

CTAPTA 2019 Annual Conference

Course Descriptions and Objectives

3 hours courses:

Ready, Steady, Go: Fall Assessment For The Busy Clinician

This session will offer a comprehensive overview of fall risk assessment and prevention. Emphasis will be provided on conducting a thorough evaluation focusing on fall risk assessment and prevention in a time efficient manner. Therapists who work in a fast-paced outpatient environment will learn an organized approach to examination and evaluation that stresses the value of intrinsic and extrinsic fall risk factor identification in order to engage and empower clients. From initial evaluation through follow up assessments during subsequent visits, therapists will learn the importance of accessing and utilizing nationally endorsed tools including the STEADI program developed by the CDC.

By the end of this presentation the participant will demonstrate competence in their ability to:

1. Identify both intrinsic and extrinsic factors associated with an increase in fall risk.
2. Identify the role that medication and cognition play in fall risk.
3. Identify both quick fall screening tools and more comprehensive outcome measures that are available to be utilized during the initial evaluation and subsequent follow-up visits to identify the root cause of fall risk.
4. Utilize the STEADI program developed by the CDC in fall assessment.
5. Utilize a multidisciplinary approach in fall prevention.

Suzanne Rodriguez is a home based outpatient physical therapist at Access Rehab Centers, and an adjunct professor at Sacred Heart University. She is a board certified clinical specialist in geriatric physical therapy.

Karen Blood is a clinical assistant professor at Quinnipiac University. She is a board certified clinical specialist in geriatric physical therapy.

Jean Miles is a home care physical therapist and a member of the Quality Improvement team at McLean.

Leigh Ronald is an outpatient physical therapist at the Carolton Chronic and Convalescent Hospital. and an adjunct professor at Sacred Heart University.

Paul deRegt is a school based and outpatient physical therapist at Ahlbin Rehabilitation Centers.

Clinical Decision-Making Across The Lifespan For Individuals With Cerebral Palsy

Join your colleagues during this session for dynamic group discussions about best practice in physical therapy. Participants will review a case study that is designed to address physical therapy across the lifespan, incorporate multiple practice settings, and stimulate critical thinking and collaboration as a healthcare team. Attendees will participate in team learning activities, sharing their knowledge, experiences, and skills, to problem-solve and come to a team consensus on clinical decisions relating to an individual with cerebral palsy across his/her lifespan.

By the end of this workshop, participants will be able to:

1. Apply their team's "collective knowledge and expertise," evidence of best practices, and interpretation of policy and legislative mandates to problem-solve and make clinical decisions for an individual with cerebral palsy across the lifespan.
2. Analyze influencing factors using the ICF Model and develop strategies for implementing best practices in physical therapy across multiple pediatric and adult practice settings.
3. Collaborate with team members to evaluate intervention plans and strategies to optimize performance, health, wellness and quality of life.

Rosie DeFeo, PT, DPT, PCS, ATP,

Deborah Bubela, PT, PhD,

Christina Rao, PT, PCS, ATP

Danni Bellows PT, DHSc, PCS, C/NDT

Joyce Schwalenberg PT, PCS

High Intensity Gait Training: Principles, Practice, and Planning for Implementation in Neurological Rehabilitation

Evidence has mounted in support of high-intensity gait training (HIT) as a best practice intervention for maximizing functional outcomes in neurological rehabilitation. HIT focuses on direct application of the principles of neural plasticity and prescribes a specific dose of exercise based on the FITT (frequency, intensity, time, type) principle. HIT has resulted in improvements in gait speed, endurance, balance, and functional mobility as demonstrated by significant changes in the 6 minute walk, 10 meter walk, Berg Balance Scale, and Functional Independence Measure. Using current evidence, this interactive course will discuss supporting evidence and rationale behind HIT in the chronic stroke, spinal cord injury, and brain injury populations, describe the HIT protocol, demonstrate use with a patient in a lab-based format, and guide participants to develop a plan to implement HIT in practice. "Following this course, participants will be able to:

1. Describe the parameters of the HIT protocol
2. Apply the principles of HIT with individuals with chronic stroke, spinal cord injury, and brain injury
3. Monitor and modify HIT based on patient vital signs

Andrea Oberlander, DPT graduated from Quinnipiac University (BS '00, MPT '02) and Arcadia University (DPT '19). She is a Clinical Assistant Professor at Sacred Heart University, where teaching responsibilities include evaluation of and intervention for patients with neurological and medically complex pathologies. Andrea's clinical experience as a physical therapist has been in inpatient rehabilitation, with a primary focus on the traumatic brain injury population, outpatient pulmonary rehabilitation, and home care settings. She continues to practice at Gaylord Specialty Healthcare in CT working with neurological and medically complex populations. She is an LSVT BIG certified clinician.

