2022 Course Dates & Locations
September 10-11, 2022
FTG Physical Therapy
22500 NE Marketplace Dr, Suite #204
Redmond, WA

This course is 15.0 contact hours/1.5 CEU's.
This course is applicable for PT, PTA and AT's. This course meets the requirements set forth by the Virginia Board of Physical therapists and assistants licensed in New York. This course meets the ceu requirements specified in the Utah Physical Therapy Practice Act. This course meets the requirements for PT, PTA and ATC - Continuing Education Course.

Functional Mechanics of the Lumbopelvic Region and Lower Quarter: A Functional Treatment Paradigm to Improve Lumbopelvic Movement Dysfunction

An Evidenced-Based Course Presented by
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PT, PTA and ATC - Continuing Education Course

Day One
7:30 - 8:00: Registration
8:00 - 8:15: Introduction
8:15 - 8:45: Importance of Clinical Assessment of Functional Movement Deficits
- Connecting Selected outcome measures to treatment and patient engagement
- Patient education/engagement strategies RE: Outcome measures

8:45 - 9:30: Red Flags Overview
- Lower Quarter
- Lumbar-Yellow flags
- Pain science
- Patient education

9:30 - 10:15: Hip Anatomy & Surrounding Structures
10:15 - 10:30: Break
10:30 - 11:00: Lumbar Anatomy and Surrounding Structures
- Identifying key structures
- Functional anatomy of the kinetic chain

Day Two

8:00 - 8:30: Patient Case: Elite Swimmer (Anterior Hip Pain)
8:30 - 9:15: SIJ Differential Dx.
- SIJ Provocation testing (SJCPR)
- Intervention w/ LAB – treating common pelvic obliquity
9:15 - 9:30: Break
9:30 - 10:15: 2021 Clinical Practice Guidelines
- Clinical exam driving intervention (L/S vs SIJ)
- 2012 CPG vs 2021 CPG
- Differences
- Similarities

10:15 - 11:00: Treatment Based Classification System
- Treatment of LBP subgroups
- Acute or chronic LBP
- LPB with leg pain
- LBP in older adults
- Post-op LBP

11:00 - 11:30: Anatomy and Biomechanics Review: Lumbar/Pelvic Girdle
- Regional Independence: Evidence connecting hip weakness to L/S pathology
- Type I vs Type II spine mechanics: Biomechanical approach

11:30 - 12:30: Lunch (on your own)
12:30 - 2:15: (LAB): Therapeutic Activity/Exercise Progression
- Intervention: acute LBP vs chronic LBP
- Therapeutic exercise
- Manual & other directed therapies
- Classification systems
- Clinical systems

2:15 - 4:00: Patient Case Presentations: Participant-Led patient Case
- Patient Case: Lumbar-centric Functional deficits
- Patient Case: Hip-centric functional deficits
- Patient Case: Knee-centric functional deficits
- Patient Case: Ankle/foot-centric functional deficits

Closing Remarks: Testing and Participants Surveys

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About the Educator

Dr. Tvedt received his Bachelor of Science degree in Kinesiology with a minor in Psychology from California Polytechnic State University in San Luis Obispo, CA. His Doctor of Physical Therapy degree was from the #1 rated Physical Therapy program in the US, at The University of Southern California in Los Angeles, CA. As a licensed physical therapist, Dr. Tvedt graduated from an American Physical Therapy Association accredited Orthopaedic Clinical Residency and has earned a board certification in the specialty of orthopaedics (OCS) through the American Board of Physical Therapy Specialties. He continues to be an active member of The American Physical Therapy Association, and APTA’s Orthopaedic Section. While attending Cal Poly, SLO, Lukas conducted independent published research. It was on the topic of Diabetic Peripheral Neuropathy titled, “Clinical Effectiveness of Monochromatic Infrared Energy and Therapeutic Exercises on Balance, Gait, & Protective Sensation in Patients with Diabetic Peripheral Neuropathy.” Lukas continued his studies also internationally by a renowned Pilates organization for certification of its instructors. He currently serves as a clinical mentor within an APTA accredited orthopaedic residency for licensed physical therapists seeking advanced clinical practice with Team Movement for Life, & The University of Southern California. Dr. Tvedt has over 13 years clinical experience in the outpatient realm, and is the clinic director of Movement For Life’s Ft. Lowell, and Tanque Verde locations treating patients ranging from weekend warriors to Major League Baseball, Mixed Martial Arts, ballet dancers, golfers, football, tennis and volleyball players. Ages 1-95. He holds an adjunct faculty position with Northern Arizona University’s Department of Physical Therapy & Athletic Training. Dr. Tvedt also sits on the Clinical Advisory Board for NAU’s entry level Doctor of Physical Therapy (DPT) program, which is in place to further support their mission and continue efforts to enhance clinical education for tomorrow’s leading clinicians.

