANAGEMENT

TECHNOLOGICAL ADVANCES IN CLINICAL ELECTROMYOGRAPHY
8:00 am–10:00 am ACC–202 A CE-2A-8609
Joint Program: Orthopaedics
Speakers: Michael C. Lescallette, PT, DPT, ECS, John Lugo, PT, MS, ECS, Roger Nelson, PT, PhD, FAPTA, Waldemar Hogerwaard, Greg Ernst, PT, PhD, ECS, SCs, Rick McKibben, PT, DSc, ECS
This session will consist of six 15-minute presentations modeled after the TED Talk format. These presentations will show new ways to use and deploy technological advances to educate DPT students, new networks to increase market share, new techniques to increase productivity in performance of EMG/NCV studies, new advertisement techniques to gain new markets, and ergonomic advances in the performance of EMG/NCV studies.

Multiple Level

DIABETIC FOOT ULCERS: CLINICAL PRACTICE GUIDELINE UPDATE
11:00 am–1:00 pm ACC–202 A CE-2B-7983
Joint Program: Orthopaedics
Speakers: Deborah M. Wendland, PT, DPT, PhD, CPed, Beth Altenburger, PT, CWS, Cordell “Corky” Atkins, PT, DPT, CWS, CDE, CPed, Mark W. Cornwall, PT, PhD, FAPTA
Clinical practice guidelines (CPGs) provide valuable recommendations to support evidence-based practice. The Academy of Clinical Electrophysiology & Wound Management and the Orthopaedic Section are collaborating to developing a CPG to summarize the most current and highest level of physical therapy evidence as it relates to diabetic foot ulcer prevention, management, and maturational management. This session will describe the CPG development process, including the use of ADAPTE. The speakers will summarize the current status of this joint effort, including a presentation of the forthcoming clinical practice guidelines for diabetic foot ulcers. Finally, this session will include a discussion on implementing strategies for the CPG recommendations to help the clinician integrate these guidelines into clinical practice.

Multiple Level

3:00 pm–5:00 pm ACC–202 A CE-2C-6250
Speakers: Dana Dailey, PT, PhD, Carol G. Vance, PT, PhD
This session will present the findings of our analysis of over-the-counter TENS devices marketed to the public for pain management. We will present our data from evaluation of unit parameters, calibration, instructional manual, power source, electrodes, and pricing.

Intermediate

EDUCATION

PROFESSIONAL IDENTITY FORMATION, TRANSFORMATION, AND MATURATION
8:00 am–10:00 am ACC–209 B ED-2A-8042
Speakers: Laura L. Swisher, PT, PhD, MDiv, FAPTA, Bruce Greenfield, PT, PhD, Gail M. Jensen, PT, PhD, FAPTA
Professionalism is a key concept in physical therapist education and critical for interprofessional (IP) education. Preparation of graduates ready for interprofessional collaborative practice requires an expanded dialogue and understanding of professionalism from the perspective of professional maturation. IP professionalism points to the simultaneous development of dual identities as member of a profession and member of the collaborative health care team. Interprofessional professionalism modules often focus on instrumental concepts such as professional codes of ethics, professional behaviors or competencies, and professional roles. This session will provide a theoretical foundation for teaching professionalism and interprofessional professionalism that is grounded in professional moral identity and moral agency. The presenters will also discuss challenges and barriers to professional identify formation. Attendees will learn pedagogical strategies for facilitating formation and transformation of the evolving dual professional identity of interprofessional professionalism.

Multiple Level

GLOBAL HEALTH EXPERIENCES: WHO BENEFITS?
8:00 am–10:00 am H–Pacific Blrm B HP-2A-6197
Joint Program: See Health Policy for more details
Creating a culture of clinical excellence

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**SEE NO EVIL, HEAR NO EVIL, SPEAK NO EVIL: ETHICAL CHALLENGES IN ACADEMIA**

**11:00 am–1:00 pm**  
**ACC–210 A**  
**ED-2B-3121**  
**Speakers:** Nancy R. Kirsch, PT, DPT, PhD, Cathy Hinton, PT, PhD

This session will discuss the challenges for physical therapists to balance their multiple roles as educators, advisors, researchers, patient-client managers, and administrators. The presenters will show how the intersection between the academic institution and the clinical sites further compounds the challenges and may add legal issues to the mix, including “duty to report” requirements. Cases based on real situations will challenge participants to reach decisions that lead to moral potency and reduce ethical blindness to benefit students, faculty, clinical sites, and the profession. The APTA Code of Ethics and American Association of University Professors Statement of Professional Ethics will guide the discussion.

**Intermediate**

**BUILDING THE TEAM: ACADEMIC PROGRAM COLLABORATION TO FOSTER THE PT/PTA RELATIONSHIP**

**11:00 am–1:00 pm**  
**ACC–210 C**  
**ED-2B-8046**  
**Speakers:** Cindy Flom-Meland, PT, PhD, NCS, June Hanks, PT, DPT, PhD, CWS, CLT, Caroline Rogers, PT, DPT, GCS, Justin Berry, PT, DPT, MS

The physical therapist must understand responsibilities in delegation, supervision, and utilization of the physical therapist assistant for public safety. State practice acts vary in clarifying the scope of practice of the PTA, leading to ambiguity and inconsistency. CAPTE standards require physical therapy education programs to provide academic preparation and clinical opportunity for PT and PTA students to understand roles and responsibilities as members of the PT/PTA team. Academic programs should provide interactive experiences to facilitate development of the intraprofessional relationship prior to interaction in the clinical education environment. This session will feature results of a survey and provide specific examples of current collaborative learning models between PT and PTA academic programs designed to nurture effective intraprofessional relationships. The speakers will discuss the facilitators, barriers, and alternative models for collaborative experiences.

**Multiple Level**

**CHANGING NEW GRAD PERSPECTIVES: CREATING EXCITEMENT TO WORK IN GERIATRICS**

**11:00 am–1:00 pm**  
**ACC–212 A**  
**GE-2B-8547**  
**Joint Program:** See Geriatrics for more details

**PREPARING A SUCCESSFUL CSM SESSION: FROM PROPOSAL THROUGH PRESENTATION**

**11:00 am–1:00 pm**  
**ACC–210 D**  
**ED-2B-5677**  
**Joint Program:** Hand Rehabilitation, Health Policy  
**Speakers:** Alice Salzman, PT, EdD, James M. Elliott, PT, PhD, Aliya Chaudry, PT, JD, MBA

Do you have an idea for a session at CSM 2017, but aren’t sure how to turn it into an education session? Preparing a proposal for a presentation at CSM or another meeting can be a daunting task for novices. This session will discuss how to transform your idea into an education session, from writing the proposal through planning effective learning experiences and conducting the session. The speakers for this session have given presentations at past conferences, and they will walk you step by step through the process of creating a successful conference session.

**Intermediate**

**EDUCATING STUDENTS WITH PHYSICAL DISABILITIES: CHALLENGES AND SUCCESSES**

**11:00 am–1:00 pm**  
**ACC–209 B**  
**ED-2B-5416**  
**Speakers:** Mary Jane K. Rapport, PT, DPT, PhD, FAPTA, Jennifer W. Rodriguez, PT, MHS, Emily Townsend-Cobb, PT, DPT

Each year there are individuals with physical disabilities who pursue physical therapy as a career option. Some applicants who are well qualified academically apply for admission without disclosing their impairments and limitations. As a profession that supports participation and independence of all individuals, we can be challenged with difficult decisions around admission and the extent to which reasonable accommodations can be made in the educational process. This session will highlight one PT education program that admitted students with physical disabilities, sharing both reactive and proactive approaches. Presenters will provide examples of student success and dismissal related to determining and providing reasonable accommodations in the classroom and the clinic, including academic and clinical faculty perspectives. In addition, a recent graduate with a significant visual impairment will share her experience and reinforce the importance of self-determination as a component for success.

**Multiple Level**

**MIXED METHODS RESEARCH: ELEMENTS AND DESIGNS**

**11:00 am–1:00 pm**  
**ACC–205 B**  
**RE-2B-7659**  
**Joint Program:** See Research for more details

Session handouts are available at www.apta.org/CSM. Use code CSM2016.
MAKING RESEARCH FUNCTIONAL: HOW TO IGNITE UNDERSTANDING, UTILIZATION, AND INQUIRY OF RESEARCH METHODS
3:00 pm–5:00 pm  ACC–209 A  ED-2C-8847
Speakers: Harshavardhan Deoghare, PT, PhD, Denise Schilling, PT, PhD
Research methodology and statistics are some of the most anxiety-producing topics, and many learners consider the subject matter abstract and boring. Nevertheless, comprehension and retention of this knowledge is essential for lifelong evidence-based practice and participation in clinical research. In this session, complex concepts and research jargon will be simplified to help attendees explore and appreciate clinical and personal relevance of research. This session will also demonstrate fun, exciting, and engaging ways to teach important concepts in research methods and statistics that promote comprehension, retention, and clinical utilization. A variety of research-based methods and strategies will be discussed, and small-group activities will help participants create additional learning strategies.
Intermediate

PAULINE CERASOLI LECTURE: UNFLATTENING
3:00 pm–5:00 pm  ACC–210 A  ED-2C-1584
Speaker: Diane Jette, PT, DSc
This session will examine the trends in higher education and propose potential future effects on health professions education, particularly physical therapist education. Audience participants will be challenged to question tacit assumptions and open up to new ways of thinking about their role in educating future health professionals.
Multiple Level

GETTING YOUR FIRST ACADEMIC JOB: A GUIDE FOR STUDENTS, POSTDOCS, AND CLINICIANS
3:00 pm–5:00 pm  ACC–208 A  RE-2C-6701
Joint Program: See Research for more details

FEDERAL PHYSICAL THERAPY
VALIDATION OF THE ASSESSMENT OF MILITARY MULTITASKING PERFORMANCE FOR MILD TBI
8:00 am–10:00 am  M–Platinum Birm 9  FD-2A-5167
Speakers: Margaret M. Weightman, PT, PhD, Matthew R. Scherer, PT, PhD, NCS, Karen L. McCulloch, PT, PhD, NCS
Concussed service members often present with sensorimotor and cognitive deficits that disrupt optimal performance of warrior tasks. Postconcussive sequelae can be subtle, but sufficient to impede timely return to duty (RTD). Best practices for postconcussive screening rely heavily on symptom self-report and single-domain impairment metrics not validated against the functional demands of the warfighter. Validation of an end-user informed, performance-based assessment battery will enhance evidence-based RTD decision making. Led by investigators at Courage Kenny Research Center, a team of civilian and military rehabilitation scientists developed the Assessment of Military Multitask Performance (AMMP) to meet this need. This session will discuss the challenges and successes associated with dual-task and multitask measurement approaches in the AMMP. Components of the battery distinguish healthy control active duty participants from patients with persistent postconcussive deficits. The presenters will summarize the AMMP refinement process, the challenges of establishing reliable task metrics, and correlational findings that validate AMMP components.
Multiple Level

PHYSICAL THERAPISTS WORKING WITH TACTICAL ATHLETES: FIREFIGHTERS, LAW ENFORCEMENT, AND MILITARY PERSONNEL
8:00 am–10:00 am  M–Grand Birm E  SP-2A-7295
Joint Program: See Sports for more details

RESTORING FUNCTION FOLLOWING LIMB INJURY: MEDICAL MANAGEMENT, REHABILITATION, AND RESEARCH
11:00 am–1:00 pm  M–Grand Birm E  FD-2B-7763
Joint Program: Research
Speakers: Jason Wilken, PT, MPT, PhD, Johnny G. Owens, PT, MPT, Daniel J. Stinner, MD
Individuals who have experienced lower limb injuries as a result of military deployment or training often have difficulty returning to the level of function necessary to return to duty. This session will present a range of novel techniques and technologies that are currently being used at the Center for the Intrepid, a military advanced rehabilitation center, to speed the rate of recovery and maximize function for members of the military. This session also will provide an overview about how leading edge rehabilitative techniques are developed, tested, and assessed at the facility.
Intermediate
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<th>Event Title</th>
<th>Time</th>
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<th>Description</th>
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<tbody>
<tr>
<td><strong>FORMAL PT MENTORSHIP PROGRAM</strong></td>
<td>3:00 pm–5:00 pm</td>
<td>M–Grand Brrm E</td>
<td>FD-2C-8614</td>
<td>As a facility LEAD project, a formal mentorship program was created with the goals of improving orientation quality for new staff, supporting staff recruitment efforts, supporting new staff in learning the VA system, improving cross coverage abilities within a large physical therapy staff, and supporting current staff as they pursue professional growth opportunities. The program consisted of tracks designed for both employee recruitment as well as employee retention. Staff surveys were conducted pre- and post-implementation to assess success in meeting each of the objectives set forth at the beginning of the project. This session will review the evidence behind mentorship within the physical therapy profession, the process utilized to create a mentorship program, the program structure, and pre- and post-outcome data. Participants will take away a mentorship framework that can be applied to any rehab department within the Veteran Hospital Association (VHA).</td>
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<td><strong>ETHICS, DECISION-MAKING ABILITY, AND INTERVENTIONS FOR PATIENTS WITH ALZHEIMER DISEASE</strong></td>
<td>11:00 am–1:00 pm</td>
<td>ACC–303 B</td>
<td>GR-2B-2084</td>
<td>With the growing number of aging adults and the prevalence of dementia increasing with age (currently 13% in those over age 65 and 45% in those over the age of 85), various approaches to patient care will be necessary. The effects of Alzheimer disease and related dementias on cognition, function, and quality of life brings to the forefront the importance of ethical considerations in the care and treatment of this population. How decisions are made and how these decisions may change as the disease progresses pose many ethical issues that can affect the physical therapy plan of care. This session will review decision-making ability at the various diagnostic stages of Alzheimer disease, different health care practice settings and their impact on decision making, and select strategies for common ethical and treatment situations. Considerations related to health care interventions, research, and the future will also be discussed.</td>
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<td><strong>GERIATRICS</strong></td>
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<td><strong>DUAL-TASK INTERFERENCE: DEFINITION, MEASUREMENT, AND INTERVENTION</strong></td>
<td>8:00 am–10:00 am</td>
<td>H–Pacific Brrm A</td>
<td>NE-2A-8568</td>
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<td><strong>CHANGING NEW GRAD PERSPECTIVES: CREATING EXCITEMENT TO WORK IN GERIATRICS</strong></td>
<td>11:00 am–1:00 pm</td>
<td>ACC–212 A</td>
<td>GR-2B-8547</td>
<td>It is projected that by the year 2025 the number of individuals over the age of 65 will exceed those of pediatric age. The physical therapy profession must determine how to encourage entry-level clinicians to feel excited about treating the geriatric population. This presentation will review the number of physical therapist education programs that address geriatrics with a continuum approach versus a geriatric-specific course. Recommendations will be made for clinical instructors to positively influence the attitudes of students towards the geriatric population. The speakers will address common ageism misconceptions and ways to dispel these inaccurate portrayals of working with older adults with a focus on healthy aging. The presenters will also provide an overview of what the entry-level clinician is seeking upon graduation from scholarships, salary, setting, and mentoring.</td>
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<tr>
<td><strong>MOBILITY IN ADULTS AGING WITH A DISABILITY: MECHANISMS TO INTERVENTIONS</strong></td>
<td>3:00 pm–5:00 pm</td>
<td>ACC–212 A</td>
<td>GR-2C-8753</td>
<td>This session will present research related to mobility in adults who are aging with diseases that cause physical or cognitive disability with the goal of optimizing physical therapy interventions through an improved understanding of the mechanistic factors contributing to mobility disability and falls in these populations. Research examining neural substrates of walking as well as functional and neuroimaging markers of mobility disability will provide a foundation for understanding factors associated with declines in functional mobility and falls in adults aging with a disability. The speakers will present treatment strategies that address factors common across populations aging with a disability, as well as intervention approaches that are specifically optimized for a given population.</td>
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*Joint Program: See Neurology for more details*
EXAMINATION, EVALUATION, AND TREATMENT OF THE OLDER ATHLETE
3:00 pm–5:00 pm  ACC–303 B  GR-2C-3970
Joint Program: Sports
Speakers: Meri Goehring, PT, PhD, GCS, Jon Rose, PT, MS, SCS, ATC

The purpose of this presentation is to review the biomechanical properties of normal and healing aging tissues; to consider the physical therapist role in movement screening for athletic injury prevention; and to organize a systematic approach for the examination, evaluation and treatment of the injured older athlete. For the purpose of this session, the mature athlete is defined as an individual over the age of 40 who participates in sport at a competitive level.

Multiple Level

HAND REHABILITATION

AN ICF-BASED CLINICAL PRACTICE GUIDELINE FOR CARPAL TUNNEL SYNDROME
8:00 am–10:00 am  ACC–213 B  HR-2A-8382
Joint Program: Orthopaedics
Speakers: Caris K. Cleary, PT, DPT, CHT, Caroline W. Stegink-Jansen, PT, PhD, CHT, Marsha Lawrence, PT, CHT, Diane Coker, PT, DPT, CHT, Mia L. Erickson, PT, EdD, CHT, ATC

Controversies concerning examination and treatment still impact the lives of patients with carpal tunnel syndrome (CTS). Debates continue on etiology, epidemiological information of prevalence and incidence, causation, diagnosis, examination, and evidence-based treatment. The task force for the CTS clinical practice guideline development will shed some light on this provocative subject by sharing up-to-date results of their investigations. This session will use cases with a variety of differential diagnosis features, risk factors, and etiology as a starting point to select interventions and outcome measures for patients with CTS. Outcome measures and interventions will be recommended to serve as core measures for PT student education curricula.

Multiple Level

PREPARING A SUCCESSFUL CSM SESSION: FROM PROPOSAL THROUGH PRESENTATION
11:00 am–1:00 pm  ACC–210 D  ED-2B-5677
Joint Program: See Education for more details

AN ICF-BASED CLINICAL PRACTICE GUIDELINE FOR LATERAL EPICONDYLITIS
11:00 am–1:00 pm  ACC–213 B  HR-2B-8717
Joint Program: Orthopaedics
Speakers: Ann M. Lucado, PT, PhD, Jane Fedorczyk, PT, PhD, CHT, ATC, Joy C. MacDermid, PT, PhD, Joseph Godges, PT, DPT, MA, OCS

The International Classification of Functioning, Disability and Health (ICF) provides a hierarchical classification system and standard language to describe health in terms of body structure and function, activity, and participation in life situations. The ICF provides a useful framework to direct examination, treatment, and evaluation of conditions treated by physical therapists. The Hand Rehabilitation and the Orthopaedic sections are collaborating to develop evidence-based guidelines for examination and treatment of lateral elbow tendinopathy based on the ICF model and critical review of the available research. This session will summarize the status of this collaborative effort including presentation of upcoming clinical practice guidelines for lateral elbow tendinopathy. Attendees will learn strategies to integrate evidence-based practice guidelines into clinical practice.

Intermediate

AN ICF-BASED CLINICAL PRACTICE GUIDELINE FOR DISTAL RADIUS FRACTURE
3:00 pm–5:00 pm  ACC–213 B  HR-2C-3678
Joint Program: Orthopaedics
Speakers: Susan Michlovitz, PT, PhD, CHT, Chris Karagiannopoulos, PT, PhD, CHT, Saurabh P. Mehta, PT, PhD, Joy C. MacDermid, PT, PhD, Jerry Huang, MD

Distal radius fracture (DRF) is the most common upper extremity fracture and can result in alterations in body function, structure, activity, and participation. Discussion and controversy exists on the classification of patients following DRF and subsequent need for therapy interventions. This session will cover the evidence for examination, classification, prognosis, and interventions following DRF. The presenters will discuss levels of evidence for outcome measures and interventions and use case examples to illustrate points.

Multiple Level

Session handouts are available at www.apta.org/CSM. Use code CSM2016.
HEALTH POLICY AND ADMINISTRATION

IMPLEMENTING A PT/PTA TEAM MODEL IN A PT CLINIC: LESSONS LEARNED
8:00 am–10:00 am  H–Palos Verdes A  HP-2A-6293
Joint Program: Orthopaedics
Speakers: Raine Osborne, PT, DPT, OCS, FAAOMPT, Jaclyn Banker, PT, DPT, Jennifer Magill, PTA, LMT
Physical therapist assistants often play an important role in providing physical therapist services. However, experience suggests that the roles of the PT and PTA may not be well understood by clinicians practicing in an outpatient setting. This session will discuss the planning, implementation, and 1-year assessment of a PT/PTA team model in an outpatient orthopedic clinic. Key features of this model include a single schedule for the PT/PTA team, weekly case conferences between the PT and PTA to discuss patient progress and plans of care, and increased PTA participation in administering selected tests and measures. The presenters will discuss the many lessons learned while working through the challenges of implementing changes to practice patterns in a clinic with an existing PT/PTA team.

GLOBAL HEALTH EXPERIENCES: WHO BENEFITS?
8:00 am–10:00 am  H–Pacific Birm B  HP-2A-6197
Joint Program: Education
Speakers: Dawn M. Magnusson, PT, PhD, Michel Landry, PT, PhD, Jeff Hartman, PT, DPT, MPH, Cheryl Footer, PT, PhD, Nancy F. Mulligan, PT, DPT, OCS, Karen L. Sawyer, PT, DPT, MA
The increasing interest and engagement of physical therapists, physical therapy assistants, and students in global health experiences requires a set of guidelines for working in culturally diverse settings. More students are seeking global health content in their curricula and global health experiences in the United States and abroad. Faculty in physical therapy programs in the United States are working to provide such content and opportunities. Many clinicians are looking to share their expertise in resource-limited settings. This session will provide a framework for examining the ethical and logistical challenges associated with global health experiences and identifying meaningful outcomes for multiple stakeholders. Participants will also gain a core set of guidelines for promoting socially responsible global health experiences and ensuring benefit to all stakeholders.

EMERGING ISSUES IN MEDICARE AND HEALTH CARE REFORM, PART 1
8:00 am–10:00 am  H–Pacific Birm D  HP-2A-1117
Speaker: Roshunda Drummond-Dye, JD
Medicare laws, rules, and policies are constantly changing and vary depending on the settings in which PTs and PTA s practice. This session will present the latest developments related to fee schedule payments, the therapy cap, quality initiatives, prospective payment systems, program integrity, innovative payment models, implementation of health care reform provisions, and much more. The information provided will be valuable as you adapt your practice to ensure compliance with the changing regulations and laws.

EMERGING ISSUES IN MEDICARE AND HEALTH CARE REFORM, PART 2
11:00 am–1:00 pm  H–Pacific Birm D  HP-2B-1128
Speaker: Roshunda Drummond-Dye, JD
This session will explore the dramatic changes that come with implementing comprehensive health care reform legislation, quality initiatives, and numerous changes in statutes, rules, and policies. The presenters will discuss how these changes create many opportunities and challenges for physical therapists. This session will also include a discussion on some of the latest developments on quality, health reform, and much more.

START-UP AND PROVISION OF DIRECT ACCESS PT FOR WORKERS COMP INJURY
11:00 am–1:00 pm  H–Pacific Birm B  HP-2B-8475
Speakers: Heidi A. Ojha, PT, DPT, Kristin M. Fleming, PT, DPT, W. Geoffrey Wright, PhD
Direct access physical therapy services for workers compensation injuries have been provided in countries outside the United States for over a decade. Despite the increasingly advancing educational level of physical therapists within the United States, the workers compensation population has largely been managed by a physician gatekeeper model. Only 17 state practice acts permit physical therapists to treat patients with workers compensation injuries. Physical therapy services are typically not reimbursed by insurance carriers without a physician prescription. This session will describe the start-up process of a large study investigating outcomes of a physical therapy direct access program for patients with workers compensation injuries at Temple University. The speakers will explore evidence-based triage and clinical reasoning skills necessary to address patients' needs and maximize efficiency in a direct access physical therapy occupational health setting.

Multiple Level
**PREPARING A SUCCESSFUL CSM SESSION:**
*FROM PROPOSAL THROUGH PRESENTATION*

11:00 am–1:00 pm  ACC–210 D  ED-2B-5677  
**Joint Program:** See Education for more details

**CHIEF, SECTION, AND ASSEMBLY DELEGATES MEETING**

11:00 am–1:00 pm  H–Palos Verdes A  HP-2B-0757  
**Speakers:** Stuart Platt, PT, MSPT, Laurita Hack, PT, DPT, PhD, MBA, FAPTA, Susan R. Griffin, PT, DPT, MS, GCS  
This session is designed to improve the governance of the association.  
**Multiple Level**

**KEY TO SUCCESS: THE LAMP FRAMEWORK FOR PERFORMANCE MANAGEMENT**

3:00 pm–5:00 pm  H–Pacific Blrm B  HP-2C-2198  
**Speakers:** Peter R. Kovacek, PT, DPT, MSA, Jim A. Milani, PT, DPT, GCS  
This session will introduce a new framework, HPA LAMP, for managing personal and professional performance at all levels. The presenters will show how using this framework will increase the likelihood of successful attainment of goals for managers, clinicians, administrators, and supervisors in all settings.  
**Multiple Level**

**BUNDLED PAYMENT IMPLEMENTATION FOR PRIMARY TOTAL JOINT PATIENTS**

3:00 pm–5:00 pm  H–Pacific Blrm D  HP-2C-8294  
**Joint Program:** Acute Care  
**Speakers:** Karen J. Green, PT, DPT, Steven M. Pamer, PT, MPA, GCS, Douglas Newlon, PT, Gary Calabrese, PT, DPT  
Health care reform and the Affordable Care Act have introduced new opportunities to innovate models of care delivery. The ability to provide care that is quality-focused, patient-centered, and cost-effective has driven transformation of care models, including bundled payment opportunities. These care redesigns require health care providers to be flexible, creative, and focused on best practice as individuals and members of the interdisciplinary health care team. In this session, the presenters will demonstrate how a multidisciplinary bundled payment for care improvement (BPCI) initiative was implemented across the continuum of care in 1 regional hospital and expanded to 6 additional facilities in a large health care system. The presenters will outline factors that drove success and discuss lessons learned in the acute care, home care, and outpatient settings. Attendees will learn practical strategies for data collection, culture change, and implementation success.  
**Multiple Level**

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COMMUNITY-BASED HEALTH CENTER: WELLNESS AND PREVENTION
3:00 pm–5:00 pm   H–Palos Verdes A   HP-2C-5082
Speakers: Kenneth W. Kirby, PT, DPT, Cert. MDT, OCS, CSCS, Phil Heit, EdD, Tom Caldwell, PT, DPT, SCS, AT, Jodi L. Kuri, PT, MPT, Lori DeShetler, PT, MPT, Lauren E. Blake, RD, LDN, Thomas M. Best, MD, PhD, FACSM
The Ohio State University, in partnership with a local community and their governing leadership, recently opened the Philip Heit Center for Healthy New Albany. In contrast to the traditional doctor-driven medical model, this highly integrated model features physical therapists, nutritionists, physicians, and fitness specialists focused on the patient and takes a community-centered approach to improving health. Using state-of-the-art technologies together with primary care, integrative medicine, sports medicine, and physical therapist practices, the central theme of health and wellness rather than episodic and reactive care is practiced with the goal of becoming the “healthiest community in America.” This session will highlight both the approach and the early successes of this innovative model and its efforts to advance research and education on transformative public health goals around exercise, health coaching and behavior change, physical therapy, and the Healthy People 2020 initiative.

Multiple Level

HOME HEALTH

URINARY INCONTINENCE: MOVING FROM MANAGEMENT TO TREATMENT IN HOME HEALTH
8:00 am–10:00 am   ACC–204 C   HH-2A-5274
Speakers: Sarah Haag, PT, DPT, WCS, Cert. MDT, RYT, Sean Hagey, PTA
Urinary incontinence is an issue many think is a normal part of aging. In reality, urinary incontinence does have an impact on both client safety and quality of life. Studies also show that bladder issues can lead to increased falls, hospitalizations, and admission to nursing homes. However, it is often “managed” by nurses versus “treated” by physical therapists. Physical therapists are uniquely positioned to address urinary incontinence in their home health clients, though many physical therapists would not consider it within their scope of practice. This session will help physical therapists outside of the pelvic health world feel comfortable identifying and addressing urinary incontinence in their clients and implement and market these services.

Multiple Level

HOME HEALTH RESEARCH REVIEW
8:00 am–10:00 am   ACC–204 A   HH-2A-8324
Speakers: Matt Janes, PT, DPT, MHS, OCS, CSCS, Tracey L. Collins, PT, PhD, MBA, GCS, Mary T. Marchetti, PhD
The need to provide demonstrable evidence-based care for patients in the home health setting continues to grow, as lower cost alternatives and superior outcomes are being sought by payers, patients, and family members. The purpose of this session is to provide a review of selected home health relevant research published during the past year to afford an opportunity to disseminate and integrate into clinical practice. This session will also include key elements of interest for clinicians, administrators, and managers practicing in the home health setting.

Intermediate

EXAMINATION OF VISUAL AND VESTIBULAR FUNCTION IN THE HOME HEALTH SETTING
11:00 am–1:00 pm   ACC–204 C   HH-2B-5743
Speakers: Diane Wrisley, PT, PhD, NCS, Sharan Zirges, PT, MSHA
Visual and vestibular deficits are associated with many neurological disorders and with an increased risk of falls. Home health physical therapists often encounter these deficits. The presenters will provide an overview of visual and vestibular tests and screens for the home health clinician. The goal of this session is to provide tools that can be utilized in the home to identify vestibular and visual deficits, but also to recognize signs and symptoms requiring referral for more specific assessment.

Multiple Level

ADDRESSING THE RESEARCH-PRACTICE GAP IN HOME HEALTH CARE PRACTICE
11:00 am–1:00 pm   ACC–204 A   HH-2B-8333
Joint Program: Research
Speaker: Olaide Oluwole-Sangoseni, PT, DPT, PhD, MSc
Recent developments in the health care arena have renewed the emphasis on evidence-based practice among all health care practitioners as a means of ensuring delivery of high-quality and cost-effective care. Evidence-based practice dictates the integration of a clinician experience, patient values, and current evidence. Researchers have consistently emphasized that, in order to bridge the research practice chasm, the ability to decipher the relevance of research is paramount. This session will identify health care policy initiatives that promote evidence-based practice in home health. The presenters will use an interactive approach to enhance participants’ ability to decipher research and determine applicability to home care. Attendees will be guided on the use of a decision tree to formulate and answer clinical questions to ensure optimal outcomes in patient management.

Intermediate
EFFECTIVE CANCER REHABILITATION INTERVENTIONS FROM PREHABILITATION TO SURVIVORSHIP
3:00 pm–5:00 pm  ACC–201 A  ON-2C-8267
Joint Program: See Oncology for more details

NEUROLOGY

NCS BREAKFAST: WHAT THE WORLD NEEDS NOW ARE PRACTICE LEADERS (BY INVITATION ONLY)
6:45 am–8:00 am  H–Laguna A  NE-2D-0635
Speaker: Patricia L. Scheets, PT, DPT, MHS, NCS
Specialists are in a unique position of having a wealth of knowledge about best practices, but evidence shows that patients do not consistently receive care based on best available evidence. This session will focus on strategies for implementing evidence into practice and knowledge translation and how the specialist can infuse their knowledge within their practice setting, change practice patterns among clinicians, and influence the clinical practice for all patients. Note: A ticket is required for this session.

USING MOBILE DEVICES TO DOCUMENT OBJECTIVE CHANGE IN FUNCTION
8:00 am–10:00 am  ACC–304 C  NE-2A-6348
Speakers: Dennis W. Fell, PT, MD, James C. Wall, PhD
Physical therapists must be able to objectively measure and document changes in functional activities, including ambulation. Mobile devices can now easily capture and display high-definition video of functional skills. Hudl is a mobile app originally designed to allow users to film and analyze sport activities such as a tennis serve or golf swing. Participants will learn to use slow motion and stop-action video as an adjunct to the physical therapy functional exam. For clinical application, the speakers will show how this app could be used to collect data from the 4-Meter Walk Test, which is the mobility item selected as part of the NIH Toolbox. Video case studies will illustrate the capabilities of this app to analyze functional activities commonly assessed by physical therapists, such as walking, rising from sit to stand, or performing an exercise. Participants should bring their mobile device (and download the Hudl app ahead of time) to practice using the app, and share other ideas for use of Hudl in a variety of clinical settings/populations, including compliance with HIPAA.

BRAIN TUMOR REHABILITATION IN ADULTS: ACROSS THE CONTINUUM OF CARE
8:00 am–10:00 am  ACC–201 A  ON-2A-2406
Joint Program: See Oncology for more details

OPTIMIZING EXERCISE EFFECTS ON NEUROPLASTICITY TO PROMOTE MOTOR REHABILITATION
8:00 am–10:00 am  H–Pacific Blrm C  NE-2A-6246
Joint Program: Research
Speakers: Lara Boyd, PT, PhD, Cameron S. Mang, MSc
Stroke rehabilitation research has focused on developing strategies that facilitate neuroplasticity to maximize functional outcomes. Brain-derived neurotrophic factor (BDNF) has emerged as a key molecular signaling pathway mediating central nervous system plasticity. Thus, rehabilitation strategies that optimize BDNF effects on neuroplasticity may be especially effective for improving motor function post stroke. The purpose of this session is to describe the evidence linking aerobic exercise, BDNF, cortical plasticity, and motor learning in humans and to discuss potential strategies by which aerobic exercise, when paired with motor learning-based interventions, may improve motor rehabilitation outcomes post stroke.

Bone health post SCI: Current state of the knowledge and evidence for change following physical therapy interventions
8:00 am–10:00 am  H–California Blrm D  NE-2A-7658
Speakers: Therese E. Johnston, PT, PhD, MBA, Ashraf S. Gorgey, PT, MPT, PhD, FACSM, Gail F. Forrest, PhD, Richard K. Shields, PT, PhD, FAPTA
Bone declines rapidly following acute spinal cord injury (SCI) and then declines at a much slower rate after the first year. With chronic SCI, 52%–70% bone loss has been reported, due to multiple factors. Thus, individuals with SCI have an increased fracture risk. As various forms of mechanical stress may positively influence the skeletal system after SCI, physical therapy interventions have focused on the use of weight-bearing, electrical stimulation, or vibration. This session will focus on issues related to bone health after SCI, including mechanisms, measurement, and physical therapy interventions currently being used clinically or in research. The speakers will discuss the impact and timeliness of these types of interventions. The session will conclude with a panel discussion about recommended clinical approaches to improve bone health based on cases of people with SCI.

