Evidence based approach for return to sports following hip or knee arthroplasty

Paul A. Ullucci, Jr., PT, PhD, DPT, ATC, SCS, CSCS, EMR

2:00 - 5:00pm

Do you know how to get a TKA or THA patient back to sport? This course will present an evidence-based approach using sports medicine concepts applied to patients who are status post Hip Arthroplasty and Knee Arthroplasty. The biomechanical and pathomechanical considerations for each type of surgery and implications for return to sport will be discussed. Focus on adaptive strategies to allow early return to participation, as well as effective collaborative strategies when working with other medical professionals. Coaches and instructors for sports such as golf, tennis, running and skiing will be included.

1. Attendees will understand the biomechanics and inherent limitations of the types of hip and knee arthroplasties discussed.
2. Attendees will be able to develop a sound treatment strategy including simple technique changes to allow early return to sports based on biomechanical principles of their patients
3. Attendees will be able to develop a plan to allow them to work collaboratively with other medical professionals, coaches and instructors to adapt their patients
4. Attendees will understand the basic biomechanics of the sports discussed


Paul is currently an Assistant Professor at Sacred Heart University, having worked for two years as an Assistant Professor and Director of their Musculoskeletal Care Clinic at California State University, Fresno. He has presented over 50 lectures at the state, regional and national level and has worked with numerous Olympic, professional, collegiate and recreational athletes. He has enjoyed the opportunity to work with the Providence Bruins hockey club, RI Rebellion Rugby team, Providence Anchors ABA team as well as the student athletes of Brown University, Providence College and a number of local high schools, club sports teams and youth organizations.
Optimizing Musculoskeletal Health in Individuals with Cerebral Palsy Across the Lifespan: Dose & Timing

Mary Gannotti, PT, PhD, Rebecca Cameron, SPT, Erica Breive, SPT, Hanna Tarbox, SPT

10:15 - 12:30, we are asking for a brief break at 11:15 to accommodate transitions with other tracks

Physical therapists play a role in optimizing musculoskeletal health for individuals with cerebral palsy across the lifespan. Information about critical periods of plasticity and dosing parameters for optimizing musculoskeletal health are presented. For non-ambulatory individuals, seated whole-body vibration and intense interval recumbent cycling hold promise for improving bone health. Treadmill training, hip-hop dance, and plyometric exercises, performed seated and standing, can create ground reaction forces to stimulate bone remodeling for strength. Aquatic exercise can improve the rate of force development in muscle, as the environment provides buoyancy and resistance, while helping to address tone abnormalities, and improving patient satisfaction.

1. Synthesize knowledge about musculoskeletal health across the lifespan for individuals with cerebral palsy

2. Apply information about optimal dosing parameters to exercise programs for musculoskeletal health

3. Understand how to calculate the osteogenic index for an exercise

Utilize proposed parameters for presented interventions


Mary Gannotti, PT, PhD is a physical therapist and medical anthropologist who studies the experiences of people with disabilities, and how personal and environmental characteristics impact disability status and treatment effectiveness. She has been a Mary Switzer Fellow and a Research Fellow at Yale University School of Medicine. Currently, she is a professor in the physical therapy department at the University of Hartford and a member of the Scientific Staff at the Shriners Hospital for Children, Springfield. Recent work focuses on the experiences and long-term outcomes of adults with cerebral palsy and how that can inform current practice for children with cerebral palsy.
How do I provide value in my care?

Victor Vaughan PT, DPT, MS, OCS

10:15 - 11:15am

The concept of providing value based care is rapidly becoming fundamental across the spectrum of the continuum of care. This concept is bringing the challenge of fundamental change to both the processes of care as well as the individual treatment content for physical therapists. While many physical therapists understand the meaning of value they are often challenged in terms of how to provide and demonstrate value. This presentation will discuss the use of clinical reasoning as a basis for providing and demonstrating value across all settings.

