THERAPY NETWORK SEMINARS

INTRODUCTION TO HAND THERAPY

Course Instructor:
Robert M. Schneider, OTR/L, CHT

Saturday & Sunday • April 2 & 3, 2011

THE LUMBOSACRAL COMPLEX

Course Instructor:
William J. Hanney, PT, DPT, ATC/L, CSCS, MTC

Saturday & Sunday • September 10 & 11, 2011

Presented By:
The Department of Professional Development & CME

JFK Johnson Rehabilitation Institute

JFK Conference Center
70 James Street
Edison, NJ 08820
INTRODUCTION TO HAND THERAPY

Course Description
This is a comprehensive, practical, and non-intimidating program designed for the clinician who is interested in pursuing hand therapy or is new to the field. This course takes an in-depth look at the management of common upper extremity diagnoses integrating anatomy and pathology with the evaluation and treatment process. Topics covered include exercise and activity progression, static and dynamic splinting, soft tissue assessment-treatment, edema management, sensibility, ROM, home program development and proper documentation.

Educational Objectives
At the conclusion of this course, participants should be able to:
1. Identify the proper procedures for basic upper extremity evaluations including ROM, rapid grip, edema, sensibility, and proper documentation.
2. Identify signs and symptoms for a variety of diagnoses related to the upper extremity including nerve compression, DeQuervain's, Dupuytren's Contracture, Trigger Finger etc.
3. Identify appropriate static and dynamic splints for the treatment of various upper extremity problems including splint wearing schedule, indications, and contra-indications.
4. Select and prioritize treatment options and develop effective home programs to reduce the number of necessary therapy sessions.
5. Identify several techniques to assess the "non-compliant patient".
6. Identify the “warning signs” of Complex Regional Pain Syndrome (CRPS/RSD) as early interventions may prevent further development of symptoms.

At the conclusion of this activity, participants will be asked to self-assess the achievement of these educational objectives

Course Instructor
Robert M. Schneider, OTR/L, CHT
Robert is a Senior Hand Therapist at Bethesda Hand Rehab in Cincinnati, OH. Mr. Schneider brings with him 27 years of experience in the treatment of orthopedic and upper extremity conditions. He earned his degree in Occupational Therapy in 1981 from SUNY at Buffalo and his Certification in Hand Therapy in 1992. Bob is an accomplished clinician, instructor and author in the field of upper extremity management having held adjunct teaching positions at Loma Linda University, the University at Buffalo, and Medical University of South Carolina. Bob is an experienced educator presenting continuing education seminars nationally on splinting, RSI/CTD management, peripheral nerve injuries and scar/wound management over the past 15 years.

Targeted Audience
● Physical Therapists
● Certified Athletic Trainers
● Occupational Therapists
● Physical Therapist Assistants
● Occupational Therapist Assistants

Program

SATURDAY / APRIL 2, 2011
8:00am REGISTRATION AND CONTINENTAL BREAKFAST
8:30 Upper Extremity Anatomy: Bones, Joints, Ligaments, Tendons, and Nerves
9:00 Upper Extremity Evaluation: ROM, Motor Strength, Sensibility, Edema, Patient’s History, Interview
10:15 BREAK
10:30 RSI, Ligament Injuries and Instabilities
- Carpal Tunnel Syndrome
- Gamekeeper’s Thumb
- Volar Plate Injury (PIP Joint)
12:00pm LUNCH
1:00 Ligaments Continued
- Collateral Ligament Tear
- Carpal Ligament Instability & TFCC… Splinting and Rehab Program
2:45 Fracture Management and Rehab
- Finger (distal, middle & proximal phalanges)
- Metacarpal, Carpal, & Radius/Ulna… Splinting, Edema Mgmt, Wound Care, Precautions, Appropriate Modalities & Strengthening Following Casting, Open Reduction, and External Fixation
3:15 BREAK
3:30 Fractures Continued
5:30pm Questions and Adjourn

SUNDAY / APRIL 3, 2011
7:30am CONTINENTAL BREAKFAST
8:00am Flexor Tendon Zone Repair and Rehab s/p Tenolysis Extensor Tendon Laceration, Repair, and Rehab
10:15 BREAK
10:30 Arthritis:
- Thumb CMC (pre and post)
- Rheumatoid Arthritis
- Flexor Tenosynovitis - Extensor Tenosynovitis
- Trigger Thumb / Finger
- MP Joint Arthroplasties (implants)
12:00pm LUNCH
1:00 Epicondylitis
- Dequervains (pre and post)
- Wrist Ganglions
- Dupuytren’s Contractures
2:45 Traumatic Injuries and Complications
- Nerve lacerations (radial, median, ulnar, & digital)
- Crush Injuries
3:15 BREAK
3:30 Traumatic Injuries Continued
- Complex Regional Pain Syndrome **(CRPS/RSD)
- “The Stiff Hand”
- Infections
5:00pm Questions and Adjourn

