**Lumbar Spinal Stenosis -- When to Consider Treatment of the Hip in Your Plan of Care**

**Session Description:** There were 1.2 million physician office visits for lumbar spinal stenosis (LSS) in the U.S. in 1990 and LSS is symptomatic in 45-50% of people over 70 years of age. Many of these patients will present with changes in gait due to pain and limited flexibility. Concomitantly, gait changes can occur with issues associated with aging including hip osteoarthritis (OA). Increased hip flexion, decreased hip extension and shorter step length are just a few changes in gait with aging and can occur in patients with LSS and/or hip OA. Hip OA and LSS are common in aging patients and do occur concurrently (8). This course will present the evidence for manual therapy and exercise in patients with hip OA as well as the efficacy of including hip mobilizations for patients with LSS. The hip is an under-treated area in patients with LSS which could produce significant results when addressed with appropriate patients.

**Learning Objective:**
1. Understand the prevalence of comorbid lumbar spinal stenosis and hip osteoarthritis.
2. Be able to explain gait-related changes associated with aging and relevance in patients of older age with possible LSS and hip OA
3. Recognize key components in clinical examination of patient presenting with neurogenic claudication and possible hip OA
4. Demonstrate basic ability to perform evidence based manual therapy to the hip for patients with limited hip motion and LSS

**Bibliographic References:**


Overview of Diagnosis & Treatment of Basic Vestibular Disorders

Session Description: The lecture is geared towards clinicians wanting to gain the foundation of how to effectively treat vestibular disorders. The course is a general overview into the vestibular system. The overview includes a review of vestibular anatomy and physiology and the impact the vestibular system has on balance. In addition, it reviews common causes of subjective dizziness and medical management for differential diagnosis. The lecture provides a review of common vestibular pathologies to include differential of central versus peripheral versus BPPV. Finally, the lecture provides opportunities to demonstrate and practice how to screen for and treat common vestibular pathologies. The lecture is designed to enhance the clinician’s ability to identify and treat vestibular pathologies through utilization of case reviews, hands on practice, use of videos for demonstration and reference list for referrals. The lecture is designed to leave the clinician with an introduction to basic evaluation and treatment of common vestibular pathologies.

Learning Objectives:
1. Identify components of vestibular system.
2. Identify causes of subjective dizziness.
3. Demonstrate components of oculomotor exam and be able to choose appropriate objective measures.
4. Differentiate pathology between Central vs Peripheral vs BPPV and basic treatment of common pathologies.
5. Identify appropriate referrals.

Bibliographic References:
1. Fact sheet: Peripheral versus Central Vestibular Disorders. Author: Lisa Farrell, PT, PhD, ATC. American Physical Therapy Association, Section on Neurology.
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**Speakers:**

**Kimberly Benson, PT, DPT, NCS** is currently staff Physical Therapist at WakeMed Rehab in Raleigh NC on the TBI team. In 2007, she received her DPT from Northeastern University along with her BS, MSPT in 2005/2006. Kimberly developed a passion for treating the neuro population while working for the military at both Walter Reed Army Medical Center and Landstuhl Regional Medical Center from 2008-2014. She continues to grow working in the inpatient rehab setting now. Practice areas have included acute, inpatient rehab and outpatient with an emphasis on vestibular pathologies and the neuro population

**Sarah Stuckey, PT,** is a graduate from UNC-Chapel Hill's physical therapy program and holds almost 10 years of experience in outpatient neuro and ortho rehab, acute care, and inpatient rehabilitation settings. She is currently working on a CVA specialty team in the Rehab Hospital at WakeMed in Raleigh, NC.

**Kinesiology Taping Redefined—Taping Movements, Not Muscles- (Part 1 of 2)**

**Session Description:** This course introduces the concept of movement therapy and enhancement via functional taping methods. The presentation includes a review of the current literature supporting the theory of kinesiology taping for the purposes of rehabilitation, edema/swelling management, neuropathic pain and postural management. The course is intended for physical therapists with all levels of experience with taping. All supplies needed for the course are provided.