Session handouts are available at www.apta.org/CSM. Use code CSM2016.
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DUAL-TASK INTERFERENCE: DEFINITION, MEASUREMENT, AND INTERVENTION
8:00 am–10:00 am   H–Pacific Blrm A   NE-2A-8568
Joint Program: Geriatrics
Speakers: Tara L. McIsaac, PT, PhD, Lisa M. Muratori, PT, EdD, Nora E. Fritz, PT, DPT, PhD, NCS, Prudence Plummer, PT, PhD
This session will highlight current disparities in terminology related to description and measurement of dual-task performance, present a new dual-task taxonomy, discuss methods for measuring dual-task performance in clinical populations, and critically review current research in the area of training dual-task performance in neurologic populations. The presenters will address the importance of task choice, instructions, factors impacting the reliability and validity of measurement, and selection and progression of tasks to evaluate and improve dual-task performance. The session will conclude with an engaging exchange through a moderated discussion with a panel of experts in the field of dual-task interference. Attendees are encouraged to come with questions about dual-task performance and cognitive motor interference.
Multiple Level

CONCUSSION REHABILITATION IN PEDIATRICS: AN INTERDISCIPLINARY MODEL
8:00 am–10:00 am   H–California Blrm C   PD-2A-0118
Joint Program: See Pediatrics for more details

TRANSLATING THE SCIENCE OF BALANCE: QUANTIFYING SENSORY INTEGRATION
11:00 am–1:00 pm   H–Pacific Blrm A   NE-2B-7598
Speakers: Laurie A. King, PT, PhD, Geetanjali Dutta, PT, PhD, Leslie Allison, PT, PhD, Mike Studer, PT, MHS, NCS, CEEAA, CWT, CSST
Sensory integration is an integral part of balance control, and identification of specific deficits is critical in designing effective rehabilitation programs. However, sensory integration is not easily quantified in the clinic. The gold standard for testing sensory integration for balance is computerized dynamic posturography. Recent advances in portable inertial sensor technology have made it possible to quantify postural sway in a cost and time effective manner. This session will provide a scientific rationale highlighting the evidence and importance of measuring sensory integration in patients with balance deficits, provide an overview of existing tools for measuring sensory integration, and discuss how to interpret postural sway as a measure of balance control. The speakers will introduce and demonstrate the clinical test of sensory integration of balance and explore how to customize rehabilitation approaches based on the specific deficits in sensory integration.
Intermediate

DEVELOPMENT OF SEGMENTAL POSTURAL CONTROL IN CHILDREN, PART 2
11:00 am–1:00 pm   H–California Blrm A   PD-2B-8419
Joint Program: See Pediatrics for more details

ETHICS, DECISION-MAKING ABILITY, AND INTERVENTIONS FOR PATIENTS WITH ALZHEIMER DISEASE
11:00 am–1:00 pm   ACC–303 B   GR-2B-2084
Joint Program: See Geriatrics for more details

AN INTERDISCIPLINARY APPROACH TO THE TREATMENT OF PEDIATRIC CHRONIC PAIN
11:00 am–1:00 pm   H–California Blrm B   PD-2B-7399
Joint Program: See Pediatrics for more details

MANAGEMENT OF NEUROPATHY IN PERSONS WITH HIV OR CANCER
11:00 am–1:00 pm   ACC–201 A   ON-2B-7139
Joint Program: See Oncology for more details

RETURN TO RUNNING IN PATIENTS WITH ACQUIRED BRAIN INJURY
11:00 am–1:00 pm   H–Pacific Blrm C   NE-2B-7401
Speakers: Estelle Gallo, PT, DPT, NCS, Jaime P. Cepeda, PT, DPT, Michael D. Post, PT, DPT, CSCS, CKTP, Katie Ann Sheeran, PT, DPT
Running is a fundamental skill and one of our motor milestones. High-level mobility (HLM) is important for leisure, sporting, social, and work-related activities. Research showed that the ability to run short distances was a strong predictor of returning to work for young stroke survivor. However, this tends to be overlooked in the rehabilitation of those with acquired brain injury (ABI). This session will explain the running biomechanics in the healthy and ABI populations. The speakers will present how to examine and quantify HLM using the HiMAT and objective criteria to determine when a patient is ready to initiate training and will review the components of HLM intervention, highlighting specific impairments and skill acquisition required for running. A case study will illustrate the application of the recommendation in the clinic.
Basic
Spasticity and hypertonicity are well-recognized consequences of a central nervous system (CNS) injury that have been historically linked to deficits of voluntary movement. However, there is evidence suggesting these passive properties may have little impact on voluntary movement capability. Despite the lack of a causal relationship between the tone state and movement capability, clinicians continue to attribute an individual’s movement deviations to spasticity or hypertonicity. Through lecture and case presentations, this session will discuss more accurate and specific descriptions of the role CNS impairments play on the viscoelastic properties of muscle, as well as illuminate gaps in clinical decisions regarding this topic. The goal of this session is to clarify the relationship between spasticity hypertonicity, and a patient’s volitional movement capability.

**Multiple Level**

**IS THERE A ROLE FOR MANUAL THERAPY IN MY NEURO PATIENT? LUMBAR SPINE AND LOWER EXTREMITY IMPAIRMENTS IN PATIENTS WITH NEUROLOGICAL DISORDERS**

3:00 pm–5:00 pm  H–Pacific Blrm C  NE-2C-8570

**Speakers:** Jeevan J. Pandya, PT, MHS, OCS, COMT, FAAOMPT, Mary Beth Geiser, PT, DPT, OCS, FAAOMPT, Lindsay Conn, PT, DPT, NCS

The research demonstrates the effectiveness of manual therapy in the management of patients with orthopedic complications. However, there is a paucity of literature examining the impact of treating orthopedic impairments in patients with primary neurological disorders. More important, the role of manual therapy in the management of this patient population is rarely discussed or considered. The proposed effects of manual therapy have considerably changed over the past few years. Physical therapists treating patients with neurological disorders should be aware of the potential benefits of manual therapy for this patient population. The goal of this session is to provide evidence-based information relative to the most commonly used manual therapy techniques for lumbar spine and lower extremity impairments in patients with neurological disorders. The primary diagnoses covered during this presentation will be stroke and Parkinson disease.

**Multiple Level**

**WHAT IS BACKWARD DISEQUILIBRIUM AND HOW DO I TREAT IT?**

3:00 pm–5:00 pm  H–Pacific Blrm C  NE-2C-3844

**Speakers:** Patricia L. Scheets, PT, DPT, MHS, NCS, Beth E. Crowner, PT, DPT, NCS, MPPA, Jennifer S. Stith, PT, PhD, LCSW

Backward disequilibrium (BD) is a postural disorder observed in some older adults who have a distortion in their perception of postural vertical. Individuals with BD sustain their center of mass posterior to their base of support and resist center of mass alignment. BD has been likened to the contraversive pushing behavior in the frontal plane that is observed in some patients with hemiplegia. The incidence and prevalence of BD is not known. However, clinical experience suggests the prevalence is high among older adults receiving physical therapy at inpatient and home health settings. Published descriptions of appropriate interventions for patients with BD lack specificity, and the detail given is insufficient for the intervention to be replicated. Awareness of this clinical entity as a documented condition is lacking among physical therapists. The purposes of this session are to describe backward disequilibrium and suggest a physical therapy management program for these individuals.

**Multiple Level**

**MORE COMMON THAN YOU THINK: VESTIBULO-OCULAR AND VESTIBULOSPINAL DYSFUNCTION IN AGING AND NEURODEGENERATIVE DISEASE**

3:00 pm–5:00 pm  H–California Blrm D  NE-2C-9512

**Speakers:** Lee Dibble, PT, PhD, ATC, Courtney D. Hall, PT, PhD, Michael Schubert, PT, PhD

With age and impairment due to neurodegenerative processes, the nervous system expresses symptoms of dizziness and imbalance with a dramatic increase in fall risk. While the fall risk of older individuals is well known, the symptoms for patients with peripheral nervous system (PNS) pathology and central nervous system (CNS) degeneration are less well known and manifest as vestibulo-ocular and vestibulo-spinal impairment. Emerging research shows a clear dysfunction in vestibular physiology in these populations, which adversely affects gaze and postural control and increases fall risk. This session will discuss the pathophysiology of vestibular function in the context of aging and PNS/CNS damage, critical examination tools, and research-based recommendations to augment vestibular motor learning in these patient populations. The presenters will use case studies to illustrate characteristic deficits in vestibular function and guide clinical decision making regarding examination and treatment.

**Advanced**
ONCOLOGY

BRAIN TUMOR REHABILITATION IN ADULTS: ACROSS THE CONTINUUM OF CARE
8:00 am–10:00 am  ACC–201 A  ON-2A-2406
Joint Program: Acute Care, Neurology
Speakers: Meghan F. Moore, PT, DPT, Cynthia L. Barbe, PT, DPT, MS

Advances in medical and surgical treatment for patients with a brain tumor diagnosis are leading to an increased number of survivors, who may or may not exhibit neurological deficits requiring rehabilitation. This session will cover the most common types of brain tumors for adult patients, principles of grading and staging tumors, and medical interventions such as chemotherapy, radiation, and surgical methods. The speakers will examine rehabilitation implications across the continuum of care for adults, including appropriate outcome measures, special medical considerations, and specific interventions and specialty programs for each setting. Attendees will learn about physical therapy management across numerous settings, including acute care, inpatient rehabilitation, outpatient clinics, and community reintegration.

Multiple Level

DEVELOPMENTAL DELAY IN THE INFANT CANCER PATIENT AND THE ROLE OF PHYSICAL THERAPY
8:00 am–10:00 am  ACC–207 A  ON-2A-8615
Joint Program: Pediatrics
Speaker: Regine L. Souverain, PT, DPT, PCS

Infants diagnosed with cancer can demonstrate developmental delay not only as a result of side effects of medical treatments, but also due to the significant change in environment, infections, prolonged hospitalization, and complications during the active phase of treatment. They may also exhibit regression of previously learned skills during this time. These deficits can continue to negatively impact their physical function and quality of life as they grow, enter school, and participate in age-appropriate play and leisure activities. This session will explore the various causes of developmental delay in very young pediatric patients, how this delay affects function after treatment is complete, and the role of physical therapy both during and after medical treatment. It will explore the importance of parent education, a multidisciplinary treatment approach, and the necessity of rehabilitation.

Multiple Level

MANAGEMENT OF NEUROPATHY IN PERSONS WITH HIV OR CANCER
11:00 am–1:00 pm  ACC–201 A  ON-2B-7139
Joint Program: Neurology
Speakers: David M. Kietrys, PT, PhD, OCS, Mary Lou Galantino, PT, PhD, Elizabeth Hile, PT, PhD, NCS, CLT, Roberto Sandoval, PT, PhD

Distal sensory polyneuropathy (DSP) is a common complication of HIV disease. In addition, certain chemotherapy drugs used in cancer treatment have been implicated as a causative factor of DSP. The pathophysiology of DSP across these 2 conditions has both commonalities and differences, yet most people living with DSP experience burning pain, numbness, and/or paraesthesia in a stocking and/or glove distribution. DSP is known to adversely affect quality of life and function, but has been considered a progressive disease with limited and ineffective treatment options. However, recent evidence suggests that physical therapists can play a key role in mitigating or controlling symptoms of DSP and its effects on quality of life and function. This session will explore the pathophysiology of DSP in the context of HIV disease and cancer. Attendees will learn about the current evidence on best practice in the management of individuals with DSP relative to HIV disease and chemotherapy.

Multiple Level

DIAGNOSIS AND ASSESSMENT OF UPPER QUADRANT SECONDARY LYMPHEDEMA AND LYMPHEDEMA SIG MEETING
11:00 am–1:00 pm  ACC–207 A  ON-2B-8214
Speakers: Laura Gilchrist, PT, PhD, Claire C. Davies, PT, PhD, CLT-LANA, Kimberly Levenhagen, PT, DPT, WCC, Marisa Perdomo, PT, DPT, CLT-Foldi, Kathryn Ryans, PT, DPT, CLT-LANA

There is a plethora of assessments and interventions available for treatment of upper quadrant secondary lymphedema, with a high level of variation in diagnostic approach, assessment, and intervention protocols. The wide variability in practice, with little guidance from our professional organization, is often confusing to both clinicians and individuals who develop upper quadrant secondary lymphedema. Thus, the Oncology Section of APTA formed a work group to review the literature around diagnosis, assessment, and management of upper quadrant lymphedema secondary to cancer treatment with the purpose of formulating evidence-based recommendations that would guide clinical practice. In this presentation, the work group will report on their findings in diagnosis and assessment of upper quadrant secondary lymphedema.

Intermediate
Friday, February 19

BEYOND RICE: EDEMA MANAGEMENT FOR THE ORTHO/SPORTS PT
3:00 pm–5:00 pm  ACC–Birm C  OR-2C-8398
Joint Program: See Orthopaedics for more details

EFFECTIVE CANCER REHABILITATION INTERVENTIONS FROM PREHABILITATION TO SURVIVORSHIP
3:00 pm–5:00 pm  ACC–201 A  ON-2C-8267
Joint Program: Home Health
Speaker: Emil Berengut, PT, DPT, MSW, OCS
This presentation will explore the emerging area of cancer prehabilitation, discuss the latest advances in rehabilitation during active treatment, and examine the new paradigm of rehabilitation in survivorship as a treatment and a risk reduction strategy. With recent advances in cancer treatment, the number of survivors has continued to increase and, in many cases, it is considered a chronic illness, rather than a terminal one. New evidence has demonstrated that it’s possible to mitigate some of the deleterious effects of cancer treatment through prehabilitation. During active treatment many patients have to cope with multi-systemic impairments, including pain, chemotherapy-induced peripheral neuropathy, impaired balance, muscle weakness, and deconditioning, which affect their ability to safely ambulate, access their homes, and use transportation. In survivorship, the challenge for rehabilitation professionals is to help patients return to full function and possibly to reduce the risk of recurrence. The speakers will review aspects of evidence-based interventions with patients from initial diagnosis through survivorship.
Intermediate

ORTHOPAEDICS

MIRROR, MIRROR, IN MY BRAIN: GRADED MOTOR IMAGERY TO IMPROVE CLINICAL OUTCOMES
8:00 am–10:00 am  ACC–Birm C  OR-2A-8805
Speakers: Stephen G. Schmidt, PT, MPhys, OCS, FAAOMPT, Robert Johnson, PT, DPT, OCS
Every clinician knows the frustration of managing patients with complex and persistent pain states. From complex regional pain syndrome (CRPS) to phantom limb to poststroke pain, evidence for use of graded motor imagery (GMI) has been building. However, aspects of GMI may also be very complementary to more frequently encountered clinical problems: the persistent limp beyond expected healing time, ongoing problems with motor control, complaints of persistent stiffness but normal range of motion, and “simple” pains which have proved not so simple to treat. This session will introduce participants to pain in a neuromatrix framework, cortical reorganization, and bioplasticity in a way that is easily understood. Attendees will learn how to apply components and basic tools of GMI in clinical settings.
Basic

AN ICF-BASED CLINICAL PRACTICE GUIDELINE FOR CARPAL TUNNEL SYNDROME
8:00 am–10:00 am  ACC–213 B  HR-2A-8382
Joint Program: See Hand Rehabilitation for more details

FOOT & ANKLE SIG PROGRAM—THE NEGLECTED MIDFOOT: NEW RESEARCH GUIDING CLINICAL EXAMINATION AND INTERVENTION
8:00 am–10:00 am  ACC–Birm E  OR-2A-8225
Speakers: Frank E. DiLiberto, PT, PhD, OCS, FAAOMPT, Mary Hastings, PT, DPT, MSCI, ATC, Smita Rao, PT, PhD, Christopher Neville, PT, PhD, Ruth Chimenti, PT, DPT, PhD
Proper midfoot function is essential for transforming the foot from a shock absorber to a stable structure during gait. Yet knowledge beyond this essential characteristic or the mechanisms underpinning midfoot function can be mysterious to the clinician. Advances in technology have fostered an explosion of multisegment foot modeling approaches, which have generated new knowledge about dynamic midfoot function. This new information has ramifications for how physical therapists should evaluate and treat pathologies that directly or indirectly affect the midfoot. This session will provide an update on the latest research on diabetes mellitus, midfoot arthritis, posterior tibial tendon dysfunction, and Achilles tendinopathy. Attendees will learn about the interdependence of midfoot function and pathophysiological alterations in osseous integrity, non-contractile tissues, and intrinsic and extrinsic muscle performance. The speakers will interpret the current research and offer clinical recommendations for patients with foot and ankle pathology.
Intermediate

IMPLEMENTING A PT/PTA TEAM MODEL IN A PT CLINIC: LESSONS LEARNED
8:00 am–10:00 am  H–Palos Verdes A  HP-2A-6293
Joint Program: See Health Policy for more details
**ROTATOR CUFF DISEASE: EVIDENCE AND CLINICAL EXPERTISE FOR THE DIAGNOSIS AND TREATMENT OF EXERCISE AND MANUAL THERAPY**

8:00 am–10:00 am  
ACC–Blrm A  
OR-2A-4169

**Speakers:**  
Lori A. Michener, PT, PhD, ATC, SCS, FAPTA, Ann Cools, PT, PhD, Josh Cleland, PT, PhD, OCS, FAAOMPT

Studies indicate that therapeutic exercise, with or without the addition of manual therapy, can be successful in the treatment of rotator cuff disease. The diagnosis of rotator cuff disease can include the spectrum from tendinopathy, partial thickness, to chronic full-thickness tears. This session will present clinical tests to confirm or exclude rotator cuff disease and associated subacromial pain syndrome. The speakers will discuss the Staged Approach for Rehabilitation Classification for shoulder disorders (STAR-Shoulder) and recent evidence for exercise selection and dosage. The evidence for the addition of manipulation—delivered to the spine and/or shoulder—is controversial. Attendees will learn about the mechanisms, outcomes, and selection of spinal and peripheral manipulation techniques for shoulder pain. The presenters will offer the most current evidence and their clinical expertise on the mechanisms, diagnosis, exercise and manual therapy selection, and outcomes of these treatment techniques for patients with rotator cuff disease.

**Multiple Level**

**AN ICF-BASED CLINICAL PRACTICE GUIDELINE FOR LATERAL EPICONDYLITIS**

11:00 am–1:00 pm  
ACC–213 B  
HR-2B-8717

**Joint Program:** See Hand Rehabilitation for more details

**BREATHING AND ORTHOPEDICS: MORE LINKED THAN YOU THINK!**

11:00 am–1:00 pm  
ACC–Blrm C  
OR-2B-4337

**Speakers:**  
Marlon L. Wong, PT, DPT, OCS, Lawrence P. Cahalin, PT, PhD, CCS, Mary Massery, PT, DPT, DSc

The respiratory system is often overlooked as a contributing factor of movement dysfunction in the orthopedic setting. However, there is a significant body of evidence linking breathing pattern disorders and deficient strength and endurance of the respiratory muscles with spinal pain and movement dysfunction. The speakers will summarize this growing body of literature and use their active research to describe the histological, biochemical, neuromuscular, and biomechanical rationale for assessing and treating the respiratory system in patients with orthopedic conditions.

**Intermediate**

**THE EFFECTS OF FATIGUE ON FUNCTION AND PATHOLOGY: A CROSS-DISCIPLINARY VIEW**

11:00 am–1:00 pm  
ACC–206 A  
RE-2B-8006

**Joint Program:** See Research for more details

**DIABETIC FOOT ULCERS: CLINICAL PRACTICE GUIDELINE UPDATE**

11:00 am–1:00 pm  
ACC–202 A  
CE-2B-7983

**Joint Program:** See Clinical Electrophysiology for more details

**WORDS MEAN THINGS: HOW LANGUAGE IMPACTS CLINICAL RESULTS**

11:00 am–1:00 pm  
ACC–304 A  
OR-2B-8304

**Speakers:**  
Kevin Lulofs-MacPherson, PT, DPT, OCS, FAAOMPT, Mark Bishop, PT, PhD, Timothy W. Flynn, PT, PhD, OCS, FAAOMPT, Laurence N. Benz, PT, DPT, OCS, MBA

The science of physical therapy often focuses intently on the “procedures” or “interventions” performed by physical therapists and less on the manner in which they are applied. The purpose of this session is to highlight how the communication we use, verbal and nonverbal, intentional and unintentional, impacts the patient care experience. Specific topics will include the use of profession-specific terminology, the implications of placebo/nocebo, thinking traps that disable empathy and wholly listening, and influencing patient expectations. The speakers also will address the ethics of intentional use of placebo and the effects of nonverbal, nonconscious communication on the patient care experience.

**Basic**

**THE COMPLICATED HIP: A NEW DEBATE**

11:00 am–1:00 pm  
ACC–Birm A  
OR-2B-5809

**Speakers:**  
Melissa Strzelinski, PT, DPT, Dirk Kokmeyer, PT, DPT, Shaw Bronner, PT, PhD, OCS, Phil Malloy, PT, MS, SCS, Marc Philippon, MD

This session will provide attendees with understanding of structure, biomechanics, and neuromuscular function of the hip complex and how they differ in the functional requirements of the athlete who works primarily in closed or open chain movements. The speakers will identify intra-articular and extra-articular pathologies and compensatory neuromuscular dysfunction in complex cases. Topics to be addressed include: indications for surgical or nonsurgical intervention and rehabilitation in the athlete with over- and under-coverage, surgical revisions in the complicated hip patient, and open and closed chain trunk and hip stabilization and movement progressions in postsurgical and conservative management. Attendees will learn about regional interdependence and local and global control strategies to focus on optimal load transferance across the joint and along the kinetic chain. Performance enhancement training in the complicated hip athlete will further differentiate between the open and closed kinetic chains.

**Intermediate**

**AN ICF-BASED CLINICAL PRACTICE GUIDELINE FOR DISTAL RADIUS FRACTURE**

3:00 pm–5:00 pm  
ACC–213 B  
HR-2C-3678

**Joint Program:** See Hand Rehabilitation for more details

Session handouts are available at www.apta.org/CSM. Use code CSM2016.
THE GOOD, THE BAD, AND THE UGLY: ARE WE CHOOSING THE BEST NEURO REEDUCTION EXERCISES FOR OUR PATIENTS?

3:00 pm–5:00 pm  ACC–Blrm A  OR-2C-0514

Speakers: Carrie J. Pagliano, PT, DPT, OCS, WCS, MTC, Scott Epsley, PT

An understanding of motor control is critical to appropriate selection of exercise load, intensity, frequency, duration, and repetition. An idiosyncratic condition-based approach is susceptible to failure, with examples including the indiscriminant use of “core” exercises for low back pain, Kegel exercises for pelvic floor dysfunction, and gluteus medius exercises for hip and groin pain. This session will focus on neuromuscular reeducation for the spine, hip, and pelvic floor. The speakers will challenge mainstream exercises and present alternative neuromuscular reeducation progression using real-time ultrasound guided imaging and anatomical literature. Patient education for pelvic floor dysfunction often focuses on pelvic floor activation, Kegel exercises, strength, and endurance, without regard to the pelvic floor’s ability to attain a normal resting tone. The presenters will demonstrate appropriate evaluation techniques, including real-time ultrasound and external examination of the pelvic floor. Attendees will also learn when to refer patients for internal assessment.

Intermediate

BEYOND RICE: EDEMA MANAGEMENT FOR THE ORTHO/SPORTS PT

3:00 pm–5:00 pm  ACC–Blrm C  OR-2C-8398

Joint Program: Oncology

Speakers: Sandra H. Sublett, PT, DPT, OCS, CLT, Coleen T. Gately, PT, DPT, CHT, CLT, Jodi L. Nelson, PT, DPT, CLT

The lymphatic system plays a crucial role in managing interstitial fluid levels in the body, yet this role has been greatly overlooked. Following a sports injury, trauma, or orthopedic surgery, persistent edema is often the result of an overloaded lymphatic system. Knowing how to activate the lymphatic system to quickly reduce swelling can make all the difference to patients for pain reduction, increasing ROM, and return to function, as well as help prevent the possible development of secondary lymphedema. This session will introduce specific interventions and clinical pearls for reducing persistent edema in both upper and lower extremities.

Intermediate

PERFORMING ARTS SIG PROGRAM—LIFE ON BROADWAY: CARE OF THE PROFESSIONAL THEATRICAL PERFORMER

3:00 pm–5:00 pm  ACC–304 A  OR-2C-3861

Speakers: Mark D. Sleeper, PT, DPT, PhD, MS, OCS, Jennifer Green, PT, MS, CFMT, David S. Weiss, MD, FAAOS

Theatrical performers are at high risk for injury. The performer may or may not be trained as a dancer. Dancing occurs intermixed with other on-stage requirements, including acting, singing, puppetry, acrobatics, and aerial work. Performers are also at high risk for overuse injury, as shows are performed week after week, 6 days per week. This session enables practitioners to better understand the world of the theatrical performer and, therefore, to provide optimum care. The speakers will discuss auditions, rehearsals, costumes, shoe-wear, backstage conditions, stage and set conditions, and employment issues, and will describe a typical day for theatrical performers. Attendees will gain knowledge of typical musculoskeletal injuries and their management, including those related to specific dance or choreographic styles; complex costumes; head-gear; flying; puppetry; and unusual stage conditions. They will also learn about ergonomic evaluation of costumes, props, sets, and puppets, and hear about injury prevention programs that utilize in-theater physical therapy.

Intermediate

PEDIATRICS

COLLABORATIVE CARE OF PEDIATRIC PULMONARY PATIENTS DURING HOSPITALIZATION

8:00 am–10:00 am  M–Grand Blrm D  CP-2A-7802

Joint Program: See Clinical Electrophysiology for more details

DEVELOPMENT OF SEGMENTAL POSTURAL CONTROL IN CHILDREN, PART 1

8:00 am–10:00 am  H–California Blrm B  PD-2A-8364

Joint Program: Neurology

Speakers: Sandra Saavedra, PT, PhD, Danielle Bellows, PT, MHS, PCS, Penelope B. Butler, PhD, FCSF, Derek J. Curtis, PT, MSc, Tamis W. Pin, PT, PhD

This session will provide clinicians with introduce means of precise analysis of postural control for children with developmental neurological conditions. The presenters will incorporate recent research, including some of their own preliminary data to expand what was previously known about typical and atypical development of trunk control. Attendees will gain knowledge of the theory of open and closed controlled kinetic chains in a biomechanical context, as a means of understanding and addressing compensatory patterns in children with postural control problems. Video case studies will be used to explore the implications of this theory during functional tasks and for handling during treatment sessions. Participants will be introduced to the concept of evaluating trunk control segmentally, explore functional implications related to segmental development of trunk control, and take away practical suggestions for applying these concepts for greater specificity of treatment.

Multiple Level
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**DEVELOPMENTAL DELAY IN THE INFANT CANCER PATIENT AND THE ROLE OF PHYSICAL THERAPY**

8:00 am–10:00 am  ACC–207 A  ON-2A-8615

Joint Program: See Oncology for more details

**CONCUSSION REHABILITATION IN PEDIATRICS: AN INTERDISCIPLINARY MODEL**

8:00 am–10:00 am  H–California Blrm C  PD-2A-0118

Joint Program: Neurology

Speakers: Wendy Novick, PT, DPT, Kathleen Miller-Skomorucha, OTR/L, C/NDT

Children may be more susceptible to concussions and take longer to recover. With our improving ability to recognize and diagnose concussions comes the responsibility of health professionals to have treatment guidelines to ensure best care for this population. This evolving field has grown exponentially on the physician side, but currently there is little evidence to guide decision making for physical and occupational therapists evaluating and treating this unique population. This model proposes to assist physical and occupational therapists in decision making when treating children/adolescents with concussions based on deficits noted at initial evaluation. It hypothesizes that patients with concussions may start at different “levels” within each category of deficits. The model will help clinicians select meaningful interventions to progress patients effectively and efficiently and forecast anticipated length of plans of care. Overall, it stresses the importance of a collaborative model to ensure all needs of each patient are met.  

Intermediate

**DEVELOPMENT OF SEGMENTAL POSTURAL CONTROL IN CHILDREN, PART 2**

11:00 am–1:00 pm  H–California Blrm B  PD-2B-8419

Joint Program: Neurology

Speakers: Sandra Saavedra, PT, PhD, Penelope B. Butler, PhD, FCSP, Derek J. Curtis, PT, MSc, Danielle Bellowes, PT, MHS, PCS, Tamis W. Pin, PT, PhD

This session will expand the concepts of open and closed kinetic chains learned in Part 1 by introducing a segmental approach to evaluation and treatment of trunk control problems in children with developmental neurological conditions. Clinicians will be introduced to the Segmental Assessment of Trunk Control (SATCo), a clinical tool for documenting specific motor deficits in trunk stability. The speakers will provide an overview of the administration and scoring procedure for the SATCo, as well as common tester errors and compensatory strategies used by children when control is compromised. Participants will gain hands-on experience in administering the SATCo. Video examples will be used to practice scoring, interpretation, and recognition of tester errors and compensatory strategies. Finally, these concepts will be brought together to introduce targeted training, a treatment strategy for postural control problems in children with neuromotor impairment, and the technique’s advantages and disadvantages.  

Multiple Level

**KNOWLEDGE TRANSLATION LECTURESHP 2016: PEDIATRIC PHYSICAL ACTIVITY**

11:00 am–1:00 pm  H–California Blrm C  PD-2B-8448

Speakers: Carole A. Tucker, PT, PhD, PCS, RCEP, Cindy Miles, PT, PhD, PCS

Despite the growing body of literature documenting successful prevention and health promotion interventions and our profession’s adoption and integration of evidence-based practice, few pediatric physical activity interventions are consistently implemented in applied or clinical settings. Research findings will only change health outcomes after they are adopted in practice. Knowledge translation (KT) research is the scientific study of the methods to promote the uptake of research findings by patients, health care providers, managers, and policy makers. This session will frame key elements and processes for KT in pediatric practice that support the adoption of health promotion and physical activity interventions for populations with impaired movement. Using clinical scenarios involving pediatric physical activity interventions, the speakers will present application of KT elements of barrier identification, knowledge brokerage, KT resources, and program evaluation.

Intermediate

**AN INTERDISCIPLINARY APPROACH TO THE TREATMENT OF PEDIATRIC CHRONIC PAIN**

11:00 am–1:00 pm  H–California Blrm A  PD-2B-7399

Joint Program: Acute Care, Neurology

Speakers: Julie Shulman, PT, DPT, PCS, Anna Bruehl, MS, OTR/L, Allison Smith, PhD, Navil Sethna, MD, FAAP

This session will update physical therapists on evidence-based treatment of pediatric chronic pain from the perspective of the physician, physical therapist, occupational therapist, and psychologist. The speakers comprise the interdisciplinary treatment team of the Boston Children’s Hospital Mayo Family Pediatric Pain Rehabilitation Center (PPRC). They will emphasize translation of selective skills and techniques from the physical, occupational, and psychological disciplines into a variety of physical therapy settings. To begin the session, the physician will review the epidemiology and neurobiology of pediatric chronic pain, illness versus pain, and differential diagnosis. The physical therapist will then present on evidence-based physical therapy interventions and useful functional outcomes measures. Next, the occupational therapist will discuss the role of occupational therapy in treatment, and selective tools the PT can incorporate into practice. Finally, the psychologist will present specific psychological strategies that the PT can apply to maximize patient motivation, compliance, participation, and outcomes.

Intermediate
BEYOND KNOWING: BUILDING CAPACITY TO MOVE KNOWLEDGE INTO PRACTICE
3:00 pm–5:00 pm H–California Birm B PD-2C-6219
Speakers: Melanie McKinney, PT, DPT, PCS, Danielle Bellows, PT, MHS, PCS, Helen Carey, PT, DHSc, PCS, Carol Daly, PT, DPT, PCS, Deb Rose, PT, DPT, PCS
This session will build attendees’ capacity in knowledge translation (KT) and knowledge brokering (KB). The presenters will examine KT/KB concepts and models for various stakeholder groups (including practitioners, researchers, educators, and organizational leaders). The speakers will offer examples of KT/KB implementation programs from various practice setting, professional development, and education initiatives. Physical therapists will have the opportunity to explore barriers and strategies specific to their own roles and settings in order to develop and sustain KT/KB programs within their organizations. “Made ready” resources will be provided to support participants with implementation initiatives.

MULTIPLE LEVEL

DYNAMIC CORE STABILITY IN CHILDREN WITH CEREBRAL PALSY
3:00 pm–5:00 pm H–California Birm C PD-2C-7202
Speakers: Shelley Mannell, PT, Julie W. Wiebe, PT
Trunk alignment and stability are important variables for the postural control necessary for function in children with cerebral palsy (CP). Core stability concepts and programs modeling those provided to adult populations have been introduced in pediatrics to address these needs. However, children with CP demonstrate a wide variety of coordination issues, sensory processing deficits, and muscle tone impairments that limit their ability to participate in a standard core program. This session will introduce clinicians to an evidence-supported, integrative model that harnesses the diaphragm and breathing mechanics as an access point for core stability for children with CP. This provides an attainable and accessible starting point to impact multiple systems involved in CP that are intertwined with core stability: alignment, postural control, balance, sensory processing, and emotional self-regulation, as well as gross and fine motor skills.

Basic

TREADMILL PROTOCOLS ACROSS AGES AND STAGES: A FRESH LOOK AT DOSAGE
3:00 pm–5:00 pm H–California Birm A PD-2C-4040
Speakers: Katrin Mattern-Baxter, PT, DPT, PCS, Julia Looper, PT, PhD, Noelle G. Moreau, PT, PhD, Kristie Bjornson, PT, PhD, PCS
Treadmill training can be utilized to foster the achievement of walking in young children, as well as for optimizing walking activity in older children with cerebral palsy (CP) and other neurodevelopmental diagnoses. But what is the optimal intensity, frequency, duration, and type of training at different stages? Does one size fit all? This course is designed to explore the differences in treadmill protocols between preambulatory children who are working on walking acquisition and school-aged children who may be experiencing limitations with walking activity and participation. The presenters will explain the underlying conceptual frameworks of neuroplasticity and muscle plasticity that informed their research. The practical application and results of different training protocols will be shown via the presenters’ research on preambulatory and school-aged children with CP.

INTERMEDIATE

PRIVATE PRACTICE
DOCUMENTING TO SUPPORT MEDICAL NECESSITY, PART 2: EVERYTHING AFTER THE EVALUATION
8:00 am–10:00 am ACC–201 C PP-2A-1775
Speaker: Rick Gawenda, PT
Physical therapist services continue to be on the audit radar for various Medicare and private insurance carriers medical review entities. This session will review the necessary components of documentation for the progress report, daily notes, discharge report, and the Medicare certification and recertification process that will help you document the key points in supporting medical necessity and the skilled nature of physical therapist services.

INTERMEDIATE
GROW YOUR PRACTICE WITH EXCEPTIONAL INTERNS AND RESIDENTS

8:00 am–10:00 am  ACC–208 A  PP-2A-7942
Speakers: Timothy Flynn, PT, PhD, OCS, FAAOMPT, John Childs, PT, PhD, MBA

Private practice patients comprise an increasing number of older adults with multiple medical problems, complex neurological disorders, chronic pain, and increasing specialization areas such as vestibular and pelvic floor. Typical DPT student clinical experiences are of short duration, which incurs significant costs for the private practitioner. The net effect is an inconsistent quality in clinical education and few incentives for our best private practices to provide clinical education for students. Academic programs have begun lengthening their clinical experiences and assigning multiple students to the same practice. This provides clinical faculty with the time and resources to deliver high-quality clinical teaching in an economically viable model. Newer graduates can be recruited into a residency model, which helps attract the best talent to grow your practice. Attendees will gain exposure to an innovative clinical education model that leverages their expertise and value to achieve immediate improvements in clinic environment, culture, and productivity, while changing the paradigm of clinical education.