Participants will:

1. Define value as determined by patients and its application to physical therapy care.
2. Understand the reasons behind the need to provide value based care across the continuum of health care.
3. Understand the financial benefit of demonstrating high value care across the continuum.
4. Be able to describe the importance of gathering and using outcome data to demonstrate value based care.
5. Understand clinical reasoning and how it is used to demonstrated value in physical therapy care.
6. Be able to utilize clinical reasoning to design effective, value based episodes of physical therapy care.
References:


Vic earned his BS in PT from the University of Vermont (1976), MS in Exercise Science from the University of Massachusetts (1985) and his DPT from Sacred Heart University (2010). He earned his OCS in 2008.

He recently was a clinical faculty member for Sacred Heart University where he managed and treated patients in the faculty practice, taught advanced orthopedic care, management, payment, leadership and advocacy topics to entry level students and was the director of the orthopedic residency program at Sacred Heart University. He has been a member of the CT and APTA’s Public Policy and Advocacy Committee.
Pelvic Health Across the Hospital Continuum: Inpatient, through Home Care, to Outpatient

Brian Taber, PT, Carolyn Daniels, PT, Lisa Gramlich, PT, Kelly Garaventa

10:15 - 11:15am

Participants will learn the basic anatomy of the pelvic floor and the importance of early pelvic floor assessment and treatment for patients with diagnosed pelvic floor dysfunction. The dysfunctions for review will include: urinary incontinence, bowel dysfunction, post-prostatectomy incontinence, treatment during and after pregnancy, fall risk correlation to incontinence and early intervention for children with pelvic floor dysfunction.

The course will educate therapists on how these topics apply to patients throughout the continuum of care in a hospital setting including acute care, home care, and outpatient physical therapy.

Literature supporting assessment and treatment techniques will be presented throughout the course.

1) Participants will be able to describe the basic anatomy of the pelvic floor.

2) Participants will be able to explain the importance of early pelvic floor assessment and treatment across the continuum.

3) Participants will be able to discuss research results and formulate conclusions surrounding the effectiveness of muscle retraining in patients with pelvic floor dysfunction.


Carolyn has worked for Middlesex Hospital since 1993. She is a graduate of Quinnipiac University with a Bachelor of Science Degree in Physical Therapy. Carolyn's focus since 2011 has been on Pelvic Health education and career development and currently is the lead therapist for the Pelvic Health and Incontinence Training Program. Her special areas of interest are treatment of the pelvis, hip and spine as well as treatment of bowel and bladder incontinence and pelvic pain for men and women of all ages.

Lisa started at Middlesex Hospital in 2014 working in Acute Care at the hospital in Middletown. She is presently splitting her time between the hospital and our Madison Outpatient Center focusing on our Bowel, Bladder, and Pelvic Pain Program. She is a member of the Holistic Care Team, and has gone through the Palliative Care Champion program.

Kelly received her undergraduate Physical Therapy degree at Quinnipiac College. She then went on to get her Masters of Physical Therapy degree at Massachusetts General Hospital Institute of Health Professions specializing in Neurology. Throughout her travels in the United States Kelly has worked in a variety of settings including acute care, inpatient rehab, subacute rehab and home care. Currently she works in the home care setting with a focus on patients with incontinence and the link with patient balance.

Brian received his Bachelor and Master of Science in Physical Therapy from the University of Connecticut. He obtained his Doctorate of Physical Therapy from The Massachusetts General Institute of Health Professions. Brian has worked for Middlesex Hospital as a physical therapist since 2005 and currently is the Administrative Director of Physical Rehabilitation. He has a strong interest in program development and diversification to bring new opportunities the the patients in the community.
Yoga for children and adults with stroke and multiple sclerosis: What does the literature say?
Diana Veneri, PT, EdD, NCS, RYT, Mary Gannotti, PT, PhD, Sarah Hillman,

2:00 - 5:00pm

This course will begin with a review of the literature pertaining to the benefits of yoga for children and adults with stroke and multiple sclerosis. Outcome measures were categorized according to the ICF model domains of body structures & function, activity, and quality life. A meta-analysis was performed; effect sizes were calculated using Cohen’s d. The findings of which will be disseminated along with any inferences made for children with cerebral palsy. The second part of the course will be participatory. Attendees will work in small groups to outline modified yoga practices for persons with various neurological diagnoses.

1. Attendees will be provided with a review of the current literature related to yoga and children, adults with stroke and multiple sclerosis.
2. Attendees will be exposed to several different yoga breathing techniques.
3. Attendees will experience yoga in a chair and on the floor.
4. Attendees will develop yoga practices for persons with neurological impairment.