JFK Johnson Rehabilitation Institute / Professional Development & CME Program Planning Committee for Both Courses
KOLBER, CAROLE, PhD, Administrative Director, Professional Development & CME; Clinical Assistant Professor, Seton Hall University School of Health & Medical Sciences, South Orange, NJ.
LEVIN, SHELLEY, MS, OTR, Clinical Director & Clinical Education Coordinator/Occupational Therapy
DUTTAROY, PRAGATI, PT, DPT, Clinical Director & Clinical Education Coordinator/Physical Therapy
Course Description
Low back pain is one of the most debilitating and costly epidemics in industrialized society, comprising over 25% of all outpatient physical therapy visits with a notable increase expected over the next 15 years. Consequently, this course has been designed to provide an evidence-based approach to the evaluation and treatment of lumbosacral dysfunction. This two day lab intensive course incorporates medical screening procedures, differential diagnosis, muscle energy techniques, functional exercise prescription, mobilization and manual therapy of the lumbosacral complex. Evaluation and treatment is approached as a systematic process utilizing clinical reasoning and scientific evidence. Significant lab time allows each attendee to process, practice, and polish intervention techniques under the guided supervision of experienced manual therapists. The end result is the ability to immediately apply new skills upon return to the clinic.

Educational Objectives
At the conclusion of this course, participants should be able to:
1. Identify key anatomical structures and principles as they relate to lumbosacral examination and treatment.
2. Perform a neurological and orthopedic medical screening to identify contraindications to treatment and noting when further medical assessment is necessary.
3. Perform a thorough evidence based examination through provocative and special testing procedures.
4. Demonstrate functional progression of exercises based on clinical findings and evidence.
5. Demonstrate mechanical instruction for functional activities.

At the conclusion of this activity, participants will be asked to self-assess the achievement of these educational objectives

Course Instructor
William J. Hanney, PT, DPT, ATC/L, CSCS, MTC is a clinician, researcher and educator who currently serves as an instructor at the University of Central Florida School of Physical Therapy where he teaches and conducts clinical research. Additionally, he maintains a clinical practice at Brooks Rehabilitation. Dr. Hanney earned his undergraduate degree from the University of West Florida for studies in Sports Medicine/Athletic Training and his Masters and Doctor of Physical Therapy degrees at the University of St. Augustine for Health Sciences. He is currently pursuing a Ph.D. at Nova Southeastern University with research interests in the treatment of cervicogenic pain. His clinical practice focuses on the treatment of orthopedic conditions with a special interest in core stabilization and muscular control. He is an experienced educator, clinician and author having presented/published nationally in the areas of biomechanics, rehabilitation and sports medicine. Dr. Hanney maintains involvement in the APTA, the National Strength and Conditioning Association, The American Academy of Orthopedic Manual Physical Therapists and the National Athletic Trainers Association.

Targeted Audience
● Physical Therapists
● Physical Therapist Assistants
● Certified Athletic Trainers