Intermediate

IGNITING MORE LEADERSHIP IN WOMEN: BREAKING THROUGH THE GOLDILOCKS EFFECT

11:00 am–1:00 pm  ACC–208 A  PP-2B-8495
Speakers: Jennifer Wilson, PT, EdD, MBA, Wendy Featherstone, PT, DPT, Sandra Norby, PT, AT, Amelia Arundale, PT, DPT, SCS

Like the fabled Goldilocks, women in formal and informal leadership roles often spend time wondering if our porridge is “too hot” or “too cold.” Even if we have the confidence to know when our porridge is “just right,” women may be perceived as “too hard,” “too soft,” or “too cold.” This emotional dissonance may limit women in seeking new leadership opportunities or excelling in others. If a woman is perceived as assertive or outspoken, then she may be referred to in a derogatory way. But if she is more introverted or quiet in her leadership style, others may judge her as not aggressive enough. Showing empathy as a leader may earn her the label “emotional,” yet if she doesn’t show compassion, she may be called heartless or cold. The purpose of this session is to continue the dynamic conversation started at CSM 2015 with regard to igniting women for successful leadership. Men are encouraged to attend! This session will be interactive and participants will be encouraged to contribute.

Intermediate

Shepherd Center
Transforming Rehabilitation and Changing Lives.

Located in Atlanta, Shepherd Center is a world renowned, non-profit, 152-bed facility specializing in medical treatment, research and rehabilitation for people with spinal cord or brain injury. Ranked among the top 10 rehabilitation hospitals in the nation, Shepherd Center is proud to employ some of the best and brightest Therapists and is currently seeking individuals to join our comprehensive rehabilitation team.

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EOE

BRAIN AND SPINAL CORD INJURY EXPERTS

80  APTA Combined Sections Meeting 2016
**HOW TO EXIT YOUR PRACTICE WITH A PAYCHECK FOR LIFE**

11:00 am–1:00 pm  ACC–201 C  PP-2B-3230

**Speaker:** Michael Graves, PT, MS

The purpose of this session is to educate physical therapist practice owners on 7 steps that are an absolute necessity to understand when determining the value of their practice in the marketplace. The speaker will introduce 8 principles that must be embraced as a business and practice owner in order to build a practice with maximum value.

*Multiple Level*

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**MAKING SPORTS MEDICINE AND STRENGTH AND PERFORMANCE TRAINING YOUR PRACTICE’S NICHE**

3:00 pm–5:00 pm  ACC–201 C  PP-2G-2047

**Speakers:** James Matheson, PT, DPT, MS, SCS, OCS, CSCS, John Knutson, Scott Hintz, CSCS, SCCS

Catalyst Sports Medicine is a 2-year-old business that has grown exponentially. With grassroots marketing, community networking, and strategic partnering, the speakers have developed relationships with many local entities, including the high school, YMCA, sports associations, and others. In January 2015, we purchased a 22,000 square foot building to renovate for our new space. This project is unique, as the local soccer association will be leasing 12,000 sq. ft. of our building outside clinic hours for performance and training. The continuum of athletic and rehabilitative services we provide are a unique blend that will provide sustainable organic growth for our organization for years to come. The secret is building relationships with patients, athletes, parents, and coaches. In addition, community service and outreach by your clinicians can establish trust and confidence while you build a recognized brand. This session will empower you to consider new ideas, collaborations, and partnerships to help build your own practice.

*Multiple Level*

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**RESEARCH**

**ASK-A-LIBRARIAN: SMARTER SEARCHING IN 2 HOURS OR LESS**

8:00 am–10:00 am  H–Capistrano A  RE-2A-8134

**Speaker:** Gini Blodgett Birchett, MLS

Finding the research you need for the clinical services you provide can be frustrating and time consuming. In 2 hours, APTA's PTNow Librarian will walk you through a variety of resources and searching techniques to help you find the literature you need more efficiently. We will cover selecting the best database for your needs, crafting a research question into a search query using the P-I-C-O framework, incorporating Boolean connectors in your search, selecting between keyword or subject searching, refining search results, and saving results for future use. Before wrapping up, we will explore time-saving tools like personal research accounts with the databases, creating alerts, using existing evidence search tools, and more. Participants should have basic experience with database searching.

*Intermediate*

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**OPTIMIZING EXERCISE EFFECTS ON NEUROPLASTICITY TO PROMOTE MOTOR REHABILITATION**

8:00 am–10:00 am  H–Pacific Bdrm C  NE-2A-6246

**Joint Program:** See Neurology for more details

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**SCIENCE MEETS PRACTICE: ACL**

8:00 am–10:00 am  M–Platinum Bdrm 4  SP-2A-6310

**Joint Program:** See Sports for more details

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**ASK-A-LIBRARIAN: SEARCHING PTNow**

11:00 am–1:00 pm  H–Capistrano A  RE-2B-8168

**Speaker:** Gini Blodgett Birchett, MLS

Search across PTNow—APTA's multifaceted collection of evidence-based resources and custom content designed for physical therapist practitioners. APTA's PTNow Librarian will walk you through searching across and inside the collections of clinical summaries, systematic reviews, clinical practice guidelines, functional outcome measures, evidence-based websites, and more. After 2 hours you will walk away with knowledge guaranteed to help you find the research you need for your clinical practice.

*Intermediate*

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**ADDRESSING THE RESEARCH-PRACTICE GAP IN HOME HEALTH CARE PRACTICE**

11:00 am–1:00 pm  ACC–204 A  HH-2B-8333

**Joint Program:** See Home Health for more details

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Session handouts are available at www.apta.org/CSM. Use code CSM2016.
THE EFFECTS OF FATIGUE ON FUNCTION AND PATHOLOGY: A CROSS-DISCIPLINARY VIEW
11:00 am–1:00 pm  ACC–206 A  RE-2B-8006
Joint Program: Orthopaedics, Sports
Speakers: Nelson Cortes, PhD, Jeffrey R. Hebert, PT, PhD, MSCS, Wendy Hurd, PT, PhD, SCS, Samuel C. Lee, PT, PhD, Stacey A. Meardon, PT, PhD, ATC, CSCS
This session will explore various aspects of fatigue and its impact and clinical implications for heterogeneous patient populations. The discussion will address central and peripheral factors that influence muscular force production and movement patterns. The presenters will examine the evidence implicating central and peripheral fatigue in the etiology of traumatic knee injuries, throwing injuries, running injuries, and cerebral palsy. Attendees will learn about the role fatigue plays in the management of multiple sclerosis, including muscle fatigability and impaired balance as a function of central sensory integration. The speakers will debate the limitation of current tools and measures to assess the effects of fatigue, with a special emphasis on movement and patient variability. Case studies will demonstrate how best to manage fatigue to maximize patient outcomes.
Intermediate

COMMUNITY-ENGAGED RESEARCH IN PHYSICAL THERAPY
11:00 am–1:00 pm  ACC–205 A  RE-2B-6135
Speakers: Dawn M. Magnusson, PT, PhD, Sandra Arnold, PT, PhD, Beth McManus, PT, PhD, Sara Pullen, PT, DPT, MPH, CHES
Traditional clinical research, while appropriate for many rehabilitation-related questions, often fails to address complex health disparities in real-world settings. Our patients do not live in tightly controlled environments—they live with family members in neighborhoods and cities around the world, each with distinct cultures, ideologies, and laws. There is a growing awareness in the physical therapy profession of the benefits to integrating community-engagement principles in research as a way of improving the human experience. This session will introduce PTs to the fundamental principles of, rationale for, and key considerations in conducting community-engaged research (CEnR). With examples from the field, the speakers will emphasize the importance of community inclusion and partnership as a viable approach to developing community-based interventions and increasing the acceptance of therapy-related interventions among our patients, with the ultimate goal of improving the health and well being of our communities.
Basic

MIXED METHODS RESEARCH: ELEMENTS AND DESIGNS
11:00 am–1:00 pm  ACC–205 B  RE-2B-7659
Joint Program: Education
Speakers: Mary E. Gannon, PT, PhD, W Penn Handwerker, PhD
Are you an investigator who has some experience with the naturalistic paradigm? This PTJ session will help you explore how to combine qualitative and quantitative methods to answer research questions effectively. Using an interactive format and exemplars from both rehabilitation and medical research, a PTJ editorial board member expert and an anthropology researcher will address the questions: (1) What is mixed methods research? (2) When should mixed methods be used? (3) How should a mixed methods study be designed? (4) What are the methodological challenges in conducting mixed methods research? and (5) What are the challenges in disseminating mixed methods research? Critical questions and exemplars will foster exchange with participants about rationales and challenges and will highlight resources for designing, implementing, and disseminating research using mixed methods.
Intermediate

RESTORING FUNCTION FOLLOWING LIMB INJURY: MEDICAL MANAGEMENT, REHABILITATION, AND RESEARCH
11:00 am–1:00 pm  M–Grand Birm E  FD-2B-7763
Joint Program: See Federal for more details

LEVERAGING DIGITAL COMMUNICATION, COLLABORATION, AND ORGANIZATION TOOLS TO BUY YOU EXTRA HOURS IN THE DAY
3:00 pm–5:00 pm  H–Capistrano A  RE-2C-2218
Speakers: Daniel Rhon, PT, DPT, DSc, OCS, FAAOMPT, Ben R. Hando, PT, DSc, OCS, FAAOMPT
Whether teaching a full course load, managing research grants, trying to keep up with documentation, or just maintaining work-life balance, time management is likely a challenge in your life. If you have found yourself wanting to improve how you leverage technology to improve your task productivity, then this session is perfect for you! Have you heard of collaboration tools like Basecamp, Trello, or LiquidPlanner? Did you know many large companies are moving away from email, to less archaic communication platforms like Slack and CoTap? Have you heard of personal organization tools like Things, Evernote, and Pocket? Best of all, do you know how to integrate all of these together seamlessly, along with other common tools you may already use (Dropbox, Google Drive, Google Calendar, etc), with app integration tools like Zapier and If This Than That? You will leave this session empowered with the ability to free up a few hours in your day!
Basic
**GETTING YOUR FIRST ACADEMIC JOB: A GUIDE FOR STUDENTS, POSTDOCS, AND CLINICIANS**

3:00 pm–5:00 pm  
ACC–208 A  RE-2C-6701  
Joint Program: Education  
Speakers: Michael A. Tevald, PT, PhD, Jill C. Stewart, PT, PhD, Tarang K. Jain, PT, DPT, PhD, Karen Swanson, PT, PhD, Donna L. Smith, PT, DPT, NCS, GCS

This session will highlight critical issues and offer practical advice to consider when searching for an academic position, including identifying open positions, preparing an application, and preparing for the on-site interview. The process will be discussed from a variety of perspectives, from people who have been recently hired to search committee chairs. The panelists will explore the differences among various types of positions and institutions.  
*Multiple Level*

**USING MOVEMENT ASSESSMENT TECHNOLOGY IN CLINICAL PRACTICE**

3:00 pm–5:00 pm  
ACC–206 A  RE-2C-5878  
Speakers: Susan Sigward, PT, PhD, ATC, Gretchen B. Salsich, PT, PhD, Richard W. Willy, PT, PhD, OCS

The identification and amelioration of altered movement strategies to reduce injury-related disability and prevent injury recurrence is at the core of physical therapist practice. Recent advances in electronic, video, and wireless technology make it possible for clinicians to attain more accurate and natural movement information. Current and developing user-friendly, low-cost, video-based, and wearable sensor technology makes it possible for clinicians to quantify movement abnormalities and intervention progress in the clinic and daily environment. Effective and efficient use of such tools requires an understanding of the clinical importance of the tasks and variables being analyzed, how to interpret the values obtained, and systematic testing procedures for comparisons across time and between patients. This session will present the current possibilities and limitations of translating laboratory movement analysis and movement reeducation to the clinic, using specific examples related to lower extremity injuries.  
*Intermediate*

**SPORTS PHYSICAL THERAPY**

**SCIENCE MEETS PRACTICE: ACL**

8:00 am–10:00 am  
M–Platinum Birm 4  SP-2A-6310  
Joint Program: Research  
Speakers: Mark V. Paterno, PT, PhD, MBA, SCS, ATC, James J. Irgang, PT, PhD, ATC, FAPTA, George J. Davies, PT, DPT, SCS, ATC, CSCS, FAPTA

This session will bring current research on the ACL to a larger audience in an effort to bridge the gap between science and clinical practice. Top platforms will be showcased from this year’s submissions in a rapid-fire format with the guidance of a highly skilled moderator. The panel of researchers will then be taken through a typical case, giving real-world clinical application insight into their particular studies. To continue the session, 2 expert clinical specialists will provide point/counterpoint arguments exploring more aggressive versus more delayed postoperative ACLR rehabilitation ideologies. Ample time will be provided for Q&A as participants can witness and participate in open scientific dialogue.  
*Multiple Level*

**PHYSICAL THERAPISTS WORKING WITH TACTICAL ATHLETES: FIREFIGHTERS, LAW ENFORCEMENT, AND MILITARY PERSONNEL**

8:00 am–10:00 am  
M–Grand Birm E  SP-2A-7295  
Joint Program: Federal  
Speakers: Richard B. Westrick, PT, DPT, DSc, Sean T. Suttles, PT, DPT, OCS, CSCS, Jacob Morrow, PT, Kyle M. Sela, PT, DPT, OCS, SCS, CSCS, Tyler Christiansen, CSCS*D, TSAC-F*D, RSCC*D

The presenters in this session will discuss the role of sports physical therapists working with all types of tactical athletes. As physical therapists who work with firefighters, law enforcement, and military personnel, the presenters will describe the physical demands placed on these tactical athletes, common musculoskeletal conditions, and related variables that rehabilitation professionals should consider when managing this population. A strength coach who works with various tactical athletes will also discuss ways to facilitate relationships between therapists and strength coaches.  
*Intermediate*
TRANSITIONING THE INJURED RUNNER BACK TO THE ROAD AND TRACK
8:00 am–10:00 am M–Platinum Birm 6 SP-2A-1777
Speakers: Brian J. Eckenrode, PT, DPT, OCS, Kari Brown Budde, PT, DPT, SCS, Eric Greenberg, PT, DPT, SCS, CSCS, Paul Drumheller, PT, OCS, SCS, CSCS

Injury rates among runners have been reported to be high, especially among those with a prior injury. Rehabilitation of runners often provides a challenge to the physical therapist due to the many factors involved in the recovery. Injuries to sprinters require additional considerations for management and recovery. The transitional phase back to running can facilitate or hinder recovery and requires a unique expertise and knowledge base regarding specific exercise principles for both the distance runner and sprinter. This session will use case studies to demonstrate the systematic and criteria-based approach to return patients to running and sprinting. Clinical decisions based upon tissue-healing time frames and objective testing techniques will be discussed to convey these concepts and assist in the demonstration of a safe and appropriate rehabilitation progression.

Multiple Level

GOLF BIOMECHANICS: USING 3-D MOTION CAPTURE TO TREAT GOLFERS FOR GOLF PERFORMANCE AND INJURY PREVENTION
11:00 am–1:00 pm M–Platinum Birm 9 SP-2B-0445
Speakers: Jon P. Rhodes, PT, DPT, MBA, Lindsay Becker, PT, DPT, SCS, CSCS

The future of sports analysis is moving away from 2-D analysis, like video analysis, and is moving towards 3-D motion capture systems. These systems are becoming more prevalent, affordable, and easier to use. The speaker has been using the K-Vest 3-D motion capture system, for example, to analyze golf swings and test swing efficiency. The presenter will show examples, perform a live demo of a golf swing, and show how real-time feedback can be effective for the patient or golf client.

Intermediate

WHY AND HOW EXERCISE IS THE BEST TREATMENT FOR TENDINOPATHY
11:00 am–1:00 pm M–Platinum Birm 4 SP-2B-8971
Speakers: Michael P. Reiman, PT, DPT, CSCS, OCS, SCS, ATC, FAAOMPT, Karim Khan, MD, PhD, FACSM, Jill Cook, PT, PhD

Tendinopathy (pathology and pain in a tendon) is a prevalent injury in athletes, peaking in the competition season when loads are high. Treating tendinopathy, especially in season, can be very frustrating due to typically poor responses to intervention. Mechanotransduction is an intervention model that refers to the process by which the body converts mechanical loading into cellular responses. These cellular responses, in turn, promote structural change in tendon, muscle, cartilage, and bone. Understanding how tendinopathy develops, and how this affects clinical assessment and treatment, is critical to improving outcomes for the athlete. The role of exercise is often underestimated, despite evidence that supports its use in tendinopathy. There is good physiological, research, and clinical support for physical therapists having a leading role in the management of tendinopathy. This session will cover the pathophysiology of tendinopathy, identifying stages of tendinopathy, and how mechanotransduction through exercise helps tendon recovery.

Multiple Level

THE EFFECTS OF FATIGUE ON FUNCTION AND PATHOLOGY: A CROSS-DISCIPLINARY VIEW
11:00 am–1:00 pm ACC–206 A RE-2B-8006
Joint Program: See Research for more details

AN UPDATE ON OSTEOARTHRITIS OF THE KNEE FOR THE AGING ATHLETE
11:00 am–1:00 pm M–Platinum Birm 6 SP-2B-8551
Joint Program: Geriatrics
Speakers: Scott Euype, PT, DPT, MHS, OCS, Gary Calabrese, PT, DPT

Osteoarthritis is the leading cause of musculoskeletal pain in adults, and is often a debilitating condition to the athletic population. Physical therapy addresses the pain associated with this disease and incorporates strength training, manual therapy, modalities, and educational strategies to keep the athlete with knee osteoarthritis at a high functional level. Recent advances in injection therapies have provided additional methods for treating early-stage knee osteoarthritis. Longitudinal clinical outcomes are evolving that can address the 21 million Americans diagnosed with arthritis. This session will review the current literature regarding the epidemiology of knee osteoarthritis in athletes, as well as for surgical and nonsurgical approaches in the treatment of osteoarthritis in this population. The speakers will discuss current clinical evidence demonstrating the efficacy of each approach and provide attendees with information to be used in the rehabilitation of their patients with knee osteoarthritis.

Intermediate
PRACTICAL GAIT ANALYSIS AND RETRAINING METHODS FOR THE INJURED RUNNER
3:00 pm–5:00 pm  M–Platinum Birm 4  SP-2C-6312
Speakers: Shane McClinton, PT, DPT, OCS, FAAOMPT, Amanda Gallow, PT, DPT, SCS, Christa Wille

There are numerous methods to conducting a running gait analysis, and a plethora of software and equipment to assist with this process. However, implementing an efficient and effective process with the appropriate equipment can be challenging. This session will present a systematic method to analyze running gait in the clinical setting, including a discussion of the relationship and limitations of laboratory- and clinical-based running analysis. In addition, this session will address practical methods of performing biofeedback training for the injured runner, and will describe selected examples of technology that can assist with a running gait analysis and biofeedback training in a clinical setting. This session is intended for clinicians who want to implement running gait analysis into their clinical setting or who are looking to improve the structure and efficiency of an already developed running analysis program.

Multiple Level

SYNDESMOTIC ANKLE INJURIES IN SPORTS
3:00 pm–5:00 pm  M–Platinum Birm 9  SP-2C-5359
Speakers: Edward P. Mulligan, PT, DPT, OCS, SCS, ATC, Ryan P. Mulligan, MD, Emily Middleton, PT, DPT, OCS, CSCS

This session will provide a current concepts overview of the operative and nonoperative management of syndesmotic ankle instability in an active, athletic population. Presenters will highlight examination techniques, differential diagnostic strategies, surgical indication and techniques, and treatment perspectives specific to the severity of injury or operative intervention. Important principles of rehabilitative management based on biomechanical principles will be emphasized. The participant will leave the presentation with an evidence-based approach that will help them provide treatment(s) to maximize outcomes, ensure safe resumption of sporting activities, and detect prognostic factors that impact terminal expectations.

Multiple Level

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EXAMINATION, EVALUATION, AND TREATMENT OF THE OLDER ATHLETE
3:00 pm–5:00 pm ACC-303 B GR-2C-3970
Joint Program: See Geriatrics for more details

FEMOROACETABULAR IMPINGEMENT: IS IT ABNORMAL? IS SURGERY NECESSARY?
3:00 pm–5:00 pm M–Platinum Blrm 6 SP-2C-6251
Speakers: Michael P. Reiman, PT, DPT, CSCS, OCS, SCS, ATC, FAAOMPT, Cara L. Lewis, PT, PhD, Erik Meira, PT, DPT, SCS, CSCS

The shape of the femur and acetabulum, particularly in athletes, has received increasing attention. Structural abnormalities such as femoroacetabular impingement (FAI) have been implicated in acetabular labral tears, hip pain, and osteoarthritis. Along with these implications has come the skyrocketing increase in hip arthroscopy for surgical correction of FAI—as high as 600% from 2006 to 2010. Of even greater concern is prophylactic surgical correction of FAI. Seemingly unaddressed in this “race to surgery” is the presence of FAI in many athletes without symptoms and no progression to pathology. This session will outline changes in structure of the femur and pelvis, highlight bone changes from fetus to old age, and the role neuromuscular control plays in modifying joint forces. Presenters also will discuss the relevance of radiographic imaging, limitations in FAI diagnosis, surgical indications and complications, and the evidence, or lack thereof, supporting the necessity for surgical correction of FAI.

Multiple Level

WOMEN’S HEALTH

THE CUSTOMER EXPERIENCE IN HEALTH CARE: THE GAME CHANGER, PART 1
8:00 am–10:00 am ACC–204 B WH-2A-3075
Speakers: Jerry Durham, PT, Erin Jackson, Lisa Maczura

Customer service or customer experience is a huge new topic for health care today. Historically these phrases were never seen as a necessary component of patient care. The Affordable Care Act (ACA) has changed all of that with the triple aim. Providers must now begin to focus on the customer. The best way to learn how to do this is to go straight to the source. This session will be presented by a leader in global customer service. What better way for an industry to learn how to embrace its customer (the patient) than to learn from someone who has made his career out of making millions of people feel welcomed, appreciated, and happy! Part 1 will take you through the terms and roadmap you must consider for a successful customer experience in health care.

Intermediate
IS A PERFECT PERFECT...PERFECT?
11:00 am–1:00 pm  ACC–203 A  WH-2B-9227
Speaker: Virginia N. Christensen, PT, DSc, OCS

This presentation will challenge therapists to make a paradigm shift and acknowledge the entire body as an integral component of normal pelvic floor function. The participant does not have to know how to do an internal examination of the pelvic floor. The main points of the presentation will include regional anatomy and the interdependence in function, central stabilization, and neuromotor control as it relates to pelvic floor function. Assessment tools of external palpation, breath assessment, alignment, and neuromotor ability will be presented. The presentation will challenge the paradigm of obtaining a perfect PERFECT score for full continence versus developing appropriate neuromotor control strategies of a whole system. Case studies will facilitate discussion and thought.

Multiple Level

THE CUSTOMER EXPERIENCE IN HEALTH CARE: THE GAME CHANGER, PART 2
11:00 am–1:00 pm  ACC–204 B  WH-2B-3388
Speaker: Jerry Durham, PT

Physical therapists talk as a group at conferences, online, and in schools about “what is best for our patients.” Yet, when is the last time you or someone you know actually talked to someone that was not in health care about what they want and expect from health care? Are we afraid of the answers we might hear? Or, do we believe that we know best about what these people want? Well, put your beliefs and ideas aside and open your minds for this panel of health care consumers. These individuals will share their stories of their experiences with the health care setting and physical therapy in America. Attendees are challenged to arrive and listen to what will be the most powerful information you can hear in our quest to achieve the triple aim and to put our patients first!

Intermediate

PELVIC AND WOMEN'S HEALTH PTs: WHAT THEY DO AND HOW THEY GOT STARTED
3:00 pm–5:00 pm  ACC–203 A  WH-2C-1902
Speakers: Valerie Bobb, PT, MPT, WCS, ATC, Audra Zastrow, PT, DPT, Amber Anderson, PT, DPT, WCS, Abigail Foster

Leaders in the field of pelvic and women’s health physical therapy will discuss their work. Topics will include pelvic pain, incontinence, pregnancy and postpartum, the female athlete, osteoporosis, and lymphedema. The speakers will also discuss how they got started in their specialties. This session is geared toward students who want to learn about this rapidly growing specialty of physical therapy. It will also be informative for current clinicians without extensive knowledge or exposure to the specialty, who want to know more.

Basic

AQUATICS FOR THE PATIENT WITH LYMPHEDEMA
3:00 pm–5:00 pm  M–Grand Blrm F  AQ-2C-1933
Joint Program: See Aquatics for more details

PUDENDAL NEURALGIA: THEN AND NOW
3:00 pm–5:00 pm  ACC–204 B  WH-2C-6319
Speakers: Stephanie A. Prendergast, PT, Elizabeth Akincilar-Rummer, PT

Over the last 15 years the landscape of how patients with pudendal neuralgia (PN) are evaluated and treated has changed tremendously. Scientific and technological advances have made an abundance of information available to patients and providers. Information is not evidence and, as a result, diagnostic and treatment confusion ensues around this diagnosis. This session will cover how PN was formerly managed and the quality of the evidence behind management strategies currently suggested by the medical community. Finally, the speakers will discuss PN as a pelvic pain syndrome and use complex case studies and an interdisciplinary algorithm to troubleshoot how to handle the patient who is not tolerating or not responding to treatment.

Advanced
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SESSION CODES
CSM 2016 employs a session code system to better track the educational sessions offered in Anaheim. Each session will be identified by a 2-letter section abbreviation, followed by a number indicating the day of the session, a letter indicating the time, and a 4-digit code unique to that session. A guide to the codes can be found on page 3.

*Location abbreviations: ACC = Anaheim Convention Center; M = Anaheim Marriott; H = Hilton Anaheim.

ACUTE CARE

NO HARM, NO FOUL: EFFECTIVE EARLY TREATMENT OF PATIENTS WHO ARE CRITICALLY ILL IN THE ICU
8:00 am–10:00 am  ACC–Birm E AC-3A-5441
Speakers: Julie Pittas, PT, DPT, Chris L. Wells, PT, PhD, ATC, CCS
Both chronic critical illness and postintensive care syndrome can result in debilitating functional, cognitive, and psychological impairments that persist over time and significantly impact quality of life. The ABCDEF bundle for interdisciplinary ICU care, in conjunction with rehabilitation in the ICU environment, has helped mitigate the associated adverse effects of critical illness and hospital-acquired complications. With this focus, there is an increased recognition of both the specific advanced skills a physical therapist needs to practice safely and effectively in the ICU environment. This culture of mobility at the University of Maryland Medical Center has resulted in the development of mobility guidelines and a mobility screen to promote an interdisciplinary approach to mobility. The speakers will discuss the various facets of the mobility program that have been developed and implemented at a large academic hospital system in order to comprehensively meet the functional needs of our patients.

Intermediate

PEDRIATRIC BURN REHABILITATION
8:00 am–10:00 am  H–California Birm B PD-3A-8299
Joint Program: See Pediatrics for more details

EDUCATING THE MULTIDISCIPLINARY TEAM TO OPTIMIZE ACUTE PHYSICAL THERAPY UTILIZATION
8:00 am–10:00 am  ACC–304 C AC-3A-5057
Speakers: Kristina Stein, PT, Adele Myszenski, PT, Jennifer Trimpe, PT
The appropriate utilization of physical therapist services in the acute care setting is critical. Hospital and rehabilitation resources are at a premium, and ensuring the consults received are appropriate and timely can impact length of stay, patient satisfaction, and overall outcomes. Individualized education of referral sources as well as individual members of the multidisciplinary team (eg, nurses and case managers) is key. This session will explore and define the benefits, challenges, and various methods to approaching education for the acute physical therapy setting. Participants will learn tools for advocating for the appropriate utilization of acute care services. The session also will examine the educational needs of stakeholders and compare various methods for delivery of education will be explored. The presenters will share specific examples and initiatives, including PowerPoint presentation content, pocket card examples, and quality improvement projects.

Intermediate

IMPROVING AND SUSTAINING ICU PHYSICAL REHABILITATION WITH DATA COLLECTION AND EVIDENCE
11:00 am–1:00 pm  ACC–Birm E AC-3B-1796
Speakers: Heidi J. Engel, PT, DPT, Amy Nordon-Craft, PT DSc, Amy Pastva, PT, PhD, John Lowman, PT, PhD
Mitigating the potential losses of strength, functional mobility, and cognitive capability during critical illness requires collaborative efforts of physicians, nurses, respiratory therapists, and physical therapists. In its evidence-based guideline, the Society of Critical Care Medicine ICU Liberation Campaign promotes early mobility or physical rehabilitation begun within 48 hours of patient admission to the ICU. Translating this knowledge into practice, with each profession aware of its role in the process, is a challenge. This session will describe the ICU physical therapy data collection process and outcome measures performed at a large academic medical center and how that data was utilized and applied during early-mobility quality improvement. The speakers will explore how the research team is currently working to develop clinical practice guidelines for physical therapy in the ICU.

Multiple Level
IMPLEMENTATION OF FULL-TIME PHYSICAL THERAPIST PRACTICE IN THE EMERGENCY DEPARTMENT: A 3-MONTH PILOT REVIEW

3:00 pm–5:00 pm  
ACC–304 C  AC–3C–7529

Speakers: Kristin M. Seaburg, PT, DPT, Joe Daly, PT, MBA, MHA

Current research continues to unfold to support the use of physical therapists in the emergency department, including emergency department observation units. Many facilities are looking to implement programs and others are looking to justify increased services. This session will break down the ins and outs of proposing, initiating, quantifying, and completing a 3-month pilot of dedicated PT services in the emergency department. The pilot that will be discussed during this session took place in the clinical decision unit at Stanford Medical Center ED and CDU. The presenters will review data collected from the trial and highlight patient and staff satisfaction and feedback. This session is ideal for PTs seeking to transition from part-time to full-time PT services in the emergency department, and also will include input from ancillary staff including MDs, social worker, NPs, PAs, and RNs.

Multiple Level

FROM SURVIVING TO THRIVING: PHRENIC NERVE GRAFT SURGERY AND REHAB

3:00 pm–5:00 pm  
H–California B1rm B  PD–3C–5580

Joint Program: See Pediatrics for more details

ESTABLISHING A CULTURE OF MOBILITY IN THE HOSPITAL SETTING: THE CLINICIAN’S TOOLBOX

3:00 pm–5:00 pm  
ACC–B1rm E  AC–3C–5625

Speakers: Mary Stilphen, PT, DPT, Karen J. Green, PT, DPT, Michael Friedman, PT, MBA, Anette Lavezza, OTR/L

Health care reform has reinforced the need for system redesign and culture change to drive value. This need for innovation continues to present an opportunity to overcome the long-standing challenges faced implementing an interdisciplinary mobility program as a standard of care in the hospital. Physical disability has been identified as a potentially modifiable factor that may contribute to hospital readmission risk. However, translating evidence about “the preventable harm of inactivity” into interdisciplinary clinical practice has been challenging due to provider attitudes and operational barriers. Physical therapists are positioned to be change agents to promote interdisciplinary patient mobility. This session will build on the 2013 and 2014 CSM discussions by providing tools that physical therapists can use within their organization to initiate, implement, promote, and evaluate an interdisciplinary mobility model. This session will also provide practical tools and strategies to promote adoption of new interdisciplinary, patient, and family roles and responsibilities to maximize culture change.

Intermediate

AQUATIC PHYSICAL THERAPY

GERIATHLETICS: TRAINING COMPETITIVE ATHLETES OVER 65 YEARS OF AGE WITH HIGHER INTENSITIES UNDERWATER

11:00 am–1:00 pm  
M–Grand B1rm F  AQ–3B–2525

Joint Program: Geriatrics, Sports

Speaker: Mike Studer, PT, MHS, NCS, CEEAA, CWT, CSST

This session will describe how to individualize programs for senior athletes engaged in running, triathlons, and other competitive efforts or avocational sport ventures. The speaker will present evidence from literature on aquatics, including Olympians, professional athletes, and collegiate athletics. Attendees also will learn about evidence on the aging high-level endurance athlete to create the optimal training environment for senior athletes over 65 years of age. Finally, the presenter will discuss the practicalities of marketing and implementing these programs by third-party reimbursement, private pay, consultative, or even as a capitated contractor, which can be an all-too-frequent and daunting barrier to implementing the evidence.

Advanced

CARDIOVASCULAR AND PULMONARY

CAN YOU WALK AND TALK? INTEGRATING SPEECH THERAPY AND PHYSICAL THERAPY

8:00 am–10:00 am  
M–Grand B1rm D  CP–3A–7912

Joint Program: Oncology

Speakers: Julie Hoffman, PT, DPT, CCS, Jennifer Luethje, PT, DPT, Suzanne E. Schult, PT, DPT, Cheryl Wagoner, MS, CCC-SLP, BCS

Advances in medical technology have led to a steady increase in the number of patients admitted to rehabilitation hospitals with tracheostomy tubes and mechanical ventilation. With the goal of decreased length of stay, earlier ventilator weaning and decannulation have become increasingly important and have heightened the need for respiratory-based therapies. This session will demonstrate the benefit of an interprofessional approach in managing the intubated, medically complex patient in a rehabilitation environment and provide ideas for evidence-based interventions. The presenters will discuss strategies for integration of speech pathology and physical therapy to improve functional outcomes and decrease ventilator-acquired pneumonia. The presenters will show the positive outcomes achieved with interprofessional collaboration with speech pathology and physical therapy interventions. The speakers also will address respiratory strengthening and cognitive retraining that allows for a patient’s ability to function in a dynamic environment and improved patient quality of life.

Intermediate
EVIDENCE-BASED PRACTICE FOR PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE ACROSS THE LIFESPAN

11:00 am–1:00 pm  M–Grand Bldm D  CP-3B-7446
Joint Program: Research
Speakers: Shane A. Phillips, PT, PhD, Sharon A. Martino, PT, PhD, MS
Cardiovascular disease (CVD) is the number one killer in the United States. Exercise and nutrition play vital roles in the management of patients with CVD. Nonetheless, one third of adults and nearly 10% and 15% of adolescent boys and girls, respectively, fail to meet recommended physical activity guidelines. Currently in the United States, 17.9% of children and 34.9% of adults are obese. Assessment of risk factors using valid and reliable outcome measures is important for effective prevention and treatment of CVD. This session will cover an overview of CVD, assessment of risk factors (eg, endothelial health and body composition), and evidence-based exercise interventions that impact CV risk factors. The speakers will address the use of technology to monitor and inform change in physical activity and nutritional intake. Attendees will learn about gaps in the research regarding specific exercise parameters for CVD prevention across the lifespan.
Intermediate

FROM SURVIVING TO THRIVING: PHRENIC NERVE GRAFT SURGERY AND REHAB

3:00 pm–5:00 pm  H–California Bldm B  PD-3C-5580
Joint Program: See Pediatrics for more details

CLINICAL ELECTROPHYSIOLOGY AND WOUND MANAGEMENT

MEDICALLY AND ORTHOPEDICALLY COMPLEX EDEMA AND LYMPHEDEMA CASES

8:00 am–10:00 am  ACC–202 A  CE-3A-0586
Joint Program: Oncology, Women’s Health
Speakers: Colleen Schomburg, PT, MPT, WCS, CLT-LANA, Andrea Shafran, PT, MPT, WCS, CLT-LANA
Edema is seen in all specialties of physical therapy but is not always treated, despite its contribution to patient impairments and its effect on outcome. Patients with swelling may have multiple medical comorbidities that can mimic lymphedema and can lead to serious medical problems if not appropriately identified and addressed. Other patients with swelling may suffer from musculoskeletal dysfunctions that impede mobility. Appropriate identification and diagnosis, including edema or lymphedema, is critical for a positive outcome. The presenters will show how, in cases where swelling is present, it is of the utmost importance to clearly determine whether it is pathologic in nature. They will discuss why strong differential diagnosis skills are important when deciding the appropriateness of care. This session will focus on the identification of lymphedema and non-lymphedema edema and consideration for all treatment options, including when referral to a physician or to a specialty physical therapist is appropriate.
Multiple Level

PEDIATRIC BURN REHABILITATION

8:00 am–10:00 am  H–California Bldm B  PD-3A-8299
Joint Program: See Pediatrics for more details

WHY ISN’T MY PATIENT’S ORTHOPEDIC INJURY GETTING BETTER? COULD THIS BE A NERVE THING?