**Learning Objectives:**

1. Gain familiarity with the concept of a longitudinal muscle chain approach to elastic therapeutic taping.
2. Understand the physiological effects of kinesiology taping.
3. Master functional taping and understand its role and use for the applications of rehabilitation, edema management and posture improvement

**Bibliographic References:**


**Speaker:**

**Tony Mikla,** DPT, MSPT, CSCS is a physical therapist and performance coach specializing in movement and functional restoration. Tony currently resides in Phoenix, AZ and is the Manager of Physical Therapy for EXOS (formerly Athletes Performance) and is the Founder of Theraflix, LLC, a web based resource for PT’s and their patients. He is a Certified Strength and Conditioning Specialist, USA Track and Field Certified Coach, and has been working with athletes and clients on movement dysfunction and pathology for the last 20 years. He holds certifications in Dry Needling (American Dry Needling Institute), RockTape, and Fabricating Orthotics (Sole Supports). Tony works with all levels of patients and has developed a specialty in Sports Medicine over the years, working closely with world renowned surgeons, Recreational Clients, Tactical Operators, and Elite Athletes. He has published numerous articles on Training and Rehabilitation and kinetic linking for performance. Over his career, Tony has worked as a consultant for Professional Teams in the MLB and NBA, as well as individual athletes including, Olympic Champions, MMA Champions, PGA Tour Professionals, US Military Special Operators, and athletes from NBA, MLB, NFL, and NHL. Dr. Mikla has presented nationally for the APTA, NATA, and NSCA conferences. He has been an instructor for a long term sports medicine course in Northern California, and guest instructor at Sacramento State University and University of the Pacific PT programs. Currently he serves as adjunct clinical faculty for Northern Arizona University PT Program. Tony was a finalist for the 2014 NSCA Sports Medicine Rehabilitation Specialist of the Year.
1:30-3:00 pm

**Management of Shoulder Arthritis: Non-operative Intervention, and Post-anatomic and Reverse Arthroplasty Rehabilitation**

**Session Description:** This presentation will cover common causes of glenohumeral osteoarthritis and the role of the physical therapist in non-operative management. Instruction will continue to include surgical anatomic shoulder arthroplasty with the two different methods of accessing the glenohumeral joint and post-operative rehabilitation considerations for each approach. Post-operative management of reverse shoulder arthroplasty will also be discussed with consideration to the various indications as they related to varied outcomes.

**Learning Objectives:**
1. Describe the progression of glenohumeral osteoarthritis, the change in management strategies over time, and develop and implement a rehabilitation plan for the population who has total shoulder arthroplasty, with knowledge of precautions and end-result expectations.
2. Understand the different methods of surgically accessing the glenohumeral joint for performance of anatomic shoulder arthroplasty and the implications this has on post-operative rehabilitation.
3. Describe the process of cuff tear arthropathy that can occur with chronic massive rotator cuff tears, and the management of this challenge with reverse shoulder arthroplasty. Develop a post-operative rehabilitation program including precautions and expectations for this population.

**Bibliographic References:**

*Total Shoulder Arthroplasty*
1. Wilcox, RB, Arslanian, LE, Miller PJ: Rehabilitation Following Total Shoulder Arthroplasty; JOSPT 35(12), 2005


3. Brown and Friedman: Postoperative Rehabilitation Following Total Shoulder Arthroplasty;


Reverse Shoulder Arthroplasty


Speaker:
June Kennedy, MS, PT is a senior level physical therapist at Duke Sports Medicine Physical Therapy with over 25 years of clinical experience. She specializes in surgical and non-operative care of shoulder patients and is an active member of the American Society of Shoulder and Elbow Therapists, also serving on the research committee of this organization. She reviews rehabilitation-based articles for the Journal of Shoulder and Elbow Surgery and lectures to the Duke surgery fellows annually on shoulder rehabilitation for adhesive capsulitis, shoulder instability, and total and reverse shoulder arthroplasty. Additionally June has served on the Review Panel for the American Academy of Orthopedic Surgeons for the development of Appropriate Utilization Criteria for surgical intervention on rotator cuff tears.

