

APTA Connecticut Annual Conference

October 5, 2024

Conference Day - Need to Know!

Parking

Park in the South Parking Garage

2366 Jim Calhoun Way, Storrs, CT 06269.

If you paid for the Early Bird rate or student rate, you received an email with instructions for a parking voucher prior to arrival. Otherwise, you will be required to pay for parking in this garage.

Continuing Competency

During the 3:45 Session, a QR code or other link options will be shared for you to complete a survey of courses attended. Certificates will be emailed following the conference. It is not automated.

If you need to leave earlier, please stop by the registration desk for instructions.

Annual Meeting

The APTA CT Annual Meeting will be held during lunch. The business meeting will include slate of candidates and bylaw changes. Only Members are able to vote. Student and corresponding members aren't eligible. APTA CT awards will also be awarded during this time.

50/50 Raffle

The Student SIG will be conducting a 50/50 Raffle to collect funds to send students to CSM in 2025. We hope you can contribute.

Chair Yoga

We are offering chair yoga during some of our breaks. These will be lead by Diana Veneri in Room 318 / 319

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Schedule

Check-in / Light Breakfast | 7:00 - 8:00 am

Session 1 | 8:00 - 9:30 am

If You're Not at the Table, You're on the Menu: How State Laws Dictate Physical Therapist practice and What You Can Do About It

Maryclaire Capetta, PT, DPT, FAAOMPT; Michael Gans, PT, DPT, OCS, FAAOMPT

Introduction to Advanced Strain and Counterstrain for the Autonomic Nervous System - An Integrated Systems Approach from Integrative Manual Therapy (IMT)

Thomas A. Giammatteo, DC, PT, Ph.D., IMTC

Is it Autism: Differential Diagnosis and Management from a Physical Therapy Perspective

Mary Elizabeth Parker, PT, PhD Board Certified Clinical Specialist in Neurologic and Pediatric Physical Therapy

Cognitive Behavioral Therapy for the Physical Therapist: Theory and Clinical Application

Andrew Sullivan, PT, DPT, ScD, OCS, SCS, FAAOMPT; Dustin Willis, PT, DPT, PhD(c), OCS, FAAOMPT, TPS; Ryan Solorzano, SPT; Sabrina Balducci, SPT

Exhibitor Hour & Posters | 9:30 – 11:00am

Session 2 | 11:00 – 12:00pm

Pathway to Wellness: Enough Talk, Take Action

Michelle E. Wormley, MPT, PhD, CLT; Kristin A. Schweizer PT, DPT; Joanne Johnson Krasnow PT, MA, DPT, CLT-LANA

High Intensity Gait Training and Exercise with individuals with neurologic dysfunction and significant motor impairment

Mary Gannotti, PT, PhD; Chase Cole, SPT; Bethany Ladd, SPT; Leila Miller, SPT

Closing the Gap: Revolutionizing Our Approach to Diastasis Recti

Danielle Dunn, PT, DPT, OCS, MTC

It May Be Their Meds: The Role of the Physical Therapist in Deprescribing

Karen Blood, PT, DPT, DHSc

Katherine Harris Keynote Address | 12:15 – 1:00pm

Lunch, Annual Meeting & Awards Presentation | 1:00 – 2:30pm

Schedule

Session 3 | 2:30 – 3:30pm

Optimizing Patient Care: How AI is Transforming Physical Therapy

Neeraj Baheti, PT, DPT, SCS, OCS; Chaitali Ahya, PT, DPT

The Golden Years of Shoulder Care: Balancing Interventions for Atraumatic Rotator Cuff Tears in Seniors

Kaleigh Chen PT, DPT; Thomas Cunningham PT, DPT

Differential Diagnosis in Children with Multisystem Involvement: A Physical Therapy Perspective

Mary Elizabeth Parker, PT, PhD Board Certified Clinical Specialist in Neurologic and Pediatric Physical Therapy

Managing the Unique Challenges Associated with Recovery from Critical Illness

Jim Smith, PT, DPT, MA, FAPTA, Aysia Starr Comins-Sporbert, SPT

Afternoon Break and Snack | 3:30 - 3:45pm

Session 4 | 3:45 - 4:45pm

Is it Harassment or the Disease Process?

Rebecca Slocum, PT, DPT, RAC-CTA, CDP; Jennifer Rucci, MA, CCC-SLP

Engagement and Motivation in Rehabilitation Across the Lifespan

Cristina Colon-Semenza, PT, MPT, PhD; Sudha Srinivasan, PT, PhD; Vaishnavi Shahane, PT; Paria Darbandsari, PT

Physical Therapy as a Catalyst to Address Health Disparities Experienced by Adults with Cerebral Palsy

Mary Gannotti, PT, PhD

Integrating Mindfulness in Post op Surgery Patients

Monica Jain, PT, DPT

Course Descriptions

8:00 - 9:30am	If You're Not at the Table, You're on the Menu: How State Laws Dictate Physical Therapist practice and What You Can Do About It	Room 304C
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Level: Basic

Areas of practice: Public Policy, Advocacy, Payers

Connecticut law dictates the practice of physical therapy in the state of Connecticut. This session seeks to describe how physical therapist practice in the state of Connecticut is impacted by the laws governing our practice, inform members regarding initiatives underway to improve the laws governing PT practice in the state, provide an opportunity for member engagement and feedback in the process and discuss ways in which all members can get involved in advocacy for changes in laws that govern the practice of physical therapy in the state of Connecticut.

Learning Objectives:

1. Identify laws impacting physical therapist practice in the state of Connecticut.
2. Discuss physical therapist scope of practice
3. Define professional scope of practice
4. Define personal scope of practice
5. Describe the process by which CT law is amended
6. Discuss current chapter initiatives to improve the scope of practice of physical therapists in the state of Connecticut.
7. Contribute ideas to enhance patient access to physical therapists in the state of Connecticut.

Maryclaire Capetta, PT, DPT, FAAOMPT is a physical therapist and interim program director for the University of Connecticut Doctor of Physical Therapy Program. Maryclaire received her Master degree in physical therapy from the University of Connecticut in 2004 and received her Doctor of Physical Therapy degree and completed her Fellowship in Manual Therapy from the University of St. Augustine for Health Sciences in 2013. Maryclaire is currently the Chair of the APTA of CT Public Policy Committee and Chair of the Bylaws Review Task Force. She has served the chapter in multiple capacities, including as Chief Delegate, Delegate, and board member.

