Orthopaedic Manual Physical Therapy
Balancing the Three Pillars of EBP

AAOMPT 2013 CONFERENCE
DUKE ENERGY CONVENTION CENTER
CINCINNATI, OHIO
OCTOBER 16-20, 2013

CONFERENCE PROGRAM
Myopain Seminars - the obvious choice
Register today at myopainseminars.com
info@myopainseminars.com (email)
301.656.0220 (phone) 301.654.0333 (fax)

Why study Dry Needling with Myopain Seminars?
I would recommend the Myopain Seminars courses for any physiotherapist who wants to integrate this type of treatment into their clinical practice. Dr. Dommerholt is a fantastic instructor and received accolades from our entire staff of physiotherapists throughout the course. The course materials he provided and additional resources and recommendations have allowed our staff to integrate this treatment following this intensive training course."

—Todd S. Ellenbecker, DPT, MS, SCS, OCS, CSCS
Director of Sports Medicine, ATP World Tour

It is doubtful that any other PT clinician/instructor has a better grasp of current research, underlying science, and practical applications than our Myopain Seminars instructor. The materials were presented in a fun and understandable way."

—Cathy E. Busby, PT, MS, MTC
Morrisville, North Carolina

Over 28 years of PT practice, nothing has improved our results with musculoskeletal pain cases like trigger point dry needling. We have seen a greater than 40% increase in referrals. Completing the entire series through Myopain Seminars is the best investment in continuing education our company has ever made."

—Tim Gibbs, PT, OCS, cert, MDT, CCTT, CMPT
Advanced Rehabilitation Services, LLC, Kalispell, Montana

Dry needling is within the scope of PT practice in 34 states and the District of Columbia
Dear Friends and Colleagues:

Welcome to Cincinnati and the 2013 AAOMPT conference. We look forward to a wonderful conference to learn, celebrate, network, and spend time together. I especially want to welcome those of you who are new members of AAOMPT and/or first time attendees to our conference. I know that you will have a fulfilling and wonderful conference. To our long time members, I am confident that we have another unforgettable AAOMPT Conference in store for you. You will notice many changes to see if we can “Plus” the experience!

Our conference theme, ‘OMPT: Balancing the Three Pillars of EBP’ summarizes the importance of valuing all 3 components of the EBP triangle in order to provide the best care possible to the patients that we serve. This also supports us assuming our natural role as the portal to the healthcare system for individuals with musculoskeletal conditions.

Highlights of the conference include keynote addresses by Dr. Alison Rushton, Dr. Duncan Reid, and Jim Meadows – true international leaders of our profession who will be providing sessions that you will not want to miss. Dr. Gail Deyle is the recipient of our 2nd Annual Distinguished Lecturer Award and I have no doubt that his presentation will be outstanding! I encourage all of you to spread your wings and make the most of the great breakout and research sessions that are being offered on Saturday and Sunday.

We also will take valuable time to celebrate via several events with the first one being the Fellowship Recognition Ceremony on Thursday. One of the most important aspects of our conference is the recognition of our highest awards. This year two individuals, who have given so much to AAOMPT as well as the entire PT profession over the course of their careers, will be recognized. We will recognize and celebrate the contributions of Mike Rogers as the 2013 recipient of the Mennell Award and Barbara Stevens as the recipient of the Kaltenborn Award.

AAOMPT is infamous for the opportunities it provides to network and socialize with the “VIP’s” of the OMPT world. Take advantage of the opportunities at the Thursday Opening Reception event, Friday at the Poster and Wine event, and on Saturday night at the AAOMPT Networking Reception.

On Saturday after the Research Roundtable session (as an FYI, we considered calling this the “research smackdown” session) is the AAOMPT Annual Business/Membership Meeting which guests are welcome to attend and I respectfully ask all Members to attend this important event. There are many important issues that we are facing as an organization and we value our member’s feedback and input to make our organization even stronger.

Every year I leave this conference energized and no doubt that you will feel this way as well. Over the next few days take time to learn, celebrate, and network. One of my favorite parts of the conference is talking to as many of you as possible, so please do not hesitate to come up to me and introduce yourself.

Have a great time and enjoy yourself!

Sincerely,

Bob Rowe, PT, DPT, DMT
President
Registration

Registration will be available on the 2nd level of the Duke Energy Convention Center during the following times:

Wednesday, October 16: 7:00 am - 5:00 pm
Thursday, October 17: 7:00 am - 5:00 pm
Friday, October 18: 7:00 am - 5:00 pm
Saturday, October 19: 7:00 am - 5:00 pm
Sunday, October 20: 7:00 am - 1:00 pm

Exhibits

The success of the 2013 Conference is largely due to the support from our exhibitors and sponsors. Please stop by the exhibit hall and thank them for their support of AAOMPT during the following times:

Thursday, October 17: 7:00 pm - 9:30 pm
Friday, October 18: 7:00 am - 5:00 pm; 10:05 am Break; 3:25 pm Break
Saturday, October 19: 7:00 am - 3:00 pm; 10:15 am - 11:00 am Break
12:00 pm Lunch with Exhibitors

Social Events

This year, we’ve added more time for you to network with your colleagues! Be sure to join us at the following events during the conference:

- Welcome Reception in Exhibit Hall/Preview of Posters: Thursday, 7:00 pm
- Continental Breakfast in Exhibit Hall: Friday and Saturday, 7:00 am
- Coffee Break in Exhibit Hall: Friday, 10:05 am and 3:25 pm; Saturday, 10:15 am
- Awards Luncheon in the Duke Energy Convention Center: Friday, 12:35 pm
- Poster Presentations/Student Meet & Greet in Exhibit Hall: Friday, 6:10 pm
- Lunch in Exhibit Hall: Saturday, 12:00 pm
- Networking Toga Party at the Hilton (Don’t forget your Toga and be ready for an exciting Salsa Dance Lesson!): Saturday, 8:00 pm

Meeting Rooms/Conference Hotel

All meetings are scheduled to be held in the Duke Energy Convention Center unless otherwise noted in the conference program. A map is located on page 51 of the program for your convenience.

The Networking Reception/Toga Party on Saturday, October 19, will be held at the Hilton Cincinnati in the Hall of Mirrors, located at 525 W. Elm Street on the third floor of the hotel.
Internet

Complimentary wireless internet is provided for attendees on a first-come, first-served basis in certain areas of the Duke Energy Convention Center. Please refer to the map on page 51 for complimentary hotspot locations, noted by the yellow wifi symbol.

Attendees may purchase Instant Wireless Internet for $12.95/day which is designed for email checking and light web browsing. This service is available in all meeting rooms (excludes the Exhibit Hall). Connect to the wireless name “Instant Internet”, open your web browser which auto-connects to the Smart City login and purchase your internet through their website.

Panel Discussion

AAOMPT is excited to bring in a well-renowned group of therapists to join attendees in a panel discussion during general sessions at the conference. Questions from the audience will be submitted to the panel through the session moderator in the following ways:

Write your question on the notecard provided in your packet and submit to the moderator during the session, Tweet your question to #AAOMPTPANEL1 on Friday and #AAOMPTPANEL2 on Saturday during each session or ask your question on the microphone provided in the center aisle.

Be sure to follow AAOMPT on Twitter and Facebook during the conference for up to the minute conference information!

Other

As a keepsake to attendees and to keep the conference more eco-friendly, AAOMPT has provided each person with a waterbottle for use throughout the conference. Water stations will be placed at various locations around the venue for your use.

Bingo cards have been placed in your packet, be sure to get signatures from all of our exhibitors and turn it in at the registration desk for a chance to win a door prize! Prize winners will be announced at the Saturday Luncheon in the Exhibit Hall. Attendee must be present to win.

AAOMPT Mission Statement

The AAOMPT serves its members by promoting excellence in Orthopaedic Manual Physical Therapy practice, education and research and collaborates with national and international associations.
# SCHEDULE AT-A-GLANCE

## Wednesday, October 16, 2013

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
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<tbody>
<tr>
<td>7:00 am - 5:00 pm</td>
<td>Registration</td>
<td>Duke Energy Convention Center</td>
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<tr>
<td>8:00 am - 5:00 pm</td>
<td><strong>Pre-Conference Sessions:</strong> Integrated Manual Therapy and Exercise for the Cervical Spine and Shoulder: A Regional Interdependence Approach (Part 1)</td>
<td>Room 211</td>
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## Thursday, October 17, 2013

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<td><strong>Pre-Conference Sessions:</strong> The Three Pillars of the Mulligan Concept Why: Clinical Research - When: Clinical Reasoning - How: Clinical Skill</td>
<td>Room 235</td>
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<td></td>
<td>The Transition from Acute to Chronic Musculoskeletal Pain: Assessments and Principles for Management</td>
<td>Room 231</td>
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<td>Pelvic Girdle Pain, A New Approach to Low Back Pain</td>
<td>Room 238</td>
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<td></td>
<td>Common Clinical Findings with Uncommon Links</td>
<td>Room 230</td>
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<td></td>
<td>Functional Manual Therapy Approach to Foot and Ankle Dysfunction</td>
<td>Room 236</td>
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<td></td>
<td>Integrated Manual Therapy and Exercise for the Cervical Spine and Shoulder: A Regional Interdependence Approach (Part 2)</td>
<td>Room 211</td>
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<tr>
<td>1:00 pm - 5:00 pm</td>
<td>OPTA Legislative Session: The Role of the PT in the New Healthcare Arena</td>
<td>Room 234</td>
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<tr>
<td>5:30 pm - 6:30 pm</td>
<td>Fellow Recognition Ceremony</td>
<td>Rooms 232-233</td>
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<tr>
<td>7:00 pm - 9:30 pm</td>
<td>Welcome Reception &amp; Preview of Posters</td>
<td>Rooms 200-208</td>
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**FUN RUN**

**FRIDAY, OCTOBER 18, 5:30 AM**

Meet your friends and colleagues in the Hilton Cincinnati Lobby for a casual morning jog to get your day started and view the sites of downtown Cincinnati!
<table>
<thead>
<tr>
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<tbody>
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<td>Registration</td>
<td>Duke Energy Convention Center</td>
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<tr>
<td>7:00 am - 5:00 pm</td>
<td>Exhibits Open</td>
<td>Rooms 200-208</td>
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<tr>
<td>7:00 am - 8:00 am</td>
<td>Continental Breakfast in Exhibit Hall</td>
<td>Rooms 200-208</td>
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<tr>
<td>7:00 am - 8:00 am</td>
<td>Program Directors Meeting</td>
<td>Rooms 230-231</td>
</tr>
<tr>
<td>8:00 am - 8:30 am</td>
<td>General Session - Welcome Address</td>
<td>Junior Ballroom C&amp;D</td>
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<tr>
<td>8:30 am - 9:15 am</td>
<td>Keynote Ali Rushton: The Value of a Focused Subjective Examination</td>
<td>Junior Ballroom C&amp;D</td>
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<tr>
<td>9:15 am - 10:05 am</td>
<td>Keynote Duncan Reid: The Role of the Physical Examination</td>
<td>Junior Ballroom C&amp;D</td>
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<tr>
<td>10:05 am - 10:50 am</td>
<td>Break in Exhibit Hall</td>
<td>Rooms 200-208</td>
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<tr>
<td>10:50 am - 11:40 am</td>
<td>Keynote Jim Meadows: Special Tests</td>
<td>Junior Ballroom C&amp;D</td>
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<tr>
<td>11:40 am - 11:55 am</td>
<td>Keynote Panel Q&amp;A</td>
<td>Junior Ballroom C&amp;D</td>
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<tr>
<td>11:55 am - 12:25 pm</td>
<td>5x5 Research Presentations (with Q&amp;A)</td>
<td>Junior Ballroom C&amp;D</td>
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<tr>
<td>12:35 pm - 1:55 pm</td>
<td>Awards Luncheon</td>
<td>Junior Ballroom A&amp;B</td>
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<tr>
<td>2:05 pm - 2:50 pm</td>
<td>Distinguished Lecture Award</td>
<td>Junior Ballroom C&amp;D</td>
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<tr>
<td>2:50 pm - 2:55 pm</td>
<td>Distinguished Lecture Award Presentation</td>
<td>Junior Ballroom C&amp;D</td>
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<tr>
<td>2:55 pm - 3:25 pm</td>
<td>5x5 Research Presentations (with Q&amp;A)</td>
<td>Junior Ballroom C&amp;D</td>
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<tr>
<td>3:25 pm - 4:10 pm</td>
<td>Break in Exhibit Hall</td>
<td>Rooms 200-208</td>
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<tr>
<td>4:10 pm - 4:55 pm</td>
<td>Management of Thoracic, Lumbar and Pelvic Conditions: Case Based Discussion Demonstration</td>
<td>Junior Ballroom C&amp;D</td>
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<tr>
<td>4:55 pm - 5:55 pm</td>
<td>Panel Discussion: The Value of Philosophical Frameworks Panel: Ali Rushton, Duncan Reid, Tim Flynn, Stanley Paris, Joe Farrell, Jim Meadows and Gail Deyle; Moderator: Elaine Lonnemann</td>
<td>Junior Ballroom C&amp;D</td>
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<tr>
<td>5:55 pm - 6:10 pm</td>
<td>Panel Q&amp;A Session</td>
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<tr>
<td>6:10 pm - 7:30 pm</td>
<td>Poster and Wine Reception</td>
<td>Rooms 200-208</td>
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<tr>
<td>7:30 pm - 8:30 pm</td>
<td>Practice Affairs Town Hall Meeting</td>
<td>Junior Ballroom C&amp;D</td>
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<td>7:30 pm - 8:30 pm</td>
<td>Academic/Clinical Faculty SIG Meeting</td>
<td>Room 238</td>
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<tr>
<td>7:30 pm - 9:00 pm</td>
<td>Student SIG Meeting</td>
<td>Room 234</td>
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</tbody>
</table>
**SCHEDULE AT-A-GLANCE**

**Saturday, October 19, 2013**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>7:00 am - 5:00 pm</td>
<td>Registration</td>
<td>Duke Energy Convention Center</td>
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<tr>
<td>7:00 am - 3:00 pm</td>
<td>Exhibits Open</td>
<td>Rooms 200-208</td>
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<tr>
<td>7:00 am - 8:00 am</td>
<td>Continental Breakfast in Exhibit Hall</td>
<td>Rooms 200-208</td>
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<tr>
<td>7:00 am - 8:00 am</td>
<td>Committee Meetings <em>(Committee Members Only)</em></td>
<td>Rooms 230-231</td>
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<tr>
<td>8:00 am - 10:15 am</td>
<td><strong>General Session (Including Panel Q&amp;A):</strong></td>
<td>Junior Ballroom C&amp;D</td>
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<tr>
<td>8:00 am - 8:30 am</td>
<td>Recognizing 200 Years of International OMT Practice <em>Presenter: Cameron MacDonald</em></td>
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<tr>
<td>8:30 am - 9:00 am</td>
<td>IFOMPT International Framework for Cervical Screening <em>Presenter: Ali Rushton</em></td>
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<tr>
<td>9:00 am - 9:30 am</td>
<td>Balanced OMPT Practice in an Unbalanced EBP World <em>Presenters: Jason Beneciuk, Joel Bialosky &amp; Nata Salvatori</em></td>
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<tr>
<td>9:30 am - 10:00 am</td>
<td>Integrating Patient Preference and Clinical Expertise into the EBP Triad: The Skill of Interaction <em>Presenters: Joseph Farrell &amp; Matt Lee</em></td>
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<tr>
<td>10:15 am - 11:00 am</td>
<td>Break in Exhibit Hall</td>
<td>Rooms 200-208</td>
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<tr>
<td>11:00 am - 12:00 pm</td>
<td><strong>Research Presentations (followed by Q&amp;A):</strong></td>
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<td>Manipulation Instruction and Education Surveys <em>Room 211</em></td>
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<td>Thoraco-Lumbar Spine Manual Therapy <em>Room 212</em></td>
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<td>Motor Control, Flexibility, Manipulation &amp; Balance <em>Room 237 &amp; 238</em></td>
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<td>Lower Extremity <em>Room 233</em></td>
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<td>Manual Therapy Concepts &amp; Shoulder <em>Room 232</em></td>
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<tr>
<td>12:00 pm - 12:55 pm</td>
<td>Lunch In the Exhibit Hall</td>
<td>Rooms 200-208</td>
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<tr>
<td>12:00 pm - 1:00 pm</td>
<td>Committee Chair Luncheon</td>
<td>Room 209</td>
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**Breakout Session 1:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Room</th>
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<tbody>
<tr>
<td>1:00 pm - 2:00 pm</td>
<td>Clinical Application of Evidence in the Multi-System Approach to the Evaluation and Treatment of Whiplash Associated Disorder</td>
<td>233</td>
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<td>Update on Thrust Manipulation in First Professional Physical Therapy Programs in the US and Around the World</td>
<td>232</td>
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<td>Conservative Management of Scoliosis Using 3D Curve Specific Exercise</td>
<td>230-231</td>
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<td></td>
<td>Integrating Patient Preference and Clinical Expertise into the EBP Triad: The Skill of Interaction</td>
<td>211</td>
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<td>Spinal Pain in the Elderly: Results of Two Multi-Centered Observational Studies and the Implications on the Management of Low Back Treatment in the Elderly</td>
<td>212</td>
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<td>Knowledge Translation and Manual Therapy: Improving the Interaction of Clinicians and Researchers</td>
<td>237-238</td>
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<tr>
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<td>The Transition from Acute to Chronic Musculoskeletal Pain: Assessments and Principles for Management</td>
<td>236</td>
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**Breakout Session 2:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
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<tbody>
<tr>
<td>2:00 pm - 3:00 pm</td>
<td>Putting Psychosomatic and Psychosocial Theories of Chronic Neck Pain into Context with Biological Factors: Where Does Manual Therapy Fit?</td>
<td>236</td>
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<td>Thrust Joint Manipulation Skills Development for the Cervical Spine</td>
<td>232</td>
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<td>A Function Based Postural Classification System: Measurable Outcomes for Determining Efficient Posture</td>
<td>230-231</td>
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<td>Balanced Orthopaedic Physical Therapy Practice in an Unbalanced EBP World</td>
<td>211</td>
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<td>Pelvic Girdle Pain, A New Approach to Low Back Pain</td>
<td>212</td>
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</table>
### Schedule at-a-Glance

