

2016 Course Dates & Locations

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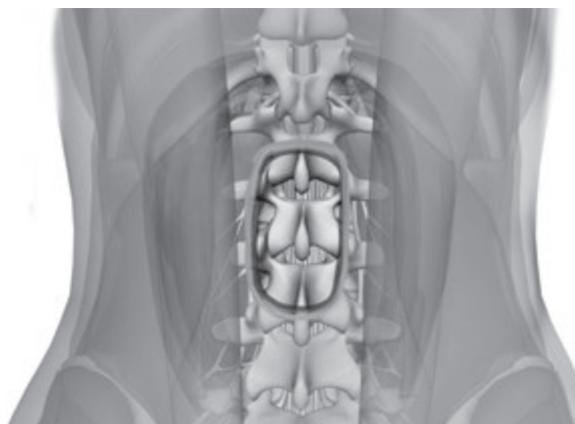
This course is applicable for PT's, PTA's, OT's, OTA's and AT's. This course is 20.5 contact hours/20.5 ccu's This course meets the standards set forth in section 1399.96 of the California Code of Regulation and is approved for 20.5 hrs, 2.05 CEU's for physical therapy continuing competency license renewal requirements in the State of California, approval #PTNAS-2018.27. This course meets the ceu requirements specified in the Utah Physical Therapy Practice Act Rule. This course can be used for continuing education competency for license renewal for OT's in the State of California. This course meets the requirements set forth by the Nevada State Board of Physical Therapy Examiners for 1.5 units of continuing education. North American Seminars, Inc. is an AOTA provider for continuing education, provider #4487. AOTA approval hours are 20.5. The AOTA does not endorse specific course content, products or clinical procedures. The Alaska, Arkansas, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oregon, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont and Virginia occupational therapy regulatory boards accept courses presented by AOTA providers to meet the needs of OT continuing educational requirements. Additionally, this course meets the ceu requirements for OT's licensed in AL, AZ, CA, CO, CT, FL, GA, HI, ID, KS, ME, MA, MI, NE, NJ, NY, ND, UT, VA, WA, WV, WI and WY. Meets the NBCOT requirements. BOC category A, call for BOC Evidence-Based status.

About the Educator

Carol McFarland PT, PhD, OCS has been a full time practicing PT since 1975, in Texas since 1980 in acute, outpatient and home health settings. She and her husband owned a private practice for a number of years, during which she obtained Orthopedic Clinical Specialist (OCS) certification from the American Board of Physical Therapy Specialties in 1990. This has been renewed twice and extends through 2018. For the past 35 years she has been working mostly with orthopedics and has done specialized work with spine. She was active with American Back Society which helped develop post surgical protocols for spine with colleagues over several years. These protocols were published in a non peer reviewed format in 2001. The work with these protocols also opened a door for her to teach seminars on post surgical spine rehabilitation for North American Seminars for the past 13 years. Between this teaching and clinical practice, she decided to complete a PhD in Physical Therapy in 2012 with a dissertation study was a clinical study of early therapy intervention after anterior cervical fusion. She has continued research interests are in the area of exercise and activity based management of orthopedic disorders, and has published studies in the Journal of Geriatric Physical Therapy and in the Journal of Back and Musculoskeletal Research. She is also active in the Texas Physical Therapy Foundation for research and more recently North American Spine Foundation, and North American Spine Society.

Integrating Evidence-Based Rehab Progression for Current Surgical Procedures for the Cervical and Lumbar Spine

**One Day Live Course Combined with
an Online DVD Homestudy
20.5 hours of Continuing Education,
(8.5 live 12 online)**



**Presented by Carol McFarland,
PT, PhD, OCS**

PT, OT, PTA and AT - Continuing Education Course

**North American Seminars, Inc.
1-800-300-5512 | Fax 1-800-310-5920
www.healthclick.com**

Why You Should Attend This Course

This 20.5 hour responsible CME® course is an intermediate level course that blends online home study training from a professionally filmed and mastered DVD/online access with a one day live interactive instruction experience with hands on lab sessions. This in depth course provides details on performing a comprehensive evaluation for post surgical cervical and lumbar spine and the preparatory work for pre-surgical candidates. Comprehensive evaluation techniques and tools are presented. Carol also discusses the efficacy of common outcome tools that are currently utilized in the clinic and the importance of pre surgical and post surgical values. A step by step evaluation process is discussed and demonstrated to include: postural assessment, neurological assessment and muscle testing. Carol will take you through the process of identifying specific key muscles necessary for the recovery after spine surgery and how to properly evaluate each individual muscle group for a baseline for treatment.

Manual therapy techniques to improve soft tissue mobilization and intervertebral motion is presented with concurrent evidence based information to support the clinicians decision to utilize specific treatments with the post surgical spine pattern. The Literature review will enhance the clinicians ability to utilize information in current research articles and apply appropriate techniques when developing progressive rehab programs.