Michael Gans PT, DPT, OCS, FAAOMPT is a physical therapist and area manager for Hartford Healthcare Rehabilitation Network overseeing outpatient rehabilitation in the Fairfield region. Mike graduated from the University of Pittsburgh with a Doctorate in Physical Therapy in 2006 and completed the Regis University Manual Therapy Fellowship Program in 2013. He is certified in the Graston Technique and in Trigger Point Dry Needling.

He is an orthopedic clinical specialist and a Fellow of the American Academy of Orthopedic Manual Physical Therapists. He is a clinical faculty member for Regis University Manual Therapy Fellowship Program and for HHC/University of Hartford Orthopedic Residency Program. He is also an adjunct faculty for the University of Pittsburgh hybrid DPT program. He has been teaching and lecturing for over 10 years.

8:00 - 9:30am	Introduction to Advanced Strain and Counterstrain for the Autonomic Nervous System - An Integrated Systems Approach from Integrative Manual Therapy (IMT)	Room 310
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Areas of practice: Multiple Cardiovascular Pulmonary, Geriatrics, Neurology, Orthopedic, Manual Therapy, Sports Medicine, Pain Management, Pediatrics, Pelvic Health

In this course, learn a unique new tool to address posture, neck, and low back pain with Integrative Manual Therapy Advanced Strain and Counterstrain for the Autonomic Nervous System. The majority of people have an episode of spine pain at some time during their life. The autonomic nervous system regulates certain body processes, including muscle spasm. Dysregulation of the autonomic nervous system can affect any body part or process such as posture, balance, gait, and flexibility. By using Integrative Manual Therapy's Advanced Strain and Counterstrain, the physical therapist can reduce the hypertonic state of smooth muscle. This will improve posture, fluidity of gait, and spinal movement. This technique can improve the results, enhance sustainability of treatments, and is easily added to the physical therapist's current treatment session.

Learning Objectives:

- PT will understand anatomy and physiology of the hypothetical model.
- PT will be able to recognize the hypertonicity of the muscular, soft tissue, and circulatory systems [Arterial, Venous and Lymphatic].
- PT will be able to apply individual techniques in a two-minute session per muscle group.
- PT will be able to apply this technique to their own practice.

Thomas A. Giammatteo, DC, PT, Ph.D., IMTC

8:00 - 9:30am	Is it Autism: Differential Diagnosis and Management from a Physical Therapy Perspective	Room 310
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Level: Intermediate

Areas of practice: Neurology, Pediatrics

The diagnosis of autism can be confusing and misleading as physical therapists look to assist individuals with the diagnosis improve their motor function. This presentation will delve into the diagnoses of autism and sensory processing disorder in an attempt to clarify underlying genetic and environmental etiologies. In the time following the COVID pandemic there are increasing concerns about the prevalence of both autism and sensory processing disorders in children. We will have an open dialogue and discuss ways to support and treat children affected by these disorders. Resources for families and clinicians will be provided.

Learning Objectives:

Define autism based on current evidenced based practice.

1. Identify differential diagnoses for autism.
2. Compare and contrast sensory processing disorder from autism.
3. Define current etiologies of autism.
4. Define new avenues of research in autism.
5. Describe testing and treatment options available.
6. Define the relationship between autism and mitochondrial disorders.
7. Discuss current research on movement disorders in autism.
8. Provide resources for families and clinicians.

Mary Elizabeth Parker, PT, PhD Board Certified Clinical Specialist in Neurologic and Pediatric Physical Therapy received her undergraduate degree at Duke University in 1991 with a double major in biological psychology and physical anthropology. Her Master's in Physical Therapy was awarded in 1995 from the Medical College of Virginia and her doctorate in Physical Therapy in 2012 from Texas Woman's University. She is dually licensed in Texas and Connecticut, and is board certified in both neurologic and pediatric therapy by the Academy of Board Certified Physical Therapy Specialists which is unique in the field. Her passion is working with those with undiagnosed and rare disorders, and she serves this community through her role as the Medical Liaison for U.R. Our Hope.

Dr. Parker has been a volunteer for the Federation of State Boards of Physical Therapy since 2006. She has held many leadership roles for this organization, and currently is an item writer coordinator. The FSBPT has recognized her twice for her service as an item writer and volunteer. In 2022 she received the President's Award for her service.

Dr. Parker's research interests are movement disorders in autism and undiagnosed and rare disorders. She is part of a research team based out of Sacred Heart University for the autism research; they have numerous publications and presentations to date. Dr. Parker is recognized in the field of physical therapy as an expert in undiagnosed and rare disorders and presents regularly on this topic. She has one paper in collaboration with the research group, TGen, on a newly identified gene mutation that was published in 2018."

8:00 - 9:30am	Cognitive Behavioral Therapy for the Physical Therapist: Theory and Clinical Application	Room 104
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Level: Intermediate

Areas of practice: Orthopedic, Manual Therapy, Sports Medicine, Pain Management

The purpose of this course is to educate physical therapists in the theory and clinical application of the Cognitive Behavioral Therapy (CBT) approach. The course explores the theory of CBT, discusses the cognitive model and the behavioral model, and summarizes the integration of the cognitive and behavioral approaches into the CBT approach. The course identifies examination and intervention strategies from the cognitive and behavioral approaches that are relevant to physical therapy practice and reviews the CBT approach to the initial evaluation and follow-up treatment sessions. The course demonstrates the clinical application of cognitive and behavioral examination and intervention using lecture, discussion, and laboratory with an emphasis on clinical case scenarios.

Learning Objectives:

1. Define Cognitive Behavioral Therapy.
2. Compare and contrast the cognitive model and the behavioral model.
3. Define automatic thoughts and intermediate and core beliefs.
4. Relate automatic thoughts to adaptive and maladaptive behaviors.
5. Relate cognitive and behavioral examination findings to specific intervention strategies.
6. Discuss and apply cognitive techniques, including guided discovery, thought records, behavioral experiments, and other techniques, to clinical case scenarios.
7. Discuss and apply behavioral techniques, including behavioral activation, behavioral experiments, graded exposure, and other techniques, to clinical case scenarios.
8. Integrate cognitive and behavioral techniques in various clinical case scenarios.
9. Summarize and apply the structure of the Cognitive Behavioral Therapy initial evaluation and follow-up treatment sessions to physical therapy practice.

Andrew Sullivan, PT, DPT, ScD, OCS, SCS, FAAOMPT, Clinical Assistant Professor of Physical Therapy at Sacred Heart University; Physical Therapist for Select Physical Therapy DPT: Sacred Heart University Residency: Sacred Heart University Orthopaedic Physical Therapy Residency Fellowship: Kaiser Permanente Southern California Orthopaedic Fellowship and Sports Rehabilitation Program ScD: Texas Tech University with a dissertation on the application of psychological theory and techniques in physical therapy practice.