Wendy Romney, DPT, PhD, NCS is a Clinical Associate Professor at Sacred Heart University, teaching courses on physical therapy examination and treatment of patients with neurological disease and dysfunction and medically complex issues. Dr. Romney earned her PhD from Rutgers University where her thesis work focused on knowledge translation and improving the use of outcome measures in PT practice. She is a Board Certified Specialist in Neurological Physical Therapy and continues to practice at Gaylord Specialty HealthCare, Wallingford, CT treating patients with neurologic disease and medically complex issues. She was a co-chair of the programming committee for the CT APTA, a member of the SCI EDGE workgroup and KT Taskforce for the Outcome Measure CPG for the Academy of Neurologic Physical Therapy.

Michelle Wormley, PT, PhD, CLT is a graduate of Quinnipiac University (BS '02, MPT '04) and NovaSoutheastern University (PhD '14). She is an Assistant Professor at Sacred Heart University, where teaching responsibilities include structure and function of the neurological system and examination and treatment of individuals with neurological involvement complex issues. Michelle's clinical experience has consisted of treating these individuals in a variety of practice settings, as well earning her certification in lymphedema therapy in 2009. In addition to her teaching role, Dr. Wormley coordinates the post-professional Continuing Education Program at Sacred Heart and is the Vice-Chair, Qualitative Special Interest Group of the APTA Research section.

Students: Mandy Baniszewski, SPT; Olivia Defabritiis, SPT; Christopher Droesch

Featured Presentation

Jeff G. Konin, PT, PhD, ATC, FACSM, FNATA
Cannabis 2020: The Impact on Physical Therapy

90 minute sessions

Rehabilitation Considerations for the Breast Cancer Patient

Breast cancer is the most common type of cancer among women in the U.S. with an estimated 271,270 new cases in 2019. Treatment for breast cancer frequently results in physical

impairments and functional limitations that are unique to this population and can be successfully addressed through physical therapy intervention. Recognition of the role of rehabilitative therapy following breast cancer treatment and demand for knowledgeable and skilled therapists is increasing in the oncology community. Comprehensive understanding of the musculoskeletal, neurological, and systemic effects of cancer treatment is necessary for successful treatment of these patients. Additionally, since the majority of breast cancer patients and survivors are at risk for developing lymphedema, thorough understanding of lymphatic system function and dysfunction is also imperative for safe application of physical therapy interventions including exercise prescription. This course will provide an overview of what an outpatient physical therapist should know about breast cancer treatment, post-treatment rehabilitation, and lymphedema in order to safely and effectively treat this population.

Course Objectives:

1. Define the different types of breast cancer
2. Summarize the various surgical and reconstructive options for breast cancer
 3. Describe the surgical field involved in mastectomy and ALND and the impact on the musculoskeletal system
 4. Explain the contents and connections of the axilla and its role in post-operative impairments and functional limitations
 5. Apply knowledge to differentially diagnose cording, upper limb neural tension, fascial and articular restrictions
6. Explain basic lymphatic system anatomy and physiology and consequences of dysfunction
7. Identify early signs/symptoms of lymphatic dysfunction in order to recommend appropriate referral
8. Safely apply physical therapy treatment principles for patients at risk for lymphedema including appropriate exercise prescription
9. Discuss other breast cancer treatments and their physical therapy implications, including cancer related fatigue, chemotherapy induced peripheral neuropathy, and side effects of hormone therapy
10. Select assessment tools specific for patients with breast cancer and lymphedema
11. Identify resources for advancing knowledge and skill set in oncology rehabilitation

Scott Capozza, MS, PT,

Nadia Van Diepen, PT, DPT, OCS, CLT-LANA, WCC

Louis Friedman, PT, OCS, CLT-LANA

Application of Motor Learning to ACL Rehabilitation Research

This session focuses on application of motor learning concepts to current ACL rehabilitation interventions. Presentation will provide insights into contemporary research and then consider the implications of this work through presenter led case-study discussion. Since many outpatient physical therapy clinics do not have research laboratory technology, key elements of research findings in context to strategies that can be applied in a typical clinical setting will be addressed.