Recent evidence on exercise selection and prescription can greatly help with specificity of treatment. There are multiple current opinions and theories on exercise training which will be explored and compared to traditional ideas to help clinicians more easily organize their goal setting and intervention plans to achieve optimal functional outcomes. Discussion and case examples from the course participants, in addition to those presented by the instructor, are greatly encouraged in this course.

Course Objectives

Upon completion of this course the participant will be able to:

- Explain the use of spinal surgical procedures such as lumbar microdiscectomy, laminectomy and fusion, kyphoplasty and vertebroplasty, artificial disk replacement and anterior cervical fusion.
 - Identify the standardized outcomes tools that can be utilized to track and compare outcomes.
 - Describe the fundamental components of a post-op spinal evaluation.
 - Perform a post operative spinal evaluation utilizing certain techniques for the varying stages of post-op progression.
 - Describe the importance of key history questions to ask during your patient initial evaluation to appropriately utilize when developing a progressive treatment program.
 - Identify specific tests to utilized during a neurological exam, and the key tests for surgical candidates.
 - Define the four functional loss characteristics used to help determine the most tolerable movements for patients.
 - Utilize the functional loss characteristics to identify treatment interventions and assist with goal setting.
 - Utilize the inclinometer to measure cervical and lumbar ROM and when this is helpful for surgical management.
 - Explain the standardized outcome instruments you can utilize to assist with your overall goal planning and intervention selection.
 - Develop a comprehensive approach to post-op spinal evaluations to include the identification of specific tests to perform at different stages of post-op spinal surgery.
 - Perform a post-operative neurologic exam and use findings to track progress and plan program.
 - Compile a patient evaluation problem list together with the specifics of the spine procedure and select interventions to address each problem that also contribute to perioperative care for that procedure.
 - Recognize the importance of motor control exercises for the cervical and lumbar spine, and their role in decreasing pain, improving strength, stability and function outcomes.
 - Evaluate deep cervical flexors (segmental stabilizers) using stabilizer and emphasize the need for conditioning these muscles for return of cervical spine alignment and protection.
 - Teach a patient to activate specific segmental muscle stabilization in the lumbar spine with a motor control focus.
 - Describe the purpose of combining segmental stabilizers with global stabilizers for functional strength and mobility
 - Perform manual therapy on the post-op cervical and lumbar spine and explain the rationale for each technique depending on the patient's diagnosis.
 - Build a comprehensive exercise program that both stabilizes and strengthen key muscle groups.
- See the complete list of course objectives online at www.healthclick.com**

Live One Day

8:00 9:00 Summary of Post Surgical Rehab Approaches ProcedureS & Patient Profile

- Key evaluation components for decision making, why measure?
- Functional loss characteristics review
- Combining evaluation findings with surgical procedure precautions to identify interventions
- Evidence based exercise & Functional activity

9:00 10:00 Lumbar Nonfusion Surgery Programs

- Information from Spine Societies: North American Spine Society, North American Spine Foundation, and others to help stay current
- Early care and patient education, progression to outpatient
- Safe return to activity & evidence based reconditioning
- Goal setting, tracking progress, case studies

10:00 10:15 Break

10:15 11:30 Manual Therapy for Lumbar Surgeries (practice of online techniques)

- Evidence based approaches to manual therapy and clinical decision making
- Soft tissue mobs for typical problem areas
- Lumbar spine mobilizations, when are they needed and applicable post operatively?
- Unloading procedures and neural mobs
- Muscle facilitation techniques

11:30 12:30 Lumbar Fusion Surgery Programs

- Common approaches and fixation procedures
- Considering procedure and patient profile in intervention selection
- Common treatment challenges early & late phases
- Case studies with discussion

12:30 1:00 Lunch (on your own)

1:00 2:15 Therapy Approaches for Specialized Spine Procedures, Case Examples

- Percutaneous discectomy & Nucleoplasty
- Total Disc Replacement
- Kyphoplasty/ Vertebroplasty
- Interspinous spaces for spinal stenosis

2:15 3:30 Cervical Spine Surgeries

- Basic surgical descriptions ACF and PCL
- Evaluation, important areas of emphasis
- Just published study of cervical spine posture measures!
- Recent clinical trial of early intervention for ACF beginning in hospital, pending publication!
- Ideas for activity based rehab programs for cervical spine surgeries
- Goal setting and outcomes recommended

Live One Day, Cont'd

3:30 3:45 Break

3:45 5:30 Cervical Spine Lab: Post Surgical Strategies - Exercise & Manual Therapy

