Salon: 10:30 – 12:00
ChoosePT and the Physical Therapist’s Role in the Ongoing Opioid Crisis

Pain Track (10:30 – 4:45)

Part I: Cultivating the PCP-PT Relationship in Boston through Pragmatic Pain Research
Presented by: Anthony Delitto is the dean of the School of Health and Rehabilitation Sciences (SHRS) and professor in the Department of Physical Therapy and Dr. Rob Saper is the Director of Integrative Medicine for the Boston Medical Center Department of Family Medicine and an Associate Professor in the Boston University Schools of Medicine and Public Health.

Description: The development the PCP-PT relationship can be beneficial to both professions and to the United States healthcare system. To foster this partnership, clinicians and researchers must extend their hand to their medical colleagues and work with them to show that this collaboration can cut costs and improve care. The TARGET trial exemplifies this opportunity through its work with patients in acute low back pain. This presentation will describe the conception, development and implementation of the trial through the lens of its primary investigators. They will describe the appeal of pragmatic research to the clinicians and more importantly discuss the opportunities and challenges they have faced working in the Boston PT and PCP systems. By highlighting the obstacles and facilitators they’ve faced the attendee will be prepared to enact similar quality improvement or research initiatives better their clinic and/or their system. The presentation will be interactively driven to encourage conversation amongst researchers and clinicians.

Part II: Utilizing Psychologically Guided Movement Interventions in the Treatment of Pain
Presented by Chris Joyce PT, DPT, SCS Assistant Professor at Bay State College

Description: The evolution of pain science necessitates a similar evolution of clinical practice that incorporates assessment and intervention strategies consistent with a biopsychosocial model of care. Updating our knowledge of pain neurophysiology and merging this with psychologically informed evaluations and treatments reflects a contemporary approach to treating patients in pain. This presentation will endeavor to describe and practice certain components of the clinical experience that have been studied and implemented in rehabilitative literature and practice. More specifically, attendees will actively participate in assessing patient
cases and discussing treatment plans guided by concepts such as the therapeutic alliance, graded exposure to movement, and neural desensitization.

The following video gives insight to some of the discussions and research to be discussed by the presenters: https://www.youtube.com/watch?v=ruhaEM0DWrw

Running Medicine Track (10:30 – 4:45)
Reasoning Out Loud: A workshop for clinical educators and students to apply the One-Minute Preceptor, SNAPPS and SNAPPS-Plus Frameworks
Presented by Keshrie Naidoo PT, DPT, MS, OCS, Naseem Chatiwala, DPT, MS, NCS, Tara Pai MS, PT, OCS, Lynn Gray-Meltzer PT, DPT

Description: Clinical reasoning is a complex, nuanced process that, if not verbalized, does not allow for exploration of the learner’s mind map. Clinical instructors (CIs) and residency mentors, balancing roles as clinicians and educators, may benefit from exposure to learner-centered models to facilitate clinical decision making, foster self-directed learning and provide effective feedback. The One-Minute Preceptor (OMP) allows for targeted teaching through the use of five microskills (getting a commitment, probing for supporting evidence, teaching general rules, reinforcing strengths and correcting errors). The CI is able to evaluate the patient and the learner while fostering increased student involvement in the decision making process. With SNAPPS, the learner utilizes a 6-step framework to present a case directing discussion of differential diagnoses, patient management and selects a case related issue for self-directed learning.

Videos of a CI and learner discussing patients with either orthopaedic or neurological dysfunction will be shared with attendees, who will have the opportunity to compare and contrast teaching models through large group discussion. Common clinical decision-making errors in novice clinicians will also be explored. Attendees will have the opportunity for practice and application in breakout sessions with scripted case scenarios and will receive pocket reminder cards to assist with implementation in the clinical setting. Students will work with clinical instructors and residency mentors to present cases with opportunity for feedback and reflection. Clinical educators will work with faculty to hone the 5 microskills of the OMP. The OMP and SNAPPS foster student ownership of their decision making and allow the CI to identify gaps in knowledge and focus teaching. Sound clinical reasoning may facilitate a greater understanding of the patient condition and promote diagnostic success. This has potential to improve outcomes for patients who #ChoosePT.