1. Apply current research to ACL rehabilitation clinical cases.
2. Observe a clinical decision-making model to inform treatment selection based on relevant neurophysiological assessment methods used for individuals following ACL reconstruction.

3. Select appropriate interventions to address neurophysiological impairments following ACL reconstruction.
4. Select appropriate motor learning strategies to promote better outcomes with ACL reconstruction interventions.

Dr. Leard is Assistant Professor in the Department of Rehabilitation Sciences at the University of Hartford in the Doctorate of Physical Therapy Program. He teaches educational strategies and musculoskeletal examination and intervention techniques emphasizing clinical decision making. Dr. Leard earned his physical therapy degree from Northeastern University and his Doctorate in Education from West Virginia University. Currently works part time as a physical therapist and athletic trainer at the Connecticut Physical Therapy and Wellness clinic in Bloomfield, CT.

N is for Neurology and Namaste

The purpose of this course is to encourage physical therapists to explore the possibility of incorporating yoga as an intervention for patients with neurologic impairments. While yoga is typically performed in a group setting, it can also be practiced individually and privately. For those with neurologic impairment, it has the capacity to effect one's physical, emotional and spiritual well-being. It is an exercise form that can be practiced across the lifespan and be easily modified. This course includes the dissemination of evidence supporting yoga as a treatment intervention for persons with neurologic disorders. The larger portion of the course is participatory. Attendees will practice breathing and meditation techniques, and be introduced to the basic yoga poses. Collectively, suggestions to modify these yoga poses will be discussed and demonstrated. Working in small groups, attendees will then develop short yoga practices modified for persons with various neurologic diagnoses.

1. Participants will experience meditation and breathing techniques and learn of the evidence supporting their use in healthcare.
2. Presenters will demonstrate common poses and participants will be asked to modify them using their chair.
3. Various neurologic patient cases will be presented in video format and participants will be asked to consider the modified poses to create short yoga practices to address patient impairments.

Diana Veneri, PT, EdD, RYT is an assistant professor at Sacred Heart University. She has been teaching physical therapy since 1999. Her 30+ year clinical career has been working primarily with adults with neurologic impairment and medical complexity at Gaylord Specialty Healthcare in Wallingford. Her research interests include physical therapy education, neurologic and prosthetic rehabilitation, and yoga.

Precision Physical Therapy: Application Of Patient Specific Treatment Via Provocation And Alleviation Testing And Purposeful Communication

A combination of lecture and lab will be used to examine the use of provocation and alleviation testing as a means to determine patient symptom behavior, better understand the mechanical factors influencing the symptom behavior, and localize meaningful treatment. An emphasis will be placed on effective communication strategies that may be employed within this framework.

Participants will be able to utilize provocation and alleviation techniques to identify factors influencing symptom behavior

Participants will be able to apply appropriate, focused, patient specific manual interventions based on identified symptom behaviors

Participants will be able to apply effective communication strategies to link symptom behavior to mechanical factors in a patient focused fashion

Brian T. Swanson received his degree in Physical Therapy from Quinnipiac University and earned his DSc from Andrews University. Brian is a Board-Certified Orthopaedic Clinical Specialist, and completed a two-year residency and fellowship at the Institute of Orthopaedic Manual Therapy, Woburn, MA. Brian is currently a faculty member at the University of Hartford, as well as the Select Medical Orthopedic Physical Therapy Residency, and has worked with multiple Fellows-in-training as part of the AAOMPT fellowship process. An experienced presenter, Brian has presented continuing education courses nationally for practicing Physical Therapists speaking on topics related to the spine and shoulder.