Concussion in Sport

Session Description (200 word limit):
Over the past decade, the subject of concussion in sport has generated a significant amount of public interest. Despite growing awareness of sports-related concussions and campaigns to educate medical professionals, athletes, coaches, and parents about concussion, confusion and controversy persist in many areas. This lecture will review the current understanding of concussion in sport and provide the attendee the most recent advancements in the recognition, assessment, and management of sports-related concussions. Background in concision pathophysiology and subjective assessment techniques coupled with demonstration of current objective assessment tools will provide the attendee with a comprehensive approach to the management of sport-related concussion. As a potential member of the management team, knowledge obtained will have a direct impact on returning an athlete to full physical activity while potentially minimizing risk of serious brain injury.

Learning Objectives:
1. Understand the common features and pathophysiology of concussion in sport.
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3. Implement the initial management and return to play protocol for an athlete sustaining a concussion.
4. Understand possible medical interventions and rehabilitation techniques when returning an athlete to sport following a concussion.

Bibliographic References:


Speaker: Randy Lazicki, PT, DPT, OCS, SCS graduated from Wingate University with a Bachelor of Science in Athletic Training and received his Doctorate through Elon University. In August 2010, he entered the Sports Physical Therapy Fellowship at Duke University providing care and management of the defined sub-specialty, Intercollegiate Division I Athletics. Currently, he is the Lead Physical Therapist at the U.S. Army John F. Kennedy Special Warfare Center and School in Fort Bragg, NC. He has the unique opportunity to serve a dual role in this environment as a contracted clinician within the Tactical Human Optimizations, Rapid Rehabilitation, and Reconditioning program and instructor at the Joint Special Operations Medical Training Center. In addition, Dr. Lazicki serves as an Adjunct Faculty member at Campbell University’s Doctor of Physical Therapy program assisting in the instruction of musculoskeletal practice and therapeutic exercise components within the program. He is an active member in the North Carolina Physical
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Therapy Association and serves as a Delegate to the American Physical Therapy Association's
House of Delegates as well as several committees within the Association.

Kinesiology Taping Redefined—Taping Movements, Not Muscles-(Part 2 of 2)

Session Description: This course introduces the concept of movement therapy and
enhancement via functional taping methods. The presentation includes a review of the current
literature supporting the theory of kinesiology taping for the purposes of rehabilitation,
edema/swelling management, neuropathic pain and postural management. The course is
intended for physical therapists with all levels of experience with taping. All supplies needed for
the course are provided.

Learning Objectives:
1. Gain familiarity with the concept of a longitudinal muscle chain approach to elastic therapeutic
taping.
2. Understand the physiological effects of kinesiology taping.
3. Master functional taping and understand its role and use for the applications of rehabilitation,
edema management and posture improvement

Bibliographic References:
1. Cai C, Au IP, An W, Cheung RT. Facilitatory and inhibitory effects of Kinesio tape: Fact or fad?

2. Cho HY, Kim EH, Kim J, Yoon YW. Kinesio taping improves pain, range of motion, and
proprioception in older patients with knee osteoarthritis: a randomized controlled trial. Am J Phys

States2015:e510.

4. Lee YS, Bae SH, Hwang JA, Kim KY. The effects of kinesio taping on architecture, strength
and pain of muscles in delayed onset muscle soreness of biceps brachii. J Phys Ther

5. Tozzi, U., Santagata, M., Sellitto, A., Tartaro, G.P. Influence of Kinesiologic Tape on Post-
operative Swelling after Orthognathic Surgery. J. Craniomaxillofascial Oral Surgery. 42(5):469-76,
July 2014.

Speaker:
Tony Mikla, DPT, MSPT, CSCS is a physical therapist and performance coach specializing in
movement and functional restoration. Tony currently resides in Phoenix, AZ and is the Manager
of Physical Therapy for EXOS (formerly Athletes Performance) and is the Founder of Theraflix,
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LLC, a web based resource for PT’s and their patients. He is a Certified Strength and Conditioning Specialist, USA Track and Field Certified Coach, and has been working with athletes and clients on movement dysfunction and pathology for the last 20 years. He holds certifications in Dry Needling (American Dry Needling Institute), RockTape, and Fabricating Orthotics (Sole Supports). Tony works with all levels of patients and has developed a specialty in Sports Medicine over the years, working closely with world renowned surgeons, Recreational Clients, Tactical Operators, and Elite Athletes. He has published numerous articles on Training and Rehabilitation and kinetic linking for performance. Over his career, Tony has worked as a consultant for Professional Teams in the MLB and NBA, as well as individual athletes including, Olympic Champions, MMA Champions, PGA Tour Professionals, US Military Special Operators, and athletes from NBA, MLB, NFL, and NHL. Dr. Mikla has presented nationally for the APTA, NATA, and NSCA conferences. He has been an instructor for a long term sports medicine course in Northern California, and guest instructor at Sacramento State University and University of the Pacific PT programs. Currently he serves as adjunct clinical faculty for Northern Arizona University PT Program. Tony was a finalist for the 2014 NSCA Sports Medicine Rehabilitation Specialist of the Year.