Outside the clinic, Lukas serves to raise money for local charities as a member of The New Centurions, and as a charter member of the Arizona Bowl’s community and Medical Services Director. Dr. Tvedt was honored in 2016 with the Tucson Hispanic Chamber’s Top 40 Under 40 distinction for professionals serving the greater Tucson region, and The 2020 Arizona Bowl Volunteer of the year awarded by the College Football Bowl Association. However, his favorite job is being a father to his 3 wonderful boys.

Why You Should Attend This Course

This two-day intermediate level evidence-based course provides you with the information and skills necessary to analyze the functional anatomy and mechanics of the lumbar spine and lower kinetic chain. Providing essential tools for value-based care to improve functional outcomes while optimizing reimbursable time.

Extensive laboratory sessions focus on connecting observation of movement impairments with differential diagnosis to determine underlying etiologies presenting in conjunction with lumbar dysfunction, hip pain/stiffness, and lower-extremity pathologies. Use of patient cases, participant interaction, and video analysis of movement strategies is presented to determine evidence-based treatment strategies for various lumbar-skeletal and lower extremity diagnoses. Common patient presentations such as lumbar stenosis, lumbar facet dysfunction, lumbar strain, hip bursitis, gluteal tendinitis, piriformis syndrome, ITB Friction Syndrome, patellofemoral pain syndrome, patellar tendinitis, Achilles tendinitis, plantar fasciitis and posterior tibialis tendon dysfunction to name a few, are discussed in relation to movement system deficiencies.

Laboratory sessions, along with key examination techniques to analyze gait, objective findings, and functional mobility, will provide the essential skills needed to identify altered movement patterns within the ankle, knee, hip, and lumbar spine and their possible etiology. This approach demonstrates the importance of an understanding how synergistic movement is necessary within the lumbar spine and lower extremities to maintain functional, healthy movement patterns and to avoid compensatory motions that can contribute to long-term disabilities and decreased performance for any activity.

At the conclusion of the course, clinicians will understand how to perform a movement examination and apply critical thinking utilizing objective measurement tools to rule out specific dysfunction coming from the lumbar spine, hip and/or lower extremity regions. Critical results analysis will enable the clinician to develop progressive rehab programs to include therapeutic activities, manual therapy-functional motion, and specific exercise programs and to promote optimal function. You will be able to maximize your therapy sessions by identifying the true mechanisms of injury and developing a comprehensive program that encompass the synergistic movement patterns of the lumbar spine and lower kinetic chain to promote optimal function.

Course Objectives

Upon completion of this course, participants will be able to:

• Identify anatomical structures and normal biomechanical motion of the hip, lumbar spine and lower quarter.

• Apply etiological and physiological concepts as they pertain to the hip, lower quarter and lumbar spine function, while recognizing signs and symptoms associated with various conditions including patients with chronic/episodic pain.

• Implement a systematic approach to gait assessment and describe common impairments throughout the lower kinetic chain that can lead to movement dysfunction and functional limitations in the LE and Spine.

• Establish and integrate an accurate treatment classification category and Lumbar Clinical Practice Guidelines (CPG) into a comprehensive program for treatment of lumbar/hip disorders.

• Plan and implement an evidence-based assessment for the lumbar region and correlating structures based on a biomechanical assessment of the lower extremity and trunk.

• Justify and perform specific mobilizations and mobilizations with motion to the lumbar spine, and lower quarter with progressive therapeutic interventions.

• Incorporate clinical reasoning skills and evidence based research when analyzing the results from a movement analysis examination as it pertains to Lower Extremity and Lumbar dysfunction.

• Develop a progressive therapeutic activity/exercise programs to decrease pain and promote biomechanically optimal motion within the lumbar spine and lower quarter.

• Understanding of variables determining proper progress to promote improved functional and subjective outcomes in patient populations presenting with LBP/LE dysfunction.