Sean P. Riley graduated from the UConn Physical Therapy Program in 2004 and completed his Doctorate in Physical Therapy at Simmons College in 2006. He completed his Doctor of Science from Texas Tech University Health Science Center in 2013. Sean became board certified in Orthopedics through the American Board of Physical Therapy Specialties in 2007 and completed his sports certification in 2009. He completed his certification in Orthopaedic and Manual Therapy (COMT) in the Extremities in 2012 through the International Academy of Orthopaedic Medicine-US and completed his Fellowship in Manual Therapy from Regis University in 2018.

Merging Pain Science, Psychology, and Movement: A Practical Approach

The evolution of pain science necessitates similar growth in clinical practice to integrate evaluation and treatment strategies consistent with a biopsychosocial model of care. Updating our knowledge of pain neurophysiology and merging this with psychologically informed interventions reflects a contemporary approach to treating patients in pain. This presentation will endeavor to describe and practice certain components of the clinical experience that have been studied and implemented in rehabilitative literature and practice. More specifically, attendees will actively participate in assessing patient cases and discussing treatment plans guided by concepts such as the therapeutic alliance, graded exposure to movement, and neural desensitization. "To review the evidence for, and application of, the therapeutic alliance (TA)

To merge pain neurophysiology, movement, and the therapeutic alliance into a biopsychosocial assessment and treatment of a patient in pain

To introduce three novel movement-based interventions based off of current pain science

To apply learned concepts to patient cases

Chris Joyce is a PhD Candidate in Rehabilitation Sciences at the MGH Institute of Health Professions and an Assistant Professor in the Physical Therapist Assistant Program at Bay State College. In these roles he studies and teaches biopsychosocial care for musculoskeletal pain. He's involved in a large national pragmatic trial that aims to prevent the transition of acute to chronic low back pain through direct primary care referral to psychologically informed physical therapy. Independently, he's currently

examining the effects of physical therapy on depression, anxiety, and self-efficacy in patients with chronic low back pain. Additionally, he's collaborating on an implementation project with community health workers at the Boston Medical Center, as well as developing a pedagogical study with local and national PT and PTA programs. He has presented at various conferences in Massachusetts, is an item-writer for the National Physical Therapy Exam, and is co-chairing the formation of a Pain Special Interest Group in the Massachusetts APTA chapter. His clinical practice is predominantly private consultation and a per diem inpatient appointment.

Elements and Evidence: Clinical Application of Tai Chi in Physical Therapy

Current approaches to teaching Tai Chi are often designed to prepare participants to teach Tai Chi in group or community settings. This course will enable clinicians to understand and develop proficiency in using Tai Chi as a neuromuscular reeducation approach in clinical settings to improve balance, reduce fall risk and incorporate stress management through mindful movement. We will explore the elements of and evidence for Tai Chi and learn how mindfulness, breathing, postural alignment, lower body stances and stepping can be immediately applied in any clinical setting to improve outcomes in the treatment of patients with movement impairments.

Objectives

- 1) List the benefits of tai chi for balance
- 2) Explain how postural alignment and stance impact dynamic balance and stepping
- 3) Describe and demonstrate the three basic principles of all Tai Chi forms
- 4) Demonstrate the seven stances or foot support patterns in Tai Chi
- 5) Demonstrate five characteristics of foot movement in Tai Chi

Dorothy Villano, PT, DPT Sarah Barnes, DPT, Patricia Jawor, DPT

Integrating Lifestyle Medicine & Health Coaching into Physical Therapy

Why is a healthy lifestyle important? 80% of heart disease, stroke and type 2 diabetes and 40% of all cancers can be prevented with improvements to lifestyle.

Lifestyle medicine is an emerging field with research demonstrating the adoption of a healthy lifestyle and behaviors can prevent, treat and sometimes reverse prevalent lifestyle related disease.

Physical therapists are experts in rehabilitation, exercise and wellness and should be on the front-line incorporating lifestyle medicine into their practice to improve patient's quality of life and health outcomes resulting in decreased healthcare costs. Learn how to integrate lifestyle medicine into your practice.