8:00 am–10:00 am  ACC–207 C  CE-3A-0728
Speakers: Darin White, PT, DPT, ECS, Alain C. Claudel, PT, DPT, ECS
Why does my patient have a weak grip? Is it tendinitis or nerve entrapment? Is it an ulnar neuropathy at the elbow or lung cancer? What’s causing my patient’s shoulder weakness? Is it rotator cuff, neuropathy, or myopathy? The speakers will review common dysfunctions affecting the peripheral nervous system, as well as some diseases affecting the central nervous system. This session is a refresher course on assessment skills and addresses the use of electromyography (EMG) and nerve conduction studies in the differential diagnosis of orthopedic issues. Participants will review anatomy with an emphasis on neural structures and learn strategies to differentiate neurological dysfunctions from orthopedic dysfunctions.
Multiple Level

PRESSURE ULCERS: TREATMENT, PRESSURE MANAGEMENT, AND 24-HOUR POSITIONING

11:00 am–1:00 pm  ACC–207 C  CE-3B-7609
Speakers: Michelle Yargeau, PT, DPT, CWS, Barbara Crane, PT, PhD, ATP/SMS, W. D. Hammond, PT, CWS
This session will provide information on a comprehensive, evidence-based approach to the management of pressure ulcers including treatment strategies and techniques, methods to optimize pressure management, and 24-hour positioning recommendations. The panel will include professionals with clinical wound specialization and expertise in seating and positioning. The presenters will provide specific information about the treatment of pressure ulcers, including use of a variety of dressings and adjunctive therapies. This session will include a discussion on out-of-bed recommendations, seating and positioning solutions, and support surface technology options. Participants will learn strategies for comprehensive evaluation, root cause analysis, and problem solving using case-based analyses.
Multiple Level

CREATIVE EVIDENCE-BASED USE OF ELECTRICAL STIMULATION IN ACQUIRED BRAIN INJURY REHABILITATION

3:00 pm–5:00 pm  H–Pacific Bldm A  NE-3C-1922
Joint Program: See Neurology for more details

INTEGRATING DRY NEEDLING: A FRAMEWORK FOR THE UPPER QUARTER

3:00 pm–5:00 pm  ACC–213 B  HR-3C-0917
Joint Program: See Hand Rehabilitation for more details
EDUCATION

DISRUPTIVE CHANGE IN THE CLASSROOM, THE CLINIC, AND OUR PROFESSION
8:00 am–10:00 am  ACC–210 A  ED-3A-2191
Speakers: Janet R. Bezner, PT, DPT, PhD, Michael Wong, PT, DPT, OCS, FAAOMPT, Emmanuel Yung, PT, DPT, MA, OCS, FAAOMPT
This session will be presented by experts involved in entry-level and postprofessional physical therapist education. The speakers will provide evidence-based ideas to promote disruptive change in education, practice, and our profession. They will show how they are using disruptive applications for research translation and clinical reasoning within an optimizing movement paradigm.
Multiple Level

THE IMPACT OF AN INTEGRATED PHYSICAL THERAPY EDUCATIONAL NETWORK
8:00 am–10:00 am  M–Grand Blrm E  FD-3A-8778
Joint Program: See Federal for more details

LGBT CULTURAL COMPETENCE IN HEALTH CARE: A COMMUNITY ENGAGEMENT PERSPECTIVE
8:00 am–10:00 am  H–Pacific Blrm B  HP-3A-3096
Joint Program: See Health Policy for more details

EDUCATIONAL RESEARCH IN PHYSICAL THERAPY: THE GOOD, THE BAD, AND THE FUTURE
8:00 am–10:00 am  ACC–210 D  ED-3A-3787
Joint Program: Research
Speakers: Jan Gwyer, PT, PhD, FAPTA, Laurita Hack, PT, DPT, PhD, MBA, FAPTA, Gail M. Jensen, PT, PhD, FAPTA, Rick Segal, PT, PhD, FAPTA
The physical therapy profession relies on educational researchers to develop and test theoretical models in education, creating knowledge that will enhance the education of students and the practice of clinicians. Social scientists, especially those trained as educational researchers, often collaborate with faculty in medicine, nursing, and other health disciplines to make explicit the unique context of educational research. The quantity and quality of educational research produced in physical therapy is not at the level needed to face the complex societal changes in higher education and practice expected in the decades to come. In this session, the Journal of Physical Therapy Education editors, joined by experienced researchers, will discuss the current barriers that impede the growth of educational researchers in physical therapy. They will share recommendations and potential strategies to support the development of educational research in the future.
Multiple Level

STEP IT UP! INTEGRATING TEAMSTEPPS® INTO IPE CURRICULA
8:00 am–10:00 am  ACC–210 C  ED-3A-6843
Speakers: Stephen Jernigan, PT, PhD, Beth P. Davis, PT, DPT, MBA, Holly Wise, PT, PhD
The triple aim of health care is to achieve better care and outcomes at lower cost. To achieve this goal, we must reform health professions education to include interprofessional and team-based care. TeamSTEPPS® is a practice-based teamwork system allows for more effective interprofessional collaborative practice. Using practice to inform education helps to bridge the gap between health professions education and collaborative practice. The University of Kansas Medical Center, the Medical University of South Carolina, and Emory University have effectively and innovatively integrated TeamSTEPPS into their interprofessional classroom and practice-based curricula This session will introduce participants to TeamSTEPPS, an evidence-based teamwork system created for the purpose of improving patient safety and quality of care. This system allows for more effective interprofessional collaborative practice. Participants will learn how to plan for similar experiences to students at their own institutions.
Intermediate

PITFALLS TO AVOID IN QUALITATIVE RESEARCH
11:00 am–1:00 pm  ACC–205 B  RE-3B-8612
Joint Program: See Research for more details

TEACHING WITH MULTIMEDIA: APPLYING EVIDENCE TO ENHANCE LEARNING
11:00 am–1:00 pm  ACC–210 C  ED-3B-3168
Speakers: Michelle G. Criss, PT, DPT, GCS, Susan M. Grieve, PT, DPT, MS, OCS, Jason Cook, PT, DPT, PCS
Educators in the health professions often utilize a multimedia approach in the design of instructional materials by including pictures along with verbal and/or written elements. Unfortunately, much of the multimedia content may detract from learning, rather than augment it. An understanding of cognitive load theory and the basic principles of the cognitive theory of multimedia learning is essential to designing multimedia instructional materials that have the potential to optimize learning. This session will guide participants through the process of translating theory to application for both in-class and online instruction with specific examples from different curricular areas common in physical therapist education. Attendees will have the opportunity to explore a variety of multimedia instructional technologies and practice applying the principles of multimedia design to these technologies.
Multiple Level
TRANSFORMING THE ROLE OF THE PTA TO MEET THE VISION OF THE PHYSICAL THERAPY PROFESSION

11:00 am–1:00 pm
ACC–210 A
ED-3B-8267

Speakers: Jennifer Jewell, PT, DPT, Pamela Pologruto, PT, DPT, Beverly A. Labosky, PTA, Gina Tarud, PT, DPT

APTA’s Vision Statement is designed to lead the profession into the next phase of health care and wellness to meet the needs of society. With a frequent emphasis on the role of the physical therapist, the physical therapist assistant is left wondering what this will mean for this supportive role. This session will conceptualize a model that emphasizes the role of the PTA in APTA’s new vision. The speakers will show current career advancement opportunities for the PTA, as well as possibilities for the next steps regarding career and skill advancement to meet societal needs in a rapidly changing health care environment. This session will also include a discussion on the perceptions of multiple stakeholders regarding the current and future role of the PTA.

Multiple Level

PTNOW.ORG WORKSHOP:
HELP EVOLVE APTA’S EVIDENCE GATEWAY FOR TRANSFORMATIVE PRACTICE

11:00 am–1:00 pm
ACC–210 D
ED-3B-3325

Joint Program: Research

Speakers: E. Anne Reicherter, PT, DPT, PhD, OCS, CHES, Anita Bemis-Dougherty, PT, DPT, MAS

Do you want to be part of moving evidence into PT practice? Are you a clinician who would like to review clinical practice guidelines (CPGs) and tests and measures for ease of use in the clinic? Do you want to be an author who influences patient care? After a brief presentation, attendees will be able to practice using PTNow and provide feedback on its use. In addition, authors and potential authors will have the opportunity to meet in small groups to focus on how to write and revise products to transform practice. “It takes a village” to make evidence and new knowledge come alive at the point of care! Explore and be part of how evidence in PT practice is being translated via PTNow.

Multiple Level

SERVICE LEARNING USING THE PRECEDE-PROCEED MODEL OF HEALTH PROGRAM PLANNING

3:00 pm–5:00 pm
ACC–210 C
ED-3C-8732

Speakers: Rupal M. Patel, PT, MS, Cinnamon M. Martin, PT, DPT, MSE, Ryan Pontiff, PT, DPT

This session will describe the integration of service learning and community health promotion in a Doctor of Physical Therapy (DPT) curriculum. The presenters will discuss the PRECEDE-PROCEED Model of Health Program Planning and Evaluation, a widely used evidence-based model from the public health sector to systematically plan, implement, and evaluate community health promotion programs. This session will show the benefit of health promotion for underserved, at-risk populations and how this concept applies to our professional vision of transforming society. The presenters will showcase the 8 phases of the model and give 2 examples of how it was applied during a community health promotion and wellness course to create and implement DPT student-led health promotion programs for underserved target populations in a large urban metropolitan area.

Multiple Level

NAVIGATING CLINICAL EDUCATION TECHNOLOGY:
HELPFUL HINTS AND ENHANCED EFFICIENCIES

3:00 pm–5:00 pm
ACC–209 A
ED-3C-8150

Speakers: Susan S. Tomlinson, PT, DPT, Greg Awarski, MBA, Brian Ellis

This interactive session will offer suggestions and techniques for more effectively accessing, managing, and using APTA’s Clinical Performance Instrument (CPI) Web and Clinical Site Information Form (CSIF) Web in their daily work. Attendees are encouraged to bring their laptop computers to work with their own academic program and practice clinical education data to test out these strategies. Information will be provided to better understand the complexities of managing these interconnected technologies. Opportunities will be provided for attendees to share systematic and constructive feedback for future refinement to these tools and technology systems relevant to the needs of all stakeholders.

Multiple Level
MANAGING CONFLICT IN HEALTH CARE:
MAXIMIZING MEANINGFUL RELATIONSHIPS
3:00 pm–5:00 pm  ACC–209 B  ED–3C–7476
Speakers: Anissa Davis, PT, DPT, NCS, A. Russell Smith, PT, EdD, Jason Grandeo, PT, DPT, OCS, FAAOMPT

Most people are uncomfortable with and somewhat fearful of conflict. Conflict in the health care environment negatively impacts everyone’s ability to work effectively. Yet, many healthcare providers are ill prepared to address conflict with colleagues, students, or difficult patients. Health care system errors and patient outcomes have been related to communication problems and conflict. This session will enable participants to identify sources of conflict in their personal and professional lives, determine their preferred conflict management style, apply course concepts to clinical case scenarios, and integrate conflict management techniques into personal and professional experiences. Participants will leave the session with a plan for managing existing and future conflicts.

Multiple Level

FEDERAL PHYSICAL THERAPY

OPTIMIZING CLINICAL EFFICIENCY AND
IMPROVING PATIENT OUTCOMES: DIRECT ACCESS
BY MANY STYLES
8:00 am–10:00 am  M–Grand Birm G  FD–3A–8593
Speakers: Michael D. Rosenthal, PT, DSc, SCS, ECS, ATC, Robert Worms, PT, DPT, Joshua Halfpap, PT, DPT, OCS, CS, Angela M. Tognoni, PT, DPT, OCS

Direct access is a widely used term among PTs, and there are various definitions and methods for implementation. This session will demonstrate different methods of interdisciplinary care, emphasizing rapid access to PT services that have been proven to expedite return to preinjury levels of activity and reduce health care utilization. This session will provide participants with information on the various clinical management processes that have involved open, direct access to physical therapy services to promote efficiency and effectiveness in the delivery of health care. Case studies will demonstrate evidence-based care and clinical reasoning supportive of effective patient management.

Intermediate
THE IMPACT OF AN INTEGRATED PHYSICAL THERAPY EDUCATIONAL NETWORK

8:00 am–10:00 am  M–Grand Birm E  FD-3A-8778
Joint Program:  Education
Speakers: Scott W. Shaffer, PT, PhD, OCS, ECS, Norman W. Gill, PT, DSc, OCS, FAAOMPT, Shane L. Koppenhaver, PT, PhD, OCS, FAAOMPT, Todd C. Sander, PT, PhD, SCS, ATC

Physical therapy clinical practice, education, and research have vastly expanded over the past 40 years. Critical analysis regarding the financial and clinical impact of internship and postprofessional physical therapist education is also emerging. Historic shifts towards direct access care and evidence-based practice contributed to expanded entry and postprofessional educational opportunities. The United States military has consistently engaged in entry-level and postprofessional physical therapist education and currently supports entry-level (internship), residency, fellowship, and terminal doctoral degree (PhD and DSc) training. The speakers will describe the impact of the various military PT education programs, share the collaboration required to optimize physical therapist education in an integrated health care system, review current evidence regarding the influence of physical therapy education, and discuss future opportunities for enhancing entry-level and postprofessional physical therapy education and research.

Multiple Level

PHYSICAL THERAPY IN THE PATIENT-CENTERED MEDICAL HOME

11:00 am–1:00 pm  M–Grand Birm E  FD-3B-7484
Speaker: Matt Garber, PT, DSc, OCS, FAAOMPT

Military and civilian health systems are shifting to a patient-centered medical home (PCMH) model for care delivery. Musculoskeletal complaints remain the number one reason patients seek care in the military health system. Physical therapists can play a key role in the PCMH. This session will review the evidence for PTs working in primary care and share the experiences of the implementation and impact of PTs in the PCMH model at Fort Belvoir Community Hospital and the national capital region. The presenter will discuss the business model as it pertains to the military health system.

Intermediate

SYSTEM-WIDE ADVANCES IN MANAGING SPINE PAIN IN A POPULATION OF VETERANS

11:00 am–1:00 pm  M–Grand Birm G  FD-3B-6143
Speakers: Rob Brouillard, PT, OCS, Cert. MDT, Cathy Livingston, PT, MPT

A close analysis of a small VA facility’s patient outcomes and system processes to manage veterans with spinal pain revealed that there were potentially multiple areas for improvement in the delivery of care to this group of veterans. Over the course of a year, system-wide solutions were incorporated through a multidisciplinary approach. Evidence-based guidelines and collaborative interdepartmental agreements were established, along with development of spine care pathways for categories of spinal problems. Ongoing data is being collected and analyzed for further improvements that could lead to meaningful improved patient outcomes, decreasing missed opportunities, development of decision support for use of imaging, and decreasing emergency room use related to spine pain. This session will be beneficial to clinicians who are seeking ways to improve system efficiencies through use of interdisciplinary cooperation, resource analysis, and evidence-based spine care algorithms, especially with a population of patients who have chronic spine pain.

Intermediate

BLAST INJURIES: REHAB MANAGEMENT, EXERCISE, AND FITNESS CONSIDERATIONS

3:00 pm–5:00 pm  M–Grand Birm F  FD-3C-7573
Speaker: Robyn Bolgla, PT

Over the past decade there has been a significant increase in the awareness of blast injury and the impact it has had in the area of rehabilitation. This session will focus on blast injuries occurring on the battlefield and evidence-based treatment interventions at various phases of the rehabilitation process. The presenter will provide a brief overview of blast-related injuries and traumatic brain injury, as well as the progression of treatment from battlefield to the hospital setting, home, and community. Attendees will learn about current evidence-based practice relating to lifetime fitness and wellness, exercise tolerance, stress, and pain management considerations for veterans and others with brain injury.

Basic
FUNCTIONAL RESTORATION PAIN PROGRAM: AN EVIDENCE-BASED INTERDISCIPLINARY APPROACH TO CHRONIC PAIN
3:00 pm–5:00 pm M–Grand Birm E FD-3C-8303
Speakers: Meredith Schumacher, PT, DPT, Steven Hanling, MD, Tara Sheridan, MD, Kathleen McChesney, PsyD, MA

This session will provide clinicians with information on an evidence-based approach to chronic pain involving multiple disciplines, including a pain physician, health psychologist, and physical therapist. Participants will become familiar with administrative requirements, the role of each team member, and team care planning. The session will also include a presentation of patient-centered functional outcomes data collection utilizing the PASTOR/PROMIS database currently being developed to be implemented across military and VA medicine.

Multiple Level

GERIATRICS

MISSION COGNITION: ADVANCING THE ROLE OF THE PT IN CHRONIC PROGRESSIVE COGNITIVE IMPAIRMENT
8:00 am–10:00 am ACC–303 B GR-3A-8097
Speakers: Mike Studer, PT, MHS, NCS, CEEAA, CWT, CSST, Lise McCarthy, PT, DPT, GCS, Jennifer M. Nash, PT, DPT, NSS, Christine M. Ross, PT, DPT, GCS, CDP

The complex mental acts and sensorimotor processes that allow us to attend, comprehend, learn, reason, resolve, remember, and communicate represent our collective cognition. When our cognition becomes dysfunctional by causes such as stroke and brain injury, physical therapists utilize executive function and motor learning techniques to help improve cognition and motor skills. People with moderate and advanced dementia require 24-hour caregiving and often institutionalization because of their needs for skilled management. Physical therapists across all settings need to be familiar with how to assess and manage the needs of their patients with chronic progressive cognitive impairments. This session will offer practical strategies to help the physical therapist begin to bridge the knowledge-based gap in testing and treatment for the cognitively impaired patient. Attendees will learn best practices for cognitive handling techniques, appropriate tests, and the application of motor learning for function and exercise for the cognitively impaired client.

Intermediate

COGNITIVE CHANGES IN OLDER ADULTS, PART 1: DIFFERENTIATING TYPES
8:00 am–10:00 am ACC–204 A HH-3A-8808
Joint Program: See Home Health for more details

TECHNOTOYS: SUCCESSFUL AGING IN PLACE ENHANCED BY TECHNOLOGY
8:00 am–10:00 am ACC–212 A GR-3A-2383
Joint Program: Home Health
Speakers: Mindy O. Renfro, PT, DPT, PhD, GCS, CPH, Richard D. Caro, MD

Physical therapists prescribe, fit, and teach patients to use adaptive equipment and durable medical equipment routinely, but they may not be familiar with assistive technology (AT) that can enhance a person’s safety and independence at home. With the judicious use of appropriately selected AT, many older adults are able to age in place more safely and with an improved quality of life, while offering distant caregivers greater peace of mind. In this session, the presenters will review the 5 major categories of AT that directly impact successful aging in place, examine the best technology currently available for each, review case studies where technology would enhance independence, and consider where future advances are expected and sought. The presenters will also discuss federally funded assistive technology programs available in each state as well as many online resources and sites of not-for-profit developers and reviewers.

Multiple Level

DIABETES, OSTEOPOROSIS, AND FRACTURE: A NOT-SO-SWEET COMBINATION
11:00 am–1:00 pm ACC–212 A GR-3B-2098
Speaker: Karen Kemmis, PT, DPT, MS, GCS, CDE, CEEAA

The increased incidence of fractures in those with diabetes is likely due to many factors, including poor bone quality and an increased risk of falls. Many of the complications from diabetes can put a person at risk for falls. A physical therapist has an opportunity to assess for risk of osteoporosis and an increased risk of falls in those with diabetes. Once a person has been identified as being at risk, the PT can propose interventions to prevent bone loss, falls, and fractures. This session will focus on the incidence of fractures in patients with type 1 and type 2 diabetes. The presenter will discuss the opportunities for PTs to assess these patients for risks for osteoporosis, falls, and fractures. This session will also cover appropriate referrals to assist the patient in avoiding fractures and increasing the quality of life.

Intermediate

GERIAthletics: TRAINING COMPETITIVE ATHLETES OVER 65 YEARS OF AGE WITH HIGHER INTENSITIES UNDERWATER
11:00 am–1:00 pm M–Grand Birm F AQ-3B-2525
Joint Program: See Aquatics for more details
COGNITIVE CHANGES IN OLDER ADULTS, PART 2: THE ICF
11:00 am–1:00 pm  ACC–204 A  HH-3B-8890
Joint Program: See Home Health for more details

PRACTICAL INTERVENTIONS FOR BALANCE IMPAIRMENTS IN OLDER ADULTS
11:00 am–1:00 pm  ACC–303 B  GR-3B-0348
Speakers: Linda B. Horn, PT, DScPT, MHS, NCS, GCS, Laura Neely, PT, DPT
Balance impairments are common in older adults and can contribute to falls. Older adults are more likely to have 1 or more conditions that can affect their balance, including chronic medical conditions, orthopedic problems, and neurological pathologies. Interventions that are individualized to address specific patient impairments will produce the most successful outcomes. This session will provide the physical therapist and physical therapist assistant with practical treatment ideas for a variety of balance related impairments for patients in outpatient, home care, and rehabilitation settings. Case studies will be used to demonstrate how to design an intervention program that targets the individual deficits of the patient as well as how to create meaningful and fun treatment sessions.
Intermediate

DOES YOUR PROGRAM HAVE THE RIGHT STUFF?
3:00 pm–5:00 pm  ACC–212 A  GR-3C-8817
Speakers: Janette Olsen, PhD, Cindy Seiger, PT, PhD, GCS, CEEAA
Developing and implementing a program geared towards the older adult has many challenges and rewards. However, developing and implementing a program is only the beginning. Program evaluation is a key step to determine the efficacy, validity, and reliability of a program. This session will discuss the key components of program development and planning, implementation, and evaluation to maximize effectiveness of programs geared towards the older adult within interdisciplinary, educational, rural, and urban settings. Examples of program planning, implementation, and evaluation will be illustrated using a community-based exercise program, a 6-hour, public access television program to discuss common issues for the older adult, and an interdisciplinary, annual fall prevention conference directed by health profession students. Presenters will discuss specific tools to assist with the development, implementation, and evaluation of programs that have direct benefit for the older adult.
Intermediate

WALKING ADAPTABILITY AFTER NEUROLOGIC INJURY: ASSESSMENT AND INTERVENTION
3:00 pm–5:00 pm  H–Pacific Blrm C  NE-3C-6215
Joint Program: See Neurology for more details

CAREGIVERS IN CRISIS: STRATEGIES TO ADDRESS CAREGIVER HEALTH AND WELLNESS
3:00 pm–5:00 pm  ACC–303 B  GR-3C-2070
Speakers: Margaret Danilovich, PT, DPT, Rodney Weir, PT, DHS, NCS
Significant evidence highlights the burden of caregiving on mental, physical, and emotional outcomes on the caregiver’s health. Evidence shows that caregiver burden can lead to serious caregiver health problems, including depression, immune dysregulation, impaired wound healing, coronary heart disease, and increased mortality risk. Given their interaction with caregivers during patient care, physical therapists are uniquely positioned to screen caregivers for burnout, promote health, and make referrals to other providers and social services. This session will present an overview of the health effects of caregiver burden, highlight coping and social support theories to promote health for caregivers, detail caregiver burden scales to screen caregivers for burnout, feature caregiving resources PTs can refer caregivers to in advocacy efforts, and present Medicaid and Medicare policies available to assist caregivers. The speakers also will present new research on informal and formal caregiving training programs.
Intermediate

HAND REHABILITATION
INTEGRATING MIND-BODY EXERCISE WITHIN HAND AND UPPER LIMB REHAB
11:00 am–1:00 pm  ACC–213 B  HR-3B-8246
Speakers: Jane Fedorczyk, PT, PhD, CHT, ATC, Michael Costello, PT, DSc, OCS, MTC, Marsha Lawrence, PT, CHT
Mind-body exercise programs such as yoga, Pilates, and Tai Chi are thriving in the fitness industry across all age groups. In addition to the physical benefits of these movement programs, they offer opportunities to enhance kinesthetic awareness, clear the mind, and focus on breathing. As a result, the exercise offers a calming effect that may also benefit health and reduce stress. This session will discuss recommendations for using yoga, Pilates, or Tai Chi into the plan of care for a patient with a hand or upper limb condition. Patient cases will be used to demonstrate how exercise principles specific to yoga, Pilates, and Tai Chi may be incorporated into exercise prescription. The presenters will also discuss the transition from clinic to community practice to facilitate regular exercise for patients once they have been discharged from physical therapy.
Multiple Level
INTEGRATING DRY NEEDLING: A FRAMEWORK FOR THE UPPER QUARTER
3:00 pm–5:00 pm  ACC–213 B  HR-3C-0917
Joint Program: Clinical Electrophysiology
Speakers: Matthew Vraa, PT, DPT, MBA, OCS, CMPT, Derek Vraa, PT, DPT, OCS, CCS, CMPT, FAAOMPT, Michelle Layton, PT, DPT
The use of dry needling as a physical therapy intervention has proliferated over the last several years. Therapists are being trained in effective dry needling techniques. But are they developing sound clinical reasoning skills supported by the current evidence? This session will focus on the current literature support for dry needling in selected musculoskeletal conditions in the upper quarter. The speakers will guide participants through the clinical decision-making processes of utilizing dry needling with vignettes and current research.

Multiple Level

HEALTH POLICY AND ADMINISTRATION

LGBT CULTURAL COMPETENCE IN HEALTH CARE: A COMMUNITY ENGAGEMENT PERSPECTIVE
8:00 am–10:00 am  H-Pacific Birm B  HP-3A-3096
Joint Program: Education, Women’s Health
Speakers: Karla A. Bell, PT, DPT, OCS, GCS, Timothy D. Rodden, MDiv, MA, BCC, FACHE
APTA’s focus on including our LGBT patients in its cultural competency focus has been lacking. Our profession dictates that we “eliminate disparities in the health status of people of diverse cultural backgrounds, respond to current and projected demographic changes in the United States, improve the quality of health services and health outcomes, and meet legislative, regulatory, and accreditation standards.” This session will provide an example of LGBT cultural competency education from a community engagement and interprofessional perspective, with threads in DPT entry-level education. Engaging the communities where DPT students go out to do clinical internships, practice, and continue to learn, provides an added value in cultural competency development. The presenters bring interesting perspectives—one from the community integration of cultural competency in a large health system, one from a DPT program perspective, and both bring a community engagement perspective.

Multiple Level
DEVELOP RESPECTFUL RELATIONSHIPS FOR WOMEN AND MEN IN LEADERSHIP
11:00 am–1:00 pm  H–Pacific Blrm D  HP-3B-8421
Speakers: Jennifer E. Wilson, PT, EdD, MBA, Ira Gorman, PT, PhD, MSPH, Janet R. Bezner, PT, DPT, PhD

Does professional networking impact perceptions of leadership effectiveness? Is it a myth or reality that exclusion from social and professional networks is a significant barrier that affects all women in terms of professional development and career advancement? The purpose of this session is to describe how women and men work together, challenge myths, and identify perceptions. This conversation will explore the evidence related to second-generation gender bias as a potential cause of women’s persistent underrepresentation in leadership roles in physical therapist practice. The presenters will discuss diversifying teams and how to create more inclusive and respectful cultures. Attendees will learn about the role that an ally, a mentor, or an advocate plays in helping men and women work collaboratively to lead successfully and minimize negative power behaviors such as bullying and intimidation.

Intermediate

A NEW PAYMENT SYSTEM FOR THERAPY SERVICES AND BEYOND
11:00 am–1:00 pm  H–Pacific Blrm B  HP-3B-7931
Speakers: Carmen Elliott, MS, Helene Fearon, PT

Policy changes and continued regulations that inhibit the delivery of cost-effective and cost-efficient physical therapy care have created not only the opportunity, but the necessity, to develop an alternative payment model for physical therapy. APTA has developed a conceptual framework for a new payment system for a number of years. APTA’s efforts include reforming payment for physical therapy services based on the severity of the patient’s condition and the intensity of the physical therapist’s professional judgment and expertise. This session will provide guidance in reporting therapy services using the proposed system, recent policy activities to position and leverage the new model, and additional factors needed to be considered as health care moves toward delivering value-based care.

Intermediate

HEALTH SYSTEM PTs LEADING THE TRANSITION TO VALUE-BASED HEALTH CARE
11:00 am–1:00 pm  H–Palo Verdes A  HP-3B-0729
Speakers: Jose M. Kottoor, PT, MS, Michael Friedman, PT, MBA, Ed Dobrzykowski, PT, DPT, MHS, ATC, Mary Stilphen, PT, DPT, Matt Elrod, PT, DPT, MEd, NCS

Changes in health care financing have required a systems approach to care delivery focused on value and quality. The Department of Health and Human Services expects to have 85% of Medicare beneficiary plans linked to quality or value by 2016, and 90% of plans by 2018. There is a similar transition planned for Medicaid and private insurers. Physical therapy has a unique opportunity to actively participate in solutions that reduce expense while improving efficiency and the overall patient experience. An important aspect of providing value is a clear understanding of population health management and aligned transitions between levels of care. In response, several health system physical therapist leaders are transforming their practices to identify and measure the value of physical therapy. Physical therapists are instrumental in reducing the length of stay and restoring function in acute care hospitals, determining postacute placement, and providing evidenced-based care to improve quality, outcomes, and cost.

Intermediate

ADVOCACY TO ADVANCE INCLUSION OF PEOPLE WITH DISABILITIES
3:00 pm–5:00 pm  H–Pacific Blrm D  HP-3C-7847
Speakers: Nancy M. Gell, PT, PhD, MPH, Ben Mattlin, Betty Kay, PT, PhD, Linda Wolff, PT, Laurie M. Rappl, PT, DPT, CWS

In spite of the Americans with Disabilities Act, subtle and overt forms of discrimination and bias towards people with disabilities are still prevalent, even in the health care industry. While the disability experience is unique to each individual, common barriers to universal inclusion exist, particularly in access to health care, housing, and transportation. This panel discussion will include passionate disability advocates from outside and inside the physical therapy profession, including NPR commentator and freelance writer Ben Mattlin. Attendees will hear how physical therapists have contributed to the promotion of disability rights locally and internationally. Participants will also have an opportunity to problem solve and identify areas and methods of advocacy that can increase access and inclusion for people with disabilities.

Multiple Level
**SURFING THE WAVE: LEADERSHIP, EMPOWERMENT, AND ENGAGEMENT**

3:00 pm–5:00 pm  
H–Pacific Blrm B  
HP-3C-6134

Speakers: Catherine Parkin, PT, DPT, MA, Angela Stolfi, PT, DPT, Steve Vanlew, MS, OTR/L

In today’s complex health care environment, the ongoing challenges and opportunities that face physical therapists are significant, with change being a constant. It is more important than ever to ensure that our organizations sustain their most valuable yet most costly resources—their employees. Strategically aligning leadership skills and developing and establishing competencies that empower, engage, and train staff to become champions of change and members of the leadership circle in health care is critical for the profession. This session will cover leadership theories, their effectiveness, and relationship to employee empowerment and engagement. This session will introduce evidence-based approaches to guide organizational strategy and present practical tools to build a culture that retains employees and inspires them to perform at their highest level.

**Multiple Level**

**PHYSICAL THERAPY ISSUES IN STATE LEGISLATURES**

3:00 pm–5:00 pm  
H–Palos Verdes A  
HP-3C-9350

Speakers: Justin Elliott, Angela Shuman, MPA

State legislatures are a hotbed of critical issues impacting the physical therapy profession and the patients we serve. Each year, state legislatures consider bills on a wide variety of issues including direct access, term and title protection, telehealth, modernizing the PT scope of practice, infringement from other providers, fair physical therapy copays, dry needling, and more. This session will cover the latest news on what APTA and its state chapters are doing in state legislatures to promote the physical therapy profession and defend it from infringement. The presenters will present emerging issues on the horizon, including the proposed interstate licensure compact for physical therapy.

**Basic**

**HOME HEALTH**

**COGNITIVE CHANGES IN OLDER ADULTS, PART 1: DIFFERENTIATING TYPES**

8:00 am–10:00 am  
ACC–204 A  
HH-3A-8808

Joint Program: Geriatrics, Oncology

Speaker: Mary T. Marchetti, PhD

In working with older adults, home health physical therapists will invariably encounter memory issues. Oftentimes, memory issues are attributed to aging and are not addressed by health care providers. The ability of physical therapists to have an impact on individuals with dementia is often questioned, potentially affecting both referrals and care. In order to provide effective care for our patients, it is imperative that we have an understanding of and can differentiate among the different types of cognitive changes affecting our patients. Part 1 will focus on the different types of cognitive changes typically seen in older adults, how to differentiate among them, and options available to the physical therapist for assessing cognition and effectiveness of physical therapy interventions with this population.

**Intermediate**

**TECHNOTOYS: SUCCESSFUL AGING IN PLACE ENHANCED BY TECHNOLOGY**

8:00 am–10:00 am  
ACC–212 A  
GR-3A-2383

Joint Program: See Geriatrics for more details

**YOU KEEP YOUR PATIENTS SAFE. BUT ARE THEY SECURE?**

8:00 am–10:00 am  
ACC–204 C  
HH-3A-4163

Speakers: Cynthia J. Krafft, PT, MS, Sherry Teague, PTA, AT, Walter Krafft

Physical therapists are focused on the safety of their patients and create care plans to ensure the best possible outcomes. A significant amount of information is collected and analyzed as documentation expectations are high to support medical necessity. As data access has increased, many PTs are not fully aware of the responsibilities associated with managing the associated privacy and security concerns. This session will equip therapists with both information and strategies to ensure that patient information is secure.

**Multiple Level**
Welcome to the **Harry and Diane Rinker Health Science Campus** in Irvine, CA, embodying Chapman's inter-professional approach to educating tomorrow's advanced healthcare professionals and supporting the interdisciplinary research required to translate scientific inquiry into health improvement.

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COGNITIVE CHANGES IN OLDER ADULTS, PART 2: THE ICF
11:00 am–1:00 pm  ACC–204 A  HH-3B-8890
Joint Program: Geriatrics
Speaker: Mary T. Marchetti, PhD

In Part 2, a brief overview of typical and pathological cognitive changes will be provided. The presenter will introduce the International Classification of Function, Disability and Health (ICF) and how to apply the ICF to effective patient management and documentation. Home health physical therapists who work with older adults will encounter memory issues, both typical of normal aging and pathological. Due to the memory deficits associated with dementia, and thus the difficulty of assessing “learning” in the traditional sense, the effectiveness of physical therapy for individuals with dementia is not always clear. The presenter will build on concepts presented in Part 1 for the management of behaviors associated with dementia and offer strategies to maximize benefits from physical therapy for individuals with either typical or pathological cognitive changes. This session will also focus on the ICF, ICD-10, and documentation to justify physical therapy care for these individuals.