By the end of the session the attendee will demonstrate the ability to:
1. Compare and contrast clinical reasoning strategies utilized by novice and experienced clinicians
2. Compare and contrast traditional teaching to the One Minute Preceptor and the SNAPPS models.
3. Identify common clinical reasoning errors
4. Apply the principles of the One Minute Preceptor and SNAPPS to cases of patients presenting with orthopaedic/neurological dysfunction

Keshrie Naidoo PT, DPT, MS, OCS is the Academic Coordinator of Clinical Education and Director of the Clinical Residency in Orthopaedic Physical Therapy at the MGH Institute of Health Professions.

Naseem Chatiwala, DPT, MS, NCS practices at Emerson Hospital Center for Rehabilitative and Sports Therapies in Concord.

Tara Pai MS, PT, OCS practices at MGH Outpatient Physical Therapy Department in Boston and is a mentor for the MGH Institute Orthopaedic Residency Program.

Lynn Gray-Meltzer PT, DPT practices at MGH Outpatient Physical Therapy in Waltham and is a graduate of the MGH Institute Orthopaedic Residency Program.
Vestibular Rehabilitation: Evaluation and Treatment
Presented by Sarah R. Cleary, PT, DPT Vestibular Rehabilitation Certified

Description: Vestibular Rehabilitation can be overwhelming and intimidating to health care professionals. Reluctance to assess vestibular function results in ineffective symptom management and poor quality of life for our patients. We can do better. It is my hope that through this one hour course I may help to unravel some of the mystery of vestibular rehab. Evidence will be presented to support the position that this specialized rehabilitation is necessary. Proper clinical techniques for evaluating and treating vestibular patients will be explained and participants will leave with the tools needed to provide efficient evaluation and effective treatment to our diverse patient populations.

Sarah Cleary received Doctorate in Physical Therapy in 2005 from Simmons College, received Vestibular Rehabilitation Certification from APTA sponsored specialization course at Emory College directed by Susan Herdman in 2010. Clinical work has included Newton-Wellesley Hospital from 2005-06 and from 2006-present at the Boston VA Healthcare System. The sole provider of vestibular rehab within the Boston VA Healthcare system. Mentor to the PT neurological resident and provides regular education and mentorship to peers with topics surrounding vestibular rehabilitation.

Collaborate For Optimal Care: Physical Therapy In A Tightly Coordinated Interdisciplinary Care Model To Keep Elders At Home.
Presented by: Diane O'Sullivan, PT, DPT and Maureen Bass, PT, CI

Description: The Institute for Healthcare Improvement (IHI) identifies the triple aim of improving patient quality of care, reducing the cost of care, and improving population health. As people live longer with more serious complex care needs and a stronger sense of autonomy, physical therapists must be ready to work in holistic and comprehensive care models with a focus on quality of life as well as more traditional healthcare needs. PACE is a system of care for community dwelling older adults who qualify for nursing home level of care. An interdisciplinary team including physical therapists, occupational therapists, physicians, nurses, social workers, dietitians, van drivers, and others work closely to establish the best plan to keep elders safe and independent at home for as long as possible through preventative, primary, acute and long term care. This team also acts as the insurance company. Because this is a capitated system, there is a departure from traditional care models in which physical therapists address pathology, and instead wellness and prevention strategies become part of a participant’s overall care plan. Additionally, physical therapists are not confined by the traditional barriers to payment for what may be considered custodial care, home modifications or durable medical equipment which contribute to a safe home environment, and may help to avoid the revolving door for elders with chronic illness or falls resulting in repeated hospitalizations and short term rehab and nursing stays followed by home based physical therapy.