Diana Veneri is an Assistant Professor at Sacred Heart University. She has a doctorate in Educational Leadership and is a Neurology Clinical Specialist.

Mary Gannotti is a Professor at the University of Hartford. She has a PhD in Anthropology.
Mobility and Technique for Strength Training: Olympic lifts and auxiliary compound movements

Rick Stebbins PT, CSCS, USAW

2:00 - 5:00pm

This course is designed to teach mobility assessment and correction as well as technique for the Olympic lifts and their auxiliary movements including Squats, Deadlifts, Clean/Jerk and Snatch. These lifts provide the foundation for rehabilitation for all injuries. The course will show the clinical relevance for incorporating these lifts into any rehabilitation treatment plan.

1. Evaluate proper biomechanical squatting technique.
2. Learn corrective exercises for proper weightlifting.
3. Teach proper technique for weightlifting including squats, deadlift, clean and snatch.
4. Learn to integrate proper weightlifting into a physical therapy treatment plan.


Rick Stebbins PT, CSCS, USAW received his degree in Physical therapy form the University of Connecticut in 1988 and has been a Certified Strength and Conditioning Specialist for 30 years. He has performed numerous seminars for Olympic Weightlifting technique over the last 10 years and has coached several top Crossfit games athletes. Rick has owned a private orthopedic physical therapy facility since 1993 and 6 years ago started a sports performance and orthopedic longevity center to enhance human performance. He has been the strength coach at his local high school form 2013-2016. He was the physical therapist for the Mens and Womens U.S. Indoor Field Hockey teams from 2003-2005.
Care, Cost and Continuity: A Look Into Our Unique Multi-Setting Approach
Jessica Barszcz, DPT, Brianne Hudak, DPT, CEEAA, Stephanie Follette,

11:30 - 12:30

Our goal is to introduce a unique, patient centered model of care across the continuum by discussing the potential value of transitioning through multiple settings, all while staying with one rehabilitation team. Our model demonstrates a special relationship between inpatient, home and outpatient therapies and services which eases transitions and care planning for clinicians, patients and families. Hear how our patients succeed by using a consistent and familiar rehabilitation team from hospital discharge to community life. We will discuss our decision making process for discharge planning to maximize full value of care while minimizing cost.

By the end of this session, clinicians will be able to
• Identify nationwide tredas in health care as they apply to rehabilitation, specifically in regards to bundled payments
• Identify the qualifying criteria and the differences between each post-acute rehab setting in order to best recommend the appropriate plan of care after SNF discharge
• Identify the benefits of monitoring specific outcomes across different settings to be able to detect changes in patient level of function
• Identify the benefits of gathering and storing functional outcome measures
• Identify the benefits of a supervised wellness program for continued monitoring of exercise progression, functional mobility and stability of vitals in order to maintain health status and decrease risk of re-hospitalization
"Bundled Payments for Care Improvement (BPCI) Initiative: General Information."


Stephanie Follette graduated from Ithaca College with a MS in 2009 and DPT in 2010. She has been practicing physical therapy in the skilled nursing field for 7 years and inpatient rehab setting for 5 years. Stephanie is passionate about the geriatric population and became a Geriatric Certified Specialist in 2014. She currently works at the Carolton Chronic and Convalescent Hospital in Fairfield, CT.

Jessica Barszcz graduated Sacred Heart University with a DPT in 2014. Jessica found her niche with the geriatric population and currently works at the Carolton Chronic and Convalescent hospital in Fairfield, CT where she has gained experience in the inpatient, outpatient, and home health settings. She is currently in pursuit of her Geriatric Specialty Certification.
Human movement health for the cervical region across the life span.

David Cameron PT, PhD, OCS, , ,

2:00 - 4:00pm

This Clinical Education Session will explore optimum human movement system health for the cervical region, across the life span.

Each decade of life presents unique biopsychosocial stresses associated with an increased prevalence of specific cervical disorders i.e., trauma in 1st and 2nd decades, postural impairments in 3rd and 4th, radiculopathy in 5th, OA in 6th and 7th, etc.