INTERMEDIATE

SPEAKING IN CODE: DOCUMENTATION TO SUPPORT THE ICD-10 CODE SET
11:00 am–1:00 pm  ACC–204 C  HH-3B-2246
Speaker: Arlynn L. Hansell, PT, HCS-D, HCS-O, COS-C

This session will enable the learner to efficiently and effectively document disease processes. The presenter will discuss why this is crucial in the ICD-10 coding system, as the code set has been expanded considerably since ICD-9.

BASIC

EVIDENCE-BASED HABILITATION OF THE PERSON WITH DEMENTIA: AGING IN PLACE SAFELY AND EFFECTIVELY
3:00 pm–5:00 pm  ACC–204 C  HH-3C-8623
Speakers: Julie A. Hardy, PT, MS, Jennifer Loehr, MA, Nicole Morgan, OTR

Alzheimer disease is the only disease among the top 6 killers in the United States for which there is no prevention, cure, or treatment. The number of people with Alzheimer disease is expected to almost triple by 2050, increasing from 5 million to 13.8 million. Alzheimer disease is only one form of dementia, a condition that robs the individual of cognition and function. In this session, an interdisciplinary team will challenge clinicians to utilize their skills and create an environment, both structurally and socially, that allows individuals with Alzheimer dementia to remain in their home or community as long as possible.

BASIC

NEUROLOGY

FITTING THE WHEELCHAIR LIKE A PROSTHETIC: HOW TO DO IT AND WHY IT MATTERS
8:00 am–10:00 am  H–California B1rm D  NE-3A-6904
Speakers: Amy M. Morgan, PT, ATP, Patricia B. Garven, PT, ATP

How an individual sits and fits in the wheelchair is a key predictor of safety, comfort and independence, and, over the long term, will impact the likelihood of secondary injuries. Thus, a wheelchair must be appropriately fitted to the person similar to fitting a prosthetic limb for an individual. This session will address recommendations from the Preservation of Upper Limb Function Following Spinal Cord Injury guidelines that directly relate to the importance of properly fitting the manual wheelchair to the individual. Clinicians will learn fitting techniques across all dimensions and examine specific examples of setting front and rear seat height, frame depth, and seat width. The presenters will show computer-generated models to provide concrete demonstrations of poor versus proper fitting.

INTERMEDIATE

SLIDING, SLOUCHING, AND SQUIRMING: THE NUTS AND BOLTS OF SEATING, PART 1
8:00 am–10:00 am  H–California B1rm A  PD-3A-6156
Joint Program: See Pediatrics for more details

PREDICTING RECOVERY OF UPPER LIMB FUNCTION AFTER STROKE
8:00 am–10:00 am  H–Pacific B1rm C  NE-3A-1293
Speakers: Steven L. Wolf, PT, PhD, FAHA, FAPTA, Winston Byblow, PhD, Cathy Stinear, PhD, Steven C. Cramer, MD, PhD

The ability to live independently after stroke depends on the reduction of motor impairment and recovery of motor function. Accurate prognosis of motor recovery assists rehabilitation planning and supports realistic goal setting by patients and clinicians. While greater initial impairment generally predicts poorer recovery of function, accurate prognosis for individual patients remains difficult. In this session, the presenters will describe a new approach to predicting upper limb motor outcomes for individual patients based on objective measures of the brain. The presenters will describe a new approach to predicting upper limb motor outcomes for individual patients based on objective measures of the brain. The speakers will describe how these predictions can be used to tailor rehabilitation goals and present preliminary evidence of the potential benefits of this approach. Participants will gain an appreciation of the value of accurate prognoses and the tools to make more accurate prognoses in their own practice.

INTERMEDIATE
VESTIBULAR REHABILITATION FOR PERIPHERAL VESTIBULAR HYPOFUNCTION: CLINICAL PRACTICE GUIDELINE AND BEYOND!
11:00 am–1:00 pm  H–Pacific Birm C  NE-3B-6261
Speakers: Courtney D. Hall, PT, PhD, Susan J. Herdman, PT, PhD, FAPTA, Susan L. Whitney, PT, DPT, PhD, NCS, ATC, FAPTA, Lisa Heusel-Gillig, PT, DPT

It is estimated that 35.4% of adults in the United States have vestibular dysfunction requiring medical attention, and the condition results in a substantial increase in fall risk. The Neurology Section and APTA supported the development of a clinical practice guideline (CPG) for vestibular rehabilitation of peripheral vestibular hypofunction. A Cochrane Database systematic review concluded that there is moderate to strong evidence in support of vestibular rehabilitation in the management of patients with unilateral vestibular hypofunction for reducing symptoms and improving function. The purpose of the CPG is to review the peer-reviewed literature and make recommendations based on the quality of the research for the treatment of peripheral vestibular hypofunction. The speakers will present the findings of clinical practice guidelines (CPG) for vestibular rehabilitation, including clinical and research recommendations. The session will use a case-based approach to illustrate implementation of these guidelines in clinical practice.

Intermediate

SLIDING, SLOUCHING, AND SQUIRMING: THE NUTS AND BOLTS OF SEATING, PART 2
11:00 am–1:00 pm  H–California Birm A  PD-3B-6179
Joint Program: See Pediatrics for more details

CHANGING FUNCTION: AN INTERVENTION FOR CHILDREN WITH HEMIPLEGIA
11:00 am–1:00 pm  H–California Birm C  PD-3B-3600
Joint Program: See Pediatrics for more details

LINKING REMOTE LESION EFFECTS TO RECOVERY AFTER SCI
11:00 am–1:00 pm  H–Pacific Birm A  NE-3B-8128
Speakers: D. Michele Basso, PT, EdD, Timothy D. Faw, PT, DPT, NCS

Spinal cord injury results in a series of cellular cascades at the injury site that are largely composed of inflammatory processes. While considerable research has been dedicated to understanding the primary and secondary effects at the injury site itself, little is known about remote changes. Recent studies have established that neuroinflammation also occurs well below the lesion around functional sensory and locomotor networks of the lumbar enlargement. The mechanisms that initiate remote inflammation begin remarkably early after SCI and may pose risks for development of neuropathic pain, spasticity, and other forms of debilitation. This session will highlight recent advancements in understanding spinal cord pathology away from the primary injury site. Attendees will learn about application of these new findings to clinical treatment.

Multiple Level

MAKING REAL-WORLD ARM USE MEASUREMENT A CLINICAL REALITY IN STROKE
11:00 am–1:00 pm  H–California Birm D  NE-3B-5236
Joint Program: Research
Speakers: Catherine E. Lang, PT, PhD, Kathryn S. Hayward, PT, PhD, Janice J. Eng, PT, PhD, OT

The ultimate goal of arm rehabilitation after stroke is to promote use of the arm in everyday activities. Although a stroke survivor’s real-world arm use can be collected through self-report questionnaires, these measures are unlikely to be reliable in people who have cognitive deficits such as memory, recall, and attention. There is a need to be able to gain an objective indicator of arm use. One tool available is accelerometers, which are relatively cheap and simple to use. This session will show how accelerometers determine the amount of use; how to determine their reliability, validity, and sensitivity; how the accelerometer signal can be turned into clinically meaningful data; and how to identify possible facilitators and barriers to clinical deployment. The presenters will apply this information to clinical scenarios and provide guidance on practicalities of application, duration of wear, and patient compliance.

Multiple Level
PTNow AND MS EDGE: USING APTA’S TRANSLATIONAL KNOWLEDGE RESOURCES TO MANAGE THE PATIENT WITH MULTIPLE SCLEROSIS
3:00 pm–5:00 pm  H–California Birm D  NE–3C–2568
Speakers: Evan T. Cohen, PT, PhD, MA, NCS, Herb Karpatskin, PT, DSc, NCS, MSCS, Linda A. Coza, PT, DSc, NCS

In recent years, APTA has made a concerted effort to bring translational knowledge to its members in a way that is accessible and clinically meaningful. This session will demonstrate how clinicians can utilize the findings and reports of the Neurology Section’s MS EDGE Task Force and the PTNow clinical summary on multiple sclerosis (MS) to inform the provision of evidence-based physical therapy to persons with MS. The emphasis of the session will be on accessing, analyzing, and utilizing these important translational resources for implementation into any clinical practice. Clinical cases will be integrated and analyzed to demonstrate how clinicians can use these resources. Content will include age-related physical therapy considerations for children, young adults, and older adults with MS.

Multiple Level

CREATIVE EVIDENCE-BASED USE OF ELECTRICAL STIMULATION IN ACQUIRED BRAIN INJURY REHABILITATION
3:00 pm–5:00 pm  H–Pacific Birm A  NE–3C–1922
Joint Program: Clinical Electrophysiology
Speakers: Denise R. O’Dell, PT, DSc, Amy Berryman, OTR, MSHSA

This session is designed to inspire new and creative uses of functional electrical stimulation (FES) in acquired brain injury rehabilitation. The presenters will review the basic applications and literature related to the use of FES with clients with acquired brain injury. This session will show participants how to use photo and video case presentations of creative applications using the functional electrical stimulation (FES) foundational knowledge in the areas of muscle activation/inhibition, ataxia, sensory awareness, and robotic technologies. Participants will utilize movement analysis and clinical decision-making skills in final cases to identify additional intervention strategies.

Intermediate

ONCOLOGY

MEDICALLY AND ORTHOPEDICALLY COMPLEX EDEMA AND LYMPHEDEMA CASES
8:00 am–10:00 am  ACC–202 A  CE–3A–0586
Joint Program: See Clinical Electrophysiology for more details

WHAT YOU NEED TO KNOW ABOUT UROGYN SURGERIES: AN UPDATE ON FPMRS OUTCOMES AND COMPLICATIONS
8:00 am–10:00 am  ACC–204 B  WH–3A–0207
Joint Program: See Women’s Health for more details

COGNITIVE CHANGES IN OLDER ADULTS, PART 1: DIFFERENTIATING TYPES
8:00 am–10:00 am  ACC–204 A  HH–3A–8808
Joint Program: See Home Health for more details

Walking adaptability, the ability to modify walking to meet task goals and environmental demands, is an essential requirement for safe home and community ambulation but is often severely compromised by neurologic injury or disease. Currently, there is a lack of comprehensive assessments and interventions targeting walking adaptability. The development of such assessments and interventions can be facilitated using a framework that considers the unique neural control demands of walking adaptability, such as increased executive and supraspinal control. In this session, the presenters will discuss the neural control of walking adaptability and a framework for guiding clinical assessment and rehabilitation. Attendees will learn current and emerging strategies for adaptability assessment and interventions, including findings from recent pilot investigations of individuals with spinal cord injuries and post stroke.

Intermediate
ONCOLOGY SECTION EDGE TASK FORCE: CLINICAL MEASURES OF LOWER EXTREMITY AND GENITAL LYMPHEDEMA, INCONTINENCE, AND SEXUAL DYSFUNCTION

8:00 am–10:00 am ACC–207 A ON-3A-8447

Speakers: Lucinda A. Pfalzer, PT, PhD, FACSM, FAPTA, Meryl J. Alappattu, PT, DPT, PhD, Joy Cohn, PT, CLT-LANA

As an outgrowth of the EDGE (Evaluation Database to Guide Effectiveness) Task Force of the Section on Research, the Oncology Section formed a task force to examine and categorize the utility of available clinical tests and measures to identify possible deficits or changes in body structure, activities, or participation in individuals treated for prostate cancer. This session will report the evidence for outcomes of lower extremity and genital edema, and urinary incontinence and sexual dysfunction in survivors of cancer. The speakers will discuss factors influencing the selection of outcome measures, including psychometric properties, feasibility, patient’s ability and goals, as well as limitations as reported in the literature. At the end of the session, participants will identify which outcome measures are recommended as a routine part of a physical therapy examination for a patient who has been treated for cancer.

Intermediate

CAN YOU WALK AND TALK? INTEGRATING SPEECH THERAPY AND PHYSICAL THERAPY

8:00 am–10:00 am M–Grand Birm D CP-3A-7912

Joint Program: See Cardiovascular and Pulmonary for more details

BLOOD AND MARROW TRANSPLANT: REHABILITATION CONSIDERATIONS

8:00 am–10:00 am ACC–201 A ON-3A-0321

Speakers: Kota B. Reichert, PT, DPT, CLT, CSCS, Jill Yano, PT, CSPHA, CKTP

Blood and marrow transplant (BMT) is associated with decreased risk for relapsed disease for many patients with blood-based cancers. However, the treatment regimen is challenging and patients may experience life-threatening complications or long-term disability. Physical therapy, including education, exercise prescription, and treatment of physical impairment, can help patients manage symptoms, maintain mobility, and improve mortality. This session will familiarize attendees with the BMT process. The speakers will discuss precautions related to blood values and potential treatment complications. The goal is to encourage awareness and opportunities for patients to receive physical therapy in the most appropriate settings following the acute phase of treatment. Many patients who have received BMT would benefit from acute rehabilitation, skilled nursing level intervention, home health resources, or outpatient physical therapy follow-up. Patients may develop needs months and years after medical treatment is complete. Physical therapists are well positioned to contribute to their improved function and quality of life.

Multiple Level

CREATING A CULTURE OF MOBILITY WITH PEDIATRIC ONCOLOGY PATIENTS

11:00 am–1:00 pm ACC–207 A ON-3B-8268

Joint Program: Pediatrics

Speakers: Leesha S. Augustine, PT, DPT, Allison Breig, PT

Pediatric oncology patients often have comprehensive treatment protocols spanning extensive periods of time. Side effects of these extensive treatment protocols can be physical, emotional, and social. These side effects often limit physical performance and independent mobility. With improving survival rates, mobility limitations have the potential to continue across the lifespan, impacting participation. This session will explore how physical therapists can proactively address this concern by creating a culture of mobility in a hospital setting through utilizing an interdisciplinary team approach and incorporating principles of patient- and family-centered care. Program development, resources required, challenges with implementation, and patient outcomes will be discussed. Clinical case examples highlighting plans of care and mobility culture strategies will be incorporated into the session.

Multiple Level

MEDITATION AND MINDFULNESS IN PT PRACTICE FOR IMPROVED OUTCOMES, HAPPY CLINICIANS, AND A HEALTHY WORKPLACE

11:00 am–1:00 pm ACC–201 A ON-3B-4000

Joint Program: Women’s Health

Speaker: Pauline H. Lucas, PT, DPT, WCS

Meditation, once a practice for spiritual seekers only, has become mainstream. What is meditation, what are the benefits, and how can it be used in the physical therapy setting? Extensive research shows significant benefits of a regular meditation practice, including pain reduction and improved quality of life in patients with chronic pain, better coping and improved self-efficacy for people with difficult diagnoses such as cancer, improved immune function, and reduced health care provider burnout. Physical therapists can implement basic meditation and mindfulness techniques in our personal life as well as in our treatments. In this session, attendees will learn the scientific rationale for meditation and mindfulness, several easy techniques to practice and to teach to patients, and resources to share with patients and coworkers. Participants will leave feeling inspired, relaxed, and confident to use basic meditation and mindfulness skills in their practice.

Multiple Level

BOLDNESS, BRASS, AND STILETTOS: CLIMBING THE CAREER LADDER

11:00 am–1:00 pm ACC–203 A WH-3B-0214

Joint Program: See Women’s Health for more details

MANAGEMENT OF CHRONIC TESTICULAR PAIN

3:00 pm–5:00 pm ACC–204 B WH-3C-6415

Joint Program: See Women’s Health for more details

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ORTHOPAEDICS

PAIN MANAGEMENT SIG PROGRAM: DRY NEEDLING APPLICATIONS—MATCHING TECHNIQUE WITH INTENT FOR BEST OUTCOMES

8:00 am–10:00 am  ACC–Blrm C  OR-3A-2172

Speakers: Tamer Issa, PT, DPT, OCS, Edo D. Zylstra, PT, DPT

The use of dry needling has grown significantly in physical therapy and other medical professions worldwide in the past 15 years. There have been considerable advancements in the research regarding basic science, diagnostic assessments, and clinical utilization of dry needling. Due to the variety of both conceptual models and methods of dry needling treatment applications, questions regarding clinical efficacy still remain. This session will examine these questions through evaluation of the current evidence and the clinical reasoning behind the utilization of dry needling interventions. The organization of this material will not only provide empirical guidance for the clinician regarding treatment application methods, but will also encourage consistency for designing future clinical studies involving dry needling.

Advanced

DIAGNOSTIC AND TREATMENT CLASSIFICATION OF PATIENTS WITH TEMPOROMANDIBULAR DISORDERS AND/OR HEADACHES

8:00 am–10:00 am  ACC–304 A  OR-3A-4820

Speakers: Jacob N. Thorp, PT, DHS, OCS, Anne L. Harrison, PT, PhD, Pamela D. Ritzline, PT, EdD

Physical therapists have a central role in the interprofessional team providing care for people with temporomandibular disorders (TMD). Diagnostic classification is challenging given the complexities inherent in this patient population, yet such classification is critical in targeting appropriate interventions. This session will: (1) characterize the pathophysiology of patients with headaches and/or TMD; (2) describe a systems screen to be used in the PT examination to determine the need for interprofessional referral; (3) provide a valid and clinically based approach for PTs to examine, classify, and treat patients with headaches and/or TMD. The diagnostic framework of the International Headache Society provides the basis for the systems screen for people presenting with orofacial pain. The PT examination and assessment is based on the Diagnostic Criteria for TMD, developed and validated by a consortium of specialists from the American Academy of Orofacial Pain.

Multiple Level

MOTOR SKILL TRAINING IN PEOPLE WITH CHRONIC LOW BACK PAIN: AN ALTERNATIVE TO TRADITIONAL THERAPEUTIC EXERCISE?

8:00 am–10:00 am  ACC–Blrm A  OR-3A-0570

Speakers: Linda R. Van Dillen, PT, PhD, Vanessa Lanier, PT, DPT, OCS, Catherine E. Lang, PhD

Difficulty performing everyday functional activities often is the primary reason people with chronic low back pain (LBP) seek treatment. Therapeutic exercise has been the traditional approach to improve trunk strength, flexibility, and control. The link between improved strength, flexibility, and control and pain-free performance of functional activities, however, is unclear. Recent data suggests that motor skill training during functional activities results in long-term improvement in people with chronic LBP. If a goal of LBP rehabilitation is to aid acquisition and retention of motor behaviors to improve function, then the use of motor skill training in people with LBP is essential. This session will explore the concept of motor skill training, key principles that guide its use, and the rationale for its use in people with chronic LBP. The speakers will provide a framework for the assessment and design of a training program. Case examples will illustrate how to implement and progress a training program.

Basic

LOW BACK AND HIP PAIN IN CHILDREN AND ADOLESCENTS: DON'T MISS THE INTERACTION!

11:00 am–1:00 pm  ACC–Blrm C  OR-3B-5351

Speakers: Suzy L. Cornbleet, PT, DPT, Devyani Hunt, MD

The interaction between the hip and the back, sometimes referred to as “hip-spine syndrome,” has been described in adults with hip osteoarthritis, but has not been well described in younger populations without hip osteoarthritis. This session will describe relevant hip and lumbopelvic findings in children and adolescents with low back pain, hip pain, or both. These findings will include structural impairments of the hip such as developmental dysplasia, femoroacetabular impingement, and femoral anteversion or retroversion. In addition, the speakers will address alignment and movement impairments of the hip and lumbopelvic region. They will present an examination to assess the interaction of these 2 body regions along with suggestions for appropriate management. Case studies will illustrate the importance of considering these relationships in your examination and treatment of children and adolescents.

Intermediate
CLINICAL REASONING FOR MANUAL THERAPY MANAGEMENT OF TENSION-TYPE AND CERVICOGENIC HEADACHE
11:00 am–1:00 pm ACC–Blrm A OR-3B-0164
Speakers: Carol A. Courtney, PT, PhD, Josh Cleland, PT, PhD, OCS, FAAOMPT, Emilio (Louie) J. Puentedura, PT, DPT, PhD, OCS, FAAOMPT, Cesar Fernández de las Peñas, PT, PhD, MSc

Current scientific evidence supports the role of manual therapies in the management of tension-type and cervicogenic headache, but the results are still conflicting. It may be that not all manual therapies are appropriate for all types of headaches or that not all patients with headache will benefit from manual therapies. Preliminary data suggests that patients with a lower degree of sensitization will benefit to a greater extent from manual therapies. In fact, there is evidence demonstrating the presence of peripheral and central sensitization in chronic headaches, particularly in tension-type headache. Clinical management of patients with headache needs to extend beyond local tissue-based pathology, to incorporate strategies directed at normalizing central nervous system sensitivity. This session will outline some examples of manual therapies for tension-type and cervicogenic headache, based on a nociceptive pain rationale, for modulating central nervous system hypersensitivity: trigger point therapy, joint mobilization, joint manipulation, exercise, and cognitive pain approaches.

Intermediate

ONE SIZE DOES NOT FIT ALL: EXPLORING ORTHOPEDIC RESIDENCY MODELS—WHICH ONE IS RIGHT FOR YOU?
11:00 am–1:00 pm ACC–304 A OR-3B-7622
Speakers: Matt Haberl, PT, DPT, OCS, CSCS, ATC, FAAOMPT, Kirk Bentzen, PT, DPT, MBA, Thomas Denninger, PT, DPT, OCS, FAAOMPT, Vicky Saliba Johnson, PT, FAAOMPT, Jason Tonley, PT, DPT, OCS, John D. Childs, PT, PhD, MBA, FAPTA

Orthopedic residency education is growing in availability, with 83 established programs and 23 more in development. A greater number of graduating students and practicing clinicians are looking toward residency education to advance their knowledge, skills, and patient outcomes. Currently, programs are very diverse in structure and location. This session will discuss the specifics of programs that represent some of the more popular models, including on-site academic, on-site clinical (hospital system and private practice models), and blended hybrid learning programs. The speakers will address the strengths and opportunities of each, so that attendees can select a format that is best for them. Panelists with expertise in developing and running orthopedic physical therapy residencies will discuss and reflect upon the specifics of the models they are familiar with.

Multiple Level

ANATOMY AND BIOMECHANICS OF RUNNING INJURY: FROM CADAVER DISSECTION TO PRACTICAL INTERVENTIONS
3:00 pm–5:00 pm ACC–Blrm C OR-3C-8610
Speakers: Robert Maschi, PT, DPT, OCS, Kevin Gard, PT, DPT, OCS, David Ebaugh, PT, PhD, Clare Milner, PhD, FACSOM

This session will explore relevant anatomical structures and biomechanical factors related to common running injuries. The speakers will use video and photos of anatomic dissections and review relevant biomechanical literature, including their own published works, to demonstrate the interaction between structure and function. Pathoanatomical consequences of faulty movement patterns such as medial collapse, stride length, and width alterations will be discussed in the context of running form. Connections between anatomy, biomechanics, and interventions for the modification of running mechanics will be described. Practical application of movement training will focus on modification of medial collapse, step length, and step width patterns. The presenters will describe interventions and demonstrate progressions and modifications.

Intermediate

NECK PAIN: ICF-BASED CLINICAL PRACTICE GUIDELINES
3:00 pm–5:00 pm ACC–Blrm AB OR-3C-0291
Speakers: Peter Blanpied, PT, PhD, OCS, FAAOMPT, Derek Clewley, PT, DPT, OCS, FAAOMPT, Laurie L. Devaney, PT, MSc, OCS, ATC, FAAOMPT, James M. Elliott, PT, PhD, Eric Robertson, PT, DPT, OCS, FAAOMPT, Cheryl Sparks, PT, PhD, OCS, FAAOMPT, Joseph Godges, PT, DPT, MA, OCS

The International Classification of Functioning, Disability and Health (ICF) provides a standard language and useful framework to direct examination, treatment, and outcomes evaluation for conditions treated by physical therapists. The Orthopaedic Section and the Journal of Orthopaedic and Sports Physical Therapy have an ongoing effort to develop and disseminate evidence-based guidelines for examination and treatment of common musculoskeletal conditions—based on the ICF model. This session will summarize the status of the revision of the 2008 Neck Pain clinical practice guidelines. The speakers will discuss strategies to integrate evidence-based practice guidelines into clinical practice. Attendees are encouraged to offer feedback and contribute to the discussion regarding this clinical practice guideline.

Intermediate
PREOPERATIVE NEUROSCIENCE EDUCATION FOR LUMBAR RADICULOPATHY

3:00 pm–5:00 pm
ACC–304 AB OR-3C-8071
Speakers: Adriaan Louw, PT, PhD, Emilio (Louie) J. Puentedura, PT, DPT, PhD, OCS, FAAOMPT

After the completion of 12 studies and 7 years of research, a physical therapist-led neuroscience team has shown that teaching patients more about pain prior to surgery leads to a 45% reduction in health care expenditures and significantly higher patient satisfaction 1 year after surgery. Outcomes data indicates 40% of patients have persistent pain and disability following lumbar surgery. Postoperative rehabilitation following lumbar surgery has shown little efficacy in decreasing postoperative pain and disability, and it has been shown that patients are not readily sent to physical therapy after lumbar surgery. This session will introduce therapists to a preoperative neuroscience educational program for lumbar radiculopathy that showed immediate improvements in various psychometric measures, beliefs and expectations about surgery, and physical movements, but also significant reduction in brain activity associated with painful tasks in patients scheduled for lumbar surgery.

PEDIATRICS

CARING FOR NEWBORNS BORN PREMATURELY AND FOR THEIR FAMILIES: WHAT HAVE WE LEARNED?

8:00 am–10:00 am
H–California Birm C PD-3A-1300
Speaker: Heidelise Als, PhD

This session will provide a brief overview of the neurodevelopmental differences of fullterm and preterm born infants, explain the effects of the extra-uterine environment on brain development, and highlight the importance of reading each individual infant’s behavioral cues in order to adapt care and environment to facilitate the infant’s best development. The speaker will review research on the short- and long-term effectiveness of the Newborn Individualized Developmental Care and Assessment Program (NIDCAP), and address professional training as well as consultation to nursery systems regarding systems self-assessment and a stepwise change process towards NIDCAP Nursery Certification and its relevance in today’s health care economy.

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PEDIATRIC ACL INJURY: GUIDING A FAMILY FROM PRESURGERY TO FULL RECOVERY
8:00 am–10:00 am M–Platinum Blrm 9 SP-3A-5808
Joint Program: See Sports for more details

SLIDING, SLOUCHING, AND SQUIRMING: THE NUTS AND BOLTS OF SEATING, PART 1
8:00 am–10:00 am H–California Blrm A PD-3A-6156
Joint Program: Neurology
Speakers: Jean A. Zollars, PT, DPT, MA, Rose M. Vallejo, PT, ATP
Pediatric and rehabilitation therapists have the tools to assist their patients with seating/mobility evaluations: their eyes and hands. Through a step-by-step approach, therapists will learn how to assess their pediatric patients for seating/mobility systems. Participants will learn how to assess the child’s functional and physical needs, including using their hands to manually understand the postural support a child requires. Therapists will then be able to take this information to a seating/wheelchair evaluation so they can better communicate with an assistive technology provider (ATP), and collaboratively select the appropriate seating system.

PEDIATRIC BURN REHABILITATION
8:00 am–10:00 am H–California Blrm B PD-3A-8299
Joint Program: Acute Care, Clinical Electrophysiology
Speakers: Keith Jacobson, PT, Heather S. Dodd, OTR/L
This overview of pediatric burn rehabilitation will open with a brief review of skin anatomy and function. Medical and surgical management, to the extent that it affects cardiopulmonary recovery and scar formation, will also be discussed. Participants will be introduced to the cutaneous functional unit (CFU) model of skin recruitment/movement during joint range of motion. The speakers will discuss the relevance of the CFU to clinical practice, including differential diagnosis of ROM loss, goniometry, and splint design. Case studies will illustrate the theoretical basis and clinical application of various interventions for common scar-related challenges. This will include mobilizing the pediatric ICU patient, splinting, casting, manual techniques, and positioning. This overview of burn care will also include practical and psychosocial considerations surrounding community reintegration and school reentry after burn injury.

CREATING A CULTURE OF MOBILITY WITH PEDIATRIC ONCOLOGY PATIENTS
11:00 am–1:00 pm ACC–207 A ON-3B-8268
Joint Program: See Oncology for more details

RECOMMENDED PRACTICES FOR EARLY CHILDHOOD INTERVENTION
11:00 am–1:00 pm H–California Blrm B PD-3B-4070
Speaker: Tricia Catalino, PT, DSc, PCS
The Division for Early Childhood (DEC) is an international membership organization that promotes policies and advances evidence-based practices that support families and young children who have or are at risk for developmental delays and disabilities. The DEC Recommended Practices were developed to provide guidance on practices related to better outcomes for young children with disabilities, their families, and the personnel who serve them—including physical therapists. In this session, participants will learn about the DEC Recommended Practices and discuss how physical therapists can implement the practices along with their team of providers in the early intervention and early childhood special education settings. Participants will also learn about the background and evidence for the practices and take part in discussion about how the practices can help support families through collaboration with team members. The speaker will offer suggestions for using the DEC Recommended Practices to advocate for policy improvements at the agency and state levels.

SLIDING, SLOUCHING, AND SQUIRMING: THE NUTS AND BOLTS OF SEATING, PART 2
11:00 am–1:00 pm H–California Blrm A PD-3B-6179
Joint Program: Neurology
Speakers: Jean A. Zollars, PT, DPT, MA, Rose M. Vallejo, PT, ATP
Building on the assessment skills from Part 1, this session will focus on how to select and try various support options for specific postural/movement problems. Case scenarios encountered in daily practice will be used for problem solving wheelchair seating and mobility needs, identifying functional goals, and justifying feature recommendations.

CHANGING FUNCTION: AN INTERVENTION FOR CHILDREN WITH HEMIPLEGIA
11:00 am–1:00 pm H–California Blrm C PD-3B-3600
Joint Program: Neurology
Speakers: Margo P. Haynes, PT, DPT, Holly Holland, OT
This session will review the current evidence for efficacy of combining constraint-induced movement therapy (CIMT), bimanual intensive therapy (BIT), and neurodevelopmental treatment (NDT) for children diagnosed with hemiplegia. Cast fabrication for CIMT will be taught through video demonstration. Attendees will learn NDT therapeutic handling strategies to improve symmetrical postural alignment. Video case studies will be used to help illustrate the blending of a combination of CIMT, BIT, and NDT for enhanced function.

Intermediate
FROM SURVIVING TO THRIVING: PHRENIC NERVE GRAFT SURGERY AND REHAB
3:00 pm–5:00 pm  H–California Birm B  PD-3C-5580
Joint Program: Acute Care, Cardiovascular and Pulmonary
Speakers: Patricia A. West-Low, PT, DPT, MA, PCS, Matthew R. Kaufman, MD, FACS
Diaphragm paralysis, resulting from phrenic nerve injury, is a devastating complication of cardiac surgery, tumor ablation, chest trauma, and crush injuries. Unilateral injury may result in impaired pulmonary function, musculoskeletal asymmetry, and impaired gastrointestinal function. For select patients with unilateral phrenic nerve injuries who do not recover spontaneously, therapeutic options are limited. Phrenic nerve reconstruction surgery is a relatively new, but viable and successful treatment option. During this session, renowned surgeon Matthew Kaufman will present an overview of surgical phrenic nerve reconstruction surgery, including an algorithm for identification of appropriate patients, and will make the case for the necessity of skilled postsurgical rehabilitation. Physical therapist Patricia West-Low will detail the essential multisystems examination and treatment strategies required post surgery. The presenters will detail the case of a pre-adolescent athlete and lymphoma survivor who was the country’s first pediatric phrenic nerve graft recipient, from surgery through rehabilitation.
Intermediate

TECHNOLOGY FOR ENHANCED MOVEMENT IN PEDIATRICS: AN UPDATE FROM RESEARCH SUMMIT IV
3:00 pm–5:00 pm  H–California Birm A  PD-3C-5753
Speakers: Jill C. Heathcock, PT, MPT, PhD, Mary E. Gannotti, PT, PhD, Michele A. Lobo, PT, PhD, Jennifer B. Christy, PT, PhD, Kristie Bjornson, PT, PhD, PCS, Stacey C. Dusing, PT, PhD, PCS
Motor disability critically impacts the life course of children with brain insults acquired during the first 7 years of life, including those with cerebral palsy (CP). Lack of typical movement quantity and quality impairs cognitive, sensory, motor, language, and social development. Pediatric physical therapy can produce both structural and behavioral change, if given at a high dose. Time spent moving within a physical therapy session is not enough; movement needs to occur in everyday life. Innovations in technology hold promise for bridging the gap between movement that occurs within a treatment session and movement in everyday life. This session will explore the state of the science in technology as it relates to infants and children with movement disabilities by providing a summary of Research Summit IV. The speakers will focus on innovative technologies used to advance rehabilitation, early mobility, measuring movement in and out of the clinic, and use of large databases to track outcomes.
Multiple Level

PRIVATE PRACTICE
METABOLIC TESTING: A CASH-BASED PREVENTATIVE FITNESS PROGRAM TO IMPROVE PATIENT WELLNESS
8:00 am–10:00 am  ACC–201 C  PP-3A-8859
Speaker: Cameron Garber, PT, DPT
The current health care system and our profession has struggled to find an effective means of implementing fitness and wellness principles in care delivery. In response, the speaker has created a fitness-based wellness program called Metabolic Curve. The basic principle behind the program is the implementation of lifestyle changes based on conservative, evidence-based, health care principles. This session will review patient cases, relevant literature, and practical demonstration of a novel cash-based wellness program. The Metabolic Curve program uses metabolic analysis (indirect calorimetry) as the principle tool for differential diagnosis and individualized program prescription. An open discussion of the feasibility of cash-based programs will encourage clinicians to explore their practice niche and implement a wellness-based program that fits their patient population. Such programs drive new business, help promote direct access to patients, promote prevention of illness, and further the reach of physical therapy as a profession.
Basic

REHABILITATION OF CONCUSSION IN HIGH SCHOOL ATHLETES
3:00 pm–5:00 pm  H–California Birm C  PD-3C-6132
Joint Program: Neurology
Speakers: Bara Alsalaheen, PT, PhD, Ryan Bean, PT, DPT, OMPT, OCS
An alarming number of concussions occur every year in people of all ages. Increasing numbers of adolescents present with persistent symptoms after sport-related and non-sport-related concussions. Rehabilitation professionals play a key role identifying concussion and facilitating recovery. Since persistent symptoms and impairments may be attributed to impairments in vestibular, ocular-motor, cervical, or exertional factors, rehabilitation specialists need to have a comprehensive framework to identify concussions, examine impairment patterns, and provide specific therapeutic interventions to individuals who do not recover on their own. This session will focus on cervico-vestibular examination and intervention related to specific impairments and symptoms after concussion and will report emerging research findings on cervical and balance performance in adolescents.
Intermediate

EARLY SPORT SPECIALIZATION IN THE YOUNG ATHLETE: RISKS, BENEFITS, AND EVIDENCE-BASED CARE
3:00 pm–5:00 pm  M–Platinum Birm 9  SP-3C-3895
Joint Program: See Sports for more details
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UPDATING YOUR ROLE IN WELLNESS, DISEASE, AND PATIENT MANAGEMENT IN YOUR PHYSICAL THERAPIST OUTPATIENT PRACTICE

8:00 am–10:00 am   ACC–208 A   PP-3A-7120
Speakers: Suzanne Tinsley, PT, PhD, Marie Vazquez Morgan, PT, PhD

Physical therapists play a vital role in wellness, health promotion, and disease management in clients by providing education on lifestyle modification, nutrition, medication management, and direct interventions. This involves the ability to incorporate personal factors of medical history, culture, and health beliefs into a comprehensive plan of care that includes information related to body structures and functions, activities and participation, as well as environmental factors. This role goes hand in hand with the APTA’s new vision statement, “Transforming society by optimizing movement to improve the human experience,” which places new responsibility on physical therapists and the profession to assume leadership in improving the health of our communities. Many clients being referred to therapy take prescription and/or over-the-counter medications as well as exhibit illness behavior, such as poor nutrition, that can impact outcomes. What should you know about clinical pharmacology, wellness, and nutrition to manage these clients effectively? This session will explore the critical aspects of pharmacology, wellness, and nutrition as well as how to apply these concepts to all patient populations.