Dustin Willis, PT, DPT, PhD(c), OCS, FAAOMPT, TPS Assistant Professor of Physical Therapy at Southern California University of Health Sciences; Physical Therapist for the Los Angeles Lakers; Physical Therapist for Quantum Performance Physical Therapy DPT: Loma Linda University Residency: Rancho Physical Therapy Orthopaedic Residency Fellowship: Kaiser Permanente Southern California Orthopaedic Fellowship and Sports Rehabilitation Program; Movement Performance Institute Lower Quarter Biomechanics Fellowship; Azusa Pacific University Movement Performance Fellowship PhD(c): Loma Linda University with a dissertation on the relationship between patient perception of the patient-provider interaction and the response of biomarkers of stress

11:00 – 12:00pm	Pathway to Wellness: Enough Talk, Take Action	Room 304C
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Level(s): Multiple

Areas of practice: Communication, Professionalism, Self Care

Do your faculty or staff meetings include frequent and lengthy conversations about stress, mental health, and burn out? Literature suggests that Doctor of Physical Therapy (DPT) students experience burn out as a combination of exhaustion, disengagement, and chronic overload. Factors such as unmanageable stress, excessive workload and time pressures negatively impact students. Positive factors include prioritizing time, support from faculty, friends and family and self-awareness. There is a need for physical therapy education programs to address the mental health issues of students by providing methods to incorporate active positive coping strategies. Let’s take action. In this session, participants will be introduced to a “Pathway to Wellness”, based on integrative therapy concepts and pilot study data from a student cohort participating in an integrative therapies elective course in a DPT curriculum. The Pathway includes intentional implementation of a multi-modal approach of integrative therapies (mindfulness, meditation, self-inquiry, reflective journaling). These concepts can be embedded into existing programs to prioritize wellness and enhance the therapeutic partnership.

Content and exercises presented and practiced in this session are designed to provide participants with a sampling of activities that can be readily applied within the physical therapy education curriculum or professionally for self, colleagues, students and application with patients.

Learning Objectives:

At the completion of this session, course participants will be able to:

1. Describe concerns related to physical therapy students' mental health using an evidenced-based approach.
2. Compare and contrast a variety of integrative therapy strategies (mindfulness, meditation, self-inquiry, reflective journaling).
3. Explain strategies for implementing integrative content into a physical therapy education curriculum (single course versus throughout the curriculum).
4. Evaluate facilitators and barriers to implementing strategies in a physical therapy education program and the clinical environment.
5. Practice an integrative therapy technique.

Michelle E. Wormley, MPT, PhD, CLT is a graduate of Quinnipiac University (BS, MPT) and Nova Southeastern University (PhD). She is an Associate Professor in the Department of Physical Therapy and Movement Science at Sacred Heart University (Fairfield, CT), where teaching responsibilities include structure and function of the neurological system and examination and treatment of patients with neurological involvement and medically complex issues. Dr. Wormley's research and clinical interests focus on neurological physical therapy, problem-based learning in physical therapy education, and qualitative methods. She has several publications in professional journals and has also presented at national conferences in these topic areas. Dr. Wormley is a manuscript reviewer for *Physical Therapy & Rehabilitation Journal (PTJ)* and *Physiotherapy Theory and Practice*. She currently serves as Vice-Chair of the Academy of Physical Therapy Research Qualitative Special Interest Group.

Kristin A. Schweizer PT, DPT graduated from Fairfield University (BS), Allegheny University of the Health Sciences, formerly Hahnemann University, currently Drexel University (MPT) and University of New England (post-professional DPT). She is a Clinical Assistant Professor of Physical Therapy and Associate Director of Clinical Education in the Department of Physical Therapy and Movement Science at Sacred Heart University (Fairfield, CT) where her teaching responsibilities include practice management, professionalism in PT practice, neuropathology and neuro-rehabilitation. Dr. Schweizer's research interests include factors that influence student success and excellence in clinical teaching and clinical education. Dr. Schweizer is an APTA Credentialed Clinical Trainer for the Level 1 Credentialed Clinical Instructor Program and is a Level 1 and 2 Credentialed Clinical Instructor. She currently serves on the Physical Therapy Board of Examiners in CT.

Joanne Johnson Krasnow PT, MA, DPT, CLT-LANA graduated from NYU (BS-PT; MA-Ergonomics and Biomechanics) and Acadia University (DPT). She has 35 years of experience in physical therapy and is the owner of Realign and Restore Physical Therapy treating patients with orthopedic, neurologic and lymphatic dysfunction. Dr Johnson Krasnow has advanced training in Myofascial Release, John Barnes; Craniosacral Therapy, Upledger Institute; Lymphedema management, Lymphology Association of North America(LANA) certified in the Casley-Smith method; Reiki healing, master in the Usui system; and is a Certified Workplace Mindfulness Facilitator (CWMF), Mindful Leader. At Sacred Heart University (Fairfield, CT), she is an Adjunct Professor teaching the integrative therapies elective, facilitating problem-based learning in orthopedic tutorials and coordinating ongoing wellness programs for DPT students.

11:00 – 12:00pm	High Intensity Gait Training and Exercise with individuals with neurologic dysfunction and significant motor impairment	Room 310
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Level: Intermediate

Areas of practice: Neurology

In this session, we will review the assessments and interventions employed with participants with significant motor impairment who are enrolled in a high intensity gait training and exercise program. Hawks in Motion: High Intensity Gait and Exercise Program for People with Neurologic Disability is a community-based exercise program designed and implemented by doctoral students at the University of Hartford. The program aims to implement the American Physical Therapy Association, Academy of Neurologic Physical Therapy (ANPT) Clinical Practice Guidelines for High Intensity Gait Training and the American College of Sports Medicine recommendations for power training by modifying recommendations from 3x's a week to 2x's a week. The program has used implementation science as a framework and is in its fifth and final Plan Do Study Act Cycle. Outcomes are being assessed using both person reported and APTA CORE Outcome measures. Several of the participants in the program have presented with significant motoric impairments, and have required problem solving to achieve therapeutic intensity and to document measurable change. We will review several case studies of participants with significant motor disability from a variety of etiologies, such as acquired brain injury, multiple cerebral vascular accidents, cerebral palsy, incomplete spinal cord injury. Therapeutic interventions include high intensity gait training with and without body weight support, exercise focusing on power training and speed of movement, and obtaining rate of perceived exertion over a 6/10 for 60% of the 1-hour session, along with continuous heart rate monitoring.