Objectives:
Define the PACE model and how the interdisciplinary team works
Examine the delivery of care to community dwelling elders in a capitated system
Distinguish the role of PT in an aging in place model
Explore cost savings and value of wellness programming for frail elders
Formulate ways of effective communicate across settings for physical therapists
Diane O'Sullivan earned her BS at SUNY Downstate Medical Center and tDPT from The College of St Scholastica. She uses her experience in hospitals, home care and skilled nursing facilities at the Mercy LIFE PACE program, sometimes all in one day.

Maureen Bass obtained her Physical Therapy degree from Boston University in 1980. Maureen has been with Harbor Health’s PACE program since October of 2003. In her role at PACE she is involved in both acute and long term pain management.

A Collaborative Care Approach to Meniscal Pathology
Presented by Kristina Fleming, PT, DPT, SCS, CSCS, David Nolan, PT, DPT, MS, OCS, SCS, CSCS, Arvin Kheterpal, MD, and Eric Berkson, MD

Description: This educational session will highlight the collaboration between radiologist, surgeon, and physical therapist to facilitate optimal outcomes. The conservative and operative management of several meniscal pathologies, including but not limited to meniscal body repairs, root repairs, and transplants will be discussed. Common radiographic findings and concomitant injuries found with meniscal pathologies will be discussed, as well as operative decision-making and surgical management strategies. Non-operative and post-operative management of the above-described meniscal pathologies will be outlined; specifically, differences in the management of meniscal body and root repairs, as well as management of meniscal transplants. Relevant case examples will be included, as well as return-to-sport decision making.

Participants will be able to
- identify key differences in rehabilitation strategies with meniscal body repairs, root repairs, and meniscal transplants.
- formulate post-operative rehabilitation progressions based on tissue healing timelines, biomechanical joint loads, and patient response.
- discuss common surgical interventions and outcomes.
- evaluate return-to-sport readiness in a patient following non-operative or post-operative management of meniscal pathology

Kristina Fleming, PT, DPT, SCS, CSCS
Kristina is a physical therapist at Massachusetts General Hospital Sports Physical Therapy in Boston, MA, and serves as a faculty member in the MGH/Northeastern University Sports Physical Therapy Residency. Her clinical practice consists of recreational and competitive athletes of all ages, with a primary focus on the biomechanical assessment and post-operative management of the lower extremity. She is a board certified Sports Clinical Specialist, as well as a Certified Strength and Conditioning Specialist.

David Nolan, PT, DPT, MS, OCS, SCS, CSCS
David is a Clinical Specialist at the Mass General Sports Physical Therapy Service and the Director of the MGH / Northeastern University Sports Physical Therapy Residency Program. He received a Bachelors of Science degree in Physical Therapy from Northeastern University in 1997 and completed his Masters of Science degree with an Orthopedic Specialization and Doctor of Physical Therapy degree from Massachusetts General Hospital Institute of Health Professionals in 2007. During his graduate studies, he was awarded the Barbara Adams Fellow Award for his leadership and dedication to the profession.
Dr. Nolan was presented with the 2016 award for Outstanding Achievement in Clinical Practice by the Massachusetts Chapter of the APTA.

Arvin Kheterpal, MD
Dr. Kheterpal is a Musculoskeletal Radiologist at the Massachusetts General Hospital and an Instructor of Radiology at Harvard Medical School. He is certified by the American Board of Radiology with a certificate in Diagnostic Radiology. Dr. Kheterpal received his B.A. from the University of Dayton and his M.D. from Robert Wood Johnson Medical School. He completed a residency in Diagnostic Radiology at Robert Wood Johnson University Hospital and a fellowship in Musculoskeletal Radiology at the Massachusetts General Hospital.