Program

<table>
<thead>
<tr>
<th>SATURDAY / SEPTEMBER 10, 2011</th>
<th>SUNDAY / SEPTEMBER 11, 2011</th>
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<tbody>
<tr>
<td>8:00am REGISTRATION AND CONTINENTAL BREAKFAST</td>
<td>7:30am CONTINENTAL BREAKFAST</td>
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<tr>
<td>8:30 Functional Anatomy &amp; Biomechanics</td>
<td>Treatment of the Lumbar Spine</td>
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<tr>
<td>10:00 BREAK</td>
<td>8:00 Manual Therapy Demonstration &amp; Practice Lab</td>
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<tr>
<td>10:15 Medical Screening for the LumboSacral Complex</td>
<td>- Mobilization &amp; Manipulation of the Lumbar Spine</td>
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<tr>
<td>- Upper and Lower Quarter Screen</td>
<td>- MET - Muscle Energy Techniques</td>
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<tr>
<td>- Neurological Screening</td>
<td>10:00 Functional Exercise Rx Demonstration &amp; Practice Lab</td>
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<tr>
<td>- Differentiation of Referred Pain</td>
<td>- Transversus/Multifidus Recruitment</td>
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<td>12:00pm LUNCH</td>
<td>- Dynamic Stabilization Exercise Progression</td>
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<tr>
<td>1:00 Examination of the LumboSacral Complex</td>
<td>- Flexibility Exercises</td>
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<td>- &quot;Red Flags&quot; - &quot;Yellow Flags&quot;</td>
<td>- Mechanical Instruction for Functional Activities</td>
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<td>- Important Co-morbidities</td>
<td>11:00 Repeated Movement</td>
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<td>- Outcome Measures</td>
<td>- Flexion Movement &amp; Extension Movement</td>
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<td>- Postural Assessment &amp; Muscular Imbalance</td>
<td>- Lateral Shift Corrections</td>
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<tr>
<td>2:30 BREAK</td>
<td>12:00pm LUNCH</td>
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<tr>
<td>2:45 Demonstration &amp; Practice Examination Lab</td>
<td>1:00 Traction: Mechanical Traction &amp; Positional Traction</td>
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<tr>
<td>Examination of the LumboSacral Complex - (cont)</td>
<td>Treatment of the Sacroiliac Complex</td>
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<td>- Special Tests &amp; Provocation Tests</td>
<td>2:00 Functional Exercise Rx Demonstration &amp; Practice Lab</td>
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<td>- Mobility Assessments</td>
<td>- Stabilization</td>
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<td>- Radiology Interpretation</td>
<td>- Deep Muscular Contractions</td>
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<td>- Algorithmic Evaluation System</td>
<td>- Home Exercise Considerations</td>
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<td>- Examination Findings &amp; Classification</td>
<td>- Muscular Imbalance</td>
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<tr>
<td>5:30pm Q/A &amp; Adjourn</td>
<td>2:30 BREAK</td>
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<td></td>
<td>2:45 Manual Therapy Lab</td>
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<td></td>
<td>- Mobilization &amp; Manipulation of SI/Pelvic Complex</td>
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<td></td>
<td>- MET – Muscle Energy Techniques</td>
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<td></td>
<td>5:00pm Q/A &amp; Adjourn</td>
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REGISTRATION INFORMATION

REGISTRATION FEE INCLUDES:
• Conference Workbooks and Handouts  • Daily Continental Breakfasts, Buffet Luncheon, and Refreshment Breaks.
(Wherever possible, efforts will be made to accommodate special dietary requests, if indicated on registration form).

Early registration will be accepted until Thursday/March 3, 2011 for Introduction to Hand Therapy and Thursday/August 11, 2011 for The LumboSacral Complex. Regular registration will be applicable after these dates. Cancellations and requests for refunds, minus a non-refundable administrative fee, will be accepted until the following deadlines:

<table>
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<tr>
<th>Registration Deadline</th>
<th>Non-refundable Administrative Fee</th>
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<tr>
<td>March 24, 2011</td>
<td>$ 95</td>
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<tr>
<td>September 1, 2011</td>
<td>$ 95</td>
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<tr>
<td>March 24, 2011</td>
<td>$ 150</td>
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Due to the lab practicum format of these courses, attendance will be strictly limited. Early registration is strongly advised.

Please Note: In the event of course cancellation by JFK, the full registration fee will be refunded. JFK Medical Center regrets that in the event of cancellation, we are not able to assume liability for travel and lodging costs incurred.

For further information, please telephone Marsha Cepeda at 732-632-1570. You may fax us at 732-767-2967 or E-mail: mcepeda@solarishs.org

SPECIAL DISCOUNTED RATE
Two or More Registrants (Same Offering Only).............. 5% Off

Additional discounts offered for larger group registrations. Please contact our office for details.

Professional Development & CME / tel: 732-632-1570 • fax: 732-767-2967
Please Complete the Conference Registration Form Below, and Mail With Check or Credit Card Number to:
Marsha Cepeda, Events Coordinator - Professional Development & CME
JFK Johnson Rehabilitation Institute
65 James Street, Edison, NJ 08818 ♦ PHONE: 732-632-1570

**Registration confirmations will be via e-mail only from: mcepeda@solarishs.org. Registrants are kindly requested to provide an e-mail address which they access on a regular basis. Your cooperation in printing legibly will help to ensure that you receive all registration follow-up information.**

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**CONFERENCE REGISTRATION FORM**


JFK Conference Center ♦ 70 James Street ♦ Edison, NJ 08820

(Please print or type name and credentials EXACTLY as you would like it to appear on the certificate of attendance.)