**Saturday, October 19, 2013**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>1:00 pm - 2:00 pm</td>
<td><strong>Breakout Session 2:</strong>&lt;br&gt;The Evolution of Expertise as an Evidence-Informed Practitioner&lt;br&gt;The Three Pillars of the Mulligan Concept - Why: Clinical Research - When: Clinical Reasoning - How: Clinical Skill&lt;br&gt;Expert Language in Manual Therapy - Maximizing Outcomes <em>Student Session</em>*</td>
<td>Rooms 237-238</td>
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<td>Room 233</td>
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<td>Room 234</td>
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<td>3:00 pm - 4:00 pm</td>
<td><strong>Breakout Session 3:</strong>&lt;br&gt;Manual Therapy for the Cervical Spine in the Pediatric Population: What Do We Need to Know?&lt;br&gt;When One-Size Fits All Doesn’t Work: Engineering Customized Manipulations for Complex and Difficult Patients&lt;br&gt;Lumbar-Hip Connection, Treating the Kinetic Chain with Applied Functional Science and EBP&lt;br&gt;Defining Value in Physical Therapy - The Case for Early PT Intervention: Matching the Evidence with Practice Integrity and Patient Expectations&lt;br&gt;Clinical Practice Guidelines: A Facilitator, Not a Stopper, for Clinical Decision Making</td>
<td>Room 211</td>
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<td>Rooms 237-238</td>
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<td>Rooms 230-231</td>
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<tr>
<td>4:00 pm - 5:00 pm</td>
<td><strong>General Session (With Panel Q&amp;A):</strong>&lt;br&gt;Research Roundtable: Pragmatic vs. Prescriptive Trials**</td>
<td>Junior Ballroom C&amp;D</td>
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<tr>
<td>5:00 pm - 7:00 pm</td>
<td><strong>AAOMPT Business Meeting</strong></td>
<td>Junior Ballroom C&amp;D</td>
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<tr>
<td>8:00 pm - 12:00 am</td>
<td><strong>Networking Reception/Toga Party</strong></td>
<td>Hilton - Hall of Mirrors</td>
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<td>7:00 am - 1:00 pm</td>
<td>Registration</td>
<td>Duke Energy Convention Center</td>
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<td>8:15 am - 9:15 am</td>
<td><strong>Breakout Session 4:</strong></td>
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<tr>
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<td>Pelvic Girdle Pain, A New Approach to Low Back Pain</td>
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<td>Update on Thrust Manipulation in First Professional Physical Therapy Programs in the US and Around the World</td>
<td>Rooms 237-238</td>
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<td>9:15 am - 10:15 am</td>
<td><strong>Breakout Session 5:</strong></td>
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<td>Clinical Application of Evidence in the Multi-System Approach to the Evaluation and Treatment of Whiplash Associated Disorder</td>
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<td>Common Clinical Findings with Uncommon Links</td>
<td>Rooms 237-238</td>
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<tr>
<td></td>
<td>The Evolution of Expertise as an Evidence-Informed Practitioner</td>
<td>Room 211</td>
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### SCHEDULE AT-A-GLANCE

#### Sunday, October 20, 2013

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<thead>
<tr>
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**PRE-CONFERENCE SESSIONS**

**Wednesday, October 16, 2013 | 8:00 am - 5:00 pm**

Integrated Manual Therapy and Exercise for the Cervicothoracic Spine and Shoulder: A Regional Interdependence Approach  
Room 211
This two-day session is for Physical therapists interested in current best evidence for manual physical therapy techniques and exercise for patients with upper quarter impairments. It will discuss patients with spine and upper quarter impairments, which make up a sizable percentage of the case load in an outpatient physical therapy practice. With current best evidence pointing towards a multimodal management strategy including manual physical therapy and exercise, this course will provide the busy physical therapy clinician with the essential hands on tools to effectively treat this large patient population. The presenters of this course are leading researchers and authors of evidence supporting manual physical therapy and exercise in patients with cervicothoracic and upper quarter impairments. They will present the most recent best evidence for this patient population. Additionally, the presenters will also demonstrate and teach the manual techniques that were used in the studies which support the best evidence.

*Day two of this session will be held on Thursday, October 17th.*

**Presenters:**  
Robert Boyles, PT, Dsc, OCS, FAAOMPT  
Clinical Associate Professor, University of Puget Sound  
Paul Mintken, PT, DPT, OCS, FAAOMPT  
Associate Professor, University of Colorado, Denver

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**Thursday, October 17, 2013 | 8:00 am - 5:00 pm**

The 3 Pillars of the Mulligan Concept - Why: Clinical Research - When: Clinical Reasoning - How: Clinical Skill  
Room 235
This will be a one-day program offering a balanced mixture of didactic lectures discussing the clinical reasoning foundation of the Mulligan concept, along with a skill-acquisition laboratory session with references and discussion of supporting evidence for each technique demonstrated.

**Presenters:**  
Jack Miller, BSc(PT), DipMT(NZ), MCIsC, DPT, FCAMPT  
Dr., Body Mechanics Physiotherapy  
Jim Millard, BSc(PT), dipMT (Can), MCIsC, FCAMPT  
Mr., Body Mechanics Physiotherapy

The Transition from Acute to Chronic Musculoskeletal Pain: Assessments and Principles for Management  
Room 231
Traumatic joint injury is a common occurrence in the young and elderly population and can lead to post-traumatic osteoarthritis (OA) and chronic pain. Over time, patients may experience increased tissue tenderness and expansion of symptoms, a sequelae of a sensitized nervous system. The specific drivers of these neurophysiological changes are largely unknown. Central sensitization, evidenced by laboratory measures of central nociceptive excitability, has been demonstrated in patient populations of knee OA and following acute ligament injury, and surprisingly, was not found to be dependent on the presence of resting pain. Thus, a greater emphasis on clinical measures that may help the stage the disease of chronic pain is warranted. Ideal management of chronic pain involves early detection. This course will discuss clinical tools for identifying characteristic features of chronic musculoskeletal pain. Clinical assessment of pain patterns, clinical outcome tools and quantitative sensory testing (QST) will be discussed and participants will have the opportunity to practice with these tools. Strategies for management including exercise prescription and manual therapy will be presented. Techniques of manual therapy for the purpose of pain relief will be presented and attendees will apply these techniques and appreciate the principles underlying these treatment methods.

**Presenters:**  
Carol A. Courtney, PT, PhD, ATC, FAAOMPT  
Clinical Associate Professor, University of Illinois at Chicago  
Michael O’Hearn, PT, MHS, OCS, FAAOMPT  
Adjunct Clinical Assistant Professor, University of Illinois at Chicago
PRE-CONFERENCE SESSIONS
Thursday, October 17, 2013 | 8:00 am - 5:00 pm

Pelvic Girdle Pain, a New Approach to Low Back Pain
Room 238
An estimated 76% of women experience low back and posterior pelvic girdle pain and accounts for the majority of sick leave among pregnant women. Often, these symptoms go untreated due to patient or practitioner beliefs that pregnancy is the cause of pain and symptoms will resolve postpartum. Low back or posterior pelvic girdle pain during pregnancy is the biggest predictor for pain post partum and recurrence or worsening of symptoms in subsequent pregnancy. Research also shows that women who experience low back or posterior pelvic girdle pain are 3 times as likely to suffer from post partum depression. Pregnancy causes significant bio-mechanical changes within a woman’s body, which can result in faulty movement patterns, pain, and dysfunction. This course aims to educate attendees regarding tests and measures for the differential diagnosis of low back versus pelvic girdle pain and manual interventions to treat pelvic girdle pain. The session will also cover appropriate questioning during history taking to allow clinicians to hone in on patient values and preferences to improve clinical outcomes.

Presenters:
Stephanie Fournier, PT, DPT, CLT
Physical Therapist, BIR

Common Clinical Findings with Uncommon Links
Room 230
The Orthopaedic Manual Therapist is uniquely qualified to act as a primary screener and interventionist for a majority of non-traumatic upper extremity impairments. This will be an interactive course focusing on the manual therapists’ assessment and treatment of the upper extremity from the cervico-thoracic-rib region through the upper limb. Participants will implement clinical decision making skills based on evidence in order to link kinetic chain relationships to tissue specific impairments. Interventions will include manual therapy techniques as well as supportive neuromuscular treatments. This session will detail clinically relevant relationships for diverse patient populations, including athletes, based on an organized examination and decision making process.

Presenters:
Catherine Patla, PT, DHSc, OCS, FAAOMPT, MTC
Associate Professor, University of St. Augustine

Libby Bergman, PT, DPT, MTC, FAAOMPT
Assistant Professor, University of St. Augustine

Amanda Grant, PT, DPT, MTC, FAAOMPT
Assistant Professor, University of St. Augustine

Erin Conrad, PT, DPT, MS, OCS, FAAOMPT
Assistant Professor, Director OMT, University of St. Augustine

Functional Manual Therapy Approach to Foot and Ankle Dysfunction
Room 236
Research has revealed that manual therapy can enhance foot and ankle function and address painful conditions. Hundreds of physical therapists, trained in Functional Manual Therapy™ (FMT) through the Institute of Physical Art, utilize the systematic Functional Mobilization (FM) approach to the foot and ankle as an aspect of their treatments. After many years of clinical experience, the Functional Manual Therapy approach has developed a philosophical construct related to foot and ankle analysis and function. The approach offers an organized systematic strategy for the management of mechanical, neuromuscular, and motor control dysfunctions of the lower limb. FMT offers the patient a conceptual framework for producing efficient function. The speaker will share the clinical reasoning behind certain observations and pre-tests which can guide the clinician in determining if a patient will likely benefit from treatment of the foot and ankle. While the speaker will present published research which supports foot and ankle mobilization, this presentation focuses on the clinician experience and patient preference, utilizing research to support clinical reasoning based on interregional dependency. Supervised Lab Sessions will also be conducted.

Presenters:
Gregory Johnson, PT, FFCFMT, FAAOMPT
Co-Founder/Co-Director Institute of Physical Art, Co-Founder Functional Manual Therapy, IPA, Functional Manual Therapy Foundation

Dean Hazama, PT, MPT, FMTF, FAAOMPT
Clinical/Fellowship Director, IPA Manhattan Functional Manual Therapy

Ryan Johnson, PT, DPT, CFMT
Fellow in Training, Board Member - FMT Foundation Research Division, IPA Manhattan
Ohio Physical Therapy Association Legislative Session — The Role of the PT in the New Healthcare Arena
Room 234
Health care is in a dynamic stage of transformation with the implementation of the Affordable Care Act and reforms on how care is delivered and paid. These pressure points offer physical therapy a unique opportunity to show the profession as a solution to a health care system that is too costly, limited in access, and disparate in quality. APTA is collaborating on initiatives, programs and resources designed to take advantage of these pressure points and show the value of physical therapy to payers and the public. This session will focus on key policy, practice and payment trends in the Washington DC and statehouses across the country, including threats and opportunities for physical therapists. Advancing payment reforms, efforts to measure and standardize practice, and the increasing need to show value, accountability, and innovation offer the profession the opportunity to transform its role in our health care delivery system. Physical therapy will change through the implementation of health care reform by state and region and now is the time to redefine our value, our role, and our potential as essential health care providers.

Presenters:
Justin Moore, PT, DPT
Vice President, Public Policy, Practice and Professional Affairs, APTA

Sharon Dunn, PT, PhD
Associate Professor/Chair, PT Program, LSUHSC Shreveport

General Session Keynote Presentations
Friday, October 18, 2013 | Junior Ballroom C&D

The Value of a Focused Subjective Examination
8:30 am - 9:15 am
Ali Rushton will discuss the importance of performing a focused Subjective Examination when managing patients. A well performed Subjective Examination is the key to understanding the nature of the patient’s complaints and how they relate to their functional capabilities. The Subjective Examination is far more than just a passive history taking, it is an active investigation of the conditions and how they respond to different movements, postures and challenges, throughout the entire day. The focused Subjective Exam allows a clinician to establish clinical hypotheses to be tested in the Physical Exam and subsequent treatment.
Presenter: Alison Rushton, (UK) EdD, MSc, Grad Dip Phys, Cert Ed, Dip TP, MCSP, HPC, MILT, FMACP

The Role of the Physical Examination
9:15 am - 10:05 am
Duncan Reid will discuss the role and the importance of the Physical Exam. The Physical Exam is one of the keys to determining what potential treatments may be valuable to manage a patient’s conditions. It offers an opportunity to establish the patient’s response to different movements and further the clinician’s information regarding the conditions involved. The Physical Examination allows the clinician to revisit the clinical hypotheses established in the Subjective Exam. Thus the Physical Exam allows the clinician to confirm/modify/reject existing hypotheses and develop new hypotheses as needed.
Presenter: Duncan Reid, (NZ) DHS, MSc, GDHS, Dip MT, BSc, FNZCP

Special Tests
10:50 am - 11:40 am
Jim Meadows will discuss the relative value of Special Tests commonly used in clinical practice. In recent years, numerous tests have become well established due to their Sensitivity, Specificity, and Likelihood Ratios. The role of certain tests will be discussed within the framework of their clinical utility.
Presenter: Jim Meadows, (USA) PT, COMP, MCSP, MCPA, FCAMP
Management of Thoracic, Lumbar and Pelvic Conditions: Case Based Discussion Demonstration
4:10 pm - 4:55 pm
Drs. Reid, Flynn and Farrell will present clinical case scenarios of various patients with Thoracic, Pelvic and Lumbar conditions. The patient’s signs and symptoms, and movement disorders will be presented to the audience followed by demonstrations by each of the presenters showing different options for manual therapy management on a patient model including a discussion of the underlying clinical reasoning for each approach.
Presenters: Duncan Reid, (NZ) DHS, MSc, GDHS, Dip MT, BSc, FNZCP
Timothy W. Flynn, PT, PhD, FAAOMPT
Joseph Farrell, PT, M App Sc, DPT, FAAOMPT

Panel Discussion: The Value of Philosophical Frameworks
4:55 pm - 6:10 pm
Historically, the Academy was originally formed by a number of leading clinicians interested in sharing their viewpoints and promoting the value of Orthopedic Manual Physical Therapy. While the Founding Fellows of the Academy came from different philosophical backgrounds they shared the same common goal of promoting and furthering the study of OMT. The distinguished panel of presenters will continue that tradition and discuss the relative value of clinicians using different philosophical frameworks to evaluate and manage a variety of patients with manual therapy interventions.