Presentation will include videos of interventions, discussion of rationale, and presentation of alternative activities. Individual and programmatic outcomes to date will be reviewed. Recommendations will be made to clinicians for optimizing dose for individuals with significant motor impairment in both the clinic and community.

Learning Objectives:

1. Participants will recognize the limitations of the ANPT CORE outcome measures for individuals with significant motor disability.
2. Participants will identify the benefits of high intensity exercise for people with significant motor disability from a neurologic condition.
3. Participants will identify indicators to monitor intensity for individuals with significant motor disability and appropriate outcome measures.
4. Participants will be able to design a treatment session that provides opportunities for high intensity exercise for people with significant motor disability.

Mary Gannotti, PT, PhD

Training in physical therapy, medical anthropology and public health. Work includes validation of Spanish translation of the Pediatric Evaluation of Disability Inventory, ethnography of childhood disability, outcomes of adults with cerebral palsy, dosing, and health services research. Interests include dosing for bone health and pain management among adults with cerebral palsy. CP Research Network Co-chair Adult Work Group and Community Registry Adult Surveys on Function and Pain.

Chase Cole, SPT; Bethany Ladd, SPT; Leila Miller, SPT

Third year graduate student in physical therapy, has been a research assistant for the Hawks in Motion program for two semesters, and has worked with participants with significant motor disability.

11:00 – 12:00pm	Closing the Gap: Revolutionizing Our Approach to Diastasis Recti	Room 325
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Level(s): Multiple

Areas of practice: Orthopedic, Manual Therapy, Sports Medicine, Pelvic Health

Diastasis recti abdominis is a common condition in pregnant and postpartum women, characterized by the widening and thinning of the linea alba and the weakening of the associated abdominal muscles. This condition can have significant social, physical, and psychological impacts. Conservative treatments, particularly exercise, are the first-line treatment options.

Historically, many conservative treatment approaches have focused on reducing the "gap" created by diastasis recti by using strategies to approximate the abdominal muscles. Some exercises have been labeled as harmful and should be avoided, leading to fear-mongering among patients and providers. This has resulted in exercises being categorized as either "right" or "wrong."

As physical therapists, we understand that under-utilized muscles are weak muscles. Emerging evidence explores how different exercises and interventions can affect diastasis recti abdominis. This presentation explores current research that allows patients and practitioners to challenge existing beliefs and prescribe informed exercises that enhance abdominal strength without unnecessarily limiting movement.

Learning Objectives:

- To gain knowledge about the risk factors and etiology of diastasis recti
- To recognize the clinical symptoms and presentation of diastasis recti
- To understand the applicable anatomy and kinesiology of abdominal, pelvic floor, and lumbar musculature and its role in diastasis recti
- To learn the clinical assessment of a diastasis recti
- Review and interpret the latest evidence-based practices for treating diastasis recti
- To understand the role of exercise and other interventions in the management of diastasis recti

Dr. Danielle Dunn, PT, DPT, MTC, OCS is the PTSMC Orthopaedic Residency Program Director & Director of Clinical Excellence. She treats patients at PTSMC-Wallingford. Danielle is a residency mentor and faculty member and mentor to new graduates at PTSMC. She has devoted her entire career as a physical therapist to outpatient orthopedics and is a Board-Certified Orthopaedic Specialist. She approaches her pelvic floor rehabilitation and post-partum rehabilitation practice through the lens of orthopedics to provide patients with a regional interdependence approach.

11:00 – 12:00pm	It May Be Their Meds: The Role of the Physical Therapist in Deprescribing	Room 104
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Level: Intermediate

Areas of practice: Geriatrics

In 2017, Mary Tinetti introduced the medical community to the 5Ms of geriatric medicine. The 5 elements of Mind, Medications, Matters Most, Multicomplexity, and Mobility are now being infused in physical therapy education and are the foundation of the upcoming revisions to the Essential Competencies for the Care of Older Adults for Entry-Level Physical Therapy Practice. The problem of polypharmacy in older adults continues to rise, and physical therapists need to be involved in the deprescribing process to ensure that mobility, functional outcomes, and quality of life are not negatively impacted by the overuse of medications. This session will challenge clinicians to think beyond medication lists and adverse effects and learn about the role of the physical therapist in deprescribing. Attendees will be introduced to the most common medications that have adverse effects on older adults, how interprofessional collaboration and communication can be used to promote deprescribing when appropriate and discuss barriers to the deprescribing process. Case studies will be used to promote engagement and application to clinical practice. By the end of this presentation, the learner will be able to:

1. Describe the impact of polypharmacy as it relates to physical therapy practice in older adults
2. Identify key medications that may have adverse effects in older adults
3. Provide examples of barriers to deprescribing and identify solutions to these barriers
4. Create a plan for interprofessional communication for deprescribing in both in- and outpatient settings
5. Identify key resources in deprescribing to enhance patient and care partner education

Karen Blood, PT, DPT, DHSc is a board-certified specialist in geriatric physical therapy and has over 20 years of experience in both in- and outpatient settings. She is a Clinical Associate Professor at Quinnipiac University, with roles in both didactic and integrated clinical education. She serves on the Committee of Content Experts for the ABPTS and is chair of the Academic Education Committee for the Academy of Geriatric Physical Therapy. She has presented at the state and national level on topics related to geriatrics and has co-authored a chapter on the management of the patient with lung cancer across the care continuum. Her research focuses on best practices in the care of older adults and geriatric education.

2:30 – 3:30pm	Optimizing Patient Care: How AI is Transforming Physical Therapy	Room 304C
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Level(s): Multiple

Areas of practice: Innovative Technologies

The purpose of this presentation is to explore the emerging intersection of Artificial Intelligence (AI) and physical therapy and to unravel how AI technologies are revolutionizing patient care and clinical practice. By delving into the theoretical frameworks underpinning AI applications in healthcare, the aim is to provide a comprehensive understanding of its potential implications for the field of physical therapy. Through an in-depth examination of AI-driven data analysis, personalized rehabilitation programs, and virtual assessment protocols, participants will gain insights into how AI can optimize treatment outcomes, enhance efficiency, and expand access to care. Furthermore, this presentation will address the ethical considerations and practical challenges associated with the integration of AI into physical therapy practice, equipping attendees with the knowledge and tools to navigate this transformative landscape responsibly and effectively. Ultimately, the goal is to empower physical therapists and healthcare professionals to leverage AI technologies to deliver more personalized, efficient, and impactful care to their patients.