Eric Berkson, MD
Dr. Berkson is an Orthopaedic Surgeon within the Massachusetts General Hospital Spotts Medicine Service. He is an Instructor of Orthopaedic Surgery at Harvard Medical School. He received his BA Summa Cum Laude from Brandeis University and received an MA in Computer Science from Brandeis University. He graduated from the University of Chicago Pritzker School of Medicine with an MD with Honors in June 2000. He completed an internship in general surgery followed by an orthopaedic residency at Rush University Medical Center in Chicago. Dr. Berkson completed a fellowship in Orthopaedic Sports Medicine at Massachusetts General Hospital/Harvard Medical School.

Reducing Injuries in High School Female Soccer Players by Correcting Movement Impairments  (Platform Presentation)
Presented by: Greg Righter PT, DPT, Debbie Canoa PT, DPT, OCS, COMT,

Hypothesis: Compensatory movement patterns can increase the risk of injury in female athletes (Chorba et al 2010). Physical Therapists are highly skilled in detecting and correcting faulty movement patterns by various techniques. Identifying faulty movement patterns and correcting them can reduce athletic injuries and loss of time off the field due to the injury. The purpose of this project was to reduce the number of athletic injuries by identifying female adolescent athletes at risk of injury using the Functional Movement Screen (FMS) and then prescribing individualized exercise programs to correct movement dysfunctions for each athlete.

Singing For Speed: Training Gait Speed In Older Adults With Song
Presented by: Lindsay J.M. Lefers, PT, DPT, GCS, CEEAA

Description: Gait speed has become well established as a valuable indicator of morbidity and mortality in geriatric patients. Training for gait speed can be a challenge in the older adult, as dementia and impaired cognition can limit a patient’s attention for traditional metronome training. This lecture will outline ways in which singing has been utilized successfully by the presenting clinician to engage patients in dual task training for gait speed. Overview of the value of gait speed as a clinical indicator, benefits of music and singing on cognitive function, and ways in which clinicians can integrate these concepts successfully in the clinic and community will be presented.

1. Identify impact of slow gait speed on functional outcomes.
2. Describe the potential impacts of music and singing on cognition.
3. Describe 3 ways in which singing can be integrated into treatment planning for increased gait speed.

4. Identify 2 resources to aid the older adult or their caregivers in identifying and utilizing song to improve gait speed.

Lindsay Lefers is a physical therapist with VA Boston Healthcare System, providing care to veterans in a sub-acute short-term rehabilitation setting. A graduate of Grand Valley State University in Grand Rapids, MI, Lindsay is a board certified specialist in geriatric physical therapy and a certified exercise expert for aging adults through the APTA Academy of Geriatric PT.

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**Rehabilitation Outcomes for Children with Chronic Headaches** (platform presentation)
Presented by Julie Shulman, PT, DPT, PCS

**Hypothesis:**
Describe the effectiveness of intensive interdisciplinary rehabilitation on physical and occupational performance in children with chronic headaches using subjective and objective outcomes measures.

Determine if gains made after intensive interdisciplinary rehabilitation are maintained after a 1-2 month follow up period.

Report associated improvements in pain, psychosocial outcomes, and quality of life.

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**Physical Therapy Management Of A Patient With Burn Injury: From The ICU To Discharge From The Hospital** (case study)
Presented by: Alexandra Smith, PT, DPT and Vanessa Dellheim, PT, DPT

**Background:** Review the care of a patient who suffered a 67 % Total Body Surface Area Burn. Describe the medical and physical therapy interventions which affected the patients return to function. Discuss literature which influenced the patients care.

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**An Algorithm for Selecting Physical Therapy Outcome Measures in the Outpatient Setting for Clients with Acquired Brain Injury** (case study)
Presented by: Gwendolyn Larsen, PT, MSPT, NCS

**Background:** In the TBI and CVA populations, PT outcomes and interventions are often focused on improving gait and balance. Many outcome measures have a ceiling effect and in this case use of a more challenging measure may be required to document additional progress and determine new goal areas. In our outpatient clinic, we have devised an algorithm to assist with choosing outcome measures that will be most appropriate and will provide the most relevant information to document client progress and make recommendations based on current level of ability.
Identifying And Examining Ankylosing Spondylitis In The Presence Of Musculoskeletal Pain Complaints: A Case Study