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<tr>
<th>Name</th>
<th>(Credentials)</th>
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(Street Address Available Upon Request)

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<th>Mailing Address</th>
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<tr>
<th>Employer*</th>
<th>Employer City/State</th>
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<th>Daytime Phone #</th>
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<th>Special Needs and Dietary Requests</th>
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<td>(If we are unable to accommodate your request, we will contact you)</td>
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*If Solaris, Please Indicate Dept.*

Ask Supervisor to Initial and Send to: Marsha Cepeda in Professional Development & CME

(Please Note: Registrations will not be processed without signed approval)

**Please Check One**

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<tr>
<th>Early Bird</th>
<th>Regular</th>
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<tr>
<td>(By 3/3/11)</td>
<td>$ 395</td>
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<tr>
<td>(By 8/11/11)</td>
<td>$ 425</td>
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<tr>
<td>(By 3/3/11)</td>
<td>$ 795 (save $25)</td>
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If Discount Applies • Percent Discounted %

Dollar Amount of Discount $}

TOTAL PRICE (After Subtracting Discount) $ __ __ __

Method of Payment: Check Check #: __ __ __

Credit Card / Cards we accept: Visa MasterCard

Credit Card #: __ __ __ __ __ __ __ __ __ __ Exp. Date __ __ __

Three digit security code on back of credit card __ __ __ First three digits of billing address for card __ __ __

Credit Card Authorization (Please sign) __ __ __ __ __ __ __ __ __ __

Enclosed Tuition Fee: $ __ __ __

PLEASE MAKE CHECKS PAYABLE TO: JFK MEDICAL CENTER
AND MAIL TO: MARSHA CEPEDA/PROFESSIONAL DEVELOPMENT & CME / JFK JOHNSON REHABILITATION INSTITUTE
65 JAMES STREET / EDISON, NJ 08818
PHONE: 732-632-1570 • FAX: 732-767-2967 • E-MAIL: mcepeda@solarishs.org
Travel Information

The JFK Johnson Rehabilitation Institute at JFK Medical Center, an affiliate of Solaris Health System, was established in 1974, and since that time has grown to become New Jersey’s most comprehensive rehabilitation facility, with extensive inpatient and outpatient services. Its programs are designed to address the physical, psychological, social and vocational potential of each patient, with a goal of maximizing independence. Aggressive stroke rehabilitation is offered, including physical and occupational therapy, cardiac and pulmonary rehabilitation, chronic pain, vocational and occupational services, audiology and speech pathology.

The JFK Conference Center is conveniently located in Central New Jersey, 45 minutes from midtown Manhattan, 20 minutes from Newark International Airport and 2 miles from the METROPARK train station (Iselin, NJ) which services Amtrak and NJ Transit lines. The Center is also readily accessible from the Garden State Parkway and the New Jersey Turnpike. Directions will be emailed with confirmation information.

Hotel Registration Form

<table>
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<tr>
<th>Therapy Network Seminars</th>
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<tbody>
<tr>
<td>Introduction to Hand Therapy (April 2 &amp; 3, 2011)</td>
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<tr>
<td>The LumboSacral Complex (Sept. 10 &amp; 11, 2011)</td>
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<tr>
<td>Location: 70 James Street, Edison, NJ 08820</td>
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</table>

Open Immediately for Details & Registration Information!

HOTEL ACCOMMODATIONS
A block of rooms has been reserved at the Crowne Plaza Edison, New Jersey until Thurs. /March 17, 2011 for the Hand Therapy Course & Thurs. /Aug. 28, 2011 for the LumboSacral Complex Course at the following special conference rate:

(Please mention JFK and the conference title when making reservations)

| Monday - Wednesday | $129 per night |
| Thursday - Sunday  | $99 per night  |

The hotel will provide complimentary shuttle service to and from the JFK Conference Center, if you indicate your need below* (*Check availability & scheduled pick-up times at the front desk upon arrival). Kindly return hotel registration form to: CROWNE PLAZA EDISON, 2055 LINCOLN HWY, EDISON NJ 08817

(Please print or type)

Name ____________________________
Employer _________________________
Phone ___________________________
Fax ______________________________
Mailing Address ___________________
City __________________ State _______ Zip ______
Date of Arrival ____________________
Date of Departure _________________
Shuttle Service: Indicate conference date(s) & am or pm time you will be using the hotel shuttle below: ___________________________

*Special Needs _______________________

ROOMS WILL BE HELD UNTIL 4 P.M. ON THE DATE OF CHECK IN UNLESS GUARANTEED. ALL MAJOR CREDIT CARDS ARE ACCEPTED. PLEASE TELEPHONE HOTEL IF YOU WILL BE ARRIVING AFTER 12 P.M.

HOTEL GUARANTEE

Credit Card # ____________________________
Exp. Date _______________________________
Type of Card ____________________________
Visa ______ MasterCard __________________
Three Digit Security Code on Back of Credit Card _______________________

Or Enclosed is Check for One Nights Room Deposit $ _______________________

PLEASE MAKE CHECKS PAYABLE TO: THE CROWNE PLAZA EDISON AND MAIL DIRECTLY TO: The Crowne Plaza Hotel, 2055 Lincoln Highway, Edison, NJ 08817

TO RECEIVE A CONFIRMATION NUMBER, PLEASE CALL THE HOTEL AT

♦ Phone: 732-287-3500 ♦ Fax: 732-287-4549