This presentation will review the normal development and maturation of the cervical spine over the life span and relate common cervical diagnoses within each decade of life.

General movement system recommendations for common diagnoses for select decades of life will be provided. The implications of life span on contributing factors, such as age related changes in posture, will be presented and addressed in this session.

Describe optimum human system health for cervical spine
Describe biopsychosocial stressors to the cervical region across the life span
Describe prevalent Movement System diagnoses for cervical region.
Describe evidence based interventions for select cervical diagnoses across life span.


Dr. David Cameron, PT., PhD, OCS is a handsome fellow who has served as a Clinical Associate Professor of Physical Therapy at Sacred Heart University since 1996. He teaches human anatomy and kinesiology as well as Examination and Documentation in Sacred Heart’s Doctoral of Physical Therapy program. David is the Director of Sacred Heart University’s Human Anatomy Laboratory where he oversees dissection and cadaveric study. Dr. Cameron graduated from University of Connecticut with a Bachelors degree in Physical Therapy (1983) and with a Masters in Sport Biomechanics (1995). He completed his PhD at New York University in 2007.
Improving Rehabilitation Transitions of Care for the Total Joint Replacement Patient

Daya Constance, PT OCS, Daya Constance, PT OCS, Joseph DeGray, PT, Chris Peterson

10:15 - 12:30, we are asking for a brief break at 11:15 to accommodate transitions with other tracks

This program will discuss the development and implementation of evidence based clinical standards for the total joint population across the care continuum. An overview of the Institute for Healthcare Improvement’s PDSA model of improvement will be incorporated as the methodology that was utilized to establish and operationalize the program which was designed to enhance transitions between levels of care and to optimize functional outcomes. An overview of a telerehabilitation pilot will be included as we embark on innovative ways to deliver care.

At the end of the presentation, participants will have a basic understanding of:

1. The IHI Improvement Model and how to apply it to clinical initiatives
2. Objective tests and measures that can be used to measure functional change and outcomes for patients following total joint replacement.
3. Strategies for incorporating telerehabilitation into the post-acute phase of the rehab continuum for total joint patients.


Physiotherapy Rehabilitation After Total Knee or Hop Replacement: An Evidence-Based Analysis, Ontario Health Technology Assessment Series 2005; Vol.5, No.8


Stephen Petis, MD, MSc, James L. Howard, MD, MSc, Brent L. Lanting, MD, MSc, and Edward M. Vasarhelyi, MD, MSc

Total Hip Replacement Surgery: Medical Animation

MediVisuals  https://m.youtube.com/watch?v=YrSmlwNWAmQ

Video hip surgical procedure for total hip replacement

orthostewart

https://m.youtube.com/watch?v=9qBMqVPfOtM

Complete bios will be provided upon acceptance of proposal
Behind closed doors: What does a pelvic floor physical therapist do and why should you consider adding such skills to your clinical practice?

Claire Agrawal

11:30 - 12:30

This course will provide an understanding of the pelvic health specialty in physical therapy practice. The following questions will be discussed: What sort of patients benefit from seeing a physical therapist skilled in treating and evaluating the pelvic floor; what does pelvic floor evaluation/treatment involve; what training is required to learn these skills; and why do we need more skilled professionals in this specialty. A brief lab will allow participants to practice asking questions that reveal if patient has potential pelvic floor dysfunction as well as talk through example patient cases.

Understand the basic anatomy and function of the pelvic floor, and how it is an important but often overlooked part of the core.

Describe to a patient what he/she might expect during an evaluation with a pelvic floor physical therapist.

Consider the training required to learn evaluation and treatment techniques for the pelvic floor, and how good orthopedics skills for the hips, back, pelvis, and abdominals make a better pelvic floor therapist.

Appreciate the impact pelvic floor physical therapy can have in a patient’s life: physically, mentally, and emotionally.

Practice asking relevant questions to uncover pelvic floor dysfunction.

Put together plans of care for example patient cases involving pelvic floor dysfunction.


Rosenbaum T. Pelvic floor involvement in male and female sexual dysfunction and the role of pelvic floor rehabilitation in treatment: a literature review. International society for sexual medicine. 2007; 4: 4-13