Panel: Alison Rushton, (UK) EdD, MSc, Grad Dip Phys, Cert Ed, Dip TP, MCSP, HPC, MILT, FMACP
Duncan Reid, (NZ) DHS, MSc, GDHS, Dip MT, BSc, FNZCP
Timothy W. Flynn, PT, PhD, FAAOMPT
Stanley Paris, FAPTA, FNZSP, NZMTA, FIFOMT, FAAOMPT, MCSP, BIM
Joseph Farrell, PT, M App Sc, DPT, FAAOMPT
Jim Meadows, (USA) PT, COMP, MCSP, MCPA, FCAMP
Gail Deyle, PT, DSC, DPT, OCS, FAAOMPT

Moderator: Elaine Lonnemann, PT, DPT, OCS, FAAOMPT

Keynote Presentations will be followed by a Panel Q&A Session. Tweet your questions to the presenters for the Saturday General Session to #AAOMPTPANEL1, submit your questions during the session on the notecards provided in your attendee packet or ask your question on the microphone in the center aisle when prompted by the moderator. Questions will be selected and read by the session moderator, please legibly print your question on the notecard before submission.

JOIN US FOR THE AAOMPT NETWORKING RECEPTION
TOGA PARTY!
SATURDAY, OCTOBER 19 . 8:00 PM-12:00 AM
Hilton Cincinnati Hall of Mirrors
DON’T FORGET YOUR TOGA!
Presenters will be available in the exhibit hall to discuss their poster presentations and attendees are encouraged to attend to network and develop contacts among each other. Posters will be available for viewing in the exhibit hall through Saturday, October 19, at 3:00 pm.

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Recognizing 200 Years of International OMT Practice
8:00 am - 8:30 am
The key focus of this presentation is to explore the early history of PT education and practice in Europe and international extensions of this. To lay a foundation from which we can start to understand how PT came before competing manipulative professions, and how it was that the PT profession in the USA started as a hands on manually direct approach but morphed into a modality and exercises dominated approach, only to be re-aligned by international influences from the 1960’s forward to our current blended OMPT approach.
Presenter: Cameron MacDonald, PT, DPT, GCS, OCS, FAAOMPT

IFOMPT International Framework for Cervical Screening
8:30 am - 9:00 am
Keynote Speaker Ali Rushton is the Chair of the IFOMPT Standard Committee and Lead Author on the recently released International Framework for Cervical Screening Document. Ali will present the background of the document and its value to clinicians. Ali will present the outline of the document and discuss how clinicians should incorporate the document into their clinical practice.
Presenter: Alison Rushton, (UK) EdD, MSc, Grad Dip Phys, Cert Ed, Dip TP, MCSP, HPC, MILT, FMACP

Balanced Orthopaedic Physical Therapy Practice in an Unbalanced EBP World
9:00 am - 9:30 am
Evidence based practice (EBP) is the integration of 1) best research evidence with 2) clinical expertise, and 3) patient values and circumstances. Physical therapists adhering to EBP principles have a seemingly easy decision when best research evidence strongly supports the use of a particular intervention approach for a specific patient. The clinical decision making process becomes more difficult when research evidence is lacking in support of a specific intervention for a specific patient or when that patient does not respond optimally to interventions supported by research evidence. Patient specific factors such as preference, expectation, and psychological factors have potential to guide treatment when research evidence is lacking. Furthermore, patient specific factors can enhance or diminish treatment responses when they support or oppose best research evidence respectively. The purpose of this case-based breakout session is to review patient specific factors likely to influence clinical outcomes in patients treated for musculoskeletal pain. Specifically, we will focus on psychological factors indicative of poor prognosis, patient expectation, and patient preference for treatment. Case examples will demonstrate how the pillars of EBP may uniquely and jointly influence patient outcomes and how the integration of each pillar during clinical decision making may be unbalanced based on individual patient scenarios.
Presenters: Jason Beneciuk, PT, PhD, MPH, FAAOMPT
Joel Bialosky, PT, PhD, OCS, FAAOMPT
Nata Salvatori, PT, DPT, OCS, FAAOMPT

Integrating Patient Preference and Clinical Expertise into the EBP Triad: The Skill of Interaction
9:30 am - 10:00 am
Joseph Farrell and Matt Lee will present examples of case studies to demonstrate the integration of the three pillars of EBP through power point presentation and videotape of the authors and colleagues interviewing, examining and treating various patients. Particular attention will be directed at the communication skills required of an advanced clinician to collect relevant interview data, which in turn drives the clinical reasoning behind the physical examination and treatment.

This interactive session will provide numerous clinical examples to demonstrate the importance of patient preference and clinical expertise when the clinical research evidence does not fit the patient’s presentation.
Presenters: Joseph Farrell, PT, M App Sc, DPT, FAAOMPT
Matt Lee, PT, DPT, OCS, FAAOMPT

Keynote Presentations will be followed by a Panel Q&A Session. Tweet your questions to the presenters for the Saturday General Session to #AAOMPTPanel2, submit your questions during the session on the notecards provided in your attendee packet or ask your question on the microphone in the center aisle when prompted by the moderator. Questions will be selected and read by the session moderator, please legibly print your question on the notecard before submission.
A Function Based Postural Classification System: Measurable Outcomes for Determining Efficient Posture

Breakout 2 | Saturday, 2:00 pm - 3:00 pm | Rooms 230-231

Current research documents the relationship between postural alignment and motor control. However, existing classification systems are based on an analysis of typical human postures, not on functional outcomes. The Function Based Postural Classification System (FBPCS) classifies patients based on the necessary corrections needed to enhance the patient’s motor control, strength, and postural stability. The FBPCS immediately directs the clinician, through observation, to the postural dysfunctions which can impair the patient’s strength, stability, or motor control and directs the clinician’s training which promotes a patient’s optimum motor control, strength, and stability. This session will present clinical and controlled studies to support the following hypothesis: A clinician can predict a patient’s postural efficiency and objectively determine the patient’s most efficient posture if motor control, strength, and stability are the measurable outcomes. Two of the primary functional tests utilized to verify the classification system are the Vertical Compression Test (VCT) and the Elbow Flexion Test (EFT) (Saliba and Johnson, 1984). Data collected in the lab and clinic will demonstrate both the validity and reliability of these two functional tests to confirm the patient’s most efficient standing posture. The two Functional Tests presented provide the clinician direct objective feedback on each patient’s strength, stability, and motor control which can be used to confirm the presence or absence of an efficient posture. This proprioceptive feedback guides the clinician and serves as a proprioceptive training enhancement tool for the patient, providing both the clinician and the patient immediate feedback related to the functionality of the patient’s posture. The efficient standing posture, as defined by the FBPCS, is applicable to all patients, both orthopedic and neurological, and is applicable to alignment for all ADL. This session will provide an opportunity for the participants to practice their observation skills, the two Functional Tests, and correlate their findings.

Objectives
• Develop a clinical understanding of the FBPCS
• Correlate the FBPCS to current research and clinical outcomes
• Develop the manual assessment skills for performing two Functional Tests used to identify efficient or inefficient posture

Presenter: Vicky Saliba Johnson, PT, FFCFMT, FAAOMPT

Balanced Orthopaedic Physical Therapy Practice in an Unbalanced EBP World

Breakout 2 | 2:00 pm - 3:00 pm | Rooms 230 & 231
Breakout 7 | 11:15 am - 12:15 pm | Rooms 237 & 238

Evidence based practice (EBP) is the integration of 1) best research evidence with 2) clinical expertise, and 3) patient values and circumstances. Physical therapists adhering to EBP principles have a seemingly easy decision when best research evidence strongly supports the use of a particular intervention approach for a specific patient. The clinical decision making process becomes more difficult when research evidence is lacking in support of a specific intervention for a specific patient or when that patient does not respond optimally to interventions supported by research evidence. Patient specific factors such as preference, expectation, and psychological factors have potential to guide treatment when research evidence is lacking. Furthermore, patient specific factors can enhance or diminish treatment responses when they support or oppose best research evidence respectively. The purpose of this case-based breakout session is to review patient specific factors likely to influence clinical outcomes in patients treated for musculoskeletal pain. Specifically, we will focus on psychological factors indicative of poor prognosis, patient expectation, and patient preference for treatment. Case examples will demonstrate how the pillars of EBP may uniquely and jointly influence patient outcomes and how the integration of each pillar during clinical decision making may be unbalanced based on individual patient scenarios.

Objectives
• Identify relationship between psychological factors, patient expectation, and patient preference with clinical outcomes for individuals experiencing musculoskeletal pain
• Identify treatment modifications based upon psychological factors, patient expectation, and patient preference to potentially enhance clinical outcomes for individuals experiencing musculoskeletal pain
• Identify how EBP pillar structure (i.e., best research evidence, clinical expertise, patient values and circumstances) during clinical decision making may not be evenly weighted based on individual patient scenarios

Presenters: Jason Benecluk, PT, PhD, MPH, FAAOMPT
Joel Bialosky, PT, PhD, OCS, FAAOMPT
Nata Salvatori, PT, DPT, OCS, FAAOMPT
Be a Contestant on the “Know Pain or No Gain” Game Show

Breakout 7  | Sunday, 11:15 am - 12:15 pm  | Room 212

Come join the speaker for an energetic game show (and educational session) on pain management and the research behind how physical therapists should treat patients in pain. Virtual contestants will compete across 3 rounds of action packed play to see who will be champion. Those interested in playing along should review the following categories before attending the show: Peripheral and Central Sensitization; Acute vs. Chronic Pain: Top 10 Painful Conditions; Pain Mechanisms; IASP Taxonomy and Curricular Requirements; Pain Assessment Tools; Key Research Related to Pain; PT Interventions for Pain Management, Documentation Strategies and much more! Dont miss out on this opportunity to compete against your friends.

Objectives
- Improve clinical decision making skills for acute and chronic pain
- Apply IASP task force guidelines to rehabilitation and classroom settings.
- Learn about important research related to pain and effective PT interventions to treat painful conditions
- Understand key assessment tools and documentation strategies to improve payment for PT services related to treating pain

Presenter: Mary Beth Geiser, PT, DPT, OCS

Centralization: Well Known, but Often Misunderstood and Under-Appeciated

Breakout 7  | Sunday, 11:15 am - 12:15 pm  | Room 233

Centralization is a phenomenon first discovered by Robin McKenzie in the 1950’s and first published in his text The Lumbar Spine: Mechanical Diagnosis & Therapy (1981). Since that time an extensive amount of literature studying this phenomenon has been published. Over the years many definitions and varying interpretations have been proposed. Centralization has also found its way into varying treatment classification systems. This course will discuss the varying definitions, the importance of coming to a common definition, the literature to date supporting the phenomenon, the implication that this literature has upon the many classification systems using it, the role of centralization in prognosis, and the optimal strategy to elicit this important response. We hope that this session will serve to further discussion amongst AAOMPT membership to agree upon a common definition of centralization.

Objectives
- Understand that multiple definitions of centralization exist, but only one is closely linked to prognosis and outcomes
- Optimal means of exhausting assessment for centralization
- Strong understanding of the literature supporting centralization as a clinical tool for treatment and prognostic indicator

Presenters: Brian McClenahan, PT, MSPT, OCS, Dip.MDT
Bob Robinson, DPT, Dip.MDT, FAAOMPT

Clinical Application of Evidence in the Multi-System Approach to the Evaluation and Treatment of Whiplash Associated Disorder

Breakout 1  | Saturday, 1:00 pm - 2:00 pm  | Room 233
Breakout 5  | Sunday, 9:15 am - 10:15 am  | Rooms 230-231

This presentation will be an interactive lecture. Seventy five percent will be lecture and 25% demonstration and lab. Lecture will cover key components of evaluation techniques as well as treatment that are all based on the most recent research in the area of focus. Lecture will include video and graphics demonstrating techniques to support the didactic. This is a multi-system approach to evaluation and treatment of cervical trauma including cervical-ocular dyskinesia, vestibular, proprioception, trigeminal involvement, and visual disturbance using neurophysiological, biomechanical, and biomedical models. Treatment will include a variety of options for the participant to consider.

Objectives
- Participants will be able to apply current research into their understanding of evaluation and treatment of cervical trauma
- Participants will learn new techniques to integrate into clinical practice to address a multi-system approach to treatment
- Participants will learn alternative methods to meet the needs of the patient

Presenters: Richard Kring, PT, PhD, DMT, DPT, FAAOMPT

Bob Robinson, DPT, Dip.MDT, FAAOMPT
Clinical Practice Guidelines: A Facilitator, Not a Stopper, for Clinical Decision Making  
**Breakout 3** | Saturday, 3:00 pm - 4:00 pm | Room 236  
**Breakout 6** | Sunday, 10:15 am-11:15 am | Rooms 237-238  
Clinical practice guidelines (guidelines) have an increasing role in healthcare delivery. Multiple professional organizations including IFOMPT (International Federation of Orthopaedic Manual Physical Therapists) and APTA (American Physical Therapy Association) are actively developing guidelines. Guideline authors synthesize evidence and make practice recommendations which may lead to standardized care. Appropriate translation of well-developed guidelines into clinical practice necessitates clinicians know 1) how to find guidelines in databases, 2) understand strengths and weaknesses of how the guidelines are developed, and 3) appraise guidelines. Retrieval of guidelines will focus on key features of three freely available databases: PubMed/MEDLINE, PEDro (Physiotherapy Evidence Database), and guideline.gov. Although guidelines are developed using multiple processes, the GRADE (Grading of Recommendations Assessment, Development and Evaluation) process will be illustrated. GRADE has been endorsed by various organizations including WHO (World Health Organization), The Cochrane Collaboration, and the AHRQ (Agency for Healthcare Research and Quality). The AGREE II instrument (Appraisal of Guidelines for Research and Evaluation) will be used to illustrate key considerations when appraising clinical guidelines. Using published evidence, participants will be guided in a discussion of strategies for translating guidelines into clinical practice.  
**Objectives**  
- Use clinical examples to illustrate how to find clinical practice guidelines (guidelines) in three freely available databases: PubMed/MEDLINE, PEDro (Physiotherapy Evidence Database), and guideline.gov  
- Discuss general processes for developing guidelines with specific illustration using the GRADE (Grading of Recommendations Assessment, Development and Evaluation) process, including the strengths and weaknesses of GRADE process  
- Use clinical examples to discuss use of the AGREE II instrument (Appraisal of Guidelines for Research and Evaluation) for appraising clinical guidelines and strategies for translating well-conducted guidelines into practice  
**Presenters:** Randy R. Richter, PT, PhD  
Tricia M. Austin, PT, PhD, ATC  
Chris A. Sebelski, PT, DPT, OCS, CSCS

Common Clinical Findings with Uncommon Links; Clinical Integration of the Upper Quarter and Limb: Evidence, Evaluation and Intervention  
**Breakout 3** | Saturday, 3:00 pm - 4:00 pm | Rooms 230-231  
**Breakout 5** | Sunday, 9:15 am - 10:15 am | Rooms 237-238  
The Orthopaedic Manual Therapist is uniquely qualified to act as a primary screener and interventionist for a majority of non-traumatic upper extremity impairments. This will be an interactive course focusing on the manual therapists’ assessment and treatment of the upper extremity from the cervico-thoracic-rib region through the upper limb. Participants will implement clinical decision making skills based on evidence in order to link kinetic chain relationships to tissue specific impairments. Interventions will include manual therapy techniques as well as supportive neuromuscular treatments. This session will detail clinically relevant relationships for diverse patient populations, including athletes, based on an organized examination and decision making process.  
**Objectives**  
- Describe the clinical application of normal and abnormal upper quarter and upper limb clinical integration relationships  
- Examine for selected musculoskeletal impairments as an integrative model  
- Implement clinical decision making skills to perform selected manual therapy and neuromuscular techniques  
**Presenters:** Catherine Patla, PT, DHSc, OCS, FAAOMPT, MTC  
Amanda Grant, PT, DPT, MTC, FAAOMPT  
Libby Bergman, PT, DPT, MTC, FAAOMPT  
Erin Conrad, PT, DPT, MS, OCS, FAAOMPT

Conservative Management of Scoliosis Using 3D Curve Specific Exercise  
**Breakout 1** | Saturday, 1:00 pm - 2:00 pm | Rooms 230-231  
This will be a presentation of the current literature and an explanation of the process of progression of scoliosis. Discussion will be held on assessment and treatment of scoliosis using self-corrective curve specific exercise.  
**Objectives**  
- Increased awareness of the current literature on curve specific exercise  
- Understanding the pathomechanism of curvature progression and current theory and practice of corrective exercise  
- Discussion of assessment tools for obtaining outcomes from treatment  
**Presenters:** Amy Sbihli, MPT, DPT
Defining Value in Physical Therapy – The Case for Early Physical Therapist Intervention: Matching the Evidence with Practice Integrity and Patient Expectations

Breakout 3 | Saturday, 3:00 pm - 4:00 pm | Room 212
Breakout 7 | Sunday, 11:15 am - 12:15 pm | Room 211

Several international guidelines consider acute low back pain to be a self-limiting condition and consider medical management and advice to be an appropriate intervention during the acute phase of the disorder. However, the prognosis for acute low back pain may not always be favorable. Furthermore, the vast majority of evidence related to physical therapy intervention suggests that the greatest efficacy occurs when manual therapy and targeted therapeutic exercise interventions are prescribed during more acute pain episodes. Research has shown that the timing (i.e., early intervention) of physical therapist intervention can bring value to a patient care episode by improving outcomes, reducing downstream medical costs, and reducing fear-avoidance behaviors. This presentation will discuss the implementation and value of physical therapy when provided in settings focused on early intervention (i.e., roving/on-call physical therapy and primary care settings). The incorporation of these early intervention programs (in both referral and direct access settings) have assisted physical therapists in enhancing collaboration with referral sources, provided a forum for appropriately trained physical therapists to showcase their skills in manual therapy and differential diagnosis, and positioned physical therapists as a front line providers in the provision of the right care at the right time. We will also discuss the evidence from these early intervention programs and their impact on increasing physical therapy market share, the triage and early recognition of patients at high risk for chronicity, and the role of physical therapists in matching the most efficacious, ethical care with a patient’s values and expectations.