Outline:

- I. Introduction: 5 minutes
- II. Theoretical Framework and Foundation: 5 minutes
- III. AI-Driven Data Analysis in Physical Therapy: 10 minutes
- IV. Personalized Rehabilitation Programs: 10 minutes
- V. Virtual Assessment and Treatment Protocols: 10 minutes
- VI. Ethical Considerations and Future Directions: 5 minutes
- VII. Conclusion: 5 minutes
- VIII. Q and A: 10 minutes

Upon attending this presentation, attendees will be able to:

1. Understand the theoretical foundations and practical applications of AI in physical therapy practice.
2. Explore the potential implications of AI-driven data analysis, personalized rehabilitation programs, and virtual assessment protocols for optimizing patient outcomes in physical therapy.
3. Identify and navigate ethical considerations and practical challenges associated with the integration of AI into physical therapy practice.

Neeraj Baheti, PT, DPT, SCS, OCS is a Senior PT with UCSF Benioff Children's Hospitals. He strives to be at the forefront of emerging technologies and has followed closely the advancements in AI and its profound impact on healthcare, particularly within the realm of physical therapy. Neeraj's intense focus on the study of human biomechanics has led to a specialized clinical interest in working with soccer, baseball, running, and basketball athletes. In addition to working with United States Olympic athletes, Neeraj has been published in a national journal, has written book chapters, and has edited a physical therapy book. In Spring 2016, Neeraj was awarded the esteemed Kevin Wilk Traveling Fellowship. He has presented at multiple regional, national, and international level conferences. He developed the UCSF Benioff Children's Hospitals Sports PT Residency program and serves as the Program Director. He received his BS degree in Physical Therapy from India. He was then awarded a scholarship from Oregon State University to pursue a MS degree with an emphasis in Sports Medicine. He then went on to pursue a Doctorate in Physical Therapy from MGH Institute of Health Professions in Boston. Neeraj is also a Certified Orthopedic and Sports Physical Therapy Specialist designated by the APTA.

Chaitali Ahya, PT, DPT: With a distinguished career in healthcare leadership and a track record of delivering exceptional patient care, I bring a unique blend of clinical expertise, strategic thinking, and technological innovation to the table. As a clinician, I have developed individualized treatment plans grounded in evidence-based practices, contributing to improved patient outcomes. As a clinic lead, I spearheaded the transition to telehealth during the COVID-19 pandemic and implemented Lean Six Sigma methodologies to streamline operations, resulting in significant cost savings and enhanced patient satisfaction.

My proficiency extends beyond clinical practice to encompass program development, process improvement, and market analysis. As an EMR Superuser, I provide training and ongoing support to the physical medicine team, ensuring efficient utilization of healthcare information systems. I have successfully identified and eliminated operational inefficiencies, set performance standards, and cultivated a results-focused culture. A champion of innovation, I introduced a yoga therapy protocol for chronic back pain, showcasing both my creative thinking and commitment to cost-effective, patient-centric solutions.

At the core of my endeavors is a deep-seated passion to transform healthcare with the integration of technology. I am dedicated to contributing to better health outcomes through the strategic use of technology and implementing value-based care to enhance affordability and accessibility.

2:30 – 3:30pm	The Golden Years of Shoulder Care: Balancing Interventions for Atraumatic Rotator Cuff Tears in Seniors	Room 310
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Level: Basic

Areas of practice: Geriatrics, Orthopedic, Manual Therapy, Sports Medicine

Rotator cuff pathology is one of the leading causes of shoulder dysfunction in older adults. Up to 60% of patients over the age of 80 present with full-thickness rotator cuff tears. Treatment of this condition varies from conservative to surgical intervention. In this program, we will discuss the specific risk factors for rotator cuff tears in older adults and evidence-based treatment strategies for both non-operative and operative patients. Attendees will learn to better educate patients on their prognosis, rehab timelines, expectations, and return to functional activities.

Learning Objectives:

1. Understand relevant anatomy related to the shoulder complex and rotator cuff pathology.
2. Identify populations at higher risk of rotator cuff tears.
3. Determine benefits and risks of operative versus non-operative care of the atraumatic rotator cuff tear.
4. Understand expected outcomes and timelines for operative and non-operative rotator cuff rehabilitation.
5. Implement evidence-based strategies to provide care for both the post operative and non-operative rotator cuff tear patient.

Kaleigh Chen is a Physical Therapist Resident at the HSS Sports Rehab Facility in Chelsea Piers. Kaleigh received her Bachelor of Science in Kinesiology from the University of Massachusetts Amherst and her Doctorate in Physical Therapy from the University of New England. Kaleigh has clinical interests in treating post operative conditions for both the shoulder and the knee.

Thomas Cunningham is a Physical Therapist Resident at the HSS Sports Rehab Facility in Chelsea Piers. Thomas received his Doctorate in Physical Therapy from Northeastern University and is an HSS Rehabilitation certified specialist in the overhead athlete. He sees patients of all age ranges but has a keen interest in the management of upper and lower extremity athletic injuries of youth/adolescent and collegiate athletes.

2:30 – 3:30pm	Differential Diagnosis in Children with Multisystem Involvement: A Physical Therapy	Room 325
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Level: Intermediate

Areas of practice: Neurology Pediatrics

Differential Diagnosis in Children with Multisystem Involvement: A Physical Therapy Perspective will cover diagnoses including mitochondrial disorders and give clinicians tools to assist with referring patients with undiagnosed conditions for further assessment. “Undiagnosed” is a phenotype that does not correlate with any known disease entity clinically. Physical therapists are in a unique position to observe clinical indicators, collect data, and follow patients longitudinally while establishing a working relationship. This talk will provide guidance for evaluating and treating pediatric patients with complex multisystem involvement who do not have a definitive diagnosis.

Learning Objectives:

1. Discuss the problem of being undiagnosed and the implications in physical therapy practice to assist on the diagnostic journey.
2. Review diagnoses including mitochondrial disorders and key signs and symptoms that warrant referral for diagnostic testing.
3. Consider case studies of children with undiagnosed and rare disorders and compare and contrast their presentations with well known disorders, e.g., cerebral palsy.
4. Provide resources for clinicians to navigate the health care system with their patients to reach a diagnosis and appropriate interventions.

