



North American Institute of Orthopaedic Manual Therapy
www.naiomt.com

2010 Symposium

The Integration of the **Art** with the **Science** of
Manual Physical Therapy

Preliminary Program*

Medical City Hospital
City Hall Auditorium, Bldg E
7777 Forest Lane - Dallas, TX 75230
November 6th & 7th, 2010

PROGRAM SCHEDULE*

Saturday, November 6, 2010

- 7:30 am Registration Opens
- 8:00 am Keynote Presentation
-David Magee
- 9:15 am General Session
- Jim Meadows
- 10:15 am Break/Refreshments
- 10:25 am General Session
-Erl Pettman
- 11:25 am Lunch on Your Own
- 12:25 pm Breakout Session 1
- 2:05 pm Break/Refreshments
- 2:15 pm Breakout Session 2
- 3:45 pm Break/Refreshments
- 3:55 pm Breakout Session 3
- 5:25 pm End
- 5:25 pm Networking Reception

Sunday, November 7, 2010

- 8:00 am Breakout Session 4
- 9:30 am Break/Refreshments
- 9:45 am Breakout Session 5
- 11:15 am Lunch on Your Own
- 12:15 pm Breakout Session 6
- 1:45 pm Break/Refreshments
- 2:00 pm Breakout Session 7
-Senior Faculty
- 3:30 pm Close

KEYNOTE & GENERAL SESSION PRESENTATIONS

David J. Magee PhD,
Keynote Presentation



Erl Pettman
PT, MCSP, MCPA, FCAMT
The Research and Evidence Basis
Supporting the Concept of the
“Facilitated Segment”



Jim Meadows
BScPT, MCPA, FCAMT
Clinical Reasoning in Differential
Diagnosis: A New Era of
Improved Intellectual Tools

*Program and schedule subject to change.

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SENIOR FACULTY BREAKOUT PRESENTATIONS

Jim Meadows, BScPT, MCPA, FCAMT
Reflex Activation of Multifidus and other Segmental Stabilizers: An Alternative to the Slog Current Methods

Erl Pettman, PT, MCSP, MCPA, FCAMT
'The Dynamic Pelvis' - A Proposed Model of Normal Biomechanics and Pathomechanics of the Sacro-Iliac Joints

Please Note:

*NAIOMT Senior Faculty Member **Gail Molloy, PT, OCS, COMT** will be presenting an extended lab-style breakout session with NAIOMT Faculty Member **Fred Stoot, BMR, PT, FCAMT**. This breakout session titled **Lower Extremity Pain in the Running Athletes** will be offered both days.*

BREAKOUT PRESENTATIONS

Steve Allen, PT, OCS, COMT, FAAOMPT
Shoulder Examination for Instability: Evidenced Based Examination and Treatment

This session reviews an evidenced based examination for shoulder instability and incorporates a multidirectional model of joint and neuromuscular mobilization to maximize functional recovery with emphasis in the overhead athlete.

Kathy Berglund, PT, MA, ATC, OCS, FAAOMPT
Functional Approach to Motor Control Rehabilitation of the Lumbopelvic Complex

Much information has been published regarding the need to re-establish motor control versus just strength following injury to the low back. For clinics where the use of real time ultrasound is not feasible, alternative protocols for evaluation and proper sequencing of rehabilitative activities would be extremely helpful. This short course will provide the student with inexpensive ways to assess motor control of both the lumbar spine and hip girdle. Sequenced protocols for beginning, intermediate and advanced motor control activities will be presented. The final goal of the rehab process is for the patient to participate in a unique and original 20-30 minute program 3-4 days a week. This program was developed based on the principles of motor control found in the literature and has been successfully implemented with chronic pain patients. It represents a more stimulating and "fun" way to approach the rehab process and helps to increase patient compliance.

PROGRAMMING NOTES

Saturday Networking Reception

Please plan to join David Magee and the NAIOMT Senior Faculty for a reception immediately following the last session on Saturday.

Please take advantage of this opportunity to network with our faculty and other attendees!

Hotel Reservations

NAIOMT has a room block reserved at the Crowne Plaza Suites Dallas Park Central

Rooms are \$89 per night (taxes and fees not included). Our room block is limited so please make your reservations immediately.