Presented by: Gwendolyn Larsen, PT, MSPT, NCS

**Background:** In the TBI and CVA populations, PT outcomes and interventions are often focused on improving gait and balance. Many outcome measures have a ceiling effect and in this case use of a more challenging measure may be required to document additional progress and determine new goal areas. In our outpatient clinic, we have devised an algorithm to assist with choosing outcome measures that will be most appropriate and will provide the most relevant information to document client progress and make recommendations based on current level of ability.

Preventing Hip Pain in Children with Cerebral Palsy: The Application of Hip Surveillance Guidelines and Treatment Strategies

Presented by: Rachel Tombeno PT, DPT, Jonathan Greenwood PT, DPT, MS, CEIS, cNDT, PCS, Benjamin Shore MD, MPH, FRCSC

**Description:** An overview of the epidemiology and current research in the management of hip displacement in children with CP will be presented. The consensus statement on hip displacement: Australian Standards of Care will be presented. This information will be integrated to present a rationale for a management algorithm and discussion on the importance of community involvement to decrease risk of hip displacement. In addition discussion regarding evidenced based and practical approach to pain management for maximizing functional outcomes in children with hip displacement due to cerebral palsy.

Objective 1: Gain knowledge of the epidemiology of hip displacement in children with cerebral palsy.

Objective 2: Understand evidence for the physical therapy management of hip displacement with a focus on patients who function at GMFCS IV and V.

Objective 3: Be able to measure migration index to determine risk of hip displacement.

Objective 4: Understand the rationale for management options and timing of intervention for hip displacement and long-term outcomes of intervention.

Objective 5: Understand the importance of hip surveillance in the prevention of pain and deformity through the lifespan.

Rachel Tombeno PT, DPT has been an outpatient physical therapist at Boston Children’s Hospital for more than 10 years. She is active in research for patients with cerebral palsy and adolescent idiopathic scoliosis.
Complementary and Integrative Health: Tools for Wellness

Presented by: Teresa Czepiel, OTR/L, RYT200

Description: This educational session will focus on the growing use of complementary and integrative health (CIH) approaches with veterans, highlighting ongoing efforts in the Department of Veterans Affairs (VA) Healthcare System. An overview of CIH modalities including yoga, Tai Chi, and mindfulness will be presented, including research on effectiveness of these practices for chronic pain and stress management. VA’s developing model of patient centered care, called Whole Health, will also be discussed, with focus on self-care for providers.

The session will include a lab/experiential portion to introduce clinicians to mind-body practices, and to suggest ways that clinicians can implement principles of complementary and integrative health in practice.

By the end of this session, participants will:

1. Gain an understanding of complementary and integrative health and how it is used with the veteran population, specifically in the VA system.
2. Identify the impact of CIH on conditions including chronic pain and mental health.
3. Be familiar with the patient-centered model of care called Whole Health in VA.
4. Experience CIH modalities through brief introduction and practice in the lab portion.
5. Identify at least two (2) ways that CIH can be incorporated into patient care.

Teresa Czepiel is an occupational therapist and yoga instructor (OTR/L, RYT200) at the VA Boston Healthcare System. She earned her Master of Science in Occupational Therapy from Tufts University. Teresa recently received her 200-hour yoga teacher certification from Embodyoga in Amherst, MA.