Mary Elizabeth Parker, PT, PhD Board Certified Clinical Specialist in Neurologic and Pediatric Physical Therapy received her undergraduate degree at Duke University in 1991 with a double major in biological psychology and physical anthropology. Her Master's in Physical Therapy was awarded in 1995 from the Medical College of Virginia and her doctorate in Physical Therapy in 2012 from Texas Woman's University. She is dually licensed in Texas and Connecticut, and is board certified in both neurologic and pediatric therapy by the Academy of Board Certified Physical Therapy Specialists which is unique in the field. Her passion is working with those with undiagnosed and rare disorders, and she serves this community through her role as the Medical Liaison for U.R. Our Hope.

Dr. Parker has been a volunteer for the Federation of State Boards of Physical Therapy since 2006. She has held many leadership roles for this organization, and currently is an item writer coordinator. The FSBPT has recognized her twice for her service as an item writer and volunteer. In 2022 she received the President’s Award for her service.

Dr. Parker’s research interests are movement disorders in autism and undiagnosed and rare disorders. She is part of a research team based out of Sacred Heart University for the autism research; they have numerous publications and presentations to date. Dr. Parker is recognized in the field of physical therapy as an expert in undiagnosed and rare disorders and presents regularly on this topic. She has one paper in collaboration with the research group, TGen, on a newly identified gene mutation that was published in 2018.

2:30 – 3:30pm	Managing the Unique Challenges Associated with Recovery from Critical Illness	Room 104
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Level: Intermediate

Areas of practice: Outpatient, Home Care

More than 4 million adults survive a stay in an US intensive care unit each year, and most experience post-intensive care syndrome (PICS). Following critical illness, the majority of adults with PICS, including those who are young to middle aged, return home and struggle with physical problems that are slow to resolve and accompanied by substantial caregiver burden and delays in regaining functioning. Unfortunately, those problems are inadequately recognized and appreciated in the medical and rehabilitation communities. This session will educate PTs and PTAs about strategies for managing people with PICS as they transition to home; interventions that promote functioning, foster improvements in quality of life, and reduce the risk for hospital readmission; and tactics to advocate and collaborate with other members of the health care team for the unique problems associated with PICS.

Learning Objectives:

- Describe post-intensive care syndrome (PICS).
- Manage the physical examination and evaluation for a patient recovering from critical illness.
- Describe intervention strategies to foster improvements in functioning.
- Advocate to health care providers serving patients with PICS for optimal services.

Jim Smith, PT, DPT, MA, FAPTA is an Assistant Professor in Residence in University of Connecticut’s Physical Therapy Program. His research involves critical illness and recovery, including both post-intensive care syndrome and long-COVID, discharge planning, and acute care physical therapy.

Aysia Starr Comins-Sporbert, SPT, UCONN

3:45 - 4:45pm	Is it Harassment or the Disease Process?	Room 304C
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Level: Basic

Areas of practice: Communication, Professionalism, Self Care, Private Practice

Most states and employers have instituted mandatory sexual harassment training for all management and in many cases all employees. These mandatory courses typically cover harassment by a manager, or by a peer; but in Healthcare, the most common harasser may not be a fellow employee but a patient or visitor. It is not uncommon in healthcare to hear staff brush off sexually inappropriate comments or even physical sexually inappropriate actions due to a patient's age or diagnosis. These seem actions in other settings would be categorized as sexual assault. While not frequently discussed, the EEOC says that employees have a right to be protected from sexual harassment from customers once an employer is aware. This course will discuss the legal liability, the prevalence as identified by recent research, and the impact on employees health and quality of life. We will review some of the policies for prevention and response that large medical organizations are beginning to implement to protect their employees. Finally, we will consider how these policies and considerations can be implemented in the unique treatment environments of therapists in various treatment settings and practices. This course is not meant to be the final solution, but to open the conversation to a topic that we have ignored or hidden for decades.

Learning Objectives:

- Attendees will be able to describe the employer's legal responsibility in a case of sexual harassment of an employee by a patient.
- Attendees will identify 3 prevention strategies that can be implemented in their treatment environment.
- Attendees will have speaking points to take to their companies/practice to begin discussion and implementation of policies and procedures to address harassment of employees by patients/clients.

Rebecca Slocum, PT, DPT, RAC-CTA, CDP is a Physical Therapist and Clinical Director with Powerback Rehabilitation. Becky has worked in various acute and post-acute settings for over 20 years. She has held regional roles in operations, compliance, regulation and clinical areas. She has presented at the state and national levels on topics relating to Medicare regulation, Medicare payment, dementia care, and clinical documentation. Becky has a passion for improving patient outcomes and understanding the why behind federal regulation.

Jennifer Rucci MA CCC-SLP currently serves as the Off-Campus Placement Coordinator and Clinical Faculty Member at Southern Connecticut State University. Before joining the university, Jen held the position of Vice President of Clinical Education at Fusion Rehab Services, where she was responsible for overseeing clinical education and operational management of nursing homes in the New England region. She has held the position of StAMP (State Advocate for Medicare Policy) within CSHA for the past 6 years. With over 6 years of experience holding a RAC-CT certification, Jen has primarily specialized in dysphagia, specifically conducting FEES swallowing exams throughout New England. Prior to her current role, Jen has accumulated over 10 years of clinical experience working in various nursing homes in Connecticut.

3:45 - 4:45pm	Engagement and Motivation in Rehabilitation Across the Lifespan	Room 310
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Level: Intermediate

Areas of practice: Geriatrics, Neurology, Orthopedic, Manual Therapy, Sports Medicine, Pediatrics

A physical therapist that has acquired a multitude of knowledge, skills, and tools will be virtually ineffective if the patient is not engaged in the course of care. Engagement with treatment and motivation for behavior change are critical components for efficient and effective health outcomes across the spectrum of patient populations, practice settings, and life course. This session will present models and frameworks of engagement and motivation in rehabilitation across the lifespan. We will examine the current state of the evidence that evaluates engagement and motivation in rehabilitation and physical therapy as well as interventions that purport to increase engagement and enhance outcomes. We will present prior and ongoing research in pediatric and adult populations that serve to enhance engagement through affective and social approaches. Finally, we will engage in a discussion of practical barriers and facilitators to enhance engagement of all stakeholders (patients/clients, therapists, family, care givers/partners, social support network) involved to ultimately improve health outcomes for those under your care!

Learning Objectives:

1. Identify and differentiate between current models and frameworks of engagement and motivation in rehabilitation across the lifespan.
2. Examine the current state of the evidence for examining and enhancing engagement and motivation in rehabilitation across the lifespan.
3. Recognize and distinguish between evidence-based methods to evaluate engagement and motivation in physical therapy practice.
4. Identify strategies that can be applied to enhance engagement and motivation in physical therapy practice.

5. Discuss the gaps and opportunities in the literature and in practice related to engagement and motivation within the field of physical therapy.