Objectives
- Discuss the evidence regarding the early/timely intervention of orthopedic manual physical therapy
- Describe the impact of early intervention physical therapy strategies on patient expectations and self-efficacy
- Provide examples of successful medical models that have incorporated early physical therapist intervention into their patient management paradigms

Presenters: Michael Ross, PT, DHSc, OCS
Ryan Elliott, PT, OCS
Jeremy A. Jackson, PT, OCS, FAAOMPT

Expert Language in Manual Therapy – Maximizing Options

Student Session

Breakout 2 | Saturday, 1:00 pm - 2:00 pm | Room 234

The science and application of Manual Therapy is now a significant component of orthopedic physical therapist curricula. However, often student interns report that patient communication surrounding manual and other interventions can be very challenging. It has been reported that the amount of time with a therapist, positive patient expectations, and therapist-patient trust are associated with improved patient satisfaction and outcomes. Ultimately, patient communication (verbal and non-verbal) is a key skill that must be mastered to achieve clinical excellence. In this student-only interactive session, students will be exposed to practical and efficient ways to use language as an advantage to maximize manual therapy interventions and patient satisfaction in order to have expert outcomes.

Objectives
- Describe the science of provider language effects on patient outcomes
- Demonstrate positive language usage in common musculoskeletal pain
- Describe the neurobiology of placebo and its relevance to PT practice

Presenters: Timothy W. Flynn, PT, PhD, FAAOMPT

FunctionaManual Therapy and the Case for the International Significance of Coccyx Mobilization (Two Part Session)

Breakout 4 | Sunday, 8:15 am - 9:15 am | Room 233
Breakout 5 | Sunday, 9:15 am - 10:15 am | Room 233

This session will provide a review of the anatomy of the coccyx and surrounding structures. Emphasis will be placed on neural tissues, dural floor musculature, and surrounding bony structures. Current evidence will be reviewed which addresses the effects of coccygeal mobilization. Functional Mobilization™ for the coccyx will be described. Pictures and/or videos will be used to demonstrate objective changes before and after coccygeal mobilization. Depicted changes may include range of motion of the cervical spine, shoulder abduction, trunk flexion, lumbar spine quadrants, passive trunk rotation, slump sitting neural tension test. A plausible rationale will be suggested for anatomical and physiological theories behind observed changes in function and clinical reasoning pearls will be shared to assist the therapists in determining who will most likely benefit from coccygeal mobilization. Suggestions will be discussed for assessment of patient preference to determine if the intervention is appropriate.

Objectives
- Achieve an understanding of the anatomical significance of the coccyx
- Gain insights into the clinical significance and benefit of mobilizing the coccyx due to regional interdependence in measurable functional changes
- Gain an understanding of Functional Mobilization(TM) of the coccyx through the description of how to use Functional Mobilization(TM) to treat dysfunctions of the coccyx

Presenters: Gregory S. Johnson, PT, FAAOMPT
Ryan Johnson, PT, DPT, CFMT
Integrated Manual Therapy and Exercise for the Cervicothoracic spine & Shoulder: A Regional Interdependence Approach

Breakout 4 | Sunday, 8:15 am - 9:15 am | Room 232
Breakout 5 | Sunday, 9:15 am - 10:15 am | Room 232

Physical therapists interested in current best evidence for manual physical therapy techniques and exercise for patients with upper quarter impairments. Relevance to Physical Therapy: Patients with spine and upper quarter impairments make up a sizable percentage of the case load in an outpatient physical therapy practice. With current best evidence pointing towards a multimodal management strategy including manual physical therapy and exercise, this course will provide the busy physical therapy clinician with the essential hands on tools to effectively treat this large patient population. Evidence based nature and references: The presenters of this course are leading researchers and authors of evidence supporting manual physical therapy and exercise in patients with cervicothoracic and upper quarter impairments. They will present the most recent best evidence for this patient population. Additionally, the presenters will also demonstrate and teach the manual techniques that were used in the studies which support the best evidence.

Objectives
• Participants will be able to select and administer selected evidence based examination techniques directed to the upper quarter
• Identify the indications and contraindications for the application of mobilization and manipulation procedures to the cervical and thoracic spinal and upper extremity joints
• Apply safe and effective thrust and non-thrust manual therapy procedures to the cervical spine and thoracic spine
• Participants will select and provide both thrust and nonthrust techniques directed to the glenohumeral, scapulothoracic, sternoclavicular and acromioclavicular joints that directly effects upper quarter dysfunctions
• Develop an effective home program including therapeutic exercise and self mobilizations for common upper quarter dysfunctions

Presenters: Robert Boyles, PT, DSc, OCS, FAAOMPT
Joshua Cleland, PT, PhD, OCS, FAAOMPT
Paul Mintken, PT, DPT, OCS, FAAOMPT

Knowledge Translation and Manual Therapy: Improving the Interaction of Clinicians and Researchers

Breakout 1 | Saturday, 1:00 pm - 2:00 pm | Rooms 237-238
Breakout 6 | Saturday, 10:15 am - 11:15 am | Room 211

The history of knowledge translation will be discussed. The application of knowledge translation to health care and physical therapy will be presented and specific recommendations will be made to allow attendees to use this knowledge to more critically read the literature, design education courses and in-services, and improve patient care. Researchers and educators will benefit from this information to more effectively have their results utilized. Clinicians will benefit from this information by gaining an understanding of how they can improve outcomes and satisfaction of their patients through utilization of clinical research.

Objectives
• Understand the foundations of knowledge translation
• Understand how knowledge translation applies to physical therapy and manual therapy
• Be able to apply knowledge translation concepts to improve clinical practice, research, and continuing education

Presenters: Steve Karas, DSc, PT, MA, ATC, OCS, CMPT

Integrating Patient Preference and Clinical Expertise into the EBP Triad: The Skill of Interaction

Breakout 1 | Saturday, 1:00 pm - 2:00 pm | Room 211
Breakout 6 | Sunday, 10:15 am - 11:15 am | Room 212

Joseph Farrell and Matt Lee will present examples of case studies to demonstrate the integration of the three pillars of EBP through power point presentation and videotape of the authors and colleagues interviewing, examining and treating various patients. Particular attention will be directed at the communication skills required of an advanced clinician to collect relevant interview data, which in turn drives the clinical reasoning behind the physical examination and treatment.

This interactive session will provide numerous clinical examples to demonstrate the importance of patient preference and clinical expertise when the clinical research evidence does not fit the patient’s presentation.
Lumbar Hip Connection, Treating the Kinetic Chain with Applied Functional Science and EBP
Breakout 3 | Saturday, 3:00 pm - 4:00 pm | Room 232
Breakout 6 | Sunday, 10:15 am - 11:15 am | Rooms 230-231
This session will present concepts and ideas of Applied Functional Science (AFS) within a framework of Evidence Based Practice and the 3 Pillars of EBP. It will explain how to utilize the AFS approach to treat the lumbar spine-hip complex region. The core thought process of AFS is Principles Strategies Techniques (PST). This correlates well with the EBP 3 Pillars: Patient Values, Relevant Research, Clinical Experience. This session will explain the correlation between PST, and EBP 3 Pillars, and how to apply these concepts directly into patient care techniques that are effective, and practical to use immediately.

Objectives
• Attendees will have a better understanding of the kinetic chain biomechanics linking the hip to the lumbar spine, integrated within the whole person, Principles
• Attendees will understand how Applied Functional Science (AFS) can be used to facilitate improved function, Strategies
• Attendees will gain Functional Manual Reaction (FMR) techniques to address the lumbo-hip complex, Techniques

Presenters: Steve Politis, PT, DPT, FAFS, CKTP

Manual Therapy for the Cervical Spine in the Pediatric Population: What Do We Need to Know?
Breakout 3 | Saturday, 3:00 pm - 4:00 pm | Room 211
Breakout 4 | Sunday, 8:15 am - 9:15 am | Room 211
This session will focus on three components of patient management to treat cervical spine pain in the pediatric population. First, relevant research related to the physiology and anatomical development of the pediatric spine, along with diagnostic features, will be discussed to support the examination process. Second, practice guidelines utilizing cervical spine clearance protocols to assist diagnosis of cervical spine pain in the pediatric population will be proposed. Third, topics to consider when determining the appropriateness of manual therapy intervention to the pediatric cervical spine will be presented.

Objectives
• The developmental anatomy of the pediatric spine which will provide patho-anatomical guidelines in the decision for performing manual therapy safely
• Current relevant research on diagnostics and their utilization/role in the diagnosis of pediatric spine pathologies
• Current Cervical Spine Clearance Protocols, and utilization in the Physical Therapy profession, to help determine the need for further referral or additional diagnostic testing

Presenters: Paul A. Jurica III, PT, FAAOMPT
Brenda K. Boucher, PT, PhD, CHT, OCS, FAAOMPT

Moving Artificial Pillars: Manual Therapy After Total Joint Arthroplasty
Breakout 3 | Saturday, 3:00 pm - 4:00 pm | Rooms 237-238
We know that manual therapy and exercise is effective for patients with osteoarthritis of the hip and knee, and can delay the need for total joint arthroplasty. However, just because patients head for surgery doesn’t mean their interactions with orthopaedic manual physical therapy have come to an end. Patients who have received total joint arthroplasty very often have mobility restrictions that include accessory motion limitations. However, administering manual interventions to this group of patients requires understanding the specific mobility restrictions and allowances inherent in the implant utilized. This talk will review the post-surgical management of patients after total joint arthroplasty from the perspective of the orthopaedic manual physical therapist and will include an overview of implant types, demonstrations of techniques, and integrated clinical reasoning for this population from a regional perspective.

Objectives
• Participants will be able to describe the indications and contraindications to performing manual therapy on patients status post total joint arthroplasty
• Participants will observe and describe a variety of orthopaedic manual physical therapy techniques to use in the regional treatment of patients status post total joint arthroplasty
• Participants will be able to identify implant-specific recommendations for selecting orthopaedic manual physical therapy techniques in patients status post total joint arthroplasty

Presenters: Eric Robertson, PT, DPT, OCS, FAAOMPT
Michael Bade, PT, FAAOMPT, Ph.D
Christian Little, PT, DPT
Pelvic Girdle Pain, a New Approach to Low Back Pain
Breakout 2  |  Saturday, 2:00 pm - 3:00 pm  |  Room 212
Breakout 4  |  Sunday, 8:15 am - 9:15 am  |  Room 212
An estimated 76% of women experience low back and posterior pelvic girdle pain and accounts for the majority of sick leave among pregnant women. Often, these symptoms go untreated due to patient or practitioner beliefs that pregnancy is the cause of pain and symptoms will resolve postpartum. Low back or posterior pelvic girdle pain during pregnancy is the biggest predictor for pain post-partum and recurrence or worsening of symptoms in subsequent pregnancy. Research also shows that women who experience low back or posterior pelvic girdle pain are 3 times as likely to suffer from post-partum depression. Pregnancy causes significant biomechanical changes within a woman’s body, which can result in faulty movement patterns, pain, and dysfunction. This course aims to educate attendees regarding tests and measures for the differential diagnosis of low back versus pelvic girdle pain and manual interventions to treat pelvic girdle pain. The session will also cover appropriate questioning during history taking to allow clinicians to hone in on patient values and preferences to improve clinical outcomes.

Objectives:
• Explore patient values and barriers to rehab in patients presenting with low back or posterior pelvic girdle pain
• Discuss contributing factors to and comorbidities for pelvic floor muscle dysfunction and posterior pelvic girdle pain
• Identify red flags of pelvic floor dysfunction presenting as low back pain
• Select appropriate manual therapy techniques to address impairments identified

Presenter: Stephanie Fournier, PT, DPT, CLT

Putting Psychosomatic and Psychosocial Theories of Chronic Neck Pain into Context with Biological Factors: Where Does Manual Therapy Fit?
Breakout 2  |  Saturday, 2:00 pm - 3:00 pm  |  Room 236
Breakout 6  |  Sunday, 10:15 am - 11:15 am  |  Room 233
Patients with cervical spine pain and dysfunction frequently present with a myriad of physical and psychological complaints that recent literature published in high impact journals has reduced to a purely psychosocial phenomena. Despite this prevailing opinion, our aim with this presentation is to provide compelling evidence to the contrary. Our work and that of others is helping to contextualize the condition into distinct biological and psychosocial factors. The literature suggests these symptoms are associated with a number of measurable impairments in cervical sensorimotor functioning. Furthermore, emerging evidence suggests that traumatic onset neck pain poses different challenges from non-traumatic neck pain. Finally, recent literature suggests that manual therapy plays a significant role in the management of patients with these complaints. This session will emphasize information that is impactful and potentially disruptive to conventional wisdom. We link recent data on the pathophysiological mechanisms underlying these impairments to the clinical so that the clinician can develop an evidence-based examination and management plan. Current best evidence and clinical experience suggests a combination of manual therapy techniques, vestibular rehabilitation, balance retraining, and specific sensorimotor exercise prescription may be effective in treating these patients. The purpose of this session is to 1) explore potential pathophysiological mechanisms underlying these signs and symptoms, 2) present common sensorimotor deficits found primarily in patients with traumatic neck injury and pain, 3) present the emerging evidence supporting a rational examination for identifying and objectifying sensorimotor impairments and the underlying mechanisms, and 4) offer management approaches for these patients that includes manual therapy as a key component.

Objectives:
• Discuss the potential pathophysiological mechanisms associated with the development of cervical sensorimotor impairments, particularly in context with proposed psychosocial factors
• Discuss emerging objective measures that may be useful in identifying persons with cervical sensorimotor deficits in patients with acute and chronic neck pain
• Describe effective, evidence-based treatment techniques, including manual therapy and exercise, for persons with complaints of neck pain

Presenters: Rob Landel, PT, DPT, OCS, FAPTA
James Elliott, PT, PhD

Spinal Pain in the Elderly: Results of Two Multi-Centered Observational Studies and the Implications on the Management of Low Back Treatment in the Elderly
Breakout 1  |  Saturday, 1:00 pm - 2:00 pm  |  Room 212
Christopher Chase will utilize PowerPoint presentation to review literature about centralization and directional preference. A recently published study (Oliver and May, 2010) will be reviewed as well as unpublished data from a follow up study that is being prepared for submission to publication will be shared that demonstrates even though the elderly do not centralize as frequently as younger back patients, they still demonstrate directional preference. Secondarily the need for x-ray, MRI and other diagnostic imaging is often unnecessary and does not add much to your clinical decision making process. A video demonstration of a patient from the study may be included that demonstrates pre and post mechanical baselines and treatment intervention as well as frequently utilized manual therapy and repeated movement interventions.