To reserve a room in our block you can call and mention "NAI" or visit the website below to register for one of our rooms directly.

Crowne Plaza Suites Dallas Park Central

7800 Alpha Road

Dallas, TX 75240

Ph: 1-972-233-7600

Reservation website:

<http://www.cpdallas.com>

Ken Cole, PT, COMT, FAAOMPT & Mark Looper, PT, MS, COMT, FAAOMPT

Hidden Link of Spondylolisthesis

We will discuss the current controversy of imaging, causes or proposed links to facilitated weakness, identification of weakness, outline of treatment goals, segmental core activation specific for this group, how to link segmental core to global core from early treatment and linking ankle to foot to then in more advanced stages.

Bruce A. Franke Jr., PT, MSc, OCS, MTC, FAAOMPT

The Lumbar-Pelvic-Hip Region: Patterns of Impairments Based on Retrospective Case Reviews

This material is based on a retrospective cohort study completed by this author including chart reviews conducted for 50 patients and suggests that patients with chronic lumbopelvic pain demonstrate a predictable pattern of impairments (including two of the factors identified by the clinical prediction rule as outlined by Flynn et. al.). The work of Lee, Hodges, Hungerford and other expert clinicians and researchers who contributed to the recent literature on lumbopelvic pain from the World Congress for Low Back Pain in Barcelona Spain (2007) provide support to this system of examination and treatment.

Kent Keyser, MS, PT, OCS, COMT, ATC, FFCFMT, FAAOMPT

Thoracolumbar Syndrome

Junctional areas can present with confounding elements for spine and peripheral pain complaints and yet they are often forgotten or under trained. The Thoracolumbar junction is just one of those areas, even in light of the classic work of Robert Maigne MD. Case studies of this important but often minimally covered junction will be presented to highlight integrated evaluation/treatment strategies. Eclectic interventions allow for all therapists to care for their particular client base.

Rajesh Khemraj, PT, COMT, FAAOMPT

The Sharp-Purser Test: Reckless and Dangerous or a Upper Cervical Necessity

The Sharp-Purser test has been considered a dangerous "clunking" test of the craniovertebral region. It also has been advocated as the standard for testing instability of advanced rheumatoid patients. There appears to be a lack of understanding of the mechanics and physiology of the craniovertebral region that deems the test to be dangerous. The purpose of this class is to discuss the most current literature regarding this region and demonstrate sound testing of the craniovertebral region to effectively detect instability of the atlantoaxial joint.

The development of multiple versions and interpretations of the test has lead to misunderstanding of a valuable test in manual therapy. With skill and techniques increasing in the world of manual therapy treatment of the craniovertebral region, the Sharp-Purser should be a standard test for instability when treating this area. This test could decrease potential risk when treating this region.

Michael Lucido, PT, OCS, COMT

Manual Therapist Role in the Management of Cervical Vertigo

Dizziness is a common and disabling condition that effects hundreds of thousands of people especially individuals over the age of 65 (College et al 1996). The condition has several etiologies with one being dysfunction of the upper cervical spine. This presentation looks at our role in the team approach to the managing these very difficult patients including lab time for practical experience.

Laurie McLaughlin, PT, DSc, FCAMT, CMAG

Altered Breathing - Part of the Problem in Persistent Pain?

Breathing has both reflex and higher centre control. Pain, stress and fear are known ventilatory stimulants and are examples of unconscious higher centre input leading to altered breathing. Altering breathing impacts on respiratory chemistry, reducing CO₂ levels (hypocapnia). Hypocapnia causes an increase in pH (alkaline) of bodily fluids, including blood, cerebrospinal and extracellular fluid. This is important for our understanding of persistent pain and stress states because increased pH of body fluids is associated with a cascade of physiological events, some of which could have profound effects on the hardware of the nociception/pain systems. For example, increased pH leads to smooth muscle activation, including vascular smooth muscle. The effects induced by pH changes are not trivial - blood flow to the brain can decrease by 50%. There are other known physiological effects of hypocapnia - sympathetic and hormonal regions of the brain are stimulated, tissue oxygenation is diminished, leading to increased cellular excitability. This workshop will present the theoretical argument that respiratory manifestations of pain and stress can contribute to chronicity, and then present an approach to clinical evaluation and management of hypocapnia including current evidence of its effects.