Cristina Colón-Semenza, PT, MPT, PhD, is an Assistant Professor at the University of Connecticut in the Doctor of Physical Therapy program. Dr. Colón-Semenza has extensive experience working as a physical therapist across the spectrum of neurological disorders and across practice settings. Additionally, she is a Board-Certified Clinical Specialist in Neurologic Physical Therapy. She has published several peer-reviewed articles and has presented both regionally and nationally on topics related to neurologic physical therapy practice. Dr. Colón-Semenza is now focused upon determining best strategies to enhance the use of physical activity and physical therapy in the management of Parkinson disease and other neurodegenerative diseases, specifically in underrepresented groups. Additionally, she is interested in physical therapy management of mental health conditions. She is active in the American Physical Therapy Association (APTA) nationally and locally. She is the chairperson of the Diversity, Equity, and Inclusion Committee of the APTA Connecticut.

Sudha Srinivasan, PT, PhD, is an Assistant Professor in the Physical Therapy program at the University of Connecticut. Her interests lie in the fields of motor development, disability, technology for empowering individuals with disabilities, multisystem interventions for children with disabilities, and inclusive design. She studies how infants and children with developmental disabilities explore their physical and social environment compared to typically developing peers, as well as the cascading effects of motor difficulties on a child's social communication and cognitive development. Her work also assesses health-related outcomes in adolescents and young adults with developmental disabilities, including their physical activity and physical fitness levels. Her recent work has focused on developing multisystem, engaging, evidence-based, child- and family-centric behavioral interventions and assistive technologies to empower children with developmental disabilities and their families. Specifically, her lab (REhabilitation INnovations & Emerging Novel Technologies in Physical Therapy (REINVENT-PT) Lab) works on developing motivating interventions that harness a child's intrinsic interests/preferences in positive ways to promote motor learning, function, and bring about sustained behavior change.

Vaishnavi Shahane, PT, is a Graduate Research Assistant at the REINVENT-PT lab in the Department of Kinesiology at the University of Connecticut. Her research interests include technology-enhanced, innovative, and play-based physical and behavioral interventions across the lifespan. She aims to utilize community-based therapy models to develop evidence-based and sustainable rehabilitation practices.

Paria Darbandsari, BS, MS is a foreign trained physical therapist with a Master's degree in Exercise Science. She is currently pursuing her PhD in Exercise Science and is a graduate research assistant at the Movement for Life Lab in the Department of Kinesiology at the University of Connecticut.

Her research has focused on engagement and motivation for physical activity in those living with neurologic conditions and mental health conditions with a focus on digital health technology and telerehabilitation. She is interested in further exploration of the commonalities and differences between in-person and remote physical therapy practice.

3:45 - 4:45pm	Physical Therapy as a Catalyst to Address Health Disparities Experienced by Adults with Cerebral Palsy	Room 325
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Level: Intermediate

Areas of practice: Diversity, Equity and Inclusion, Neurology, Orthopedic, Manual Therapy, Sports Medicine, Pain Management, Pediatrics, Public Policy: Advocacy, Payors

Persons with disabilities face many health inequities resulting from stigma, discrimination, poverty, exclusion from education and employment, and barriers faced in the health system itself. Among persons with disability, adults with cerebral palsy (CP) are a particularly vulnerable subgroup. In general, persons with disabilities have twice the risk of developing conditions such as depression, asthma, diabetes, stroke, obesity or poor oral health; while adults with CP have three, four, or five times the risk for these same conditions. More than 60% of adults with CP experience functional decline and 70% experience chronic pain with aging. Yet, adults with CP and musculoskeletal pain are as less likely than adults without CP to use physical therapy. It is time to change that!

Physical therapy can be a catalyst for addressing the health disparities that exist for adults with cerebral palsy. Exercise can mitigate many secondary conditions, and a life span approach is needed. The cardiovascular and musculoskeletal system should be targeted in adolescence, alongside strategies for joint protection. Wellness, mindfulness, and an ongoing fitness plan are critical for young, middle, and older adults with CP. Evidence exists to support the efficacy of variety of interventions for adults with CP. Changes in spasticity, weakness, and fatigue that occur with aging can be mitigated by targeted therapeutic exercise and energy conservation techniques. Identifying ways to participate in aerobic exercise, group exercise, or any type of adapted fitness can improve social participation, depression, and anxiety. Maintenance therapy maybe warranted to manage pain intensity and interference, maintain transfer status, or for overall wellbeing. A variety of interventions will be reviewed along with considerations for adults with CP. Sports, orthopedic, pelvic floor, and neurologic physical therapists have much to offer to close the gap in health outcomes for adults with CP.

Learning Objectives:

1. Be able to identify the risks adults with CP face for secondary conditions.
2. Be able to identify the ways exercise and skilled physical therapy can provide preventative care for lifespan wellness
3. Be able to identify the ways exercise and skilled physical therapy can mitigate the symptoms associated with functional decline and chronic pain.
4. Be able to identify institutional, federal, or policy barriers to adults with CP experience when trying to access therapeutic exercise for lifespan wellbeing.

Mary Gannotti, PT, PhD: Training in physical therapy, medical anthropology and public health. Work includes validation of Spanish translation of the Pediatric Evaluation of Disability Inventory, ethnography of childhood disability, outcomes of adults with cerebral palsy, dosing, and health services research. Interests include dosing for bone health and pain management among adults with cerebral palsy. CP Research Network Co-chair Adult Work Group and Community Registry Adult Surveys on Function and Pain.

3:45 - 4:45pm	Integrating Mindfulness in Post op Surgery Patients	Room 104
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Level: Intermediate

Areas of practice: Cardiovascular Pulmonary, Geriatrics, Pain Management

The overall purpose of the session is to provide knowledge about evidence-based mindfulness techniques and how to integrate these practices with the physical therapy plan of care in Post op Surgery patients. This evidence-based course will introduce fundamentals of mindfulness and how to integrate them in patient care. It is envisioned for a holistic approach to patient's plan of care. The course is applicable to all rehab professionals serving inpatient or outpatient treating post op Surgery patient population.

Learning Objectives:

- 1) Recognize the evidence for the role of mindfulness strategies in Surgery patients.
- 2) Learn mindfulness in a simple and practical way.
- 3) Learn how mindfulness can help alleviate post op pain and expedite their healing process post-surgery
- 4) Learn 4 mindfulness-based strategies to optimize the functional recovery.