- Review the profound impact of lifestyle behaviors on the rates of death, disease and health care costs
- Recognize the necessity to integrate lifestyle medicine into physical therapy practice and curriculum

- Describe the components of lifestyle medicine: physical activity, nutrition, self care, sleep and environment
- Revise and implement lifestyle medicine into physical therapy practice and curriculum
- Investigate the changing landscape in physical therapy including digital medicine, telehealth, data, network medicine, artificial/augmented intelligence

Wendy Farnen Price PT, DPT, MS, DipACLM, WCS, CLT, PMA®-CPT is a physical therapist, board-certified Women's Health Clinical Specialist and Lifestyle Medicine Professional practicing at Smilow Cancer Hospital. She is also the founder and owner of Healthcore Lifestyle Medicine. She is a co-chair of the Fitness, Rehab and Medicine group for the American College of Lifestyle Medicine. She previously served on the American Physical Therapy Association Board of Directors, Oncology Section and continues to serve as an active member of the APTA's Women's Health, Oncology Section and Council on Prevention, Health Promotion, and Wellness.

Combating the Opioid Crisis: A Student and Manual Therapist's Perspective

In 2017, the Department of Health and Human Services (HHS) declared a public health emergency regarding the opioid crisis. Speakers will relate the background of the opioid crisis using statistics of opioid-related events, why they are on the rise, and its effect on society. Utilizing evidence, pain mechanisms and development of chronic pain will be explained. The role of physical therapists in the management and prevention of chronic pain will be explained. Utilizing a multi-disciplinary approach and creating an individualized-action plan will be explored. Student and manual therapist's experiences of managing chronic pain will be discussed.

1. Explain the importance of the opioid crisis and its effects on physical therapy practice.
2. Highlight the evidence behind the mechanism of pain and discuss the development of chronic pain.
3. Relate an evidence-based, individualized approach in the management of chronic pain.

Kyle Stapleton is a third year DPT student at Sacred Heart University. He is highly involved in the APTA as the Director of Communications of the APTA Student Assembly Board of Directors and previously as the APTASA Core Ambassador of Connecticut and as a project committee member on the National Student Conclave (NSC) Project Committee. Kyle is a previous recipient of the APTA FAF scholarship from the Academy of Neurologic Physical Therapy. Kyle is highly interested in pursuing a residency and practicing in orthopaedics and sports when he graduates.

Dr. Emmanuel "Manny" Yung is Clinical Assistant Professor and Residency Mentor at Sacred Heart University. He previously mentored Orthopaedic PT residents for 10 years and lectured to over 25 residents yearly at Southern California Kaiser Permanente following completion of his Manual Therapy Fellowship training. Dr. Yung has over 50 peer-reviewed publications and presentations (nationally and internationally). He is the Education Committee Vice Chair and Medical Screening Clinical Practice Guideline co-author of the Academy of Orthopedic Physical Therapy, and AAOMPT Core Research Committee Member. Manny has won research, teaching, and practice awards/grants presented by AAOMPT, Sacred Heart and Kaiser respectively.

Blood Flow Restriction: Basic Science and Clinical Application

This presentation will elaborate on how Blood Flow Restriction (BFR) can address one of the biggest hurdles facing physical therapists; normalizing muscle mass and strength following an injury or surgery. This challenge exists initially because of the rapid molecular changes within the muscles of the involved limb and is compounded by the inability of the tissue to tolerate the external load required to increase muscle strength and hypertrophy. Unlike traditional rehabilitation exercises, low intensity exercise with BFR has been shown to activate the same pathways involved in increasing muscle hypertrophy and ultimately strength as high load training does.

Following this presentation, the attendee will be able to:

Describe why traditional therapeutic exercises have a limited effect on addressing strength deficits following an injury.

Discuss the effectiveness of BFR in a clinical population

Explain how BFR produces similar changes in muscle hypertrophy as high intensity training

Zachary Dunkle is a board certified orthopedic specialist who received a Doctorate in Physical Therapy from Emory University. He also completed an orthopedic residency at Emory University. He currently practices in a private outpatient practice in Atlanta, GA where he has implemented BFR into his treatments for over three years. In addition treating clients, he currently teaches Personalized Blood Flow Restriction courses with Owens Recovery Science.