Intermediate

VALUE-ADDED WORKER REHABILITATION PROGRAM

11:00 am–1:00 pm   ACC–201 C   PP-3B-5585
Speaker: Friend Amundson, PT, DPT, DSc, MA, SCS, ATC, CSCS

Value is a guiding principle in the APTA Vision Statement: “Transforming society by optimizing movement to improve the human experience.” APTA’s description of value includes “the health outcomes achieved per dollar spent,” which is particularly applicable to occupational health, where cost is a major factor to the employer/client and employee/patient. Administrators must be able develop and implement best practices characterized by clear communication to achieve meaningful and cost-efficient outcomes. ICD-10 and ICF are used as complementary terminologies to form a common language for patient classification. Movement characteristics of the current and goal functional levels along the continuum are critical variables when developing plans of care. This session will focus on coming to a positive bottom line via the application of the Human Movement System to an occupational health program.

Intermediate

YOUR SUCCESS IN PRIVATE PRACTICE HAS EVERYTHING TO DO WITH WHOM YOU CHOOSE TO DO BUSINESS

11:00 am–1:00 pm   ACC–208 A   PP-3B-8489
Speaker: Brian Gallagher, PT

Every major corporation worldwide has long known that their success is greatly dependent upon whom they choose to allow into their company and how well the company trains them. Likewise, the secret to a successful PT practice is almost exclusively related to personnel management. When you stay at a Marriott, Mr. Marriott is not in the back folding your sheets after you leave. Why, then, are so many PT practice owners consumed with micromanaging every function? Based on 23 years of working as a PT, practice owner, and consultant, the speaker will not only give PTs an entire breakdown of what hundreds of successful PT owners already know, but will role play several successful actions. Attendees will gain the real-life, hands-on experience they need to be able to live it when they return to their clinics.

Multiple Level

USING OUTCOMES DATA TO IMPROVE PROVIDER, PATIENT, AND PAYER ENGAGEMENT AND DEMONSTRATE THE VALUE OF YOUR SERVICES

3:00 pm–5:00 pm   ACC–208 A   PP-3C-7707
Speakers: Gerard Brennan, PT, PhD, Stephen J. Hunter, PT, DPT, Rick Jung

Much has been said and written about the importance of outcomes data in measuring the effectiveness of physical therapy for population health. But precious little has been said about the role of outcomes data in fostering a relationship between patient and therapist. With rising patient responsibility and an ever-increasing need to engage patients in achieving clinical outcomes, outcomes data can help engage the therapist and continuously “sell the plan of care” to the patient. Outcomes data can also help providers promote their practice and demonstrate value to payers. However, in order to effectively use outcomes data as a tool, therapists must understand that collecting and reporting outcomes does not need to make documentation more complicated or time consuming. In fact, it’s possible to improve the documentation experience and quality with the proper use of outcomes data.

Intermediate
MENTORING MILLENNIALS: PASSING THE BATON TO THE NEXT GENERATION
3:00 pm–5:00 pm ACC–205 C PP–3C–7917
Speakers: Ann Wendel, PT, ATC, CMTPT, Jerry Durham, PT, Christopher G. Bise, PT, DPT, MS, OCS, Thomas Janicky, PT, DPT, Lauren Kealy, PT, DPT, Brooke McIntosh, PT, DPT

In his book, Fast Future, author David Burstein describes Millennials’ approach to social change as “pragmatic idealism,” a deep desire to make the world a better place combined with an understanding that doing so requires building new institutions while working inside and outside existing ones. This panel of recent DPT graduates and seasoned professionals will discuss practical methods for creating formal and informal mentoring opportunities during both the education of student physical therapists and the first few years of professional practice. Panel members will share how they developed a Student Special Interest Group (SSIG) for the Private Practice Section, and how the founding members were the first students ever invited to participate in Graham Sessions 2015.

Intermediate

RESEARCH

SCIENCE MEETS PRACTICE: RUNNING
8:00 am–10:00 am M–Platinum Birm 4 SP–3A–6311
Joint Program: See Sports for more details

EDUCATIONAL RESEARCH IN PHYSICAL THERAPY: THE GOOD, THE BAD, AND THE FUTURE
8:00 am–10:00 am ACC–210 D ED–3A–3787
Joint Program: See Education for more details

ELECTRONIC HEALTH RECORDS AND EBP: MAXIMIZING KNOWLEDGE TRANSLATION
8:00 am–10:00 am ACC–205 B RE–3A–1733
Speakers: Lisa Selby-Silverstein, PT, PhD, NCS, Sujoy Bose, PT, DPT, MHS, DipPT, CCS, Marcia G. Moore, PT, DPT, ATP, Jonathan C. Sum, PT, DPT, OCS, CCS, Julie Tilson, PT, DPT

The highest level of knowledge translation (KT) involves integrating evidence-based practice (EBP) into our clinical systems. One of the most powerful ways of doing this is to integrate relevant, timely, and high-quality research into electronic medical record (EMR) systems. Various EMRs have integrated research evidence in different ways, from having the system a link to recent clinical guidelines when particular diagnoses are entered, to linking to related original research or flagging clinicians when particular red flags should be considered. However, these tools are generally in their infancy in EMR products. The most useful designs of such products may vary depending on physical therapists’ work setting, populations served, availability of relevant evidence, and the EMR itself. A panel of PTs from different settings will explore how an EMR could assist in KT to the clinical setting. Representatives of EMR suppliers will discuss how they are integrating EBP into their systems.

Intermediate

WEARABLE SENSING AND BIOFEEDBACK FOR GAIT AND BALANCE ASSESSMENT AND INTERVENTION
8:00 am–10:00 pm ACC–206 A RE–3A–7735
Speakers: Fay B. Horak, PT, PhD, Scott Delp, PhD

The miniaturization of sensing, feedback, and computational devices has opened a new frontier for analysis and intervention of musculoskeletal and neurological impairments. Wearable systems can enable individuals with a variety of movement disorders to benefit from analysis and intervention approaches that have previously been confined to research laboratories. Objective measures of balance and gait from body-worn sensors provide impairment-level metrics characterizing how and why functional performance of balance and gait activities are impaired so that therapy can be focused on the specific physiological basis for functional limitations. This session will review the current and emerging body-worn sensor technologies and their potential roles in assessment and treatment in rehabilitation. Attendees will learn about research showing how body-worn sensors can increase the sensitivity of balance and gait assessment to document mild disability and change with rehabilitation. The speakers will discuss the future of body-worn sensors in telerehabilitation for home exercise programs and monitoring community mobility.

Intermediate

RECRUITMENT AND PARTICIPATION OF MINORITIES AND WOMEN IN PHYSICAL THERAPY CLINICAL RESEARCH
11:00 am–1:00 pm ACC–205 A RE–3B–6042
Speakers: Julia Chevan, PT, PhD, MPH, OCS, Esther M. Haskvitz, PT, PhD, ATC, Neva Kirk-Sanchez, PT, PhD, Ann Marie Flores, PT, PhD, ClT, Robyn Watson Ellerbe, PhD

Racial and ethnic minorities and women are underrepresented in the clinical research literature in physical therapy. In this session, the speakers will address the need for the inclusion of minorities and women in clinical research, explore the implications of the National Institutes of Health (NIH) guidelines on inclusion, and describe strategies to improve the recruitment and retention of women and minority participants into physical therapy clinical research. Proposed best practices and case presentations from successful researchers will clarify practical approaches to developing representative participant pools.

Intermediate

PTNOW.ORG WORKSHOP: HELP EVOLVE APTA’S EVIDENCE GATEWAY FOR TRANSFORMATIVE PRACTICE
11:00 am–1:00 pm H–Capistrano A ED–3B–3325
Joint Program: See Education for more details
RESEARCH FUNDING SYMPOSIUM
11:00 am–1:00 pm ACC–206 A RE-3B-3897
Speakers: David Scalzitti, PT, PhD, OCS, Mary Rodgers, PT, PhD, FASB, FAPTA, Harvey Schwartz, PhD, MBA, Karen Lohmann Siegel, PT, MA, Ralph Nitkin, PhD, Amanda Taylor Boyce, PhD, Lyndon Joseph, PhD
This session is for novice and experienced researchers who are interested in the latest information from federal agencies, institutes, and centers that support funding for rehabilitation research. The speakers will discuss information on extramural research programs, current research interests and initiatives, and opportunities for training and career development. A panel discussion will include representatives from the National Institutes of Health (NIH) and other federal agencies. There will be opportunities for one-on-one discussions.
Intermediate

MAKING REAL-WORLD ARM USE MEASUREMENT A CLINICAL REALITY IN STROKE
11:00 am–1:00 pm H–California Blrm D NE-3B-5236
Joint Program: See Neurology for more details

EVIDENCE-BASED PRACTICE FOR PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE ACROSS THE LIFESPAN
11:00 am–1:00 pm M–Grand Blrm D CP-3B-7446
Joint Program: See Cardiovascular and Pulmonary for more details

PITFALLS TO AVOID IN QUALITATIVE RESEARCH
11:00 am–1:00 pm ACC–205 B RE-3B-8612
Joint Program: Education
Speakers: Susan Wainwright, PT, PhD, Patricia McGinnis, PT, PhD, Kim Nixon-Cave, PT, PhD, PCS, Anita M. Santasier, PT, PhD, OCS
Qualitative researchers are challenged to establish strong research methods in data collection and analysis and provide clear descriptions of these methods. Failure to establish sufficient scientific rigor in methods can result in fatal flaws that prevent research from being published. A panel of experienced qualitative researchers will share their pearls of wisdom through the process of identifying qualitative approach, applying appropriate data collection and analysis techniques, and writing for publication. A moderator will question the panelists about what these fatal flaws are as well as how to avoid them. This rich exchange will be followed by directed participant inquiry regarding their own experiences, past or future.
Intermediate

EUGENE MICHELS RESEARCH FORUM: ADVANCING REHABILITATION RESEARCH IN TODAY’S ENVIRONMENT
3:00 pm–5:00 pm ACC–207 D RE-3C-8580
Speakers: Richard K. Shields, PT, PhD, FAPTA, Anthony Delitto, PT, PhD, FAPTA, Samuel R. Ward, PT, PhD, Carolee J. Winston, PT, PhD, FAPTA
Health care, academia, and research are undergoing significant change. Although this is a challenging environment for researchers, advances in science and technology make this one of the most exciting and promising times to be a physical therapy researcher. In this session, the speakers will discuss emerging concepts in physical therapy research, including research at the genetic, molecular, and tissue levels; health services research; and the value of clinical research networks. They also will tackle important and controversial issues related to advancing rehabilitation research in today’s environment. A highlight of the Eugene Michels Forum is audience participation, so bring your questions and prepare to participate in the dialogue.
Multiple Level

SPORTS PHYSICAL THERAPY

SCIENCE MEETS PRACTICE: RUNNING
8:00 am–10:00 am M–Platinum Blrm 4 SP-3A-6311
Joint Program: Research
Speakers: D. S. Blaise Williams, PT, PhD, Mitchell J. Rauh, PT, PhD, MPH, FACSM, Bryan Heiderscheit, PT, PhD
This session will bring current research on running to a larger audience in an effort to bridge the gap between science and clinical practice. Top platforms will be showcased from this year’s submissions in a rapid-fire format with the guidance of a highly skilled moderator. The panel of researchers will then be taken through a typical case, giving real-world clinical application insight into their particular studies. To continue the session, two expert clinical specialists will provide point/counterpoint arguments exploring screening for problems before they arise vs focusing efforts only on “flaws” once they become problematic in runners. Ample time will be provided for Q&A as participants can witness and participate in open scientific dialogue.
Multiple Level
THE ATHLETIC SHOULDER ACROSS THE LIFESPAN
8:00 am–10:00 am  M–Platinum Brrm 6  SP-3A-5587
Speakers: Mitchell Salsbery, PT, DPT, Andrew R. Naylor, PT, DPT, Wes Eberlin, PT, SCS, CSCS, Daniel Lorenz, PT, DPT, ATC/L, CSCS, USAW
This session will address management of the shoulder in athletes from 3 age groups: pediatric and youth, collegiate, and master’s level adult. The presenters will discuss examination, age-specific pathologies, rehabilitation considerations and techniques, outcomes and return-to-sport determinations, and end-stage rehabilitation and performance enhancement considerations. The age-specific pathologies include apophysitis (Little League shoulder), instability, and SLAP in youth; rotator cuff dysfunction, SLAP, labral tears, and MDI in collegiate athletes; and chronic rotator cuff tears, osteoarthritis, total shoulder arthroplasty, and impingement in master’s level adults. The session will end with a quiz and Q&A.
Intermediate

PEDIATRIC ACL INJURY: GUIDING A FAMILY FROM PRESURGERY TO FULL RECOVERY
8:00 am–10:00 am  M–Platinum Brrm 9  SP-3A-5808
Joint Program: Pediatrics
Speakers: Elliot Greenberg, PT, DPT, OCS, CSCS, Ken Knecht, PT, MS, SCS, CSCS, Meredith Link, PT, DPT, ATC, CSCS
When a child sustains an ACL tear, parents often seek guidance from a physical therapist while navigating through available treatment options. This session will focus on challenging aspects of pediatric ACL reconstruction and subsequent rehabilitation. Presenters will outline the latest research regarding options for operative and nonoperative management of pediatric ACL tears, including an algorithm for age-related surgical decision making. The session also will cover the impact surgical technique has on rehabilitation; advanced exercises and the sports reintegration period; normal development of athletic skills and the effects of cognitive and psychosocial maturity on injury, rehabilitation, return to sport, and injury prevention; the pros and cons of operative and nonoperative management strategies; and the importance of establishing principles of injury prevention within this uniquely high-risk population.
Intermediate

THE COMPLICATED PATIENT: SPORTS EDITION
11:00 am–1:00 pm  M–Platinum Brrm 9  SP-3B-2331
Speakers: Michael Mullaney, PT, DPT, Megan R. James, PT, DPT, Shane Hamman, PT, DPT, Andrea Tychanski, PT, DPT, Sameer Mehta, PT, DPT, SCS, CSCS, MiKayla Sanocki, PT, DPT, Shireen Mansoori, PT, DPT, OCS, Jorge Giral, PT, DPT, COMT, CSCS, Anthony Carroll, PT, DPT, OCS, CSCS, FAAOMPT, Stefanie Richards, PT, DPT, Kevin Murdoch, PT, DPT, OCS, Lucas VanEtten, PT, DPT, OCS
This session will offer several interesting, complex, complicated, or difficult cases related to sports physical therapy. Details will be provided regarding the diagnostic process, evaluation, intervention strategies, and outcomes. The presenters will highlight clinical decision making, critical thinking, problem solving strategies, and related evidence.
Multiple Level

IT TAKES A TEAM FOR A TRIATHLON
11:00 am–1:00 pm  M–Platinum Brrm 6  SP-3B-5447
Speakers: Teresa L. Schuemann, PT, DPT, Abigail Smith, PT, DPT, Michele (Shelly) Leavitt Weinstein, PT, MS, SCS, ATC
As a multidimensional sport, triathlon requires its athletes to be proficient in swimming, cycling, and running to be successful and injury free. As the sport grows in participation and number of competitions, more qualified sports medicine team members are needed to provide appropriate and efficient venue coverage for training sessions and competition. Sports clinicians who treat triathletes face unique challenges for injury and illness management because of the 3 components of the sport. This session will explore the issues specifically related to the acute injury and illness management of the triathlete, equipping each physical therapist with the tools to address the needs of these athletes during training and competition.
Multiple Level
THE WHO, WHAT, AND HOW OF ACL INJURY PREVENTION IN FEMALES
11:00 am–1:00 pm  M–Platinum Birm 4  SP-3B-7375
Joint Program: Women’s Health
Speakers: Jill Thein-Nissenbaum, PT, DSc, SCS, ATC, Gail C. Freidhoff, PT, SCS, AT-Ret, Carol Ferkovic: Mack, PT, DPT, SCS, CSCS

Injury to the anterior cruciate ligament (ACL) is common, particularly in females. Injury prevention programs have proven to decrease the rate of ACL tears by as much as 50%. New evidence has identified several key factors to a successful program, including evidence related to the ideal age to implement an ACL risk reduction program, the optimal program content, and the recommended motor-learning strategies. First, the optimal age range in which a female athlete can successfully identify faulty movement patterns and change her motor program to improve jumping, landing, and cutting techniques has been identified. Second, numerous studies, including systematic reviews and meta-analyses, have identified the optimal components, frequency, and duration of an ACL prevention program. Last is recent evidence related to the verbal and manual cueing of ACL prevention program participants. Use of explicit learning has been shown to improve jumping and landing techniques.

Multiple Level

GERIATHLETICS: TRAINING COMPETITIVE ATHLETES OVER 65 YEARS OF AGE WITH HIGHER INTENSITIES UNDERWATER
11:00 am–1:00 pm  M–Grand Birm F  AQ-3B-2525
Joint Program: See Aquatics for more details

RUNNING ON ALL 4 CYLINDERS: FACTORS TO CONSIDER IN RETURN-TO-RUN DECISIONS
3:00 pm–5:00 pm  M–Platinum Birm 4  SP-3C-2982
Speakers: Scott Greenberg, PT, DPT, CSCS, Kari Brown Budde, PT, DPT, SCS, Trevor A. Lentz, PT, DS, Blaise Williams, PT, PhD

This session will focus on factors to consider for return-to-sport decision making in runners. These psychosocial, biomechanical, musculoskeletal, and environmental factors will revolve around the biopsychosocial model of rehabilitation, and will include considerations that are often overlooked when returning runners to sport, including psychological readiness, pain management, biomechanical efficiency, musculoskeletal preparedness, and appropriate training schedule design. Speakers will present, TED-style, evidence for the importance of these factors in return-to-run decision making. This format will allow speakers to incorporate research-based and empirical evidence, as well as personal experience, into a creative presentation aimed at stimulating thought and discussion. The session will conclude with a panel discussion comprising predeveloped “toss-up” questions and questions from the audience.

Basic

INTEGRATION OF THE KINETIC CHAIN IN THE THROWING ATHLETE
3:00 pm–5:00 pm  M–Platinum Birm 6  SP-3C-8025
Speakers: J. Craig Garrison, PT, PhD, ATC, Kari Brown Budde, PT, DPT, OCS, SCS, ATC, J. Craig Garrison, PT, PhD, ATC, Kari Brown Budde, PT, DPT, OCS, SCS, ATC, J. Craig Garrison, PT, PhD, ATC, Kari Brown Budde, PT, DPT, OCS, SCS, ATC, J. Craig Garrison, PT, PhD, ATC, Kari Brown Budde, PT, DPT, OCS, SCS, ATC

Kinetic chain adaptations specific to an overhead athlete may occur in response to throwing. Pathological adaptations may require surgical intervention, while adaptive changes may occur naturally in response to the demands placed upon the thrower. Expertise in the recognition of these changes requires a team approach between the physical therapist and orthopedic surgeon. In this session, an orthopedic surgeon will present surgical and conservative treatment options. Attendees also will learn about evidence-based assessment to provide a framework for a “head-to-toe” evaluation of the throwing athlete. The speakers will provide a rationale for integrating the kinetic chain into functional assessment and treatment and will present manual therapy techniques to address range of motion and mobility deficits at the shoulder, spine, hip, and ankle to maximize kinetic chain function during throwing. Clinicians will learn how to implement criterion-based guidelines to determine readiness for return to throwing.

Intermediate

EARLY SPORT SPECIALIZATION IN THE YOUNG ATHLETE: RISKS, BENEFITS, AND EVIDENCE-BASED CARE
3:00 pm–5:00 pm  M–Platinum Birm 9  SP-3C-3895
Joint Program: Pediatrics
Speakers: Jeffery A. Taylor-Haas, PT, DPT, OCS, CSCS, Mark V. Paterno, PT, PhD, MBA, SCS, ATC, Mitchell J. Rauh, PT, PhD, MPH, FACSM, Christin M. Zwolski, PT, DPT, SCS, ATC, J. Craig Garrison, PT, PhD, ATC, Kari Brown Budde, PT, DPT, OCS, SCS, ATC, J. Craig Garrison, PT, PhD, ATC, Kari Brown Budde, PT, DPT, OCS, SCS, ATC, J. Craig Garrison, PT, PhD, ATC, Kari Brown Budde, PT, DPT, OCS, SCS, ATC

Youth sports continue to grow in popularity, bringing an associated risk of injury along with the increase in sports participation. While youth sports participation has benefits, many athletes face increased pressure to specialize in one sport at a young age. Emerging evidence suggests early sport specialization may increase the risk of both traumatic and overuse injuries. This session will analyze the pros and cons of early sports specialization and the role of the physical therapist, and provide evidence-based care recommendations. The course will emphasize evidence-based practice, functional testing, and an understanding of the effect of maturation on neuromuscular control and injury risk. Case studies will be used to demonstrate key points.

Multiple Level

Joint Program: Multiple Level
WHAT YOU NEED TO KNOW ABOUT UROGYN SURGERIES: AN UPDATE ON FPMRS OUTCOMES AND COMPLICATIONS
8:00 am–10:00 am  ACC–204 B  WH-3A-0207
Joint Program: Oncology
Speaker: Karen L. Noblett, MD, MAS
With the advancement of surgical techniques like robotics and support-enhancing materials, the field of urogynecology has expanded to address anatomical dysfunction that leads to incontinence, prolapse, and pain. The rise in surgical options has impacted the pelvic rehabilitation professional as they determine the use of their services to prevent, improve, or resolve issues that arise before or after these complex procedures. Multiple studies demonstrating outcomes of the most popular procedures are emerging measuring everything from failure rates to complication incidence to quality of life. Growing evidence has provided some information as to the value of physical therapy interventions both in comparison and also postoperatively to reduce some musculoskeletal, neurologic, or integumentary impairments. This session will give an overview of current surgical management of incontinence and pelvic organ prolapse, describe the outcome literature, and discuss relevant concepts regarding complications and PT preoperative, perioperative, and postoperative management.
Advanced
SECTION ON WOMEN’S HEALTH: COMPLEX PATIENTS
8:00 am–10:00 am  ACC–203 A  WH-3A-1620
Speakers: Holly Tanner, PT, DPT, MA, OCS, WCS, LCSM, PRPC, BCB-PMD, M. J. Strausbaugh, PT, DPT, BCB-PMD, Jenny Kurz, PT, DPT, ATC, CLT-LANA, Christina Marino, PT, DPT, CLT, Andrea Wise, PT, DPT, CLT, WCS, Nadia Van Diepen, PT, DPT, WCS
Join us for 6 complex case presentations on male pelvic health. Topics include pelvic pain, pudendal neuralgia, return to sports, lymphedema and combinations. The presentations will cover signs, symptoms and clinical reasoning. Ample time is given to ask questions regarding treatment design and expected outcome.
Advanced

WHAT DOES MOVEMENT HAVE TO DO WITH URINARY URGENCY?
11:00 am–1:00 pm  ACC–204 B  WH-3B-7396
Speakers: Theresa (Tracy) Spitznagle, PT, DPT, MHS, Karla Wente, PT, DPT, Jennifer Miller, PT, DPT
The new vision statement for APTA, “Transforming society by optimizing movement to improve the human experience,” sets the standard for how physical therapists should practice. Examination and treatment of movement impairments provides the framework for PTs to determine which movements or sustained postures contribute to the patient’s symptoms. As women’s health PTs, we treat medical conditions like urinary urgency. What does movement have to do with urinary urgency? Physical therapy interventions for patients with urinary urgency typically target both the muscle and neural input to the region. This session will provide a theoretical perspective, based on current evidence, about why movement testing of the pelvic musculature, spine, and hips should be done in individuals with urinary urgency. A case example followed by clinical data from a retrospective chart review will provide insight into movement diagnoses that were common among patients with urinary urgency.
Intermediate

THE WHO, WHAT, AND HOW OF ACL INJURY PREVENTION IN FEMALES
11:00 am–1:00 pm  M–Platinum Blrm 4  SP-3B-7375
Joint Program: See Sports for more details

MEDITATION AND MINDFULNESS IN PT PRACTICE FOR IMPROVED OUTCOMES, HAPPY CLINICIANS, AND A HEALTHY WORKPLACE
11:00 am–1:00 pm  ACC–201 A  ON-3B-4000
Joint Program: See Oncology for more details

BOLDNESS, BRASS, AND STILETTOS: CLIMBING THE CAREER LADDER
11:00 am–1:00 pm  ACC–203 A  WH-3B-0214
Joint Program: Oncology
Speakers: Nicole L. Stout, PT, DPT, CLT-LANA, Ann Wendel, PT, ATC, CMTPT, Carole Lewis, PT, DPT, PhD, GCS, Lisa Saladin, PT, PhD, FASAHP, FAPTA, Lisa D. VanHoose, PT, PhD
Workforce demographic data demonstrate that the physical therapy profession is heavily dominated by women. While women participate in many aspects of clinical practice, leadership, education, and research, there are prevalent perspectives among the physical therapy community that women struggle to achieve leadership roles. This session will explore how successful women in business, academic, and research settings have climbed the career ladder and how they turned barriers into opportunities. The panel participants will highlight their individual experiences, as well as research suggesting that women’s pathways to success encounter different challenges and that women have different styles and different needs in mentorship, leadership development, communication skills, and business strategy development. The interactive discussion with panelists and audience will aim to highlight experiences that will benefit both genders’ understanding of how women can succeed and help to grow and foster better work environments.
Advanced
MANAGEMENT OF CHRONIC TESTICULAR PAIN
3:00 pm–5:00 pm  ACC–204 B  WH-3C-6415
Joint Program: Oncology
Speakers: Ramona C. Horton, PT, MPT, Jolene L. Faught, PT, MPT

The etiology of chronic testicular pain is varied, frequently idiopathic, and leads to frustration because there is no standard evaluation or any well-established effective treatment protocols. Many of these patients will see multiple practitioners, of which PTs are rarely included, only to end up with surgical intervention such as denervation procedures or orchiectomy. Surprisingly, many common origins of testicular pain are a result of musculoskeletal dysfunction and fall comfortably within the realm of the sports, orthopedic, and pelvic dysfunction physical therapist. Thoracolumbar, pelvic, abdominal, and hip dysfunctions are found to be a common cause of testicular pain. Clinicians need to be asking not only the right but often embarrassing questions in order to ensure their patients and athletes are getting the care they need. This session will discuss the anatomy of the musculoskeletal structures that can refer to and cause pain in the testicular/scrotal region, differential diagnosis, and treatment planning for these patients.

Intermediate

THE EFFECTS OF CERVICOTHORACIC STIFFNESS ON THE LUMBOPELVIC/PELVIC FLOOR REGION
3:00 pm–5:00 pm  ACC–203 A  WH-3C-3512

Speaker: Susan C. Clinton, PT, DScPT, COMT, OCS, WCS

Look beyond the traditional regional approach of pelvic floor physical therapy and understand how addressing dysfunctions of the thoracic/cervical spine and TMJ region can positively affect lumbopelvic dysfunction. This session will expand your current practice through evidence-based and biological plausible methods of examination and intervention of upper quarter dysfunctions to the lower quarter region. Learn how the effects of intra-abdominal pressure with trunk/cervical/TMJ dysfunction results in decreased performance and fatigue of the pelvic floor musculature. The concepts of how upper quarter regional dysfunction influence musculoskeletal dysfunction will include the effects on diastasis rectus abdominus, episiotomy, prolapse, incontinence, GI dysfunction, and lumbo/abdomino/pelvic pain. The speakers will review the anatomy and physiology of the system, from the glottis to the pelvic floor, with links of clinical reasoning for expanding intervention of manual therapy, movement, and exercise.

Multiple Level
THURSDAY, FEBRUARY 18

CLINICAL ELECTROPHYSIOLOGY AND WOUND MANAGEMENT

PLATFORM PRESENTATIONS 1
8:00 am–10:00 am  | ACC–212 A
CR-1A-8175
Moderator: Kathleen Galloway, PT, DSc, ECS

Introduction 8:00 am–8:03 am
Speaker: Kathleen Galloway, PT, DSc, ECS

Effectiveness of the Wii at Improving Balance in Older Adults: A Systematic Review
8:03 am–8:16 am
Speaker: Bonni Kinne, PT, MSPT, MA

Does Repeated Use of Electrodes Affect Force Production With NMES? A Comparison of Carbon Versus Adhesive Electrodes
8:16 am–8:30 am
Speaker: Richard McKibben, PT, DSc, ECS

The Breathing Arm: Respiratory Synkinesis in Obstetric Palsy—A Case Report
8:30 am–9:00 am
Speaker: Richard McKibben, PT, DSc, ECS

Current Trends in Modality Usage and Clinicians’ Perceptions of Effectiveness and Importance in Physical Therapy Clinical Practice and DPT Curriculum
9:00 am–9:15 am
Speaker: James Bellew, EdD

Does Loss of a Community Walking Speed Lead to More Symptoms of Depression in Knee OA? A Trajectory Analysis From the Osteoarthritis Initiative (OAI)
9:15 am–9:34 am
Speaker: Daniel White, PT, ScD, MSc

The Effect of Continuous Direct Current Iontophoresis on Skin Resistance Over Time
9:34 am–10:00 am
Speaker: Thomas Nolan, PT, DPT, MS

GERIATRICS

PLATFORM PRESENTATIONS 1
8:00 am–10:00 am  | ACC–202 A
GR-1A-8175
Moderator: Kathleen Galloway, PT, DSc, ECS

Introduction 8:00 am–8:03 am
Speaker: Kathleen Galloway, PT, DSc, ECS

Determining Whether a Function-Based Home Exercise Program With Follow-Up Consults Can Reduce the Risk of Falls Compared to Standard Physical Therapy Programs in the Elderly
8:16 am–8:29 am
Speaker: Estelle Gallo, PT, DPT, NCS

Design & Development of Decision Trees for Prosthetic Socket Management: An Innovative Tool for Educating Older Adults
8:29 am–8:42 am
Speaker: Daniel Lee, PT, DPT, GCS

Early Service Learning Opportunities for Physical Therapy Students With Older Adults: A Unique Partnership With Community-Based Falls Prevention Programs
8:42 am–8:55 am
Speaker: Amanda Stewart

Exaggerated Modulation of Dorsiflexor MEPs During Plantarflexion Correlates With Gait Dysfunction Post Stroke
8:55 am–9:08 am
Speaker: Caitlin Banks

Cardiovascular Risks Associated With Clinical and Laboratory Gait Assessments in Chronic Stroke
9:08 am–9:21 am
Speaker: Jennifer Vincenzo, PT, PhD, MPH, CHES, GCS

The Mediating Role of Depressive Symptoms in the Relationship Between Chronic Pain and Sedentary Behavior in Older Adults: A Secondary Analysis of the Southeastern Pennsylvania Household Health Survey 2012
9:21 am–9:34 am
Speaker: Peter Coyle, PT, DPT

Weight-Bearing Asymmetry After Hip Fracture Predicts Physical Function
9:34 am–9:47 am
Speaker: Robert Briggs, PT, DPT

Capacity for Functional Improvement in a Medically-Complex Skilled Nursing Facility Population: Preliminary Results
9:47 am–10:00 am
Speaker: Allison Kosir, PT, DPT

NEUROLOGY

PLATFORM PRESENTATIONS 1:
STROKE REHABILITATION AND RECOVERY
3:00 pm–5:00 pm  | H–Pacific Birm A
NE-1C-4204
Moderator: Ryan Duncan, PT, DPT

Introduction 3:00 pm–3:08 pm
Speaker: Ryan Duncan, PT, DPT

Priming the Motor Cortex With Excitatory rTMS to Augment Functional Task Practice Post Stroke
3:08 pm–3:22 pm
Speaker: Gerard Fluet, PT, DPT, PhD

Primed Motor Cortex With Excitatory rTMS During Plantarflexion Correlates With Gait Dysfunction Post Stroke
3:22 pm–3:36 pm
Speaker: Gerard Fluet, PT, DPT, PhD

Cardiovascular Risks Associated With Clinical and Laboratory Gait Assessments in Chronic Stroke
3:36 pm–3:50 pm
Speaker: Marian Rose, PhD

Benefits of an Activity Monitoring Program in Conjunction With Fast Treadmill Training in Chronic Stroke Survivors
3:50 pm–4:04 pm
Speaker: Jane Woodward, PT, DPT, NCS

Benefits of an Activity Monitoring Program in Conjunction With Fast Treadmill Training in Chronic Stroke Survivors
4:04 pm–4:18 pm
Speaker: Jane Woodward, PT, DPT, NCS