Objectives:
• Participants will demonstrate understanding of two recent studies that examined treatment in the elderly for client’s with low back pain and understand the positive clinical outcomes and the lack of usefulness of diagnostic imaging. (pillar of relevant research)
• Participant’s will examine the patient satisfaction results and the cost effectiveness of the physical therapy intervention described. (pillar of patient values)
• The concept of directional preference vs. centralization will be reviewed and detailed with emphasis on how it may help your clinical decision making process when treating client’s with low back pain with emphasis on the elderly client. (pillar of clinical expertise)

Presenter: Christopher Chase, PT, Dip. MDT, FAAOMPT
The Evolution of Expertise as an Evidence-Informed Practitioner

**Breakout 2 | Saturday, 2:00 pm - 3:00 pm | Rooms 237-238**

Just as the hands of a manual therapist gain skill and prowess over time, so too do the skills of the evidence-informed practitioner gain efficiency and depth as one moves forward on the path of the master clinician. This evolution does not occur as an automated process, but rather through thoughtful curating of method and technique. This presentation will review the traditional process of evidence-based practice and the evolution of new models of clinical science and learning that evolve, as the practitioner evolves and increases their expertise. Underpinning this evolution is the expert practitioner's role in advocacy and working to magnify the message of manual therapy. Modern learning theories, knowledge brokers, the role of technology in evidence-based practice, developing persistent questions and combining different forms of professional learning and development will be discussed as part of this presentation. It’s time to take evidence-based practice to the next level.

**Objectives:**
- Participants will be able to define expertise in evidence-based practice in an objective manner
- Participants will be able to identify learning strategies and technologies that can enhance their ability to be evidence-informed clinicians
- Participants will be able to integrate modern learning theories and skill acquisition science to develop a professional development pathway to improve their ability to be an evidence-based practitioner

**Presenters:**
- Eric Robertson, PT, DPT, OCS, FAAOMPT
- Timothy Noteboom, PT, Ph.D.
- Britt Smith, PT, DPT, OCS, FAAOMPT

The Pelvic Floor: The Missing Link Between Lumbar Instabilities and Lower Quarter Symptoms for the Orthopedic Manual Therapists

**Breakout 7 | Sunday, 11:15 am - 12:15 am | Room 232**

This break out session will focus on how lumbar instabilities and subsequent pelvic floor inhibition/facilitation can cause lower quadrant pain/dysfunction. The session will begin with an explanation of the biomechanics of a lumbar instability which leads to muscle inhibition/facilitation in the pelvic floor. We will then discuss how inhibition/facilitation of the proximal core muscles can cause pain/dysfunction throughout the entire lower quadrant chain. We will instruct the orthopedic manual therapist in the use of non-invasive assessment and treatment techniques for the pelvic floor to supply the missing link between the lumbar spine/pelvic floor and lower quadrant dysfunction. We will also show how the use of surface EMG can be useful to help isolate muscle contractions to the targeted muscles in the pelvic floor. Throughout the session, case studies will be used to highlight how central dysfunction leads to peripheral symptoms and until the pelvic floor was addressed, the patient was unable to return to pain free functioning.

**Objectives:**
- The attendee will become familiar with the cascade of events that begins with a lumbar instability and pelvic floor dysfunction and progresses towards lower quadrant pain/dysfunction
- The attendee will learn why it is more beneficial to focus treatment time on the silent lumbar instability and pelvic floor versus treating the symptomatic peripheral dysfunction
- The attendee will learn non-invasive assessment and treatment techniques for improving pelvic floor muscle awareness and recruitment essential for true stabilization

**Presenters:**
- Stacy Soappman, PT, DSc, COMT, FAAOMPT
- Patti Green, PT, OCS, CMPT
- Kathy Berglund, PT, DSc, ATC, OCS, FAAOMPT


**Breakout 2 | Saturday, 2:00 pm - 3:00 pm | Room 233**

**Breakout 7 | Sunday, 11:15 am - 12:15 pm | Rooms 230-231**

This program will examine three aspects of the Mulligan Concept; clinical research, clinical skill and clinical reasoning. The focus will be on the Mulligan concepts ability to address all three aspects of respect of patient values, building clinical expertise and the relevant research supporting its use. This program will offer a balanced mixture of didactic lectures discussing the clinical reasoning foundation of the Mulligan concept, along with a skill-acquisition laboratory demonstration with references and discussion of supporting evidence for each technique demonstrated.

**Objectives:**
- The objective of this program is effect a positive change on the behaviour of the program participants when they return to their practice settings
- Know different (clinical research)
- Think different (clinical reasoning)
- Act different (clinical skills)

**Presenters:**
- Jack Miller, BSc(PT), DipMT(NZ), MClSc, DPT, FCAMPT
- Jim Millard, BSc(PT), dipMT (Can), MClSc, FCAMPT
The Transition from Acute to Chronic Musculoskeletal Pain: Assessments and Principles for Management  
**Breakout 1** | Saturday, 1:00 pm - 2:00 pm | Room 236  
**Breakout 4** | Sunday, 8:15 am - 9:15 am | Rooms 230-231  

Traumatic joint injury is a common occurrence in the young and elderly population and can lead to post-traumatic osteoarthritis (OA) and chronic pain. Over time, patients may experience increased tissue tenderness and expansion of symptoms, a sequellae of a sensitized nervous system. The specific drivers of these neurophysiological changes are largely unknown. Central sensitization, evidenced by laboratory measures of central nociceptive excitability, has been demonstrated in patient populations of knee OA and following acute ligament injury, and surprisingly, was not found to be dependent on the presence of resting pain. Thus, a greater emphasis on clinical measures that may help stage the disease of chronic pain is warranted.

Ideal management of chronic pain involves early detection. This course will discuss clinical tools for identifying characteristic features of chronic musculoskeletal pain. Clinical assessment of pain patterns, clinical outcome tools and quantitative sensory testing (QST) will be discussed and participants will have the opportunity to practice with these tools. Strategies for management including exercise prescription and manual therapy will be presented. Techniques of manual therapy for the purpose of pain relief will be presented and attendees will apply these techniques and appreciate the principles underlying these treatment methods.

**Objectives:**  
- Understand the role of clinical tools such as pain diagrams, pain outcome tools, and quantitative sensory testing in determining stage of chronic musculoskeletal pain  
- Apply quantitative sensory testing techniques and accurately interpret the results  
- Appreciate the mechanisms behind pain flare-ups and make appropriate judgments concerning treatment dosage.  
- Comprehend the value of exercise in the management of chronic musculoskeletal pain

**Presenters:** Carol A. Courtney, PT,PhD, ATC, FAAOMPT  
Michael O’Hearn, PT, MHS, OCS, FAAOMPT

Thrust Joint Manipulation Skills Development for the Cervical Spine  
**Breakout 2** | Saturday, 2:00 pm - 3:00 pm | Room 232  
**Breakout 6** | Sunday, 10:15 am - 11:15 am | Room 232  

This break out session will be primarily devoted to developing and improving the psychomotor skills necessary to perform safe and effective thrust manipulations to the cervical spine. It will briefly discuss the basic ground rules for performing thrust manipulations using component techniques as well as the indications and evidence supporting manipulation. The lab session will be devoted to honing your skills with a short series of drills to help develop speed, stance, positioning, and proper use of core stabilizers of the therapist’s spine during manipulation.

Finally, some problem solving for accomplishing effective cervical manipulation for different clinician and patient body sizes and conditions will be demonstrated.

**Objectives:**  
- To develop a working knowledge through a series of drills as to the most effective and proper use of the physical therapists muscles, stance, speed, positioning, amplitude, and leverages to perform an effective cervical manipulation using component and momentum techniques without injury  
- Recognize the current best evidence for the implementation of thrust joint spinal manipulation in clinical practice along with the safety issues, precautions and contraindications to it in the cervical spine  
- Safely, effectively and skillfully apply the tests and techniques taught in the course  
- To discover with problem solving how to select the best choice of manipulative procedures to obtain the best leverage for different body on postural types

**Presenters:** William H. O'Grady, PT, DPT, OCS, COMT, DAAPM, FAAOMPT  
Emilio “Louie” PuenteDura, PT, DPT, PhD, OCS, FAAOMPT

Update on Thrust Manipulation in First Professional Physical Therapy Programs in the US and around the World  
**Breakout 1** | Saturday, 1:00 pm - 2:00 pm | Room 232  
**Breakout 4** | Sunday, 8:15 am - 9:15 am | Rooms 237-238  

This session will be an opportunity for participants to review the current methods in which thrust manipulation is taught in entry level physical therapy programs in the United States & worldwide. The current beliefs and practices of clinical instructors and students will be reviewed as an update from previous surveys. The current evidence related to recommendations for the use of thrust manipulation in clinical practice will be reviewed as. Methods of instruction will be discussed and presented to enhance performance of instruction of techniques with emphasis on safety, effectiveness, and ease of learning.

**Objectives:**  
- Discuss the evidence for and rationale for teaching manipulation in entry level PT programs  
- Understand the current beliefs and attitudes of clinical instructors and students toward thrust manipulation in the US  
- Discuss current methods for teaching manipulation including legislative and research challenges

**Presenters:** Elaine Lonnemann, PT, DPT, OCS, FAAOMPT  
Ken Olson, PT, DHSc. OCS, FAAOMPT  
William Boissonnault, PT, DHSc, OCS, FAAOMPT
When One-Size Fits All Doesn’t Work: Engineering Customized Manipulation for Complex and Difficult Patients

Breakout 3  | Saturday, 3:00 pm - 4:00 pm  | Room 233
Breakout 5  | Sunday, 9:15 am - 10:15 am  | Room 212

While most of our patients are fairly straightforward when it comes to delivering a manipulation or even mobilization some provide issues that require thought and a different technique to the one or two that we customarily use. Locking through painful segments, segments that simply will not lock and positioning the target segment in position that does not cause painful “twitching” are all problems that we face from time.

This session will look at the principles and practices of varying patient and therapist positions, locking techniques and thrust directions to overcome these difficulties.

Objectives:

• Recognize those patients who require a variation of the standard technique used by the therapist
• Recognize the difference between indications requiring a variation in technique and those that contra-indicate any technique
• Understand the biomechanical and pathomechanical principles behind each variation
• Be capable of designing the variation of technique based on patient’s need and the therapist’s model
• Be capable of applying the technique variation

Presenters: Jim Meadows (USA) PT, COMP, MCSP, MCPA, FCAMP

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Shoulder Pain and Spinal Manipulative Therapy  
| 11:55 am - 12:10 pm | The Addition Of Cervical Unilateral Posterior Anterior Mobilization In The Treatment Of Patients With Shoulder Impingement Syndrome: A Randomized Clinical Trial |                | Presenters: Riley SP, Cote MP, Leger RR, Sizer PS, Craven N, Mazzocca AD, Swanson B, Tafuto V, Brismée JM |
| 12:00 pm - 12:05 pm | Effects Of Thoracic Spinal Manipulations And Patient Expectation On Shoulder Impingement Symptoms: A Randomized Clinical Trial |                | Presenters: Coronado RA, Simon CB, Mackie LN, Bialosky JE, Bishop MD, George SZ |
| 12:05 pm - 12:10 pm | Immediate Pressure And Thermal Pain Response Is Associated With Change In Clinical Outcome Following Manual Therapy For Shoulder Pain |                | Presenters: Mayer JA, Mintken PE, McDevitt AW, Biensick ML, Carpenter K, Kulp K, Whitman JW |
| 2:55 pm - 3:10 pm | 5x5 Research Presentation  
Manual Therapy and Exercise  
Moderator: Jean-Michel Brismée | Junior Ballroom C&D | Presenters: Cook CE, Donaldson MB, Hassen AL, Ellis AR, Learman KE |
<p>| 2:55 pm - 3:00 pm | Manual Physical Therapy And Exercise Versus Supervised Home Exercise In The Management Of Patients Status Post Inversion Ankle Sprain: A Multi-Center Randomized Clinical Trial |                | Presenters: Petersen SM, Cook CE, Donaldson MB, Hassen AL, Ellis AR, Learman KE |
| 3:00 pm - 3:05 pm | Effect Of Cervical Side Gliding Techniques With And Without Elastic Tape Applications On Pain, Muscle Activity And Range Of Upper Limb Neural Test 1 |                | Presenters: Berkmuiller J, Langendoen J |</p>
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Manipulation Instruction And Education Surveys  
Moderator: Julie Whitman | Room 211 |
| 11:00 am - 11:06 am | PL-07-A Model For Teaching And Learning Spinal Thrust Manipulation And Its Effect On Participant Confidence In Technique Performance |        |
| 11:06 am - 11:12 am | PL-08-Survey Of Manipulation Instruction In First-Professional Physical Therapy Education Programs | Presenters: Wise CH, Black-Lattanzi J, Schenk RJ |
| 11:12 am - 11:18 am | PL-09-A Comparison Of Student And Clinical Faculty Perceptions Related To Manual Therapy Performance | Presenters: Noteboom JT, Little C, Boissonault W |
| 11:18 am - 11:24 am | PL-10-Factors Associated With Student Physical Therapist Clinical Decision Making And Utilization Of Thrust Joint Manipulation During Clinical Education Experiences | Presenters: Corkery MB, Cesario C |
| 11:24 am - 11:30 am | PL-11-The Use Of Evidence Based Practice And Clinical Reasoning In Student Physical Therapist Outpatient Clinical Education Experiences | Presenters: Corkery MB, Cesario C |
# PLATFORM PRESENTATIONS
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                      Presenters: Brence JB, Prizinski FA, Thomas P |        |
| 11:06 am - 11:12 am | PL-14-Immediate And Short Term Effects Of Thoracic Manipulation On Upper Quarter Y Balance Test (UQYBT) Measures In Female Collegiate Swimmers  
                      Presenters: Schmitz B, Pinson R, Warren M |        |
| 11:12 am - 11:18 am | PL-15-Improved Response Of The Lumbar Spine To Mechanical Perturbation By Spinal Thrust Manipulation  
                      Presenters: Ge W, Learman K |        |
| 11:18 am - 11:24 am | PL-16-A Pilot Study Of Hip And Knee Muscle Electromyography Amplitude During Stepping Task After A Lumbopelvic Manipulation  
                      Presenters: Al Abbad AM, Wang SS, Jones L, Neal L |        |
| 11:00 am - 12:00 pm | Research Presentation 6x6 Breakout Session Cervical Spine And Rib Manual Therapy Moderator: Dan Rhon | 230-231 |
| 11:00 am - 11:06 am | PL-18-Use Of The Multifidus Isometric Technique In Patients With Acute Neck Pain  
                      Presenters: Viti JA, Beneciuk JM, Agustsson H, Rot JA |        |
| 11:06 am - 11:12 am | PL-19-Short-Term Outcomes In Patients With Neck Pain Treated With Prone Thoracic Manipulation Techniques: A Case Series  
                      Presenters: Young JL, Buck MB |        |
| 11:12 am - 11:18 am | PL-20-Cardiovascular Response To Posteriorly Directed Non-Thrust Manipulation Of The Cervical Spine Compared To Placebo In Asymptomatic Subjects  
                      Presenters: Yung EY, Mache K, Williams H, Wong MS |        |
| 11:18 am - 11:24 am | PL-21-Results Of A Knowledge Translation Program On The Frequency Of Thoracic Spine Manipulation And Mobilization Use For Patients With Neck Pain  
                      Presenters: Karas S, Weterheide A |        |
| 11:24 am - 11:30 am | PL-22-Evaluation And Treatment Of Eight Consecutive Patients With Chronic Costochondritis  
                      Presenters: Zaruba, RA |        |
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<td>11:12 am - 11:18 am</td>
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Save the Date!
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SPEAKER BIOGRAPHIES

Gary P. Austin, PT, PhD
Gary P. Austin, PT, PhD, Associate Professor of Physical Therapy at Sacred Heart University in Fairfield, CT. Director, Orthopaedic Physical Therapy Residency Program and The Certificate Program in Advanced Orthopaedic Physical Therapy at Sacred Heart University. Staff Physical Therapist at Sacred Heart University Physical Therapy Specialists in Fairfield, CT.