- Cervical spine stabilization integrated with overall reconditioning
- Facilitating segmental stabilization, the growing evidence of importance!
- Manual therapy & soft tissue mobilizations for pain management and releasing restrictions
- Suboccipitals
- Anterior cervical incision area when applicable
- Posterior releases paraspinals, levator scap, scalenes
- Shoulder girdle augmentation for functional mobility and posture
- Attention to scapular mobility
- Release with shoulder girdle emphasis
- Case studies and discussion

Online Self-Study

Evaluation techniques:

- Early postoperative spinal evaluation components and pointers: Symptom description, incision assessment, spinal contour, functional mobility description
- Early postoperative spinal evaluation components and pointers: Postural Assessments
 - Inclinometer measures of posture and ROM
- Early postoperative spinal evaluation components and pointers: Neurologic testing early
 - Neurologic exam demonstration: dermatome testing for lumbar spine using light touch and myotome testing for early postoperative lumbar
 - Initial straight leg raise test for neural tension. Instructions to patient if positive
- Postoperative spinal evaluation components and pointers: Body mechanics during functional movements
 - Assessing proper log roll and safe supine to sit transition. Ideas for patient instruction
 - Functional testing, body mechanics, testing, balance
 - Functional testing, valid spine scales
 - Functional testing, gait and transitional movements

Evaluation techniques, lumbar spine

- Segmental stabilization in the lumbar spine: transversus abdominis and multifidus
- Increasing evidence of the importance of segmental stabilizers for protection of the spine during movement and loading.
- Importance of training the segmental stabilizers
- ROM evaluation, when is it applicable post surgically?

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Basic components for intervention specific programs

- Spine protection with posture, position and support
- Unloading techniques
- Pain management strategies and patient education
- Reconditioning cardiovascular
- Procedure details for therapist program selections

Manual therapy, lumbar spine

- Soft tissue mob along incision
- Soft tissue mob sidelying for lumbodorsal fascia, quadratus lumborum & hip muscle complex
- Contract/relax quadratus lumborum sidelying
- Contract/relax to iliopsoas in supine
- Posterior /anterior pressures to lumbar spine to help patients increase mobility into extension
- Close up post/ant pressures lumbar spine
- Passive intervertebral motion into flexion in sidelying, for spinal stenosis or artificial disc replacement
- Passive intervertebral motion into lateral flexion in sidelying, with painful side up, for spinal stenosis or artificial disc replacement
- Muscle facilitation in sidelying directed towards hip rotators
- Rhythmic stabilization for trunk muscle facilitation
- Seated localized muscle recruitment with manual resistance at each vertebral level
- Sidelying localized muscle recruitment with manual resistance at each vertebral level

Manual therapy, cervical spine

- Introduction to cervical spine manual therapy section: Description of techniques
- Assisted shrug with upper trap stretch, using contract/ relax/ stretch technique, maintaining neutral cervical spine
- Seated levator scapula stretch, using contract/ relax/ stretch technique, maintaining neutral cervical spine
- Seated scalene stretch, using contract/relax/stretch technique, maintaining neutral cervical spine
- Seated stretch of upper cervical & thoracic paraspinals using contract/relax/stretch, cervical spine in slight flexion
- Seated suboccipital release, thumb pressure below occiput
- Levator scapula contract/relax/stretch release
- Scalene contract/ relax/ stretch release
- Cervical and upper thoracic paraspinal release & elongation stretch
- Supine suboccipital release, maintained pressure over tendon attachments with neutral cervical spine.

In addition to the NAS cancellation policy, this hybrid course requires participation in the self study and live portions of the course. If for some reason the live portion is cancelled due to an Act of War or God or issues beyond our control OR the participant needs to cancel the live portion of the course then partial ceu course credit will be provided for the self study portion (12 hours/1.2 contact hours).

Registration Form

CM16

Rehab PRegression for the Surgical Spine

Registration Fee: see web
One Day Live Course with Online/DVD

Send tuition to: North American Seminars, Inc.

2000 Mallory Lane Suite 130-67 Franklin, TN 37067

1-800-300-5512 Fax 1-800-310-5920 www.healthclick.com

Name _____ Profession _____

Home _____

Address _____

City _____ State _____ Zip _____

Credit Card _____

Exp.date _____ Phone (required) _____

e-mail (required) _____

Location of attendance _____

All cancellations must be submitted with written notice and received 14 days prior to the course date. Refunds and transfers minus the deposit fee of \$75.00 are provided until 14 business days prior to the course date. No refunds or transfers will be issued if notice is received after 14 days prior to the course date. North American Seminars, Inc. reserves the right to cancel any course and will not be responsible for any charges incurred by the registrant due to cancellation. A full course tuition refund will be issued if NAS cancels the course. NAS reserves the right to change a course date, location or instructor. No refund will be issued if course is in progress and is interrupted by an Act of War or God or issue beyond our control. NAS, Inc. will not be responsible for any participant expenses other than a course tuition refund for course cancellations.