Teresa developed and teaches an adaptive yoga group for spinal cord injury, stroke, and amputee veterans. She now holds the role of VA Boston’s first Integrative Health and Wellness Coordinator to develop and promote complementary and integrative health programming. Teresa has presented on her work at VA conferences locally and nationally. She teaches yoga for veterans and for individuals in the community.
Use of Low Load, High Volume Exercise and Manual Physical Therapy for Two Young Adults Following Acute Rhabdomyolysis: A Double Case Report

Presented by: Trace Sears, PT,DPT,OCS

**Background:** Rhabdomyolysis is an acute medical condition that results from skeletal muscle injury and breakdown, leading to leakage of myoglobin to the urine, potentially causing injury to the kidneys. Rhabdomyolysis has many causes, including extreme workouts involving overload strain of muscle, drug and alcohol intoxication, hyperthermia, and prolonged coma. Current treatment guidelines focus on the medical management of the abnormal biochemistry, including myoglobin overload and elevated creatine kinase (CK) levels, with the goal of protecting the kidneys from permanent injury or total failure. There is very limited information in the literature about the role of physical therapy in treatment of the sequelae of acute rhabdomyolysis. The musculoskeletal and functional sequelae of rhabdomyolysis may include muscle pain, weakness, fatigue, gait disturbance, imbalance, exercise intolerance, and inability to perform physical work. The purpose of this double case report is to highlight the use of high volume, low load exercise and manual physical therapy in the treatment of two young adult patients following episodes of acute rhabdomyolysis, one exercise-induced and one drug-induced.

**Beyond the Reels and Jigs: A look into Irish Step Dance Overuse Injuries**
(platform presentation)

Presented by: Isabella DiRado, PT, DPT

**Background:** Dancers in particular are exposed to high level of forces because of the nature of this genre. As physical therapists, our goal is often to mitigate the risk of overuse injuries by either decreasing the loads incurred or by increasing the body’s ability to absorb these forces. As we are unable to change the movement patterns that are specific to this style of dance, our focus must instead be on identifying ways to improve the dancer’s ability to accommodate.

**Complex Regional Pain Syndrome: Putting Out the Fire**

Presented by: Stephanie Braceland PT, DPT

**Description:** Alternative treatment methods and evidence-based practice have been proven effective in restoring mobility and enhancing quality of life for those suffering from Complex Regional Pain Syndrome (CRPS). This complex neurological patient population can be difficult to treat and this course will provide clinicians with various therapeutic methods and problem-solving strategies, when working with individuals who have CRPS.

Complex regional pain syndrome creates several barriers to treatment, which can be corrected by proper knowledge of the signs and symptoms, precautions, and neural mechanisms associated with this condition. Presenters will utilize research on effective treatment strategies such as the “Recognize” program, graded motor imagery, compression therapy, prism glasses, mirror therapy, and alternative techniques to implement desensitization therapy.

The format of this course will provide an overview on the neurological mechanisms associated with complex regional pain syndrome. Then, there will be a detailed discussion on the
implementation of each new treatment method, followed by an interesting case example. Lastly, we will discuss the impact of the physical therapy profession on the prognosis and cost effectiveness of treatment within this patient population.

Stephanie Braceland PT, DPT is an outpatient physical therapist practicing at Spaulding’s Outpatient Rehabilitation Center in Malden, MA. Stephanie received her Clinical Doctorate of Physical Therapy from the University of Massachusetts Lowell and obtained her certification as a LSVT BIG clinician for Parkinson’s Disease. Stephanie has experience working with a complex neurological patient population such as Complex Regional Pain Syndrome, Multiple Sclerosis, Parkinson's Disease, and Orthopedic Conditions.

Is There a Role for Open Kinetic Chain Quadriceps Exercises in ACL Reconstruction Rehabilitation?

Presented by: Daniel McGovern PT,DPT,SCS,ATC,CSCS

Description: The rehabilitation following ACL reconstruction (ACLR) has changed dramatically over the past few decades. The role of open kinetic chain (OKC) quadriceps exercises has also changed. As the rehabilitation pendulum shifted towards functional exercises, OKC exercises were deemed unsafe and not functional. In spite of supporting evidence, some physical therapists have been reluctant to include these exercises in their interventions. This program will highlight the literature supporting the use of OKC quadriceps exercise in ACLR and provide safe and effective clinical application of these exercises.