Gail Molloy, PT, OCS, COMT & Fred Stoot, BMR, PT, FCAMT

Lower Extremity Pain in the Running Athletes

This course will offer a unique perspective on why athletes have persistent pain in the hip, pelvic girdle, knee or foot by evaluating the limb loading response, the unrestrained passive ligamentous compensation, the neurophysiological influence of the sensory aspects of the foot to stability as well as the pathomechanics of lower extremity during running. Clinical reasoning will, based on the sciences of anatomy and biomechanics, research evidence of pathological breakdown and research science of neurophysiologic sensory relationships to motor control.

Kathy Stupansky, PT, DSc, OCS, FAAOMPT

Manual Therapy for the Aging Population with Multiple Dysfunctions and Co-morbidities: Cases with Lumbar Stenosis, OA Knee and Parkinson's Disease

The Aging population has become a large part of many outpatient orthopedic physical therapy practices. Manual therapy can be helpful in many of the common conditions that this group encounters. This session addresses signs and symptoms of lateral stenosis of the lumbar spine, osteoarthritis of the knee and early Parkinson's disease. Various manual therapy techniques will be shown to help improve function with these patient types.

Bill Temes, PT, MS, OCS, COMT, FAAOMPT

Utilizing Real Time Technology in Manual Therapy - Diagnosis and Treatment

The utilization of Real Time Ultrasound and Real Time Cineradiography is being introduced in manual physical therapy practice as a means of identifying kinematic and kinetic function/dysfunction of the spine and extremities. This program will give a historical, current and futuristic perspective on the utilization of this equipment and provide case study demonstrations that draw from the clinical experience of the presenter with its use during the past several years.

REFERENCE SHEET: BREAKOUT SESSIONS BY SESSION NUMBER

Session 1

- Manual Therapist Role in the Management of Cervical Vertigo - Michael Lucido
- The Sharp-Purser Test: Reckless and Dangerous or an Upper Cervical Necessity? - Rajesh Khemraj
- Thoracolumbar Syndrome - Kent Keyser
- Hidden Link of Spondylolisthesis - Ken Cole & Mark Looper

Session 2

- Shoulder Examination for Instability: Evidenced Based Examination and Treatment - Steve Allen
- The Lumbar-Pelvic-Hip Region: Patterns of Impairments Based on Retrospective Case Reviews - Bruce Franke
- Altered Breathing - Part of the Problem in Persistent Pain? - Laurie McLaughlin
- Lower Extremity Pain in the Running Athletes (Sessions 2 & 3, must attend both) - Gail Molloy & Fred Stoot

Session 3

- Functional Approach to Motor Control Rehabilitation of the Lumbopelvic Complex - Kathy Berglund
- Utilizing Real Time Technology in Manual Therapy - Diagnosis and Treatment - Bill Temes
- Manual Therapy for the Aging Population with Multiple Dysfunctions and Co-morbidities: Cases with Lumbar Stenosis, OA Knee and Parkinson's Disease - Kathy Stupansky
- *Lower Extremity Pain in the Running Athletes Continued (Sessions 2 & 3, must attend both)* - Gail Molloy & Fred Stoot

Session 4

- Thoracolumbar Syndrome - Kent Keyser
- Manual Therapy for the Aging Population with Multiple Dysfunctions and Co-morbidities: Cases with Lumbar Stenosis, OA Knee and Parkinson's Disease - Kathy Stupansky
- Functional Approach to Motor Control Rehabilitation of the Lumbopelvic Complex - Kathy Berglund
- Altered Breathing - Part of the Problem in Persistent Pain? - Laurie McLaughlin

Session 5

- Shoulder Examination for Instability: Evidenced Based Examination and Treatment - Steve Allen
- The Sharp-Purser Test: Reckless and Dangerous or an Upper Cervical Necessity? - Rajesh Khemraj
- The Lumbar-Pelvic-Hip Region: Patterns of Impairments Based on Retrospective Case Reviews - Bruce Franke
- Hidden Link of Spondylolisthesis - Ken Cole & Mark Looper