Soft Wearable Robots Can Reduce the Energy Cost of Poststroke Walking: A Proof-of-Concept Study
4:18 pm–4:32 pm
Speaker: Louis Awad, PT, DPT, PhD
<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am–8:00 am</td>
<td>Rogelio Coronado, PT, PhD, CSCS, FAAOMPT</td>
<td>Introduction</td>
</tr>
<tr>
<td>8:00 am–8:15 am</td>
<td>Tanvi Bhatt, PT, PhD</td>
<td>Reliability and Criterion Validity of the Gyroscope Application of the iPod to Measure Cervical Range of Motion in Participants With and Without Neck Pain 9:30 am–9:45 am</td>
</tr>
<tr>
<td>8:45 am–9:00 am</td>
<td>Michael Lewek, PT, PhD</td>
<td>Does Level of Motor Impairment Affect Reactive Adaptation, Transfer, and Retention to Repeated Slip Perturbation Training? 4:45 pm–5:00 pm</td>
</tr>
<tr>
<td>9:00 am–9:15 am</td>
<td>Ryan Epstein</td>
<td>Learning to Restore Gait Symmetry Post Stroke: A Randomized Controlled Trial 4:32 pm–4:46 pm</td>
</tr>
<tr>
<td>9:00 am–9:15 am</td>
<td>James Dunning, PT, DPT, MSc, MMACP (UK), FAAOMPT</td>
<td>The Examination of Patient Expectations Associated With Manipulation-Modulated Pain Ratings and Signal Changes Using Blood Oxygenation Level-Dependent (Bold) Functional Magnetic Resonance Imaging (fMRI) 8:00 am–8:15 am</td>
</tr>
<tr>
<td>9:45 am–10:00 am</td>
<td>Yannick Tousignant-Laflamme, PhD</td>
<td>Gyroscope Application of the iPod to Measure Cervical Range of Motion in Participants With and Without Neck Pain 9:30 am–9:45 am</td>
</tr>
<tr>
<td>9:45 am–10:00 am</td>
<td>Rebekah Lawrence, PT, DPT</td>
<td>Potential Associations Between Chronic Whiplash and Incomplete Spinal Cord Injury 9:45 am–10:00 am</td>
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<tr>
<td>10:00 am–10:15 am</td>
<td>Max Jordan, PT, DPT</td>
<td>Linking Brain Activity With Changes in Trunk Movement Patterns in Patients With Recurrent and Chronic Back Pain 9:15 am–9:30 am</td>
</tr>
<tr>
<td>11:00 am–11:15 am</td>
<td>Paul Mintken, PT, DPT, OCS, FAAOMPT</td>
<td>Ultrasound Shear Wave Elastography Imaging of the Deep Cervical Extensor Muscles in Individuals Without Spinal Pain 11:00 am–11:15 am</td>
</tr>
<tr>
<td>11:15 am–11:30 am</td>
<td>Anna Thackeray, PT, PhD, MPH</td>
<td>Predicting Physical Therapy Participation Among Newly Consulting Patients With Low Back Pain Referred to Physical Therapy 11:15 am–11:30 am</td>
</tr>
<tr>
<td>11:30 am–11:45 am</td>
<td>Megan Donaldson, PT, PhD, FAAOMPT</td>
<td>Efficacy of a General Lumbar Stabilization/ Strengthening Exercise Program Versus Lumbar Stabilization/Motor Control in Youth Athletes With Spondylolisthesis: A Randomized Clinical Trial 11:30 am–11:45 am</td>
</tr>
<tr>
<td>11:45 am–12:00 pm</td>
<td>Paul Mintken, PT, DPT, OCS, FAAOMPT</td>
<td>Examination of Prognostic Variables to Identify Patients With Shoulder Pain Likely to Benefit From Cervicothoracic Manipulation: A Multicenter Randomized Clinical Trial 11:45 am–12:00 pm</td>
</tr>
<tr>
<td>12:00 pm–12:15 pm</td>
<td>Paul Mintken, PT, DPT, OCS, FAAOMPT</td>
<td>Optimism Moderates the Influence of Pain Catastrophizing on Shoulder Pain Outcome: A Longitudinal Analysis 12:00 pm–12:15 pm</td>
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<tr>
<td>12:15 pm–12:30 pm</td>
<td>Paul Mintken, PT, DPT, OCS, FAAOMPT</td>
<td>The Interaction of Humeral Retroversion and Elevation on Supraspinatus Subacromial Compression During a Simulated Reaching Task 12:15 pm–12:30 pm</td>
</tr>
<tr>
<td>12:45 pm–1:00 pm</td>
<td>Justin Staker, PT, MPT, OCS, SCS</td>
<td>Beyond Arthrogenic Muscle Inhibition as a Cause of Lower Quadriceps MVC in Persons With Knee OA 12:45 pm–1:00 pm</td>
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<tr>
<td>1:00 pm–1:15 pm</td>
<td>David Selkowitz, PT, PhD, OCS, FAAOMPT</td>
<td>Comparison of Hip Kinematics and Kinetics in Persons With and Without Cam Femoroacetabular Impingement During a Deep Squat Task 1:00 pm–1:15 pm</td>
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<tr>
<td>1:15 pm–1:30 pm</td>
<td>Thiago Fukuda, PhD</td>
<td>Beyond Arthrogenic Muscle Inhibition as a Cause of Lower Quadriceps MVC in Persons With Knee OA 1:15 pm–1:30 pm</td>
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<tr>
<td>1:30 pm–1:45 pm</td>
<td>Ryan Epstein</td>
<td>The Effects of Patellofemoral Taping on Patellofemoral Joint Alignment and Contact Area 1:30 pm–1:45 pm</td>
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<tr>
<td>1:45 pm–2:00 pm</td>
<td>Tanvi Bhatt, PT, PhD</td>
<td>Cost-Effectiveness Analysis of the Timing of Rehabilitation Following Rotator Cuff Repair 1:45 pm–2:00 pm</td>
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<tr>
<td>2:00 pm–2:15 pm</td>
<td>Tanvi Bhatt, PT, PhD</td>
<td>Improvement in Functional Magnetic Resonance Imaging of the Deep Cervical Extensor Muscles in Individuals Without Spinal Pain 2:00 pm–2:15 pm</td>
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<td>The Interaction of Humeral Retroversion and Elevation on Supraspinatus Subacromial Compression During a Simulated Reaching Task 2:45 pm–3:00 pm</td>
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<td>3:00 pm–3:15 pm</td>
<td>Tanvi Bhatt, PT, PhD</td>
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<td>4:00 pm–4:15 pm</td>
<td>Tanvi Bhatt, PT, PhD</td>
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Platform Presentations

PEDIATRICS

PLATFORM PRESENTATIONS 1
8:00 am–10:00 am  H–California Blrm A
PD-1A-0871
Moderator: Jill Heathcock, PT, MPT, PhD
Introduction
8:00 am–8:15 am
Moderator: Jill Heathcock, PT, MPT, PhD
Cross-Sectional Comparison of Impairments in Young and Older Children With Cerebral Palsy
8:15 am–8:30 am
Speaker: Lynn Jeffries, PT, DPT, PhD
Does Attendance at an Adapted Sports Camp Increase Activity Levels in Children With Cerebral Palsy?
8:30 am–8:45 am
Speaker: Sara Scholtes, PT, DPT, PhD
Active Video Games to Promote Physical Activity in Ambulatory Youth With Cerebral Palsy
8:45 am–9:00 am
Speaker: Margaret O’Neil, PT, PhD, MPH
Relationships of Technical and Functional Gait Measures in Patients With Cerebral Palsy
9:00 am–9:15 am
Speaker: Christina Bickley, PhD
Surgical Burden and Recovery of Walking Performance in Youth With Cerebral Palsy
9:15 am–9:30 am
Speaker: Nancy Lennon, PT, MS
Characterization of Therapy Services for Children With Cerebral Palsy
9:30 am–9:45 am
Speaker: Robert Palsiano, PT, ScD, FAAPA

SPORTS PHYSICAL THERAPY

PLATFORM PRESENTATIONS 1: ADVANCES IN RETURN TO SPORT CONSIDERATIONS FOLLOWING ACLR
3:00 pm–5:00 pm  M–Platinum Blrm 7
SP-1C-9960
Moderator: Charles Thigpen, PT, PhD, ATC
Introduction
3:00 pm–3:00 pm
Moderator: Charles Thigpen, PT, PhD, ATC
Psychological Factors Are Related to Symmetry After ACL Reconstruction
3:00 pm–3:10 pm
Speaker: Ryan Zarzycki, PT, DPT
Does Timing of Neuromuscular Training Affect Kinesiophobia, Knee Function, and Return-to-Sport Outcomes?
3:10 pm–3:20 pm
Speaker: Celeste Dix
Increased Proportion of 2nd ACL Injury in Patients With High Confidence After ACL Reconstruction and Return to Sport
3:20 pm–3:30 pm
Speaker: Mark Paterno, PT, PhD, MBA, SCS, ATC
Young Athletes After ACL Reconstruction Cleared for Sports Participation: How Many Actually Meet Recommended Return-to-Sport Criteria?
3:30 pm–3:40 pm
Speaker: Allison Toole, PT, DPT
Differences in Function and Strength Across Maturational Levels in Young Athletes After ACLR
3:40 pm–3:50 pm
Speaker: Adam Paljieg
Women Who Undergo ACLR Have Poorer Outcomes Than Men Who Undergo ACLR and Women Who Choose Nonoperative Management for Up to 2 Years
3:50 pm–4:00 pm
Speaker: Kathleen Cummer, PT, DPT, PhD
Do Recommended Return to Sport Criteria Predict Successful Sports Participation in Young Athletes After ACLR Reconstruction?
4:00 pm–4:10 pm
Speaker: Laura Schmitt, PT, PhD
A Comparison of Limb Symmetry Indices vs. Estimated Preinjury Capacity Quadricipit Index at Time of Return to Sport After Conteralateral ACLR
4:10 pm–4:20 pm
Speaker: Christin Zwolski, PT, DPT, OCS
The Impact of Quadricipit Strength Symmetry at Return to Sport on Longitudinal Function in Young Athletes After ACL Reconstruction
4:20 pm–4:30 pm
Speaker: Alex Attenburger
Longitudinal Knee Loading Deficits in Running in Individuals Status Post ACL Reconstruction
4:30 pm–4:40 pm
Speaker: Paige Lin, MS

FRIDAY, FEBRUARY 19

ACUTE CARE

PLATFORM PRESENTATIONS 1
8:00 am–10:00 am  ACC–205 B
AC-2C-9960
Moderator: Barbara Smith, PT, PhD
Introduction
8:00 am–8:04 am
Moderator: Barbara Smith, PT, PhD
Feasibility and Safety of Early Mobility of the Neurocritical Care Patient With an External Ventricular Device
8:04 am–8:17 am
Speaker: William Pino, PT, DPT
Development of a Functional Fall Risk Assessment Tool for the Acute Care Setting: A Pilot Study
8:17 am–8:30 am
Speaker: Kristine Josef, PT, DPT, NCS
Outcome Measures in Physical Therapy Management of Patients in Acute Care Hospitals
8:30 am–8:43 am
Speaker: Teresa Bachman, PT, DPT
Effect of TENS on Ischemic Pain: A Systematic Review
8:43 am–8:56 am
Speaker: James Smith, PT, DPT
Effect of Threshold Inspiratory Muscle Training on Pulmonary Functions in Patients Undergoing Coronary Artery Bypass Graft Surgery
8:56 am–9:09 am
Speaker: Ashraf Elmarakby, PT, PhD
Frequency of Non- or Low-Urgent Musculoskeletal Conditions Presenting to the Emergency Department: Preliminary Considerations for Direct Triage to a Physical Therapist
9:09 am–9:22 am
Speaker: Stacie Fruth, PT, DPT, OCS
Differential Diagnosis and Management of a Quadricipit Tendon Rupture by a Physical Therapist Practicing in an Emergency Department: A Case Study
9:22 am–9:35 am
Speaker: Michael Brickens, PT
Acute Care Management and Treatment of Arachnoiditis, Hydrocephalus, and Cauda Equina Syndrome Following an Epidural Injection for Lumbar Radiculopathy
9:35 am–9:48 am
Speaker: Sarah Gross, PT, DPT

PLATFORM PRESENTATIONS 2
3:00 pm–5:00 pm  ACC–205 B
AC-2C-9960
Moderator: Barbara Smith, PT, PhD
Introduction
3:00 pm–3:04 pm
Moderator: Barbara Smith, PT, PhD
How to Implement a Transdisciplinary Early Activity Program in Your ICU
3:04 pm–3:17 pm
Speaker: Jason Seltzer, PT, DPT
Ensuring Clinical Competence in the Intensive Care Unit: A Multidisciplinary Rehabilitation Competency Model
3:17 pm–3:30 pm
Speaker: Julie Pittas, PT, DPT
FULL-TIME FACULTY POSITIONS  
DOCTOR OF PHYSICAL THERAPY PROGRAM  
MOUNT SAINT MARY’S UNIVERSITY • LOS ANGELES, CA

Mount Saint Mary’s University provides doctoral education to a diverse student body culminating in physical therapists with sound clinical reasoning in a variety of settings who are committed to professional and personal development, social citizenship and ethical, compassionate care. A core component of the mission of the University and Program is building leadership skills to foster the spirit to serve others. Mount Saint Mary’s University is a liberal arts college with two historic college campuses in Los Angeles. The Doctor of Physical Therapy Program (DPT) is located on the historic Doheny Campus celebrating more than 30 years of physical therapy education. The Department recently developed a Center for Research and Experiential Learning and is currently involved in developing the University Wellness Pavilion and programming.

Mount Saint Mary’s University invites applicants for two eleven-month, tenure-track faculty appointments at the assistant or associate level in the DPT Program. One position requires expertise in musculoskeletal physical therapy. This position will be instrumental in developing the DPT program's role in the University Wellness Pavilion and Wellness Initiatives in collaboration with the Director of Sports and Wellness. For the second position, preference will be given to applicants with expertise in: cardiopulmonary, pediatrics, research and specialty practices. Applicants will teach and coordinate content in their area of expertise. Experience or interest in one or more of the following is important: inter-professional collaboration in teaching and research, and the potential to develop opportunities beyond the traditional program. Applicants with an academic doctorate (Ph.D., Ed.D., D.Sc.) in physical therapy or a related area of study are preferred. A DPT plus a specialty certification would be considered. All applicants must have documented peer-reviewed research, clinical experience and evidence of strong teaching and communication skills. Applicants must hold or be eligible for physical therapy licensure in California.

Successful applicants will be expected to provide leadership in ongoing curriculum development, integration and assessment. Faculty are also expected to participate in student advisement, have an active scholarly agenda, participate in Department and University committees and be active in professional organizations.

Salary and rank is commensurate with education and experience. Review of applicants begins immediately and will continue until the position is filled. Letter of interest and Curriculum Vitae should be mailed to:

Julia Chang, PhD; Search Committee Chair  
Doctor of Physical Therapy Program  
Mount Saint Mary’s University  
10 Chester Place; Los Angeles, CA 90007

For additional information email jchang@msmu.edu or call 213-477-2982

Mount Saint Mary’s University is an equal opportunity employer. The University is thoroughly committed to providing equal employment opportunities for all job applicants and employees, and to providing a work environment that is free from harassment, discrimination and retaliation.

Applicants must be able to provide proof of eligibility to work in the United States. The University will not assist applicants with any visa matter. A background check will be required.

www.msmu.edu
Rehabilitation in the ICU: An Advanced Practice Course for Physical Therapist Students
3:30 pm–3:43 pm
Speaker: Kathy Lee Bishop, PT, DPT, CCS

Experience in the Acute Hospital Setting: A Model Service Learning Program for Students in Early Assurance Dual Degree Programs
3:43 pm–3:56 pm
Speaker: Kathleen Pappas, PT, DPT

Implementation of an Early and Aggressive Mobility Program for Patients in the ICU
3:56 pm–4:09 pm
Speaker: Daniel Evans, PT, DPT

Multidisciplinary Collaboration to Improve Early Mobility Utilizing an Embedded Therapy Model in Multiple Intensive Care Units
4:09 pm–4:22 pm
Speaker: Patrick Cornelius, PT, DPT, CCS, ATC

Methods Approach
8:40 am–9:00 am
Speaker: Mary Christenson, PT, PhD

Water Pool in Rural Colorado: A Mixed-Model for Building and Sustaining a Warm Partnering With Communities to Develop a Program for Individuals With Spinal Cord Injury: A Case Study
8:20 am–8:40 am
Speaker: Elizabeth Sasso, PT, DPT, NCS

Cardiovascular and Strength Training Health and Fitness Benefits of an Aquatic Program for Ambulatory Children and Adolescents With Cerebral Palsy
8:00 am–8:20 am
Speaker: Kelly Greve, PT, DPT, PCS

Development of an Aquatic Wellness Program for Ambulatory Children and Adolescents With Cerebral Palsy
8:00 am–8:00 am
Moderator: Yasser Salem, PT, MS, PhD, NCS, PCS

Introduction
8:00 am–8:15 am
Moderator: Chris Wells, PT, PhD, CCS, ATC

Effects of Early Exercise-Based Cardiac Rehabilitation on Functional Capacity in Post-Event CAD Patients: A Randomized Controlled Trial
8:15 am–8:30 am
Speaker: Mohammad Hadadzadeh, PT, MPT, PhD, PDCR

The Effects of Postoperative Depression on Health-Related Quality of Life in Adults Following Open Heart Surgery: A Systematic Review
8:30 am–8:45 am
Speaker: John Sanko, EdD

The Timed Up and Go (TUG) and 2-Minute Walk Test (2MWT): Important Functional Outcome Measures for Acute Rehabilitation and the Postoperative Cardiac Population
8:45 am–9:00 am
Speaker: Lindsay Ashmont, PT, DPT

Description of Physical Therapy Management for 2 Patients With Auxillary Intra-aortic Balloon Pumps
9:00 am–9:15 am
Speaker: Natalia Fernandez, PT, Msc, MS, CCS

Functional Mobility and Ambulation Under Multiple Conditions of Concurrent Centrimag Ventricular Assistive Devices in a Single Patient: A Case Report
9:15 am–9:30 am
Speaker: Kerry Lammers, PT, DPT

Recommendations of Care in Aquatic Therapy for Individuals With Cerebral Palsy GMFCS Levels I-V: An Update on the Evidence
9:00 am–9:20 am
Speaker: Michelle Menner, PT, MPT, CBIS

The Effects of Aquatic Therapy Interventions on Pain and Function of Adults With Complex Regional Pain Syndrome: A Case Study
9:20 am–9:40 am
Speaker: Karissa Smith

The Effects of Aquatic Therapy on Neuromuscular Disease: A Review of the Literature
9:40 am–10:00 am
Speaker: Gina Wolf

Chronic Fatigue Syndrome/Myalgic Encephalomyelitis
9:30 am–9:45 am
Speaker: Todd E. Davenport, PT, DPT, OCS

PLATeFRoM PREsENTATIONS 2
11:00 am–1:00 pm
M–Orange County Birm 2
CP-2B-9966

Introduce
11:00 am–11:00 am
Moderator: Chris Wells, PT, PhD, CCS, ATC

The Development of Normative Values Across the Lifespan (20-79) for the Test of Incremental Respiratory Endurance (TIRE)
11:00 am–11:15 am
Speaker: Lawrence P. Cahalin, PT, PhD

Balance Deficits in Pulmonary Rehabilitation
11:15 am–11:30 am
Speaker: Heidi Tymkew, PT, DPT, MHS, CCS

Systematic Review on the Effect of Rollator Walker on Improving Functional Exercise Capacity in Patients With COPD
11:30 am–11:45 am
Speaker: William R. VanWye, PT, DPT, ACSM-CEP, CSCS

Improving the Quality of Exercise Prescription for Patients Readmitted Within 18 Months After Lung Transplant
11:45 am–12:00 pm
Speaker: Claire Child, PT, DPT, MPH, CCS

Functional Electrical Stimulation Cycling Pre and Post Bilateral Orthotropic Lung Transplantation: A Case Report
12:00 pm–12:15 pm
Speaker: Kathleen Decina

Movement-Based Video Games as an Alternative Mode of Aerobic Exercise in Cystic Fibrosis: A Systematic Review
12:15 pm–12:30 pm
Speaker: Robert Derkaklod, PT, MPT, CCS

High-Intensity Interval Training vs. Continuous Training in a Rat Model of Pulmonary Hypertension: Impact on Aerobic Capacity, Hemodynamics, and Right Ventricular Remodeling
12:30 pm–12:45 pm
Speaker: Mary Beth Brown, PT, PhD

EDUCATION

PLATeFRoM PREsENTATIONS 1
8:00 am–10:00 am
ACC–209 A
ED-2A-1569

Moderator: Merry Lynne Hamilton, PT, DPT, PhD

Introduction
8:00 am–8:15 am
Moderator: Merry Lynne Hamilton, PT, DPT, PhD
Platform Presentations

GERIATRICS

FEDERAL PHYSICAL THERAPY

PLATFORM PRESENTATIONS 1
8:00 am–10:00 am M–Grand Birm G
FD–2A–3227
Moderator: Jonathan Glasberg, PT, DPT, MA, ATP

Introduction
8:00 am–8:05 am
Moderator: Jonathan Glasberg, PT, DPT, MA, ATP

How to Start Primary Prevention and Outpatient Cardiac Rehabilitation Programs at Your VA Center or CBOC
8:05 am–8:30 am
Speaker: Morgan Johanson, PT, MSPT, CCS

Business Metrics in Military Physical Therapy
8:30 am–8:55 am
Speaker: Scott Gregg, PT, MSPT

Using Big Data to Identify Future Risk of Disability and Personalize Care for 500,000 Soldiers
8:55 am–9:20 am
Speaker: Ian Lee, PT, DSc, MHA, MBA

Analysis of the Department of Veterans Affairs Physical Therapy Services and Physical Therapy Educational Offerings
9:20 am–10:00 am
Speaker: William Wenninger, PT, MS

PLATFORM PRESENTATIONS 2
11:00 am–1:00 pm M–Grand Birm G
FD–2B–3233
Moderator: Jonathan Glasberg, PT, DPT, MA, ATP

Introduction
11:00 am–11:05 am
Moderator: Jonathan Glasberg, PT, DPT, MA, ATP

CSM 2016: Women in the Next Generation Military
11:05 am–11:35 am
Speaker: Andrea Crunkhorn, PT, DPT, CSCS

Session handouts are available at www.apta.org/CSM. Use code CSM2016.
#108  Orthopedic Special Tests  
Dawn T. Guilick, PhD, PT, ATC, CSCS  
October 1, 2016  St. Louis, MO  
October 15, 2016  Seattle, WA  
November 5, 2016  Atlanta, GA

#110  Brian Hoke’s Biomechanics of the Foot and Ankle  
Brian Hoke, DPT SCS  
February 6-7, 2016  Los Angeles, CA  
April 23-24, 2016  Indianapolis, IN  
May 7-8, 2016  Brooklyn, NY  
October 1-2, 2016  St. Petersburg, FL  
November 12-13, 2016  Tucson, AZ

#111  Brian Hoke’s Advanced Level  
Biomechanics of the Foot and Ankle  
Brian Hoke, DPT SCS  
June 11-12, 2016  Scottsdale, AZ  
July 23-24, 2016  Atlanta, GA

#114  Donatelli’s Pathophysiology and  
Mechanics of the Shoulder with Lab  
Robert Donatelli, PhD, PT, OCS  
March 5-6 2016  Orlando, FL  
May 14-15 2016  Houston, TX  
July 16-17 2016  San Antonio, TX  
July 30-31 2016  Atlanta, GA

#150  Orthopedic Certification Specialist  
Exam Preparatory Course  
Eric Wilson, PT, DSc, OCS, SCS, CSCS  
October 22-23, 2016  Scottsdale, AZ  
November 12-13, 2016  Reston, VA

#147  Evaluation and Management of the  
Lumbar/SI/Hip Complex  
Brian Swanson, PT CS, COMT, OMT, FAAOMPT  
July 23-24, 2016  Los Angeles, CA  
October 1-2, 2016  Brooklyn, NY  
November 5-6, 2016  Winston Salem, NC

#179  OSTEOPOROSIS: A Comprehensive  
Treatment Strategy Level 1  
Sara M. Meeks, P.T., M.S., G.C.S., K.Y.T.  
March 19-20, 2016  Charlotte, NC  
April 9-10, 2016  Orlando, FL  
April 30-1, 2016  Pensacola, FL  
September 17-18, 2016  Seattle, WA  
October 15-16, 2016  Columbia, SC

#215  Vestibular Rehabilitation: Evaluation and  
Treatment to Decrease Dizziness and Restore  
Balance  
Brady Whetten, PT, DPT, GCS  
March 12-13, 2016 Little Rock, AR  
October 15-16, 2016  New Orleans, LA  
November 4-5, 2016  Houston, TX

#216  Vestibular, Oculomotor and Balance  
Rehabilitation  
Wendy Wood, DPT, GCS  
June 16-19, 2016  Alexandria, VA  
August 5-6, 2016  Atlanta, GA

#311  Introduction to Pediatric NDT  
Marcia Stamer, MH, PT, C/NDT  
March 4-5, 2016  Oklahoma City, OK  
May 13-14, 2016  Indianapolis, IN  
September 10-11, 2016  Houston, TX

#324  Vestibular Rehabilitation for Children  
Rose Maria Rino, P.T., Ph.D  
February 27-28, 2016  Cleveland, OH  
September 30-1, 2016  Dallas, TX  
November 11-12, 2016  Oklahoma City, OK

#384  Kinesio Taping Fundamental Concepts,  
Advanced Concepts and Corrective –K1, K2  
Patricia Martin, PT, CKTI  
February 26-27, 2016  Dallas, TX  
April 2-3, 2016  Phoenix, AZ  
April 22-23, 2016  St Louis, MO  
September 9-10, 2016  Atlanta, GA

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<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
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<tbody>
<tr>
<td>3:36 pm–3:50 pm</td>
<td>Speaker: Alicia Flach, PT, DPT, NCS</td>
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<tr>
<td>Modulation of Gait Speed in Prodromal and Early Manifest Huntington Disease</td>
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<td>3:50 pm–4:04 pm</td>
<td>Speaker: Franchina Porciuncula, PT, DS&amp;PT</td>
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<tr>
<td>Factors Impacting Mobility in Parkinson Disease: Evaluating the Contribution of Age, Disease Severity, and Executive Function</td>
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<tr>
<td>4:04 pm–4:18 pm</td>
<td>Speaker: Gustavo Christofolloletti, PhD</td>
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<tr>
<td>Identifying Correlations Between Ambulation, Pulmonary Function, and Strength in Individuals With Multiple Sclerosis</td>
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<tr>
<td>4:18 pm–4:32 pm</td>
<td>Speaker: Amy Nichols, PT, DPT</td>
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<tr>
<td>Physical Functioning Over 1, 3, and 5 Years of Exercise Among People With Parkinson Disease: A Prospective Cohort</td>
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<tr>
<td>4:46 pm–5:00 pm</td>
<td>Speaker: Rebecca States, PhD</td>
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<tr>
<td>Instrumented Timed Up and Go Identifies Mobility Impairments Related to Fall Risk in Persons With Multiple Sclerosis</td>
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<td>Reliability and Validity of the Modified Brief Fatigue Inventory and FACT-P: Fatigue in Individuals With Head and Neck Cancer</td>
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<tr>
<td>Speaker: Melissa Eden, PT, DPT, OCS</td>
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<td>Perceptions of Physical Therapists Regarding the Role of Physical Therapists Within Hospice and Palliative Care in the United States and Canada</td>
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<td>Speaker: Christopher Wilson, PT, DPT, DS&amp;PT, OCS</td>
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<tr>
<td>Impaired Scapulothoracic Motion Patterns and Associated Clinical Factors in Women With History of Breast Cancer</td>
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<td>Speaker: Bryan Spinelli, PT, MS, OCS, CLT</td>
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<td>Breast Cancer Survivors’ Perceptions of Lymphedema Education: Identifying the Inconsistencies in the Educational Process</td>
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<td>Speaker: Lindsey Hanna, PT, DPT</td>
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<td>Effect of a Web-Based Decision Support Intervention to Improve Work Ability in Breast Cancer Survivors</td>
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<td>Speaker: Mary Sesto, PT, PhD</td>
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<td>Cluster Impairments in Women Diagnosed With Breast Cancer Within a Prospective Surveillance Model</td>
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<td>Speaker: Shana Harrington, PT, PhD, SCS, MTC</td>
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<td>Screening and Examination for Early Identification of Shoulder Impairment in a Prospective Surveillance Model for Women With Breast Cancer</td>
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<td>Speaker: Mary Fisher, PT, PhD, OCS</td>
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<td>Orthopaedics</td>
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<td>8:00 am–10:00 am</td>
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<td>PLT</td>
<td>ACC–2949</td>
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<td>Moderator: Kelley Fitzgerald, PT, PhD, FAPTA</td>
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<tr>
<td>Introduction</td>
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<tr>
<td>8:00 am–8:00 am</td>
<td>Moderator: Kelley Fitzgerald, PT, PhD, FAPTA</td>
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<tr>
<td>Walking Complaints May Identify Co-Activation in Knee OA</td>
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<td>8:00 am–8:15 am</td>
<td>Speaker: Annalisa Na, PT, DPT, OCS</td>
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<tr>
<td>Difference in Hip Abductor Strength Between 2 Different Surgical Approaches for Total Hip Arthroplasty</td>
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<tr>
<td>8:15 am–8:30 am</td>
<td>Speaker: Kathleen Madara, PT, DPT</td>
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Platform Presentations

Recovery After Total Hip Arthroplasty: Implications for Timing of Rehabilitation Interventions
8:30 am–8:45 am
Speaker: Federico Pozzi, PT, MA
Mechanical and Neuromuscular Changes With Jump Training Following ACL Reconstruction
8:45 am–9:00 am
Speaker: Audrey Elias, PT, DPT
Use of Physical Therapy in the Management of Knee Osteoarthritis Within the Military Health System
9:00 am–9:15 am
Speaker: Daniel Rohn, PT, DPT, DSc, OCS, FAAOMPT
Sensorimotor Impairments and Functional Performance in People With Knee Osteoarthritis: Support the “Trait” Hypothesis
9:15 am–9:30 am
Speaker: Deborah Givens, PT, DPT, PhD
The Association of Hip Kinematics During a Single Leg Hop Landing and Isometric Hip Strength in Recreational Athletes Following Successful ACL Reconstruction
9:30 am–9:45 am
Speaker: Jeremiah Tate, PT, PhD
Locomotion-Induced Shock Loading and Tibiofemoral Joint Bone Stress Injury
9:45 am–10:00 am
Speaker: Alexa Standerfer

PLATFORM PRESENTATIONS 5
11:00 am–1:00 pm  ACC–303 D
OR–28–9996
Moderator: George Beneck, PT, PhD, OCS
Introduction
11:00 am–11:15 am
Moderator: George Beneck, PT, PhD, OCS
Update on Clinical Research Network (CRN): OPT-IN and OSPRO Cohort Study
11:00 am–11:15 am
Speaker: Steven George, PT, PhD
Upper Cervical and Upper Thoracic Thrust Manipulation Versus Non-Thrust Mobilization and Exercise in Patients With Cervicogenic Headache: A Multicenter Randomized Clinical Trial
11:15 am–11:30 am
Speaker: James Dunning, PT, DPT, MSc, MMAACP, FAAOMPT
Associations Between the StarT Back Screening Tool and the Outcomes of Patients With Acute Low Back Pain Who Meet a Clinical Prediction Rule
11:30 am–11:45 am
Speaker: John Magel, PT, PhD, DSc, OCS, FAAOMPT

Utilization of Spinal Manipulation: A Survey Study
11:45 am–12:00 pm
Speaker: Emilio “Louie” Puente, Dr, PT, DPT, OCS, FAAOMPT
Factors Associated With Surgical Intervention for Low Back Pain in U.S. Army Soldiers
12:00 pm–12:15 pm
Speaker: Joseph Kardouni, PT, DPT, PhD, OCS, SCS
Discriminative and Reliability Assessment of Multifidus Muscle Cross-Sectional Area Measurements From MR Images of Persons With and Without Low Back Pain in Untrained Examiners: A New Clinical Measure
12:15 pm–12:30 pm
Speaker: George Beneck, PT, PhD, OCS
Predicators of Physical Therapy Use Among Older Adults With a New Visit for Back Pain
12:30 pm–12:45 pm
Speaker: Sean Rundell, PT, DPT, PhD, OCS
Can Perprotocol Cuing Selectively Increase Local Extensor Activation During Lumbar Rehabilitation Exercises in Persons With Chronic or Recurrent Low Back Pain?
An EMG Assessment Using Fine Wire Electrodes
12:45 pm–1:00 pm
Speaker: George Beneck, PT, PhD, OCS

PEDIATRICS

PLATFORM PRESENTATIONS 2
8:00 am–10:00 am  H–California Birm A
PD–2A–0874
Moderator: Jill Heathcock, PT, MPT, PhD
Introduction
8:00 am–8:15 am
Moderator: Jill Heathcock, PT, MPT, PhD
Relationship Between General Movement Assessment, Postural Complexity, and the Test of Infant Motor Performance in Infants 4 Months of Age and Younger
8:15 am–8:30 am
Speaker: Stacey Dusing, PT, PhD, PCS
Neonatal Electrical Stimulation of Acupuncture Points: Can Alternative Therapy Relieve Heel Stick Pain in Neonates?
8:30 am–8:45 am
Speaker: Charlotte Yates, PT, PhD, PCS
Infant Discovery-Learning and Lower Extremity Coordination: Influence of Prematurity
8:45 am–9:00 am
Speaker: Barbara Sargent, PT, PhD, PCS
More Than Floor Mobility: Belly Crawler Advances Infant Spatial Cognition
9:00 am–9:15 am
Speaker: Monica Rivera, PT, DPTSc, MS
Balance, Lower Extremity Power, and Flexibility Following 10 Weeks of Taekwondo Training in Children
9:15 am–9:30 am
Speaker: Neeti Pathare, PT, PhD
Predicators of the 6-Minute Walking Test in Hispanic Middle School Youth
9:30 am–9:45 am
Speaker: Annabel Nunez-Gaunaurd, PT, PhD
Reliability of the Arch Height Index in the Pediatric Foot
9:45 am–10:00 am
Speaker: Lisa Drefus, PT, DPT

RESEARCH

RESEARCH SECTION PLATFORM PRESENTATIONS: MARILYN GOSSMAN GRADUATE STUDENT SEMINAR
8:30 am–10:00 am  ACC–205 A
RE–2A–1801
Moderator: Justin Beebe, PT, PhD
Introduction
8:30 am–8:33 am
Moderator: Justin Beebe, PT, PhD
Development of Reference Charts for Functional Recovery Following Total Knee Arthroplasty: A Strategy for Improved Monitoring of Postoperative Rehabilitation
8:34 am–8:50 am
Speaker: Andrew Kittelson, PT, DPT
Examination of Selection Bias in Arthroplasty Research Using Clinically Collected Data
8:51 am–9:07 am
Speaker: Brian Loyd, PT, DPT
Clinical Predictors of Co-activation in Knee OA
9:08 am–9:24 am
Speaker: Annalisa Na, PT, DPT, OCS
Improvements in Sit-to-Stand Task Symmetry With Rehabilitation Targeting Strength and Movement Symmetry After Hip Fracture
9:25 am–9:41 am
Speaker: Robert A. Briggs, PT, DPT
Differential Effects of Moderate and High-Intensity Exercise on Corticomotor Excitability, Intracortical Inhibition, and Intracortical Facilitation
9:42 am–9:58 am
Speaker: Miriam R. Rafferty, PT, DPT, NCS
SPORTS PHYSICAL THERAPY

PLATFORM PRESENTATIONS 2:
ALTERATIONS IN MOVEMENT FOLLOWING KNEE INJURY
8:00 am–10:00 am  M–Platinum Birm 7
SP-2A-0880
Moderator: Charles Thigpen, PT, PhD, ATC

Introduction
8:00 am–8:00 am
Moderator: Charles Thigpen, PT, PhD, ATC

Lower Extremity Biomechanics During a Jump-Landing Task: A Case Report of an Accidental Injury in a Research Setting
8:00 am–8:10 am
Speaker: Luke Dinan, PT, DPT

Patellofemoral and Tibiofemoral Joint Loading Asymmetries Are Present During Running and Hopping in Individuals 5 Years Post-Achilles Tendon Rupture
8:10 am–8:20 am
Speaker: Hayley Powell