At the end of this presentation, the attendee will:
1. Identify the differences in ACL biomechanics during OKC and CKC exercises.
2. Interpret the literature regarding ACLR outcomes OKC vs CKC rehabilitation exercises.
3. Safely implement OKC quadriceps exercises during ACLR rehabilitation.

Dr. McGovern is a board-certified sports physical therapist and an educator. Additionally, he is a licensed athletic trainer and a certified strength and conditioning specialist. Dan has been training and rehabilitating athletes from youth to professional levels for nearly 30 years. He has earned a Doctor of Physical Therapy degree from the Massachusetts General Hospital Institute of Health Professions, and holds Bachelor of Science degrees in Sports Medicine and Physical Therapy from the University of Connecticut.
Interdisciplinary Perspectives in Pediatric Pain Management: A Paradigm Shift

Presented by: Julie Shulman, PT, DPT, PCS, Anne Kenney, PT, DPT, Megan Silvia, MS, OTR/L, Allison Smith, PhD

**Description:** The purpose of this session is to educate physical therapists on psychosocial factors that influence treatment and provide strategies and tools to manage them in children with chronic pain disorders. The session will integrate case examples throughout the lecture to provide context and to promote learning.

1. Participants will understand common pediatric pain diagnoses.
2. Participants will understand which psychosocial factors influence treatment and how they influence plan of care development.
3. Participants will be able to implement tools for motivational interviewing, graded exposure, and behavior management.
4. Participants will understand the physical therapy goals of pediatric pain treatment.

Julie Shulman, PT, DPT, PCS is the lead physical therapist at the Mayo Family Pediatric Pain Rehabilitation Center (PPRC) at Boston Children’s Hospital in Waltham, MA and PhD student in Rehabilitation Sciences at the Massachusetts General Hospital Institute of Health Professions. Julie completed her Doctorate of Physical Therapy in 2007 at Duquesne University in Pittsburgh, PA. Her PhD thesis will investigate clinical and quantitative sensory outcomes in children with chronic pain disorders. Julie is recognized as a clinical specialist in pediatrics by the American Physical Therapy Association, and is recognized for her expertise in rehabilitation of children with chronic pain.

**Patellofemoral Pain Taping**

**The New Normal - Collaborative Value Based Models of Care. Where does PT fit in?**

Presented by: Aimee E. Perron PT, DPT, NCS, CEEAA and Cheryl Babin PT, MHA, C.A.G.S.

**Description:** The current state of healthcare is rapidly shifting to value-based care models which in turn leads to a more patient centered approach to care. This evolution of practice encourages many clinicians to be part of a collaborative care model as by doing so promotes patients getting the right care at the right time with the goals to improve performance outcomes and transitions of care. If done well this same process also provides opportunity to reduce duplication of services, re-hospitalizations, and overall costs. Physical Therapists play an important role as part of the inter-professional team and aim to succeed in both delivering high-quality care that result in positive performance outcomes while at the same time spending health care dollars more wisely. Part I of this course is designed to provide attendees with a summary of how our current healthcare system developed, a review of the current status of collaborative care models, and key concepts physical therapist should consider in order to show their value. Essentially why #ChoosePT. In Part II of the course instructors will lead attendees to identifying opportunities for physical therapists to participate in collaborative care models, and will provide education related to the inter-professional skills necessary for physical therapists to be successful in this emerging healthcare environment. The course will conclude with an interactive panel of physical therapists who will share their varying experiences in how they have been impacted by this paradigm shift.
• Review current health care trends driving pay for performance.
• Discuss the impact of alternative payment on physical therapy practice
• Define inter-professional collaborative practice and explain the essential role of physical therapists in collaborative care models
• Identify the opportunities for physical therapy leadership in these care models
• Learn strategies & communication skills necessary to be successful in working across all continuums of care

Aimee Perron is a Regional Clinical Director for Genesis Rehab and Lab Instructor at MGH - Institute of Health Profession (IHP). Aimee received her MSPT from Boston University in 1996 and DPT from MGH-IHP in 2007. Aimee currently is an APTA Board Certified Neurology Clinical Specialist and Geriatric Certified Exercise Expert for Aging Adults.