Session 6

- Utilizing Real Time Technology in Manual Therapy - Diagnosis and Treatment - Bill Temes
- Manual Therapist Role in the Management of Cervical Vertigo - Michael Lucido
- Lower Extremity Pain in the Running Athletes (Sessions 6 & 7, must attend both) - Gail Molloy & Fred Stoot

Session 7: Senior Faculty Breakouts

- Reflex Activation of Multifidous and Other Segmental Stabilizers: An Alternative to the Slog Current Methods - Jim Meadows
- 'The Dynamic Pelvis'. A Proposed Model of Normal Biomechanics and Pathomechanics of the Sacro-iliac Joints - Erl Pettman
- *Lower Extremity Pain in the Running Athletes Continued (Sessions 6 & 7, must attend both)* - Gail Molloy & Fred Stoot



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2010 Symposium

The Integration of the **Art** with the **Science** of **Manual Physical Therapy**

Pre and Post Symposium Courses

PRE-SYMPOSIUM COURSES: NOVEMBER 4TH & 5TH

Both courses are two-days. You must attend both days.

PRE-SYMPOSIUM & POST-SYMPOSIUM COURSE LOCATIONS

Crowne Plaza Suites Dallas Park Central

7800 Alpha Road
Dallas, TX 75240

- All courses begin at 8:00 am
- Refreshments are provided
- Complementary Parking
- Lunch is on your own

Laurie McLaughlin, PT, DSc, FCAMT, CMAG

Manips for Chicks

The idea for this course came from years of watching candidates come through the manual therapy exams attempting to do manipulations while they were at an ergonomic disadvantage. Many of the manipulation courses are taught by big men who can accomplish these with ease however not all manipulators are their size. As someone who is smaller in stature, I had to modify many manipulation techniques to be able to perform them in a manner that was safe not only for the patient but for me as well. This course will emphasize hands on practice of 'ergonomically efficient' spinal manipulation. Participants should have had some instruction in manipulation prior to taking this course.

Contact Hours: 14



Kathy Stupansky, PT, DSc, OCS, FAAOMPT & Gail Molloy, PT, OCS, COMT

Extremity Manipulation

This course focuses on the indications, contraindications, and techniques for high velocity, low amplitude (HVLAT) manipulation techniques applied to the peripheral joints.

Contact Hours: 16



POST-SYMPOSIUM COURSE: NOVEMBER 8TH

One-day only.

Jim Meadows, MScPT, MCPA, FCAMT

Less is More: Minimal Information in Clinical Reasoning

Over the last few decades cognitive research has shown that when making complex decisions involving multiple variables the more information that is considered the less reliable are the consequences of decision-making.

While this may be counter-intuitive it is nonetheless seemingly true. In the clinic the “expert” has generally made an accurate diagnosis within a few minutes of the patient walking into the room while the neophyte requires 30-60 and as much information as possible to make an inaccurate diagnosis.

This course will use case scenarios, simulated and real patients to practice using heuristics, essential illness scripts, hypothetic-deductive reasoning and other tools scientific tools in a practical manner to help the non-expert to use heuristics and other modern tools of clinical reasoning to improve their diagnoses and use the saved time to determine reveal hidden etiologies and generate and implement rational treatment plans.

Contact Hours: 8



Kent Keyser, MS, PT, OCS, COMT, ATC, FFCFMT, FAAOMPT

Integrating Function: The Foam Roller Approach

This one-day roller course provides participants with a whole body approach to neuromusculoskeletal evaluation and treatment. The main objective of the course is to facilitate your ability to see dysfunctions in both static and dynamic planes. Correlating functions and structural causes will be addressed via movement lessons on the rollers and interspersed with detailed anatomical lectures. Structured lab time, both with and without ethafoam rollers, will enable you to observe, evaluate, and experience efficient/inefficient movement strategies.

The main focus of the course will be directed at the spine and trunk. Part of the day will utilize multiple and various shaped rollers for (refined) comprehensive function evaluation and treatment of extremity dysfunctions.

Contact Hours: 8



Course Cancellation Policy:

Request for cancellation refund must be made in writing to admin@naiomt.com. Written requests made on or before September 1, 2010 will be refunded in full minus a \$50 administrative fee. A 50% cancellation fee will be assessed for requests between September 2, 2010 and October 14, 2010. No refunds after October 15, 2010.