3:30-5:00

**Golf Injuries, Common Physical Limitations, and an Evidence Based Approach for Performance Based Rehabilitation**

**Session Description:** The etiology of golf injuries, common physical limitations, and their impact on performance will be presented along with mental, technical, and cultural characteristics of golf that influence performance requirements and thus ultimately impact best practice Performance Based Physical Therapy for golfers. The multitude of technical teachings and mental strategies coupled with a golf culture of self-proclaimed “experts” all have direct impacts on rehabilitative strategies. They each influence how a golfer consciously attempts to move his or her body throughout the golf swing, thereby changing the biomechanical requirements of the rehabilitative process which will be covered in this course. No matter what technical or tactical approach is being utilized, this course will prepare PTs how to best communicate with swing coaches, mental coaches, and strength coaches. PTs must understand the complete non-traditional golfing multidisciplinary team and best practice for return to sport based on the latest research and clinical experience. Beyond initial low-level rehabilitation therapeutic exercise, performance based PT requires inclusion of neurodevelopmental strategies, Olympic Lifting, deceleration training, and other high-level sport specific training.

**Learning Objectives:**
1. Understand the connection between physical limitations and rotary/technical sport implications, particularly in golf.
2. Understand physical therapy best practice for return to golf and other rotary sports including the integration of technology as well as experts in technical, tactical and mental skills.
3. Learn golf specific movement, power and strength assessments. What is nice-to-know vs what is necessary for successful return to sport depending on developmental age, chronological age and the athlete’s goals.
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4. Learn the most common injuries seen in golfers and what technical swing faults or other sport specific conditions cause them in conjunction with physical limitations.
5. Learn the specific power and energy system requirements that exist in golf and understand what Olympic Lifting or other power training is and why it must be part of physical therapy successful return to golf.

Bibliographic references:

Speaker:
Christopher Finn, PT, is an Entrepreneur, Certified Strength and Conditioning Specialist, Titleist Performance Institute Certified Medical Professional and trained to perform Trigger Point Dry Needling in North Carolina. He is regarded as the premier Golf Fitness, Performance & Medical Expert in North Carolina. As owner of Par4Success, Chris works with Touring Professionals, elite level Juniors & amateurs as well as weekend warriors. He has contributed to numerous media outlets, is a published author, a consultant and presents continuing education all over the state on topics such as Junior Golf Athletic Development, Injury Prevention and Power/Speed improvement for golfers. Chris provides continuing education to numerous organizations and companies including the Carolinas PGA and The Club Managers Association of America. He also publishes new content on a regular basis for ptstrengthcoach.com on the latest happenings in rehab and sport performance. Just days after his presentation at NCPTA Fall Conference 2016, Chris is scheduled to speak at the World Golf Fitness Summit in New Orleans.

Cervicogenic Dizziness Assessment and Treatment

Session Description: Cervicogenic dizziness is diagnosed of exclusion by ruling out the central and peripheral vestibular pathologies. People with cervicogenic dizziness usually complain of neck pain and usually refer to orthopedic physical therapy first. Fall risk is also underestimated in this population. This session will review the research regarding cervicogenic dizziness and how to make the differential diagnosis between the cervicogenic dizziness and other vestibular
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pathologies. This session will also demonstrate cervicogenic dizziness assessment and treatment in the ECU PT clinic