Tricia M. Austin, PT, PhD, ATC
Tricia M. Austin, PT, PhD, ATC, works at Doisy College of Health Sciences, Saint Louis University, MO. Dr. Austin is Associate Professor in the Program in Physical Therapy. She has presented information related to evidenced-based practice at international and national conferences. Her research is in the area of evidence-based practice and overuse bone injury. Her teaching and clinical practice is in musculoskeletal physical therapy. Her research has been published in Physical Therapy, Physiotherapy Research International, Journal of the Medical Library Association, Journal of Orthopaedic and Sports Physical Therapy, Journal of Athletic Training, and International Journal of Adolescent Medicine and Health.

Michael Bade, PT, PhD, COMT, FAAOMPT

Jason Beneciuk, PT, PhD, MPH, FAAOMPT
Dr. Jason Beneciuk currently has a joint position as a junior level investigator with Brooks Rehabilitation and a research assistant professor in the department of Physical Therapy at the University of Florida. His primary responsibility is the development of a musculoskeletal research agenda at Brooks Rehabilitation in collaboration with the College of Public Health and Health Professions at the University of Florida. In addition, Dr. Beneciuk serves as a faculty member in the Brooks Rehabilitation Clinical Residency and Fellowship Program where his primary responsibility is as a scholarly mentor. He is a member of the American Physical Therapy Association, the Florida Physical Therapy Association, the American Academy of Orthopaedic Manual Physical Therapists, and the American Pain Society.

Kathy Berglund, PT, DSc, ATC, OCS, FAAOMPT
Kathy graduated from the University of North Carolina, Chapel Hill in 1978 with a BS in physical therapy. She became an orthopedic clinical specialist in 2000 and a fellow of the American Academy in 2002. She has taught at Andrews University since 1989 and became the orthopedic coordinator in 1994. In 2003 she became the director of the postprofessional degree program at Andrews University and in 2004 she received the Daniel A. Augsburger Excellence in Teaching Award. She became a NAIOMT faculty member in 2009. Kathy currently sees patients at a chronic pain clinic.

Libby Bergman, PT, DPT, MTC, FAAOMPT
Libby is an instructor in the fellowship/residency program at the University of St. Augustine for Health Sciences (USA). She also teaches in the Imaging and the E2 courses. Libby became a fellow of AAOMPT in 2013. Her current areas of research interest are in thoracic outlet syndrome, ACL rehabilitation and femoroacetabular impingement. She has completed 3 Ironman and 12 half Ironman distance races including the Ironman World Championships in Kona, Hawaii and 70.3 World Championships in Las Vegas. She earned selection to team USA for the Age Group Olympic distance World Championships in Auckland, New Zealand in 2012.

Joel Bialosky, PT, PhD, OCS, FAAOMPT
Joel Bialosky, PT, PhD, FAAOMPT, OCS has over 14 years of clinical experience primarily in orthopedic and musculoskeletal physical therapy. He is a board certified clinical specialist in Orthopedics and a fellow in the American Academy of Orthopaedic Manual Physical Therapists. He received a bachelor’s degree in physical therapy from Ithaca College in 1990 and a master’s degree in musculoskeletal physical therapy from the University of Pittsburgh in 1998. He graduated from the University of Florida with a PhD in Rehabilitation Science in 2008 with his research interests focused on the mechanisms of manual therapy in the treatment of musculoskeletal pain. He is currently supported by the K12 Rehabilitation Research Career Development Program with a research program focused on 1) placebo mechanisms of manual therapy and 2) neuroplastic changes in pain associated with musculoskeletal disorders and their response to common rehabilitation interventions. His primary teaching responsibilities in the entry level program include Musculoskeletal Disorders I and II and Functional Anatomy.

William Boissonnault, PT, DHSc, OCS, FAAOMPT
Dr. Boissonnault attained a Master of Science and Doctor of Health Science degrees from the University of St. Augustine for Health Sciences; Doctor In Physical Therapy (DPT) from MGH Institute of Health Professions, and is Fellowship trained in manual physical therapy from the University of St. Augustine.

He is currently an Associate Professor at University of Wisconsin-Madison, Program in Physical Therapy, Senior Physical Therapist at UW Hospital and Curriculum Director at the UW/Meriter Hospital Orthopedic Physical Therapy Residency Program. He also holds adjunct positions at multiple universities.

Over the past 25 years has lectured nationally and internationally on topics related to the manual physical therapy, differential diagnosis and diagnostic imaging. Published abstracts and research articles published in peer-reviewed journals including JOSPT, JMMT, and Physical Therapy; Co-author of the APTA Manipulation Education Manual and the APTA Position on Thrust Joint Manipulation; the author of the textbook titled: Primary Care for the Physical Therapist: Examination and Triage published by Saunders, Elsevier.

Dr. Boissonnault is past president of the Orthopaedic Section, APTA; past chair of the APTA Manipulation Legislative Task Force and the American Academy of Orthopaedic Manual Physical Therapists practice affairs committee. Dr. Boissonnault is current president of the Foundation for Physical Therapy, and has received the Orthopaedic Section’s Paris Distinguished Service Award, the AAOMPT Mentnell Service Award, the APTA Baethke-Carlin Award for Excellence in Academic Teaching; and
the University of Wisconsin-Madison Medical School Dean’s Teaching Award for Excellence and Innovation in Medical Education.

Brenda Boucher, PT, PhD, CHT, OCS, FAAOMPT
Brenda graduated from the University of Texas Health Science Center at Dallas Physical Therapy Program in 1982, obtained her M.Ed from the University of Houston Allied Health Program in 1992 and obtained her PhD from the University of Texas at Austin in Educational Administration in 1997. She has numerous years of experience in the educational and professional PT world.

Robert Boyles, PT, DSc, OCS, FAAOMPT
Dr. Boyles, is a Clinical Associate Professor at the University of Puget Sound. Previously, he served as Associate Professor and Director of Clinical Education at the U.S. Army-Baylor University. His primary areas of instruction are in orthopaedics, manual therapy interventions, advanced spine manipulation, and radiology. Dr Boyles is a fellow in the American Academy of Orthopaedic Manual Physical Therapists and certified Orthopaedic Clinical Specialist. Additionally, he teaches Radiology for Physical Therapists for the University of Colorado HSC. He has taught numerous continuing education courses in manual therapy, and radiology for the Dept. of Defense, the APTA and Asia.

Christopher Chase, PT, Dip. MDT, FAAOMPT
BS: Saint Louis University, 1998
MPT: Saint Louis University, 2000
Dip MDT, McKenzie Institute International, 2009
McKenzie Institute USA Teaching Faculty
Editor of McKenzie World Press quarterly Newsletter
Member APTA, 1997- present
Member AAOMPT 2011-present
Employment: Diploma Physical Therapist at St. David’s Spine and Sports Therapy, A Division of St. David’s Medical Center, Austin, Texas

Joshua Cleland, PT, PhD, OCS, FAAOMPT
Dr. Cleland received board certification from the American Physical Therapy Association as an Orthopaedic Clinical Specialist in 2002 and completed a fellowship in manual therapy through Regis University in Denver, CO in 2005. In addition to his position as Professor in the Physical Therapy Program at Franklin Pierce University, he practices clinically in outpatient orthopaedics at Rehabilitation Services of Concord Hospital, Concord, NH. Dr. Cleland is actively involved in numerous clinical research studies investigating the effectiveness of manual physical therapy and exercise in the management of spine and extremities disorders. He has published over 85 manuscripts in peer-reviewed journals including Spine, Physical Therapy, the Journal of Orthopaedic and Sports Physical Therapy and Manual Therapy. He is on the Editorial Board for Physical Therapy and is an Editorial Review Board Member for the Journal of Orthopaedic and Sports Physical Therapy. He currently serves on the Nominating Committee of the Orthopaedic Section of the American Physical Therapy Association. In recognition of his work and many contributions to the field, Dr. Cleland has received several honors and awards. He is the recipient of the 2009 Eugene Michels New Investigator Award. He received the 2008 Jack Walker Award from the American Physical Therapy Association. Additionally, Dr Cleland was awarded the Excellence in Research Award from the American Academy of Orthopaedic Manual Physical Therapists on two separate occasions (2004 and 2006).

Carol A. Courtney, PT, PhD, ATC, FAAOMPT
Carol Courtney is Clinical Associate Professor at the University of Illinois at Chicago. She received a BS in Physical Therapy from Washington University in St Louis, Masters in Manipulative Physiotherapy from the University of South Australia, and PhD from the University of Miami. She serves as the director of the post-professional Fellowship in Orthopaedic Manual Physical Therapy. Her research investigates the effects of joint injury and osteoarthritis on pain processing and joint function, as well as modulation of pain mechanism through manual therapy intervention. Dr. Courtney serves as co-chair of the Standards Committee of AAOMPT and deputy editor of the Journal of Manual and Manipulative Therapy.

Gayle Deyle, PT, DSC, DPT, OCS, FAAOMPT
Dr. Deyle is currently involved with clinical practice, clinical research, and teaching in numerous clinical and academic settings on topics related to differential diagnosis, primary care, manual physical therapy, and orthopaedics.

Anthony DiFilippo, PT, DPT, M Ed, OCS, CSCS
Anthony DiFilippo is currently President of the Ohio Chapter of the American Physical Therapy Association (OPTA), and is owner/clinician of Rehab Professionals of Cleveland, Inc. An Adjunct Instructor at Cleveland State University and a NASA-Glenn Research Center Consultant, Anthony earned his Doctor of Physical Therapy (DPT) from Marymount University in 2007, and his Masters of Exercise Science from Cleveland State University in 1998. He currently serves on the APTA’s PTA Educational Pathways Task Force and Clinical Education Technologies Task Force, and has held numerous leadership positions within the Ohio Chapter since 1990. Anthony is the proud recipient of the OPTA PT of the Year award in 2011, the Chapter’s highest honor.

Sharon Dunn, PT, PhD
Sharon Dunn is Associate Professor and Chair of the PT program at LSUHSC in Shreveport Louisiana, where she teaches musculoskeletal content and professional issues. She has a PhD in cellular biology & anatomy and carries out basic and clinical research which includes topics such as osteoarthritis and coping mechanisms for ACL deficiency. She is board certified in Orthopaedic Physical Therapy and directs a post-professional PT residency in Orthopaedics at LSU. In addition, she is passionate about our profession, currently serving as the Vice President of the APTA.

Ryan Elliott, PT, OCS
Ryan L. Elliott, PT, OCS has practiced in primary care, outpatient orthopedics and acute care physical therapy at Kaiser Permanente Medical Center in Vallejo since 2001. He is the coordinator for the Kaiser Permanente Vallejo Fellowship in Orthopedic Manual Therapy and Musculoskeletal Primary
James Elliott, PT, PhD
My research is focused on understanding the pathophysiological mechanisms underlying the transition from acute to chronic pain following whiplash injury. Specifically, I utilize structural and advanced magnetic resonance imaging applications to quantify the temporal development of altered spinal cord biochemistry and neck muscle morphology as potential cellular and molecular substrates of persistent pain. Broad applications of my work includes preventing, diagnosing, and treating whiplash related pain and its sequelae. This research is based on my clinical and research experience and has expanded through interdisciplinary efforts involving the fields of magnetic resonance physics, radiology, biomedical engineering, neurophysiology and physical therapy.

Joseph Farrell, PT, M App Sc, DPT, FAAOMPT
Dr. Farrell received a Post Graduate Diploma in Manipulative Therapy and Masters of Applied Science degree in Health Sciences from Curtin University of Technology (Perth, Western Australia). He has been a practicing clinician for 36 years, private practice owner for 25 years and a clinical faculty member of the Kaiser Physical Therapy Fellowship Program for 30 years. His interest in Evidence Based Practice (EBP) was enhanced by completing a DPT in 2007. In his clinic and when teaching; he is a proponent of the integration of the EBP triad. He is a published author and speaker on the state, national and international, levels relating to treatment of the spine.

Timothy W. Flynn, PT, PhD, FAAOMPT
Dr. Flynn is board certified in Orthopaedic Physical Therapy (OCS), a Fellow of the American Academy of Orthopaedic Manual Physical Therapists (FAAOMPT), and a frequent research presenter at state, national, and international meetings. Dr. Flynn is widely published including 5 textbooks, 6 book chapters, over 50 peer-reviewed manuscripts on orthopaedics, biomechanics, and manual therapy issues. He was the editor and author of The Thoracic Spine and Ribcage - Musculoskeletal Evaluation & Treatment and The Users’ Guides to the Musculoskeletal Examination, and the author of 3 educational CD-ROMs on Orthopaedic Manual Physical Therapy. Dr. Flynn has received numerous research grants. Awards include the James A. Gould Excellence in Teaching Orthopaedic Physical Therapy, the Steven J. Rose Excellence in Research (twice), the AAOMPT Outstanding Research Award (twice), and the Distinguished Alumnus-Marquette University Program in Physical Therapy. Dr. Flynn continues to maintain an active research agenda in the areas of spinal and extremity manipulation, low back disorders, characterization of spinal instability, and the development of clinical prediction rules.

Stephanie Fournier, PT, DPT, CLT
Stephanie C. Fournier, PT, DPT, CLT holds a bachelors in exercise & sport science and received her Doctoral degree in Physical Therapy from Rockhurst University. Stephanie’s career started in the military healthcare system where she developed one of the only Women’s Health PT programs available at a military treatment facility. She is currently a women’s health resident at Baylor Institute of Rehabilitation/Texas Woman’s University where she expanded her practice to include pregnancy, high-risk pregnancy, lymphedema, and post breast and prostate cancer rehabilitation. Stephanie recently started her PhD and plans to conduct research in the incidence of incontinence in the military.

Mary Beth Geiser, PT, DPT, OCS
Mary Beth Geiser PT, DPT, OCS has 16+ years of experience teaching graduate level Physical Therapy coursework with an emphasis on pain management, spinal manipulation, orthopedics and exercise physiology. She is on faculty at 3 universities: Marquette University, University of Wisconsin-Milwaukee and Concordia University Wisconsin. She has several published abstracts, performed local and national presentations on pain management and recently lectured with Dr. Kathleen Sluka at CSM in 2013. She is the recipient of several clinical awards and carries an active caseload treating patients with spinal dysfunctions, chronic pain and CRPS. As former Reimbursement Chair for APTA's Wisconsin Chapter (>5yrs) Ms. Geiser was responsible for WPTA's chart review services and contracts.

Amanda Grant PT, DPT, MTC, CLT, FAAOMPT
Amanda Grant graduated from the University of St. Augustine for Health Sciences (USA) in 2006 with her Doctrate of Physical Therapy (DPT). Since then, she completed the Manual Therapy Certification as well as the Orthopaedic Fellowship Program. Amanda is an instructor in the DPT program for the University of Saint Augustine and teaches in the courses of Soft Tissue Palpation and Massage, Musculoskeletal IV: Advanced Spinal Exam, Evaluation & Manipulation (S1), Musculoskeletal III: Advanced Extremity Exam, Evaluation, & Manipulation (E1), and Functional Analysis: Lumbo-Pelvic-Hip Complex (S4). She is also a certified lymphedema therapist, and practices full time at First Coast Rehabilitation in St. Augustine, FL. Amanda’s most recent personal challenge is training to participate in a relay swim across the English Channel.

Patti Green, PT, OCS, CMPT
Patti graduated from Emory University in 1986 with her Masters in Physical Therapy. Since graduating Patti has gone on to achieve the designation of OCS, Pelvic Floor Dysfunction Specialist, and is a Certified Manual Therapist (CMPT) through NAIOMT. She currently practices in Knoxville, Tennessee at Marino Therapy Center specializing in pelvic floor dysfunction and orthopedics.