Muscle Fiber Type Alterations Following an Anterior Cruciate Ligament Reconstruction
8:20 am–8:30 am
Speaker: Brian Noehren, PT, PhD

Transcutaneous Electrical Nerve Stimulation Increases Quadriceps Voluntary Activation Independent of Sensory Changes in Individuals With a History of Arthroscopic Partial Meniscectomy
8:30 am–8:40 am
Speaker: Terry Grindstaff, PT, PhD, ATC, SCS

Single-Legged Hop Tests as a Screening Tool for Risk of Post-Traumatic Osteoarthritis After ACL Injury
8:40 am–8:50 am
Speaker: Elizabeth Wellsandt, PT, DPT

Functional Measures Do Not Differ in Athletes Based on Mechanism of ACL Rupture
8:50 am–9:00 am
Speaker: Jacob Capin, PT, DPT, MS

The Impact of a Visual Task and Gender on Knee Biomechanics During a Cutting Maneuver: Preliminary Results
9:00 am–9:10 am
Speaker: Juan Garbalosa, PhD

Longitudinal Changes in Frontal Plane Knee Mechanics and Early Cartilage Degeneration in People With ACL Reconstruction
9:10 am–9:20 am
Speaker: Deepak Kumar, PT, PhD

Higher Ground Reaction Force, Rate of Loading, and Knee Flexion Moment Are Related to Increased Medial Tibiofemoral Joint Cartilage T1rho 1 Year After Anterior Cruciate Ligament Reconstruction
9:20 am–9:30 am
Speaker: Hsiang-Ling Teng, PT, PhD

Long-Term Tibiofemoral Joint Force and Kinematic Asymmetries During Single Leg Landings Among Recreational Athletes Following ACL Reconstruction
9:30 am–9:40 am
Speaker: Elisabeth Flannery

PLATFORM PRESENTATIONS 3: EMERGING EVIDENCE IN THE MANAGEMENT OF THE OVERHEAD ATHLETE
11:00 am–1:00 pm  M–Platinum Birm 7
SP-2B-0881
Moderator: Charles Thigpen, PT, PhD, ATC

Introduction
11:00 am–11:00 am
Moderator: Charles Thigpen, PT, PhD, ATC

Positional Injury Incidence Among Interscholastic Baseball Players: A Longitudinal Study
11:00 am–11:10 am
Speaker: Darren Blair, PT, DPT

Positional Injury Incidence Among Interscholastic Baseball Players: A Longitudinal Study
11:10 am–11:20 am
Speaker: Darren Blair, PT, DPT

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Platform Presentations

Advancing Competition Level Increases Reinjury Rates in Youth and Adolescent Baseball Players
11:10 am–11:20 am
Speaker: Amanda Arnold, PT, DPT, OCS, SCS

Normative KJOC Scores for High School and College Pitchers: What Factors Contribute to Low Scores?
11:20 am–11:30 am
Speaker: Michael Mullaney, PT, DPT

Comparison of Core Stability in Athletes With and Without Shoulder Injuries
11:30 am–11:40 am
Speaker: Marisa Pontillo, PT, DPT, SCS

Examining Differences in Basic Movement Competency in Professional Baseball Draftees
11:40 am–11:50 am
Speaker: Scott Peters, MS, ATC, CSCS

Biceps Pathology and Its Relation to Humeral Torsion in Professional Baseball Pitchers
11:50 am–12:00 pm
Speaker: Ellen Shanley, PT, PhD

Acute Changes in the Infraspinatus and Long Head of the Biceps Tendons in Adolescent Baseball Players in Response to a Pitching Performance
12:00 pm–12:10 pm
Speaker: Adam Popchak, PT, DPT, MS, SCS

The Relationship Between Humeral Retrotorsion and Shoulder Range of Motion in Baseball Players With an Ulnar Collateral Ligament Tear
12:10 pm–12:20 pm
Speaker: J. Craig Garrison, PT, PhD, ATC, CSCS

The Acute Effect of a Contract-Relax Horizontal Cross Body Adduction Stretch on Shoulder Internal Rotation
12:20 pm–12:30 pm
Speaker: Todd Ellnebecker, PT, DPT, MS, SCS, OCS

The Immediate Effects of 2 Different Stretching Interventions on Passive Shoulder Internal Rotation in Collegiate Baseball Players: A Randomized Controlled Trial
12:30 pm–12:40 pm
Speaker: Alexander Brown

Platform Presentations 4: Excellence in Research
3:00 pm–5:00 pm
M–Platinum Birm 7
SP–2C–0884
Moderator: Charles Thigpen, PT, PhD, ATC

Incidence of Shoulder Dislocations and the Rate of Recurrent Instability in the U.S. Army: An Epidemiologic Study
3:00 pm–3:15 pm
Speaker: Joseph Kardouni, PT, DPT, PhD, OCS, SCS

Usefulness of the Y Balance Test in Predicting Injury in Women Collegiate Softball Players
3:15 pm–3:30 pm
Speaker: Eva Sahatdjian, PT, DPT

Preseason Performance on a Battery of Functional Tests Is Associated With Time-Loss Thigh and Knee Injury in Division III Female Athletes
3:30 pm–3:45 pm
Speaker: Paul Kline, PT, DPT

Performing Faster Quadriceps Contractions in Rehabilitation After Arthroscopic Partial Meniscectomy Is Associated With Better Patient-Reported Outcomes and Greater Rapid Torque Development Capacity
3:45 pm–4:00 pm
Speaker: Daniel Cobian, PT, DPT, CSCS

Early Clinical Tests Are Predictive of Knee Biomechanics at Return to Sport Following Anterior Cruciate Ligament Reconstruction
4:00 pm–4:15 pm
Speaker: Jason Brumitt, PT, PhD, ATC, CSCS

Gait Modification to Reduce Tibiofemoral Contact Forces During Running in Individuals Who Are Post-Meniscectomy
4:15 pm–4:30 pm
Speaker: Nathan Blaylock

Young Athletes After ACL Reconstruction With Single-Leg Drop-Landing Asymmetries at the Time of Return-to-Sport Demonstrate Decreased Knee Function 2 Years Later
4:30 pm–4:45 pm
Speaker: Matthew Thibault, PT, DPT, OCS

Quantifying the Acute Effects of TENS Use in a Patient With Dyspareunia Using Ultrasound Imaging With Shear Wave Elastography
8:15 am–8:30 am
Speaker: Ruth Maher, PT, DPT, PhD, WCD, BC–PMD

The Effect of Diaphragmatic Breathing Exercise on Females With Urge Urinary Incontinence
8:30 am–8:45 am
Speaker: Lori Bordenave, PT, DPT, ME4

Activity Limitations During Pregnancy: Is There a Difference Between Pelvic Girdle Pain and Non-Specific Low Back Pain?
8:45 am–9:00 am
Speaker: Cynthia Chiarello, PT, PhD

Pelvic Floor Dysfunction in Mechanical Low Back Pain
9:00 am–9:15 am
Speaker: Sinéad Dufour, PT, DScPT, PhD

Physical Symptoms Associated With Postpartum Depression: A Review of the Literature
9:15 am–9:30 am
Speaker: Adrienne Simonds, PT, MPT, PhD

Variations From the Norm: Lateral Trunk Wall Response During Eccentric Maneuver in Females
9:30 am–9:45 am
Speaker: Natalie Park

Cardiovascular and Pulmonary
Platform Presentations 3
8:00 am–10:00 am
M–Gold Key III
CP–3A–9969
Moderator: Chris Wells, PT, PhD, ATC, CCS

Introduction
8:00 am–8:00 am
Moderator: Chris Wells, PT, PhD, ATC, CCS

Demographics and Credentials of Faculty Teaching Cardiovascular and Pulmonary Content in Entry-Level Doctor of Physical Therapy Programs in the United States
8:00 am–8:20 am
Speaker: Kristen M. Lefebvre, PT, PhD, CCS

Simulation Used to Assess Physical Therapy Student’s Ability to Act and Communicate Effectively to a Change in Patient Status: A Case Report
8:20 am–8:40 am
Speaker: Leslie Smith, PT

Accuracy of New-Generation Handheld ECG Devices Compared to Traditional 3-Lead Electrocardiogram
8:40 am–9:00 am
Speaker: Tanya LaPier, PT, PhD, CCS

Women’s Health

Platform Presentations
8:00 am–10:00 am
ACC–203 A
WH–2A–1051
Moderator: Pamela Downey, PT, DPT, WCD

Introduction
8:00 am–8:00 am
Moderator: Pamela Downey, PT, DPT, WCD

Building Better Bones Now! The Effects of an Osteoporosis and Bone Health Educational Program on the Knowledge, Beliefs, and Self-Efficacy of High School Girls
8:00 am–8:15 am
Speaker: Cynthia Gill, PT, DScPT

Elastography
8:15 am–8:30 am
Speaker: Ruth Maher, PT, DPT, PhD, WCD, BC–PMD
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Comparison of Arterial Blood Pressures Obtained Following 4 Different Rest Intervals
9:00 am–9:20 am
Speaker: Donald Shaw, PT, PhD

A Comparison of Energy Expenditure and Heart Rate Response Between a Dance-Based Group Fitness Class and a Dance-Based Video Game on the Xbox Kinect™
9:20 am–9:40 am
Speaker: Jane Eason, PT, PhD

Is High-Intensity Interval Training More Effective Than Moderate-Intensity Aerobic Training for Weight Loss and Fitness in Healthy Adults? A Systematic Review
9:40 am–10:00 am
Speaker: Christian Evans, PT, PhD

EDUCATION

PLATFORM PRESENTATIONS 3
8:00 am–10:00 am ACC–209 A
ED–3A–1574
Moderator: Merry Lynne Hamilton, PT, DPT, PhD

Introduction 8:00 am–8:15 am
Moderator: Merry Lynne Hamilton, PT, DPT, PhD

When the Numbers and Your “Gut” Don’t Agree: Making Tough Admissions Decisions
8:15 am–8:30 am
Speaker: Anne Thompson, PT, EdD

From Traditional to Team-Based: Transforming an Entry-Level Doctor of Physical Therapy Management Course
8:30 am–8:45 am
Speaker: Laura White, PT, DScPT, GCS

An Update on the Physical Therapy Clinical Reasoning and Reflection Tool (PT-CRT)
8:45 am–9:00 am
Speaker: Kim Nixon-Cave, PT, PhD, PCS

A Circle of Learning at Camp Spirit: An Innovative Model of Student-Directed Teaching, Learning, and Assessment Focused on Activities for Children With Juvenile Arthritis
9:00 am–9:15 am
Speaker: Kirk Peck, PT, PhD, CSCS, CCRT

Validity and Reliability of the Neuromuscular Patient Management Assessment: A Classroom Assessment
9:15 am–9:30 am
Speaker: Heather David, PT, MPT, NCS

Common Curriculum: A Model for Inter-specialty Education Across PT Residency Programs
9:30 am–9:45 am
Speaker: J. Barr, PT, DPT, OCS

Clinical Performance Outcomes Following Integrated Clinical Education Experiences: A Comparison of 4 Models
9:45 am–10:00 am
Speaker: Eric Horton

PEAKING KNOWLEDGE AND PREFERENCES OF COLLABORATIVE LEARNING
10:00 am–10:15 am
Moderator: Mary Lynne Hamilton, PT, DPT, PhD

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10:15 am–10:30 am
Speaker: Anne Thompson, PT, EdD

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Speaker: J. Barr, PT, DPT, OCS

HANDBASED PHYSIOLOGICAL MEASUREMENT
11:45 am–12:00 pm
Speaker: Eric Horton

Clinical Performance Outcomes Following Integrated Clinical Education Experiences: A Comparison of 4 Models
12:00 pm–12:15 pm
Speaker: Eric Horton

PEAKING KNOWLEDGE AND PREFERENCES OF COLLABORATIVE LEARNING
12:15 pm–12:30 pm
Moderator: Mary Lynne Hamilton, PT, DPT, PhD

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Speaker: Laura White, PT, DScPT, GCS

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1:30 pm–1:45 pm
Speaker: Heather David, PT, MPT, NCS

Common Curriculum: A Model for Inter-specialty Education Across PT Residency Programs
1:45 pm–2:00 pm
Speaker: J. Barr, PT, DPT, OCS
Platform Presentations

Patient Direct Access to Hospital-Based Outpatient Physical Therapy Services: Current Status in Wisconsin
11:06 am–11:25 am
Speaker: William Boissonnault, PT, DPT, DHSc

Direct Ordering of Diagnostic Imaging by Physical Therapists: Now Is the Time
11:25 am–11:44 am
Speaker: Aaron Keil, PT, DPT, OCS

Relationship Between Functional Outcome Measures and the Mobility G-Code Severity Modifiers
11:44 am–12:03 pm
Speaker: Kathryn Roach, PT, PhD

Initial Implementation of a Student Project Aimed to Promote the Utilization of Direct Access Physical Therapy Services Within a Large Health Care System
12:03 pm–12:22 pm
Speaker: Summer Mahler, PT, DPT

Investigating the Effectiveness of the Physical Therapist Assistant in the Acute Rehabilitation Setting
12:22 pm–12:41 pm
Speaker: Jennifer Miller, PT, MPH, CWS

Being at the Table in Health Care Innovation: State Innovation Model Design
12:41 pm–1:00 pm
Speaker: Joseph Brooks, PT, DHS, SCS

NEUROLOGY

PLATFORM SESSION 3: OLDER ADULT AND VESTIBULAR ASSESSMENTS
8:00 am–10:00 am

Rise and Shine: Standardizing Practice to Enhance Culture of Mobility
4:22 pm–4:41 pm
Speaker: Krystal Lighty, PT, MSPT

Access to Physical Therapy in Chicago’s Austin Community
4:41 pm–5:00 pm
Speaker: William Healey, PT, EdD, GCST

NEUROLOGY

PLATFORM PRESENTATIONS 6
8:00 am–10:00 am

ORTHOPAEDICS

PLATFORM PRESENTATIONS 6
8:00 am–10:00 am

ACC–303 D
OR-3A-0008

Moderator: David Sinacore, PT, PhD

Introduction
8:00 am–8:00 am

The Effects of Chronic Ankle Instability and Dynamic Postural Instability on Biomechanics and Cartilage Biochemical Structure of the Ankle Joint
8:00 am–8:15 am
Speaker: Timothy Gillner, PT, MPT, DPT, ATC

Midfoot Power During Walking and Stair Ascent in Healthy Adults
8:15 am–8:30 am
Speaker: Frank DiLiberto, PT, PhD, OCS, FAAOMPT

Ultrasound Strain Map of Tendon Compression in Persons With and Without Achilles Tendonopathy During a Partial Squat
8:30 am–8:45 am
Speaker: Ruth Chimenti, PT, DPT, PhD

Pedal impairments in Stages of Chronic Kidney Disease–Mineral and Bone Disorder
8:45 am–9:00 am
Speaker: David Sinacore, PT, PhD

The Heel-Rise Height 1 Year After an Achilles Tendon Rupture Relates to Ankle Biomechanics During Jumping 5 Years Later
9:00 am–9:15 am
Speaker: Annette Borssen, PT

Using fMRI to Determine If Cerebral Hemodynamic Responses to Pain Change Following Thoracic Spine Manipulation in Individuals With Mechanical Neck Pain
9:15 am–9:30 am
Speaker: Cheryl Sparks, PT, PhD, OCS, FAAOMPT

Diagnosis of Paget Schroetter Syndrome: Effort Thrombi in a Recreational Weightlifter
9:30 am–9:45 am
Speaker: Lucia Delisa, PT, DPT, CSCT

The Effects of Chronic Ankle Instability and Dynamic Postural Instability on Biomechanics and Cartilage Biochemical Structure of the Knee Joint
9:45 am–10:00 am
Speaker: Timothy Gillner, PT, MPT, DPT, ATC

Session handouts are available at www.apta.org/CSM. Use code CSM2016.
PLATFORM PRESENTATIONS 7
11:00 am–1:00 pm  ACC–303 D
OR-3B-0009
Moderator: Daniel Rhon, PT, DPT, DSc, OCS, FAAOMPT

Introduction
11:00 am–11:00 am
Moderator: Daniel Rhon, PT, DPT, DSc, OCS, FAAOMPT

Examining the Relationship Between Obesity Levels and the Risk of Joint Pain Comorbidity: Data From the Osteoarthritis Initiative
11:00 am–11:15 am
Speaker: Saaid Bindawas, PT, PhD

Performance of the OSPRO Yellow Flag Screening Tool in the First Month of Physical Therapy: Value Added by Psychological Distress Monitoring
11:15 am–11:30 am
Speaker: Trevor Lenz, PT

Use of a Modified StarT Back Screening Tool Across Different Anatomical Regions of Musculoskeletal Pain
11:30 am–11:45 am
Speaker: Katie Butera, PT, DPT

Moderation Effects of Pain Catastrophizing and Fear Avoidance Beliefs in the Relationship Between Body Symptom Diagram Score, Pain Intensity, and Self-Reported Disability
11:45 am–12:00 pm
Speaker: Daniel Rhon, PT, DPT, DSc, OCS, FAAOMPT

Mechanical Pressure—Pain Thresholds Are Not a Responsive Measurement in Healthy Adults
12:00 pm–12:15 pm
Speaker: Max Jordon, PT, DPT

Improving Patient Recovery Through Effective Communication and Managing Expectations
12:15 pm–12:30 pm
Speaker: Eric Kruger, PT, DPT, CSCS

Trigger Point Dry Needling for Musculoskeletal Pain and Disability: A Systematic Review of Comparative Effectiveness Research
12:30 pm–12:45 pm
Speaker: Kyle Rowe, PT, DPT

Patient-Centered Outcomes: Characterizing Patient Subgroups Based on Importance of Outcomes
12:45 pm–1:00 pm
Speaker: Giorgio Zappieri, PT, SCS, CSCS

PLATFORM PRESENTATIONS 8
3:00 pm–5:00 pm  ACC–303 D
OR-3C-0012
Moderator: Aimee Klein, PT, DPT, DSc, OCS

Introduction
3:00 pm–3:00 pm
Moderator: Aimee Klein, PT, DPT, DSc, OCS

The Effects of Instruction on Landing Strategies in Female College-Aged Dancers and Non-Dancers: A Pilot Study
3:00 pm–3:15 pm
Speaker: Cassy Turner, PT, DPT, OCS

Reliability and Validity of a Dance Outcomes Instrument
3:15 pm–3:30 pm
Speaker: Shaw Bronner, PT, PhD, OCS

Prediction of Injuries at a Dance Medicine Walk-In Clinic During a Summer Dance Intensive
3:30 pm–3:45 pm
Speaker: Susan Kokot

3:45 pm–4:00 pm
Speaker: Justin Podell, PT, DPT, MEd, ATC

The Occurrence of Musculoskeletal Injuries in Irish Dancers as Compared to Ballet Dancers
4:00 pm–4:15 pm
Speaker: Brittaney Morrissey

Return to Work Outcomes for Workers’ Compensation Patients Receiving Physical Therapy for Low Back Pain
4:15 pm–4:30 pm
Speaker: Jon Mauszyczyk, PT, DPT, OCS, FAAOMPT

Intertester Differences During 3 Grades of Posterior Glenohumeral Mobilization: An in Vivo Comparison of Movement and Force
4:30 pm–4:45 pm
Speaker: Nancy Talbott, PT, PhD, MS, RMSK

Resolution of Acute Episode of Chronic Temporomandibular Joint Dislocation Requires Multidisciplinary Approach
4:45 pm–5:00 pm
Speaker: Brett MacLennan, PT, DPT, MS, OCS

RESEARCH
PLATFORM PRESENTATIONS
8:00 am–10:00 am  ACC–205 A
RE-3A-1756
Moderator: Justin Beebe, PT, PhD

Introduction
8:00 am–8:01 am
Moderator: Justin Beebe, PT, PhD

Validity of 2D Motion Capture for Quantifying Balance Deficits
8:01 am–8:15 am
Speaker: Serene Paul, PhD

Visual Dependence Influences Postural Responses to Visual Perturbation in Adults With Spastic Cerebral Palsy
8:16 am–8:30 am
Speaker: Yawen Yu, PhD

Stair Climb Performance and Movement Compensations in Patients With Diabetes and Transistibial Amputation
8:31 am–8:45 am
Speaker: Amanda Murray, PT, DPT

Timing of Physical Therapy in Nonsurgical Spine Care: An Economic Analysis
8:46 am–9:00 am
Speaker: Wade M. Bannister, PhD

Physical Therapy Utilization for LBP Varies Across U.S. Region and State
9:01 am–9:15 am
Speaker: Amy Dougher

The Adverse Effect of Comorbidities on Hospitalization Is Reduced by Physical Therapy Among Medicare Beneficiaries With Low Back Pain
9:16 am–9:30 am
Speaker: Christopher Barnes

Controlling for Limb Dominance With Ultrasound Imaging Measures of Lower Leg Muscle Thickness
9:31 am–9:45 am
Speaker: Mary Bucklin

Use of Ultrasound to Determine Muscle Properties in Stroke-Impaired Muscle
9:46 am–10:00 am
Speaker: Sabrina S.M. Lee, PhD

SPORTS PHYSICAL THERAPY
PLATFORM PRESENTATIONS 5: SPORTS RESIDENCY RESEARCH
8:00 am–10:00 am  M–Platinum Blrm 7
SP-3A-0887
Moderator: Charles Thigpen, PT, PhD, ATC

Introduction
8:00 am–8:00 am
Moderator: Charles Thigpen, PT, PhD, ATC

Time to Return to Sport in Adolescents Following Anterior Cruciate Ligament Reconstruction Is Influenced by Sex and Autograft Type
8:00 am–8:10 am
Speaker: Courtney Chaaban, PT, DPT

The Influence of Knee Range of Motion (ROM) on Subjective and Functional Outcome Measures Following ACL Reconstruction (ACLR)
8:10 am–8:20 am
Speaker: Kevin Maloney, PT, DPT, ATC/L
Comparison of Strength and Physical Performance Tests in Individuals With High and Low Levels of Kinesiophobia Following ACLR
8:20 am–8:30 am
Speaker: Kristen Waldron, PT, DPT
The Relationships Between Dynamic Single-Leg Balance Deficits and Quadriceps Muscle Strength Following Anterior Cruciate Ligament Reconstruction (ACL-R)
8:30 am–8:40 am
Speaker: Charles Thigpen, PT, PhD, ATC
Differences Between the Involved and Uninvolved Limbs at Return to Sport Following Anterior Cruciate Ligament Reconstruction
8:40 am–8:50 am
Speaker: Marie Boo, PT, DPT, CSSCS
Elbow Extension Loss May Be Protective for Overuse Injuries in Youth Throwers
8:50 am–9:00 am
Speaker: Russell Linville, PT, DPT
Range of Motion Changes in Youth and Adolescent Baseball Players at Time of Return to Sport
9:00 am–9:10 am
Speaker: Joshua Bickel, PT, DPT
Deficits in Single-Leg Balance Are Associated With Recent Lower Extremity Injuries Among Asymptomatic Endurance Athletes Currently Participating in Sport
9:10 am–9:20 am
Speaker: Andrew Nasr, PT, DPT, CSCS
The Relationships Between Hip Abduction Strength, Lower Extremity Injury History and Performance in Endurance Athletes
9:20 am–9:30 am
Speaker: Caitlyn Lang, PT, DPT
The Effectiveness of Dry Needling for the Treatment of Acute Hamstring Strain Injuries
9:30 am–9:40 am
Speaker: Scott Dembowski, PT, DSc, OCS, SCS

PLATFORM PRESENTATIONS 6: ADVANCED METRICS IN SPORTS PHYSICAL THERAPY
11:00 am–1:00 pm  M–Platinum Blrm 7 SP-3B-0889
Moderator: Charles Thiggen, PT, PhD, ATC
Introduction
11:00 am–11:00 am
Moderator: Charles Thiggen, PT, PhD, ATC
Risk Factors for Low Back Pain in Hiking Olympic Class Sailors
11:00 am–11:10 am
Speaker: Shawn Hunt, PT, MSPT
An Epidemiologic Assessment of the Sociocultural Shifts in High School Concussion Management: Implications for Sports Physical Therapists
11:10 am–11:20 am
Speaker: Catherine Quartman-Yates, PT, DPT, PhD
Convergent and Discriminant Validity of Common Dynamic Balance Metrics in Adolescents
11:20 am–11:30 am
Speaker: Mitch Babcock
Validation of a Head-Mounted Concussion Sensor in a Controlled Laboratory Setting
11:30 am–11:40 am
Speaker: Eric Schussler, PT, ATC
Validity and Utility of a Commercial GPS Watch for Measuring Running Dynamics
11:40 am–11:50 am
Speaker: Douglas Adams, PT, DPT, SCS, OCS, CSCS
The Relationship Between Functional Movement Screen Scores and Body Composition in NCAA Division II Athletes
11:50 am–12:00 pm
Speaker: Peter Sprague, PT, DPT, OCS
The Validity of the Functional Movement Screen to Identify Impaired Range of Motion and Strength at the Hip
12:00 pm–12:10 pm
Speaker: Jean Timmerberg, PT, PhD, MHS, OCS
Comparative Analysis of Muscle Fiber Recruitment in Abdominal Muscles Involved With Trunk Stabilization Using the Abdominal Draw-in Maneuver and Abdominal Bracing
12:10 pm–12:20 pm
Speaker: Roberta Henderson, PT, PhD
A Comparison of 2 Methods of Lower Trapezius Assessment: Examination Using in Vivo Ultrasound Imaging
12:20 pm–12:30 pm
Speaker: Dexter Witt, PT, DPT, DHS, OCS, FAAOMPT
Functional Outcomes After Double Row Versus Single Row Rotator Cuff Repair: A Prospective Randomized Trial
12:30 pm–12:40 pm
Speaker: Takumi Fukunaga, PT, DPT, SCS, ATC, CSCS
Patterns of Recovery After Arthroscopic Labral Repair, Femoroacetabular Decompression, and Rehabilitation
3:00 pm–3:10 pm
Speaker: Allison Mumbleau, PT, DPT
Patients With Femoroacetabular Impingement Demonstrate Abnormal Ankle Strategy During Single Leg Drop Compared to Healthy Controls
3:10 pm–3:20 pm
Speaker: Lindsey Brown
Ankle Range of Motion Influences Landing Biomechanics in Females Following Primary Anterior Cruciate Ligament Reconstruction
3:20 pm–3:30 pm
Speaker: Laura Stanley, PT, DPT, SCS
Application of Inertial Measurement Units for Quantifying Motion Patterns During Agility Activities in Athletes With Lower Limb Injuries
3:30 pm–3:40 pm
Speaker: Ignacio Gaunaurd, PT, PhD
Reliability of Lower Extremity 2D Video Running Gait Analysis
3:40 pm–3:50 pm
Speaker: Kelly Lindenberg, PT, MSPT, PhD
The Influence of Heel Height on Muscle Activity During Landing Tasks in Recreationally Active Collegiate Females
3:50 pm–4:00 pm
Speaker: Steven Jackson, PT, PhD, OCS
An Investigation of Relationships Between Physical Characteristics of Recreational Runners and Lower Extremity Injuries
4:00 pm–4:10 pm
Speaker: Steven Jackson, PT, PhD, OCS
Clinical Prediction of Patellofemoral Joint Contact Force During Running
4:10 pm–4:20 pm
Speaker: Jennifer Warren
Effect of Training on Knee Torsional Stiffness and Its Relationship to Tibial Compressive and Anterior Shear Forces in Recreational Female Runners
4:20 pm–4:30 pm
Speaker: Bhushan Thakkar, PT, MSPT
Effects of Achilles Tendon Vibration on Lower Leg Electromyography During Balance Tasks in Young Adults With and Without Recurrent Ankle Sprains
4:30 pm–4:40 pm
Speaker: Anat Lubetzky, PT, PhD

Session handouts are available at www.apta.org/CSM. Use code CSM2016.
POSTER PRESENTATIONS

*An asterisk following a name indicates a “Foundation for Physical Therapy” alum.

The 18 sections of APTA have joined together to present posters on various physical therapy topics. Posters may be viewed during Exhibit Hall hours and will be displayed in both Exhibit Halls A and B (see listings for Section locations). Authors will be available to discuss their posters from 1:00 pm to 3:00 pm on the following days:

**Group 1: Thursday, February 18**
Acute Care, Aquatics, Cardiovascular/Pulmonary, Geriatrics, Health Policy and Administration, Orthopaedics (Elbow/Wrist/Hand, Other, Performing Arts, Poster Award Candidates), Research, Sports (Biomechanics, Case Studies, Running, Sports Residency)

**Group 2: Friday, February 19**
Clinical Electrophysiology and Wound Management, Education, Federal Physical Therapy, Neurology (Balance & Falls, Stroke and Vestibular SIGs), Orthopaedics (Occupational Health, Shoulder, and Spine SIGs), Sports (Shoulder/Elbow, Spine), miscellaneous

**Group 3: Saturday, February 20**
Hand Rehabilitation, Home Health, Neurology (Brain Injury, Degenerative Diseases, General, Practice Issues, and SCI SIGs), Oncology, Orthopaedics (Foot/Ankle, Hip/Knee, and Pain Management SIGs), Pediatrics, Sports (Foot/Ankle, Knee, Knee-ACL), Women’s Health

**THURSDAY, FEBRUARY 18**

**EXHIBIT HALL A**

**ACUTE CARE**

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Celebrate your colleagues’ achievements, including the newly elected Catherine Worthingham Fellows of APTA, the Mary McMillan and John H.P. Moley Lecturers, and those who are being recognized for excellence in education, publications, practice and service, and research by planning to attend the 2016 Honors and Awards Ceremony on Thursday, June 9, during APTA's NEXT Conference and Exposition in Nashville, Tennessee.

Even better, have a say in the recipients recognized by APTA! It’s never too early to begin planning a nomination for the 2017 Honors and Awards Program. Visit [www.apta.org/HonorsAwards](http://www.apta.org/HonorsAwards) to learn more about the recognition and awards APTA has to offer, as well as watch a video of what past recipients have to say about being recognized by APTA.
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**A heartfelt THANK YOU - to all our APTA Student Member Volunteers.**

We couldn’t have made magic at CSM 2016 without your hard work.
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### Additional Information

160 APTA Combined Sections Meeting 2016
APTA’s vision, “Transforming society by optimizing movement to improve the human experience,” is most clearly seen in the ways in which real patients overcome their challenges through the transformative power of physical therapy.

We invite you to visit the “#PTTransforms” gallery between Exhibit Halls A&B. Read inspiring stories of transformation and learn how APTA is working together with you to transform society.

Read all our patients’ full stories on www.MoveForwardPT.com.
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The mission of the Aquatic Physical Therapy Section is to develop, promote, and advocate for evidence-based aquatic physical therapy as an effective intervention to enhance lifelong movement, function, and well-being.

Cardiovascular and Pulmonary Section, APTA  Booth #343  www.cardiopt.org

Education Section, APTA  Booth #434  www.aptaeducation.org
The Education Section is dedicated to developing each new generation of physical therapist practitioners, academic educators, educational leaders, and administrators.

Federal Physical Therapy Section, APTA  Booth #635  www.federalpt.org
The Federal Physical Therapy Section promotes quality health care across the continuum of care within Federal medical services. The Section provides opportunities for networking, continuing education, leadership, and professional development for all physical therapists and physical therapist assistants who are, or have been employed by the federal government in civil service, as members of the uniformed services, as contractors or as tribal hires, and who practice in a variety of settings, including clinical, education, and research.

Hand Rehabilitation Section, APTA  Booth #347  www.handrehabsection.com
The Hand Rehabilitation Section provides a forum for members with a common interest in hand and upper extremity rehabilitation to meet, confer, and promote current concepts in hand management.

Home Health Section, APTA  Booth #642  www.homehealthsection.org
The Home Health Section serves those with interests or practices in home health care and other “out-of-hospital” settings. The Section provides a forum for exchanging information on clinical practice, education, reimbursement, documentation, management, regulatory, and other issues specific to the home health environment.

Neurology Section, APTA  Booth #337  www.neuropt.org
The mission of the Neurology Section is to serve neurologic physical therapy providers and to advance evidence-based practice, education, and research in neurologic physical therapy.

Oncology Section, APTA  Booth #341  www.oncologypt.org
The Oncology Section, APTA advances physical therapist practice to maximize the lifelong health, well-being, and function of persons affected by cancer and HIV disease.

Orthopaedic Section, APTA  Booth #646  www.orthopt.org
The Orthopaedic Section provides a forum for those with an interest in the management of patients with musculoskeletal disorders. Special interest Groups: Occupational Health, Foot & Ankle, Pain Management, Performing Arts, Animal Rehabilitation, and Imaging.

Private Practice Section, APTA  Booth #335  www.ppsapta.org
The Private Practice Section fosters economic viability and professional development of the private practitioner and promotes physical therapy ownership and management of physical therapy services through education, legislation, and networking.

Section on Health Policy and Administration, APTA  Booth #644  www.aptaha.org
The mission of the Section on Health Policy & Administration is to achieve Vision 2020 by developing health care leaders within the profession; advocating for and influencing APTA positions and initiatives regarding health policy and the administration of professional physical therapy practice; and serving as a resource to members through practice, education, and scholarship.

Section on Pediatrics, APTA  Booth #534  www.pediatricaptapla.org
The Section on Pediatrics promotes the highest quality of life for all children, people with developmental disabilities, and their families.

Section on Research, APTA  Booth #345  www.ptresearchsearch.org
The Section on Research aims to foster as well as enhance quality and dissemination of a spectrum of physical therapy-related research through section and member activities.

Sports Physical Therapy Section, APTA  Booth #648  www.spts.org
The Sports Physical Therapy Section addresses the needs of its members who are interested in athletic injury management, including acute care, treatment and rehabilitation, prevention, and education.

Section on Women’s Health, APTA  Booth #535  www.womenshealthaptapla.org
The Section on Women’s Health is dedicated to promoting and expanding the role of physical therapy in women’s health across the lifespan. The Section provides networking opportunities, educational resources, and continuing education.

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<tr>
<td>CranioCrade</td>
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Hyperice, Inc.
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IAGG 2017 World Congress
www.ia992017.org

Ibramed
www.ibramed.us

ImPACT Applications, Inc.
www.impacttest.com
ImPACT is the most-widely used and most scientifically validated computerized concussion evaluation system. ImPACT baseline testing is the cornerstone of the ImPACT Concussion Management Model.

Infant Motor Performance Scales, LLC
www.thetimp.com

Innovation in Motion
www.mobility-usa.com

Institute of Advanced Musculoskeletal Treatments
www.iamt.org
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The Institute of Physical Art
www.ipaconed.com

Interactive Advanced Medicine
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Interface Rehab, Inc
www.interfacerehab.com
Interface rehab provides comprehensive rehabilitation (Physical, Occupational, Speech Therapy) & consultation services on a long term contractual basis to the various medical settings throughout California.

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www.ISPInstitute.com
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The Norton School is the premier educational institution for training health care professionals to become experts in the treatment of pathologies related to the lymphatic system.

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www.onbalance.com or www.natus.com  
NeuroCom® Balance Manager® systems provides clinical systems for objective assessment and treatment of balance disorders.

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Squid Compression

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