Learning Objectives:
1. Describe the possible etiologies and symptoms of cervicogenic dizziness
2. Demonstrate the assessment and treatment of cervicogenic dizziness
3. Discuss the postural instability and fall risk in people with cervicogenic dizziness

Bibliographic References:


Speakers:
Chia-Cheng Lin, PT, PhD, MS, is an Assistant Professor in the Department of Physical Therapy at East Carolina University. He received a B.S degree in Physical Therapy from Chung-Shan Medical University, Taiwan, and the MSPT and PhD in Rehabilitation Science from the University of Pittsburgh. He has been working in the area of human postural control, especially focusing on the effects of aging and vestibular disorders. Dr. Lin has published several research papers in this field. His current research involves the study of the identification of cervicogenic dizziness in people with neck pain, postural control in people with concussion, and the sensory integration for postural control. At ECU, Dr. Lin teaches Geriatric Physical Therapy and an elective on advanced vestibular rehabilitation.

Keith Sales, PT, DPT, is a Clinical Instructor in the Department of Physical Therapy at East Carolina University. He received his DPT from East Carolina University. He has been working with vestibular and neurological populations at East Carolina University’s outpatient clinic. Dr. Sales is currently involved in research on the identification of cervicogenic dizziness in people with neck pain and on the link between decreased dorsiflexion and postural instability. At ECU, Dr. Sales teaches Electrotherapeutic Diagnosis and Treatment and an elective on advanced vestibular rehabilitation.
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**Demonstrating Value to Succeed Today and Thrive Tomorrow**

**Session Description:** Physical therapists offer a proven great value in healthcare. Yet, many of the new value-based programs seem to leave PTs behind with no reward for providing low cost, effective care. The Bundled Payments for Care Improvement (BPCI) and Comprehensive Care for Joint Replacement (CJR) programs have been instituted by Medicare to incentivize hospitals to decrease post-acute care costs, improve quality, and reduce readmissions. Even though effective rehabilitation is a key component to success in both programs, there is no mandate for hospitals to share any of their potential financial gain with any physical therapist working in acute care or post-acute settings. In this presentation we will cover the systemic barriers to demonstrating value, look at the APTA’s work toward future policies in this area, and offer practical solutions for rehabilitation providers across all healthcare settings to demonstrate value that will improve financial success today and prepare us all for value-based care in the near future.

**Learning Objectives:**
1. Identify the underlying problems with fee-for-service codes
2. Provide solutions and standards for implementing functional based testing and outcomes reporting
3. Guide practices to transition to value-based reimbursement models and receive complete reimbursement for the valuable services they provide.
4. Describe the opportunity for outpatient rehabilitation practices to participate in bundled payment programs such as the CMS’ CJR

**Bibliographic References:**


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Speakers:

Jerry Henderson, PT, was a practicing physical therapist for over 25 years, 20 of which were in private practice, prior to working with Clinicient. A 30 year PT industry veteran, Jerry started Physical Therapy Clinics, Inc. (PTCI) a multi-clinic physical therapy business in the Seattle area in 1979. He also started a second physical therapy practice called Physiocare Corporation in 2003. While still in clinical practice, Jerry started the PT Link Corporation in 1995, an early version of a physical therapy documentation software system and was later acquired by The Pathways Group and became part of a public offering. Now VP for Clinical Community at Clinicient, Jerry works with business owners who are simultaneously trying to run a profitable business in a very complex industry and provide excellent care for their patients. His ultimate goal is to provide his customers & industry colleagues with proven processes and state of the art systems to enable them to excel on both fronts.

Sturdy McKee, PT, MPT, Senior Director, Client Executives for Clinicient has been a physical therapist since 1996, where he graduated from the UCSF/SFSU Graduate Program in Physical Therapy. He has spent over 25 years working on the clinical and operations side of healthcare delivery in nearly every job in an outpatient physical therapy clinic from Aide to billing to CEO & Founder. He has spent the last 17 years in private practice while learning and expanding his business education and training. He has served on the Board of Directors of the San Francisco Chapter of the Entrepreneurs Organization (EO) since 2011. Through EO Accelerator he has mentored and coached business owners in growing their businesses. He is also a co-founder of ScheduleDoc.co and Major League Orthopaedics (formerly SleepSling, Inc.).