Dean Hazama, MPT, FMFT, FAAOMPT
Dean received his B.S. degree in Psychobiology at UCLA and his Master’s degree in physical therapy at Azusa Pacific University. He received his certification for Functional Manual Therapy (CFMT) with the highest overall score during testing in August of 2003. Dean completed his fellowship through the Institute of Physical Art Functional Manual Therapy in September 2005. Dean is the clinical and serves as fellowship director at IPA Manhattan Functional Manual Therapy in New York. Dean also serves as a faculty member for the Institute of Physical Art and lectures nationally.

Jeremy A. Jackson, PT, OCS, FAAOMPT
Jeremy helped pilot the roving/on-call physical therapy service at Kaiser Permanente, Vallejo in 2009. He graduated from the Kaiser
Ryan Johnson, PT, DPT, CFMT

Ryan Johnson graduated from University of California San Francisco with his doctorate of physical therapy. After graduating, Ryan enrolled in the Institute of Physical Art’s APTA Credentialled Orthopedic Residency where he spent 8 months in Eugene, Oregon mentoring under Michael Baum, PT, CFMT and Kent Keyser, PT, MS, OCS, COMT, ATC, CKTP, FFCFMT, FAAMPT. He then moved to Delhi, India and worked for 3 months as Residency Co-Director/Instructor for the Institute of Physical Art’s Functional Manual Therapy Residency program where he was involved in training 14 Indian Physiotherapists in Functional Manual Therapy. Upon returning from India he tested for his Certification in Functional Manual Therapy (CFMT), which he passed with distinction (greater than 94% cumulative score). He has now relocated to New York City to begin the Institute of Physical Art’s AAOMPT/APTA Credentialled Functional Manual Therapy Fellowship program under the direct mentorship of Dean Hazama, MPT, FFMT, FAAMPT. In addition to his fellowship responsibilities, Ryan is a faculty member for the Institute of Physical Art, teaching several continuing education courses each year. Furthermore he sits on the research committee for the Functional Manual Therapy Foundation, and is currently involved with several research projects through Long Island University, Stanford and University of California San Diego.

Richard Kring, PT, PhD, DMT, DPT, FAAOMPT

Dr. Kring graduated in physical therapy in 1997. He finished a three year residency followed by a Fellowship in Orthopaedic Manual Therapy (FAAOMPT) from the Ola Grimsby Institute and received his PhD in 2008 with emphasis in neurophysiology. Richard currently serves as the Director of Clinical Research and Clinical Manager in Rehabilitation and Sports Therapy at the Cleveland Clinic in Cleveland, OH. He is on the Board of Instructors, Examiners, and Board of Directors for the Ola Grimsby Institute. He is also currently active in research, authorship, and teaching residencies, fellowships, and post doctoral candidates throughout the US. He is a frequent lecturer at State and National levels.

Rob Landel, PT, DPT, OCS, FAPTA

Rob Landel, PT, DPT, OCS, FAPTA is professor of clinical physical therapy at the University of Southern California, where he is the director of the DPT program and the residency programs, and he teaches a clinical management course. He continues to manage patients in the USC faculty practice, as well as private clients. His primary interest is in cervicogenic dizziness, which he is being treated for over 20 years. He is a co-author of the cervicogenic dizziness chapter in the text, Vestibular Rehabilitation, by Susan Herdman. He has presented nationally and internationally, and won both local and national teaching awards.

Matt Lee, PT, DPT, OCS, FAAOMPT

Dr. Lee is the clinic director at a private practice in Lexington, Kentucky, primarily treating patients utilizing a manual therapy and exercise-based approach. Matt earned his DPT from Regis University and is a graduate of the Kaiser Hayward PT Fellowship in Advanced Orthopedic Manual Therapy. He is Board Certified by the APTA in Orthopedics and is a Fellow of AAOMPT. He is a faculty member for an orthopedic residency as well as a faculty associate for the Kaiser Hayward fellowship. He serves as president of the IAOTP. His clinical interests, teaching and research pursuits are in manual physical therapy, pain science and whiplash associated disorder.

Christian Little, PT, DPT

DPT, School of Physical Therapy, Regis University, 2007
B.S., Exercise Science, Northern Arizona University, 2004
American Physical Therapy Association (APTA), Orthopedic Section member
American Academy of Orthopedic Physical Therapy (AAOMPT), Research committee member and Student Special Interest Group- founder and past President
Co Chapter APTA member
APTA Board certified Orthopedic Clinical Specialist, 2008
Completed Orthopedic Residency Program, University of Southern California, 2008
Dr. Lonnemann is Board Certified Orthopaedic Clinical Specialist and Fellow Member of the AAOMPT. She is an Associate Professor in the Physical Therapy program at Bellarmine University and teaches in the Online Division at the University of St. Augustine for Health Sciences and also is a seminar instructor for University of St. Augustine.

Dr. Lonnemann has lectured nationally on topics related to the manual physical therapy examination and management of the spine. She assisted in the development of and has taught for the AAOMPT a 2 day seminar titled: Teaching Manipulation in First Professional Education. She has published abstracts and research articles in peer-reviewed journals related to teaching and the spine. Dr. Lonnemann currently serves as the Secretary of the Executive Committee of the American Academy of Orthopaedic Physical Therapists.

Cameron MacDonald, PT, DPT, GCS, OCS, FAAOMPT
Cameron MacDonald currently serves as Director of Regis University Fellowship in Manual Therapy, he has trained in Australia and the USA, is a national and international speaker, and has published research in manual and manipulative therapy. He has received multiple research and practice awards including the Jack Walker and George Davies awards. Cameron is a re-credentialed board specialist in orthopedics and geriatrics. He is also the current Chief Delegate for CO to the APTA and has been a prior appointment expert panel member from APTA for national guidelines. He is an instructor in advanced manipulation for Regis University. Cameron has a keen interest in the history of PT practice internationally, and is an avid traveler, having visited approximately thirty countries.

Brian McClanahan, PT, MSPT, OCS, Dip.MDT
Brian is a graduate of Ithaca College with a B.S. in Clinical Science (2003) and an M.S. in Physical Therapy (2004). He became Credentialed in McKenzies Method of Mechanical Diagnosis and Therapy (MDT) in 2007 and achieved his Diploma in MDT in 2010. Brian earned APTA Board Certification in Orthopaedics in 2009 and mentors students as an APTA credentialed clinical instructor. Currently, Brian is furthering his training through the MDT Fellowship Program, is a member of the MDT FOTO research team, participates at MDT courses as a Clinical Assistant, and is in clinical practice as the manager of Physical Therapy Associates of Myerstown.

Jim Meadows (USA) PT, COMP, MCSP, MCPPA, FCAMP
Jim Meadows qualified as a physical therapist in England in 1972. He received instruction in manual therapy from a number of leading practitioners including Dr. James Cyriax M.D., Cliff Fowler, Rolf Lauvik, and Erl Petman. Jim has studied and taught in England, Canada, USA and Norway. Jim is a registered instructor and retired examiner with the Canadian Physiotherapy Association and the North American Institute of Orthopedic Manipulative Therapy (NAIOMT). He is also the past chair of the Canadian Physiotherapy Association Orthopedic Division’s Education and Specialization. Jim is the current Chair of the Orthopedic Subspecialty Council and a member of the Executive Committee for the Physical Therapy Specialty Council. He is a Fellow of the Canadian Academy of Manual Therapy and Vice President of Curriculum for the North American Institute of Orthopedic Manual Therapy. Jim has contributed chapters in various texts on manual therapy as well as articles on the same subject to a number of journals and has taught hundreds of courses in numerous Countries in the last 37 years.

Jim Millard, BSc(PT), dipMT (Can), MCIsC, FCAMPT
Jim has a diploma of Manipulative Therapy (Canada), a Master of clinical Science in Manipulative Therapy, and is a Member of the Mulligan Concept Teacher’s Association.

Jack Miller, BSc(PT), DipMT(NZ), MCIsC, DPT, FCAMPT
Jack has a diploma of Manipulative Therapy (New Zealand), a master of Clinical Science (Manipulative Therapy), he is a Doctor of Physical Therapy, a Founding member Mulligan Concept Teacher’s Association, and currently serves as President of the Canadian Academy of Manipulative Therapy.

Paul Mintken, PT, DPT, OCS, FAAOMPT
Dr. Mintken is an Associate Professor in the Physical Therapy Program at the University of Colorado School of Medicine. He completed his fellowship training in orthopaedic manual therapy at Regis University. He is a board-certified Orthopaedic Clinical Specialist and a Fellow in the American Academy of Orthopaedic and Manual Physical Therapists. He maintains an active research agenda investigating conservative care for musculoskeletal disorders as well as spinal and extremity manipulation. He has received research grants from the APTA and AAOMPT. He has multiple publications in 10 different peer-reviewed journals and has co-authored 2 eBooks and 6 book chapters.

Justin Moore, PT, DPT
Justin Moore is currently Vice President, Public Policy, Practice and Professional Affairs at the American Physical Therapy Association (APTA). Previous to this position, Justin held several positions at APTA leading its Federal and State Affairs departments and serving as the Association’s lead lobbyist on Capitol Hill. Justin received his Doctor of Physical Therapy (DPT) from Simmons College in Boston, MA in December 2005, his Masters of Physical Therapy (MPT) degree from University of Iowa in 1996, and his Bachelors of Science in Dietetics from Iowa State University in 1993.

Timothy Noteboom, PT, PhD, SCS, FAAOMPT

Professional Memberships:
American Physical Therapy Association (APTA), Research, Orthopaedic, and Education Sections
APTA/CO Chapter (past Research Chair, Delegate, Nominating Committee member)
American Academy of Orthopaedic Manual Physical Therapy

SPEAKER BIOGRAPHIES
**William H. O’Grady**

Dr. O’Grady has been teaching manual therapy for over 35 years. He has taught with such notables as Drs. Laurie Hartman, Philip Tehan and Peter Gibbons, and David Lamb, Dick Erhard, Cliff Fowler and Erl Pettman. He has published several articles in the management of spinal stability problems. He served as the chief examiner for AAOMPT for 5 years setting up the first large-scale oral practical exam for it. He contributed with establishing the original DSP for manual therapy and orthopedics and was an item writer and subject matter expert for the original OCS examination. He currently teaches both in the UNLV DPT program along side Dr. Louie Puentedura and for the University of Southern California Spinal Fellowship Program. He continues to serve as advisory faculty, clinical faculty and examiner for NAIOMT and guest faculty for the International Spine and Pain Institute (ISPI). He currently serves on the credentialing committee for the American Board of Physical Therapy Fellowship and Residency Education and the American Board of Physical Therapy Specialties. He spent 8 years on the Orthopedic Section Board of Directors having most the most recent privilege of being asked to teach lumbar thrust techniques at the 1st Annual Orthopedic conference in Orlando early this year. Dr. O’Grady is a past winner of the prestigious Mennell and Lucy Blair awards, the Washington State clinical excellence award and the Order of Military Merit for his contributions to physical therapy in the Army. Dr. O’Grady retired as a Full Colonel in the Army after 38 years of service and was honored in 2009 to be the first “Life Fellow” of the Academy.

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**Ken Olson, PT, DHSc. OCS, FAAOMPT**

Ken has a Master of Science and Doctor of Health Science degrees in orthopaedic manual physical therapy from the University of St. Augustine for Health Sciences. He is a Board certified clinical specialist in orthopaedic physical therapy and Fellowship trained in manual physical therapy from the University of St. Augustine.

**Positions/Appointments:** President and managing partner of the physical therapy private practice Northern Rehabilitation and Sports Medicine Associates in DeKalb, Illinois, USA; adjunct assistant professor for Marquette University and part-time faculty at Northern Illinois University Teaching/Presentations: Dr. Olson has lectured nationally and internationally on topics related to the manual physical therapy examination and management of spine and TMJ conditions and helped to develop and instructed for the AAOMPT 2 day seminar titled: Teaching Manipulation in First Professional Education from 2003-2007.

**Publications:** Published abstracts and research articles published in peer-reviewed journals including JOSPT, JNMT, and Craniac; Co-author of the APTA Manipulation Education Manual and the APTA Position on Thrust Joint Manipulation; the author of the textbook titled: Manual Physical Therapy of the Spine published by Saunders, Elsevier.

**Memberships/Honours:** Dr. Olson currently serves as a member of the executive committee of the International Federation of Orthopaedic Manipulative Physical Therapists, the American Academy of Orthopaedic Manual Physical Therapists practice affairs committee (current chair), the Illinois Physical Therapy Association legislative committee, and the APTA Manipulation Workgroup (current chair). Additionally, Ken is a past president of the AAOMPT and past recipient of the AAOMPT Mennell Service.

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**Catherine Patla, PT, DHSc, OCS, FAAOMPT, MTC**

Catherine acts as both associate professor and as Dean of OMT Fellowship at USA. She has been a fellow of AAOMPT since 1996. Since 1996 - 2010, she has been on AAOMPT standards committee and co chair 2003-2008. She is active in the FPTA both at the sub district level, as a delegate to HOD since 2002, chief delegate from 2004-2006 and Florida chapter President from 2007-2009. Her research investigations are on the topics of end-feel and clinical diagnostics skills. She has completed her 12th marathon in 2012 and is an avid hiker of the Appalachian Trail.

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**Steve Politis, PT, DPT, FAAOMPT, FAFS, CKTP, CSCS**

Since attending physical therapy school in Phoenix at the Arizona School of Health Sciences he has always pursued learning manual therapy. Steve’s approach to physical therapy is a style that integrates manual therapy techniques with Functional Training. He is a Fellow of Applied Functional Science from the Gray Institute for Functional Transformation (GIFT). This unique training focuses on understanding biomechanics and the kinetic chain that links the body together. These techniques utilize the actual tasks the patient wants to do as the basis for exercises and rehabilitation. Steve has worked with a variety of orthopaedic patient populations and occasionally neurological cases. He has experience with post surgical cases, joint replacements, and senior populations. Steve enjoys working with athletes of all ages and levels. He has experience with ballet dancers, elite level rugby players, and high school athletes. He believes everyone is an athlete; it is just a matter of helping people realize their abilities.

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**Emilio “Louie” Puentedura, PT, DPT, PhD, OCS, FAAOMPT**

Dr. Puentedura has been involved in orthopedic manual therapy for over 33 years, working in outpatient settings with a focus on spinal conditions. Originally trained in
Melbourne, Australia, he worked primarily in a private practice setting for 15 years before relocating to the United States where he has lectured and presented seminars on the various approaches of manipulative therapy. Dr. Puentedura currently teaches in the entry-level UNLV DPT program where he is an Associate Professor, and also teaches in the PhD in Physical Therapy program at Nova Southeastern University in Fort Lauderdale, Florida. He has published extensively in research on spinal manipulation as well as pain neuroscience education. Dr. Puentedura is the winner of the 2013 Rose Excellence in Research Award for excellence in Orthopedic Physical Therapy Research, and the winner of the 2012 John Medeiros Distinguished Author Award for the most impactful paper published in the Journal of Manual and Manipulative Therapy.

Duncan Reid (NZ) DHS, MSc, GDHS, Dip MT, BSc, FNZCP
Duncan Reid is Associate Professor of Physiotherapy and Associate Dean of Health Sciences at AUT University in Auckland, New Zealand. A Physiotherapist since 1981, Duncan completed his Master thesis investigating the influence of hamstring extensibility on the lumbar and pelvic angles in rowers. Duncan has been involved in the development of clinical practice guidelines for knee, shoulder and forearm injuries. He completed his Doctor of Health Science investigating stretching interventions in people with OA of the knee. He has over 30 peer review journal and book publications and is on the Editorial panel of the Journal of Manual and Manipulative Therapy.

Randy R. Richter, PT, PhD
Randy R. Richter, PT, PhD, Doisy College of Health Sciences, Saint Louis University, MO. Dr. Richter is Associate Professor in the Program in Physical Therapy. He has presented information related to evidenced-based practice at international and national conferences. His teaching and research is in the area of evidence-based practice. He has published in the area of evidence-based practice in Physical Therapy, Physiotherapy Research International, Journal of the Medical Library Association, Journal of Orthopaedic and Sports Physical Therapy, and Journal of Athletic Training.

Eric Robertson, PT, DPT, OCS, FAAOMPT
Eric Robertson, PT, DPT, OCS, FAAOMPT is Assistant Professor in the School of Physical Therapy at Regis University. He is a frequent national presenter, and former AAOMPT conference keynote speaker, as well as faculty in multiple residency and fellowship programs around the country. His research spans manual therapy interventions to the impact of technology on healthcare. He is a member of the APTA Media Corps and is chair of public relations for the Orthopaedic Section of the APTA.