Cheryl Babin is the ACCE/ Assistant Professor at the DPT program at MCPHS University. She currently is a Doctor of Health Sciences candidate at MCPHS and received her B.S., Certificate in PT, MHA, and C.A.G.S. from Simmons College. Her teaching areas include clinical education, interprofessional education, and management/leadership.

**Thoracic Outlet Syndrome: Conservative And Surgical Approaches To A Challenging Condition.**
Presented by: Michael Orpin PT, DPT, FAAOMPT, Eileen Collins PT, DPT, Dean Michael Donahue, MD

**Description:** Neurogenic Thoracic outlet syndrome (nTOS) is a controversial and often overlooked peripheral nerve compression or tension event that can be challenging for the physical therapist to identify and manage. A lack of recognition, appropriate diagnosis and treatment can lead to poor outcomes, chronic symptoms and disability in patients with nTOS. This presentation will be a lecture based update of the most recent available evidence regarding defining, diagnosing and treating this condition from a conservative and surgical perspective. Physical therapy evaluation will include a review of history, key examination findings and provocative maneuvers along with differential diagnosis considerations. Participants will learn when referral for specialty examination is indicated, what recent advances have developed in how the medical diagnosis is confirmed and when surgical interventions are considered. The most common surgical procedures currently used will be reviewed as well as post operative considerations for the therapist. Physical therapy interventions will be discussed addressing common compression sites through biomechanical contributions from the cervical, thoracic and shoulder girdle regions. Postural patterns associated with the condition will be reviewed along with evidence based exercise therapy, manual therapy, respiration pattern training and pain science education principals. Through this course the learner will gain an improved ability to identify neurogenic TOS as the etiology and build clinical decision making skills across the spectrum of chronicity of the condition.

1. Define thoracic outlet syndrome and its subcategories
2. List the most common anatomical compression sites
3. Identifying constellation of examination and symptom findings in patients with neurogenic TOS
4. Select and explain clinical examination techniques
5. Identify when referral for additional work up and management is indicated
6. List and describe the most commonly performed surgical approaches and post-operative considerations for physical therapy
7. Identify common postural faults observed in TOS and their impact on symptomatology
8. Select targeted interventions based on clinical presentation and available evidence

Michael Orpin is a clinical specialist at the Mass General Hospital Outpatient Physical Therapy Service. He received his Doctorate in Physical Therapy from Ithaca College in 2006. He has served as a mentor for the IHP's Orthopedic Residency Program and is a fellow of the American Academy of Orthopaedic Manual Physical Therapists since 2013. Michael is the current chair of the APTA of MA Manual Therapy Special Interest Group.

Eileen Collins is a clinical specialist at the Mass General Hospital Outpatient Physical Therapy Service. Eileen received her B.S. in physical therapy from the University of Connecticut in 1984 and her DPT from the MGH Institute of Health Professions in 2007. Eileen currently provides patient care and staff mentoring with a specialty in orthopedics and a focus in managing patients with disorders of the spine and shoulder girdle.

Dean Michael Donahue is a thoracic surgeon at Mass General Hospital and an Assistant Professor of Surgery at Harvard Medical School. He received his B.S. from Fordham University, his M.D. from Dartmouth-Brown Program in Medicine and completed a fellowship in cardiothoracic surgery at MGH. He has served as Chief of Thoracic Surgery at North Shore Medical Center from 1999-2015 and is the current Associate Director of General Surgery Residency at Mass General. Dr. Donahue is the founder of the Massachusetts General Hospital Thoracic Outlet Syndrome Program, which he started in 2007. Since that time it has grown into the top one or two largest centers in the United states for the evaluation and treatment of this condition. He is the editor and author of the only textbook on this condition published in the last 25 years and is actively involved in leading research on the condition.