Monica Jain is a physical therapist, an author, and a mindfulness practitioner. She works as a Master Clinician at Mount Sinai Hospital, NY, and at Stamford hospital in CT, USA. Monica brings her 22 years of experience as a Physical therapist and expertise in Mindfulness. She received her Masters in Physical therapy degree in 2002 and her doctorate in physical therapy in 2008. Her interests focus on cardiac and orthopedic population group. Her strength and passion are integrating conventional medicine with complementary techniques such as Mindfulness, yoga, and meditation. She prides herself on her commitment to holistic healing. She authored “ Healing The Heart Mindfully”- A Practical and holistic approach to holistic rehab from cardiac surgery. She leads mindfulness sessions for hospitals, corporates, universities, non-profit organizations, and communities. For more information, please visit her at www.monica Jainpt.com

Posters

The Effects on Six Gait Parameters Following the Removal of Hemiparetic Ankle Weight in Individuals with Chronic Stroke

Andrea Oberlander, PT, DPT, CSRS

Comparing student scores on the 10 meter walk test with those of inertial measurement units: What can we learn?

Megan Frazier, Tara Maroney

The EMU Manipulation Study: Efficacy of Matched or Unmatched Cervical / Thoracic Manipulations on Neck Pain

Brian T. Swanson PT, DSc, OCS, FAAOMPT, Mary Cimen, SPT, Chase Hubbard, SPT, Brendan Christopher Kirck, SPT, Rowan M. Nadeau, SPT, Cara D. DiMercurio, SPT, Andrew G. Dunne, SPT, Michael Scott Dunne, SPT

Comparison of Body-Weight Support and Balance-Perturbation Gait and Balance Training Rehabilitation Post-Stroke: Multisite Randomized Controlled Trial

Peter Grevelding, PT, MSPT, Kaitlyn Rudolf, DPT, Amanda Meyer, MS OTR/L, John Corbett, BA, Camille Grzelak PT, DPT, Emily Meise, MS OTR/L, Hank Hrdlicka, PhD, Emily Meise, MS OTR/L

Different Mechanics during Forward, 90-turn and 180-turn Single Limb Loading Tasks in Individuals following ACLR

Kristamarie Pratt, PhD, Stefanie Bourassa, PT, DPT

Moving with Confidence: The Physical Therapist's Role in Treating Patients With Prostate Cancer Taking Androgen Deprivation Therapy

Morgan Gelfand, PT, DPT, Scott J. Capozza, PT, MSPT, Board Certified Clinical Specialist in Oncologic Physical Therapy

Comparing EMG Activity during Standing and Seated Yoga Poses among Healthy Adults

Diana Veneri, PT, EdD, Raquel DiVincenzo DPT, Madeline Lynch DPT, Christina Sanciangco DPT, Valerie Stein DPT, Keira Tobia DPT

Posters

Differences in upper and lower limb function in persons with multiple sclerosis with vascular comorbidities

Laura Simaitis, PT, EdD, DPT, Ashley Constantine, SPT, Eric Glazer, SPT, Katie Ranuro, SPT, Julianna Tuorto, SPT Eric Glazer, SPT Katie Ranuro, SPT Julianna Tuorto, SPT

Considerations for Implementation of High-Intensity Gait Training for Sub-Acute Neurological Injuries in the Inpatient Rehabilitation Setting

Christina Berrios, PT, DPT

Implementation of neurological clinical practice guidelines within Hartford Healthcare Rehabilitation Network

Erika Ozdemirer, PT, DPT, NCS Shantel Szymanski, PT, NCS, CSRS, Jillian Kossbiel, PT, DPT, NCS, Kathryn Coutu, PT, Mary Gannotti, PT, PhD

Measuring client engagement during pediatric rehabilitation sessions: The role of the service provider in fostering child engagement

Ashley Guillot, Sudha Srinivasan, Barrett, M., Anderson, K., Shahane, V.

Fast and fun! Stakeholder perspectives on the feasibility and acceptance of a community-based ride-on-toy navigation program to improve arm function in children with hemiplegia

Sudha Srinivasan, Dubois, K., Jakimczyk, I., Chiganti, A., Hamilton, F., Shahane, V., Kumavor, P., Morgan, K., Friel, K.

Management of long thoracic nerve palsy in a pickleball instructor due to parsonage turner syndrome

Frederick M Maurin Jr, PT, DPT, OCS

Quantifying Freezing of Gait in Parkinson's Disease with novel technology: a case study

Valerie Gibson, PT, DPT, Lisa Donahue, PT, MPT, NCS

Posters

Neuroanatomical Cadaveric Dissection: A Novel Approach

Kathleen Kelley, EdD, PT, NCS Carolyn Loverud, Rachel Pata, PT, DPT

High intensity exercise for individuals with significant social communication challenges-case study integrating child centered activities with physical therapy goals

Donna Snowdon, PT, MS, DPT, PCS, Nicole Richards, BS, SPT, Mary Gannotti, PT, PhD

Development and Testing of GOT-Cog: A Novel Comprehensive Inpatient Cognitive Screen

Peter Grevelding, PT, MSPT Emily Meise, MS OTR/L John Corbett, BA; Amanda Meyer, MS OTR/L; Hank Hrdlicka, PhD

Feasibility of an Injury Prevention Program Delivered Remotely to Youth Soccer Players

Thomas Bellama, PT, DPT, OCS

Non-Operative Achilles Tendon Rupture Rehabilitation In An Active Young Adult

Leah Cummings PT, DPT

Multi-Modal Rehabilitation Approach to Treating Functional Instability: A Case Study

Justin Marceau, PT, DPT, ATC, CSCS

Treatment of Subacromial Pain Syndrome in an Adult Rock Climber: A Case Report

Michael Popolizio, PT, DPT

Implications of Sternal Popping on the Treatment of Posterior Shoulder Impingement in an Active Male: A Case Report

Xavier Gibson, PT, DPT

Posters

Effectiveness of Pelvic Floor Muscle Training utilizing sEMG biofeedback in pediatric patients with functional urinary incontinence

Roopa Kulkarni, PT, MSPT, Kimberly King, PT, MPT, Tenney Georgetti, PT, DPT

Conservative Treatment for Posterior Shoulder Instability in a High School Football Player

Emily Pelz, PT, DPT

Race to success: A case report on the effects of a single joystick-operated ride-on toy training program for a child with hemiplegia

Vaishnavi Shahane, Sudha Srinivasan

Vroom vroom...kick start your engine! The use of ride-on toys to promote upper extremity motor function in children with Unilateral Cerebral Palsy

Sudha Srinivasan Shahane, V., Amonkar, N., Kumavor, P.