Bob Robinson, DPT, Dip.MDT, FAAOMPT
Bob graduated from D’Youville College with his BS/MS in physical therapy in 1996. He enrolled in the transitional Doctoral program in physical therapy in 2004 and completed his DPT degree in 2006. He became McKenzie certified in 2002 followed by completion of the Diploma Program in 2006. In 2009 he enrolled in the Fellowship in Mechanical Diagnosis and Therapy with completion of the program in 2011. He was subsequently appointed a clinical mentor for the Fellowship in Mechanical Diagnosis and Therapy. Bob recently completed a six year collaboration with the APTA resulting in a peer reviewed submission to the Journal of Physical Therapy Education which received the Stanford Award. He currently works full time as co-owner of Craven Physical Therapy and Spine in New Bern, North Carolina in which he serves as a mentor for the Fellowship program in Mechanical Diagnosis and Therapy in addition to clinical mentoring for several physical therapy programs.

Michael Ross, PT, DHSc, OCS
Michael D. Ross, PT, DHSc, OCS is currently an Assistant Professor in the Department of Physical Therapy at the University of Scranton. He has made numerous scientific presentations and has lectured extensively at the entry-level, graduate, and postgraduate levels on orthopedic physical therapist practice. Dr. Ross currently serves as an Associate Editor for the Journal of Orthopedic and Sports Physical Therapy and also maintains a pro bono university practice for uninsured community residents. He has published several research articles and case reports related to orthopedic physical therapist practice.

Alison Rushton (UK) EdD, MSc, Grad Dip Phys, Cert Ed, Dip TP, MCSP, HPC, MILT, FMACP
Alison has been a Physiotherapist since 1987 and PT Educator since 1993. Her areas of interest include Physiotherapy management for Low Back Pain, Spinal Surgery and Whiplash Associated Disorder (WAD). Alison’s expertise includes the areas of Musculoskeletal PT, Evidence Based Practice, Clinical Expertise and Clinical Decision making. Alison is active in the development of advanced musculoskeletal physiotherapy as a specialist area of physiotherapy through her role as the Program Leader in both the MSc Advanced Manipulative Physiotherapy and MSc Exercise and Sports Medicine (Soccer) programs. Alison is a PhD Supervisor for numerous candidates studying: Nerve Characteristics following WAD, Effect of Cervical Thrust on Eye Coordination, and Transcranial DC Stimulation in Chronic LBP. Alison has over 20 peer reviewed journal publications and is on the Editorial panel of Manual Therapy.

Vicky Saliba Johnson, PT, FFCFMT, FAAOMPT
Vicky Saliba Johnson, PT, FAAOMPT has 34 years experience as an educator and clinician in the area of neuromuscular facilitation and motor control training. Her post professional training includes studies with Paris, Grimsby, Mailland, McKenzie, Johnson, Rocobado, Wetzler, Hodges, and the six month intensive in PNF at Kaiser, Vallejo under Maggie Knott. As co-founder of The Institute of Physical Art and co-developer of the Functional Manual Therapy™ approach to patient care, Vicky Saliba Johnson has facilitated the training of over 40,000 physical therapists in the US and internationally in the area motor control and neuromuscular facilitation for both orthopedic and neurologic patient care. In addition she has provided corporate training for preventative care at large companies such as PG&E and...
20 Mile Coal Mine (at the time the largest underground mine in the world).

Ms. Johnson is Chairwoman of the Functional Manual Therapy™ Foundation (a nonprofit 501(c)(3) foundation whose mission is to promote research in manual therapy), Director of the APTA credentialed IPA/FMT Foundation Orthopedic Residency, senior faculty for the APTA credentialed AAOMPT FMT Fellowship program, and adjunct faculty at Touro College of Physical Therapy. Her primary professional contribution to Physical Therapy is her work as the developer of the CoreFirst™ Strategies approach to posture and movement training which facilitates an automatic core response during functional activities for life, work, and recreational activities. She has co-authored several chapters in various Physical Therapy textbooks and has presented at multiple state and national conferences, including IFOMPT in 1994 and the World Conference for Physical Therapy in Amsterdam June of 2011. She is currently involved in state of the art research exploring the correlation between alignment and functional strength.

Nata Salvatori, PT, DPT, OCS, FAAOMPT
Dr. Salvatori’s clinical specialization and interest is within the specialty area of orthopaedics with particular interest managing individuals with spine and sports-related injuries. Dr. Salvatori is an OMPT practitioner and a Fellow of the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT). Dr. Salvatori was first recognized as an AAOMPT Fellow in 2012.

Amy Sbihli, MPT, DPT
Amy Sbihli MPT, DPT is a graduate of University of Michigan and Washington University. She is a certified teacher trainer of the Barcelona Scoliosis Physical Therapy School and has been practicing and teaching 3D curve specific exercise for treatment of scoliosis for 8 years. She is an active member of Society of Scoliosis Orthopaedic and Rehabilitation Treatment (SOSORT) and serves on the education committee.

Chris A. Sebelski, PT, DPT, OCS, CSCS
Dr. Sebelski is Assistant Professor in the Program in Physical Therapy. She has presented information related to evidenced-based practice and clinical reasoning in musculoskeletal physical therapy at international and national conferences. Her research is in the area of evidence-based practice and differential diagnosis in decision making for physical therapists. Her teaching and clinical practice is in clinical reasoning and musculoskeletal physical therapy. She is an editor and author of the text, Differential Diagnosis for Physical Therapists, A Symptom Based Approach.

Britt Smith, PT, DPT, OCS, FAAOMPT
I am a cum laude graduate of Northern Arizona University (NAU) (1981). I received a MSPT from Samuel Merritt College (SMC) (1997) and transition doctorate program (t-DPT) at Regis University in 2007. I now teach clinical courses in manual therapy at and leadership & ethics at Regis University & in the NAU program since 1998, in my hometown of Flagstaff, AZ. I recently was appointed to the Physical Therapy Board for DORA in Colorado, 2-year term (2012-14) I served as Chairperson for the Western District of the Colorado Chapter of the American Physical Therapy Association (APTA) (2005-2008, 2010-2011) and past-chair of the public relations committee of the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) (2004-2008). I am working with Rocky Mountain Health Plan (RMHP) and Mesa County Independent Physician’s Association (IPA) on a project to implement the treatment-based classification of low back pain in Mesa County. I’ve taught with the University of Colorado Rocky Mountain Evidence-based Healthcare Workshop, as a tutor, I have presented at the annual conferences for the American College of Sports Medicine (ACSM) (2006) and the APTA (2007) and Tim Flynn PhD, PT and I presented a breakout session at the AAOMPT (2009). I have presented at the state meetings for the Arizona and Colorado Chapters of the APTA.

Stacy Soappman, PT, DSc, COMT, FAAOMPT
Stacy received her physical therapy degree from Andrews University in Berrien Springs, MI in 2001 and went on to receive her DScPT degree from Andrews University in 2011. Stacy received the designation of Certified Orthopedic Manipulative Therapy (COMT) in 2009 and later completed her fellowship training through NAIOMT in 2011. She is currently a Clinical Fellowship Instructor and part of NAIOMT’s teaching faculty. Stacy currently works in outpatient orthopedics in Knoxville, TN at Marino Therapy Center. She is the fellowship and clinical residency instructor at Marino Therapy Center.
2013 EXHIBITS | JUNIOR BALLROOM A&B

Thursday, October 17: 7:00 pm - 9:30 pm
Friday, October 18: 7:00 am - 5:00 pm
Saturday, October 19: 7:00 am - 3:00 pm

1. JOSPT
2. Novel, Inc.
3. University of St. Augustine
4. FOTO, Inc.
5. Dynamic Tape
6. Fitter International
7. The Institute of Physical Art
8. AAOMPT
9. Physical Sagacity, LLC
10. Graston Technique
11. Cardon Rehabilitation
12. Kaiser Hayward
13. Kinetacore
14. Maney Publishing
15. SI-Bone
16. APTA PT-PAC
17. My Better Spine
18. Regis University
19. Evidence in Motion
20. Cardon Rehabilitation
21. The McKenzie Institute
22. Oakworks
23. Oakworks
24. Maitland-Australian Physiotherapy Seminars Fellowship
25. Myopain Seminars
26. Brooks Institute of Higher Learning
27. Florida Institute of Orthopaedic Manual Therapy
28. Venture Practice Services/Acadaware
29. OPTP
30. OPTP
American Academy of Orthopaedic Manual Physical Therapists
Booth: 8
8550 United Plaza Blvd., Suite 1001
Baton Rouge, LA 70809
www.aampt.org

The AAOMPT serves its members by promoting excellence in Orthopaedic Manual Physical Therapy practice, education and research and collaborates with national and international associations.

APTA PT-PAC
Booth: 16
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Alexandria, VA 22314
www.apta.org

Support PT-PAC to help pass legislation to repeal the Medicare therapy cap, increase payment under the Physician Fee Schedule, and oppose physician ownership of physical therapy services. Come to PT-PAC’s booth to see how you can help our legislative efforts and to elect friends of physical therapy!

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Booth: 26
3599 University Boulevard South
Jacksonville, FL 32216
www.brooksihl.org

Brooks IHL is the academic Division of Brooks Rehabilitation located in Jacksonville, FL. The Brooks IHL offers ABPTRFE Credentialed 1 year OMPT Fellowship (also Recognized as an AAMPT Ompt Fellowship) as well as an Orthopaedic Residency Program. It also offers many advanced CEU courses hosted in beautiful Jacksonville, FL.

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Booth: 11 & 20
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Burlington, ON L7L 5V5
www.cardonrehab.com

Cardon Rehabilitation, established since 1987. Proud sponsor of the Cardon Research Award.

Dynamic Tape
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www.dynamictape.com

Dynamic Tape is highly specialized, four-way stretching and designed to contribute genuine mechanical force into the kinetic chair. Working like a bungee cord, the unique, strongly elastic Dynamic Tape aims to absorb load, contribute to force generation, improve biomechanical efficiency and modify faulty movement patterns with no limitation of movement making it ideal for applications in the disciplines of sport, musculoskeletal, paediatric, neurological and hand therapy.

Evidence in Motion
Booth: 19
13000 Equity Place, Suite 105
Louisville, KY 40223
www.evidenceinmotion.com

Evidence in Motion (EIM) is an education and consultation company whose sole reason of existence is to elevate the physical therapy profession and the role of physical therapists in healthcare delivery. A strong dedication to fostering the creation and assimilation of an evidence-based practice culture within the physical therapy profession is a cornerstone of Evidence In Motion’s mission. Evidence In Motion offers Continuing Education, Residencies, a Fellowship Program, Sports PT Certification, Manual PT Certification, a Musculoskeletal Postprofessional DPT, and an Executive Program in Private Practice Management with optional Postprofessional DPT. For more information, please visit EvidenceInMotion.com.

FOTO, Inc
Booth: 4
P.O. Box 11444
Knoxville, TN 37939
www.fotoinc.com

FOTO’s web-based outcome measurement system utilizes computer adaptive testing to provide condition specific functional measures. Nationally benchmarked, risk-adjusted reports compare treatment effectiveness, efficiency, and satisfaction by impairment that allows clinics to measure outcomes, manage quality and market strengths. FOTO measures are NQF endorsed and recognized by CMS for Medicare compliance.

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Booth: 10
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Indianapolis, IN 46240
www.grastontechnique.com

Graston Technique® is an advanced method of soft tissue treatment technology. The protocol includes use of stainless steel instruments that provide clinicians with a mechanical advantage in detecting/treating/resolving chronic and acute connective soft tissue dysfunctions.
Journal of Orthopaedic & Sports Physical Therapy
Booth: 1
1033 N. Fairfax Street, Suite 304
Alexandria, VA 22314
www.lospt.org

JOSPT offers scientifically rigorous, clinically relevant content for physical therapists and others in the healthcare community to advance musculoskeletal and sports-related practice globally. The Journal is published monthly in print and online.

Kaiser Hayward
Booth: 12
27400 Hespera Boulevard
Hayward, CA 94545
www.kaiserhaywardptfellowship.com

At the Kaiser Permanente Hayward PT Fellowship- you will have the opportunity to participate in a state of the art online program combines with lab sessions taught by some of the most experienced faculty in the country. New grads may also apply for our Mentorship component.

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Brighton, CO 80601
www.kinetacore.com

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Cutchogue, NY 11935
www.ozpt.com

MAPS trains clinicians to develop superior clinical reasoning, advanced clinical knowledge, a high level of proficiency in hands-on skilled orthopedic manual therapy, and a commitment to clinical research.

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www.myopainseminars.com

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www.novelsa.com

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New Freedom, PA 17349
www.oakworks.com

The PT400M from Oakworks Medical combines powered center break and height with a ergonomic design and FDA listed to establish safety for both patient and therapist.

OPTP
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Minneapolis, MN 55447
www.optp.com

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Physical Sagacity, LLC
Booth: 9
1209 Meadow Lane
Olathe, KS 66062
www.physicalsagacity.com

Physical Sagacity has the mission to transform the workflow of Physical Therapists through improvements in the healthcare technology and enhancement in the quality of educational resources. The ultimate goal is to create a better healthcare delivery system, while reducing the cost for patients and benefit administrators.

Developed by physical therapists, healthcare administrators, and software engineers, Physical SagacityTM aims to improve healthcare accountability and lower healthcare costs by taking advantage of available technology and economies of scale.

Regis University
Booth: 18
3333 Regis Boulevard G-9
Denver, CO  80221
www.regis.edu/fmt

The Regis University’s Fellowship in Manual Physical Therapy offers a dynamic online environment for advanced orthopedic manual physical therapy education, with quarterly intensive weekend sessions in Denver, CO. Learn with our internationally recognized faculty to develop advanced clinical decision making skills in the application of evidence based manual therapy. Join us!

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SI-BONE is focused on helping patients in one of the most under-served, under-diagnosed, and under-treated areas in orthopedics, the sacroiliac (SI) joint. The iFuse Implant System is intended for sacroiliac joint fusion for conditions including sacroiliac joint disruptions and degenerative sacroilitis using a 2-3cm incision.

The Institute of Physical Art
Booth: 7
43449 Elk Run
Steamboat Springs, CO 80487
www.institutephysicalart.com

The Institute of Physical Art, founded in 1978 promotes the use of manual therapy and education to facilitate optimum human function. The IPA presents continuing education courses, two Functional Manual TherapyTM certifications, an APTA credentialed FMT Orthopedic Residency Program, and an APTA/AAMPT credentialed FMT Fellowship program.

The McKenzie Institute
Booth: 21
432 N. Franklin Street, Suite 40
Syracuse, NY 13204
www.mckenziemdt.org

The only sanctioned training/certification program in the McKenzie Method® Mechanical Diagnosis and Therapy® (MDT): an evidence based assessment, diagnosis and treatment protocol for spine and extremeties. For an extensive list of references, visit http://www.mckenziemdt.org/LibResearchList.cfm.

University of St. Augustine
Booth: 3
1 University Boulevard
St. Augustine, FL  32086
www.usa.edu

The University of St. Augustine is a graduate institution that emphasizes health science education. The mission of the University of St. Augustine for Health Sciences is the development of professional health care practitioners through innovative, individualized, and quality classroom, clinical, and distance education.

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www.acadaware.com
www.venturepractice.com

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While we have lost our founder and teacher Robin McKenzie, we have not lost our way. The McKenzie Institute International and its 28 branches carry on with our mission to provide effective and efficient patient care through high quality educational training and research in MDT.

The McKenzie family and the Institute are grateful for the tributes expressed by the AAOMPT community.

In loving memory of

Robin A. McKenzie
CNZM, OBE, FCSP (Hon), FNZSP (Hon), NZCP (HLM), Dip. MT, Dip. MDT

April 20, 1931 – May 13, 2013

Our APTA/AAOMPT-Credentialed Fellowship Program in Mechanical Diagnosis and Therapy (MDT) advances Robin’s legacy. Congratulations to all the Fellows for their contributions to the profession, The McKenzie Institute and the AAOMPT.

www.mckenziemdt.org