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 18.0 contact hours/1.8 CEU's, for therapists licensed in NY. IL or DC. Certificates for attendance are given upon successful completion of the course.

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BOC

ROVIDER

BOC provider #P2047 IL Provider #216000074 | AOTA Provider #4487

This course is applicable for PT, PTA and AT's. This course meets the continuing education requirements for physical therapists in the States of Alaska, Alabama, Colorado, Connecticut, District of Columbia, Delaware, Idaho, Indiana, Massachusetts, Missouri, Montana, New Hampshire, New Jersey, North Carolina, Oregon, Rhode Island, Utah, Vermont, Virginia, Washington, Wisconsin and Wyoming. This course meets the ceu requirements set forth by the Nevada Board of Physical Therapy Examiners for 1.5 units of continuing education. This course meets the standards set forth in section 1399.96 of the California Code of Regulation and is approved for 15.0 hrs, 1.50 CEU's for physical therapy continuing competency license renewal requirements in the State of California, approval #PTNAS-2020-47. This course meets the ceu requirements specified in the Utah Physical Therapy Practice Act Rule. The New York State Education Department, Office of the Professions has approved NAS as a continuing education sponsor for physical therapists and assistants licensed in New York. This course meets the requirements set forth by the Virginia Board of Physical Therapy. This activity is provided by the Texas Board of Physical Therapy Examiners Accredited Provider # # 2207038TX and meets continuing competence requirements for physical therapist and physical therapist assistant licensure renewal in Texas for 15 ccu's. NAS is approved by the IDPR for physical therapists licensed in the State of Illinois. IL Provider # 216000074. North American Seminars, Inc. is an AOTA provider for continuing education, provider #4487. 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, North Carolina, 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. BOC provider # P2047, category A. Call for BOC evidence-based status.

This course helps you to connect the dots between movement analysis, clinical exam, Hypothesis driven functional treatment, connecting to functional limitations, resulting in optimal outcomes!

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



PT, PTA and ATC - Continuing Education Course

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		Duy one			Day 100
7:30 8:00	8:00 8:15	Registration Introduction	8:00	8:30	Patient Case: Elite Swimmer (Anterior Hip Pain)
8:15	8:45	Importance of Clinical	8:30	9:15	SIJ Differential Dx.
		Assessment of Functional			 SIJ Provocation testing (SIJCPR
		Movement Deficits			 Intervention w/ IAB – treating
		Connecting Selected outcome management and patient			common pelvic obliquity
		ongagement	9:15	9:30	Break
		Patient education/engagement	9:30	10:15	5 2021 Clinical Practice Guidelin
		strategies RE: Outcome measures			Clinical exam driving intervention
8:45	9:30	Red Flags Overview			(L/S vs SIJ)
		Lower Quarter			 2012 CPG vs 2021 CPG
		Lumbar-Yellow flags			- Differences
		- Pain science			- Similarities
		 Patient education 	10:15	11:00) Treatment Based
9:30	10:15	Hip Anatomy & Surrounding			Classification System
		Structures			 Treatment of LBP subgroups
10:15	10:30	Break			 Acute or chronic LBP
10:30	11:00	Lumbar Anatomy and			- LBP with leg pain
		• Identifying key structures			 LBP in older adults
		 Eunctional anatomy of the kinetic 			- Post-op LBP
		chain	11:00	11:30	Anatomy and Biomechanics
11:00	12:00	Gait Biomechanics(Lab)			Review: Lumbar/Pelvic Girdle
		Gait Assessment			 Regional Interdependence:
		- Systematic approach to gait			Evidence connecting hip
		assessment			weakness to L/S pathology
		 Use of technology in assessment 			 Type I vs Type II spine
12:00	1:00	Lunch (on your own)			mechanics: osteopathic approad
1:00	1:45	Patient Case: Gait	11:30	12:30	Lunch (on your own)
		Assessment/Movement Analysis	12:30	2:15	(LAB): Therapeutic
		Incorporating functional outcome			Activity/Exercise Progression:
		measures into assessment/1X			 Intervention: acute LBP vs
		Functional dencits and required			chronic LBP
1.45	2.20	Bathomochanics of the LE			- Therapeutic exercise
1.45	2.30	• Hin knee foot and ankle			- Manual & other directed
2:30	3:15	LE Functional and Evidence Based			therapies
2.00	0110	Assessment (Lec/Lab)			- Classification systems
		 Functional Squatting assessment 			- Patient education
		Step Down Test / Single Leg Stance	2:15	4:00	Patient Case Presentations:
		assessment			Participant-Led patient Case
		 Advanced Testing 			Patient Case: Lumbar-centric
3:15	5:30	Hip and LE Evaluation,			Functional deficits
		Intervention: (LAB): Therapeutic			 Patient Case: Hip-centric
		Activity/Exercise Progression			functional deficits
		MODIIITY DEFICIT			 Patient Case: Knee-centric
		- Functional limitations-based			functional deficits
		- HEP implementation_nationt			Patient Case: Ankle/foot-centric
		engagement			functional deficits
		Motor programing, neuromotor	4:00	4:30	Closing Remarks: Testing and
		deficit			Participants Surveys
		- Intervention (motor learning)			
		- HEP implementation	© Copyrig this brock	3ht 2021 No	orth American Seminars, Inc. All images, layout and conten
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-Intervention, HEP implementation

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		• Intervention w/ IAB – treating
		common pelvic obliquity
9.15	9.30	Break
9.30	10.15	2021 Clinical Practice Guidelines
2.00	10.10	Clinical exam driving intervention
		(I/S vs SII)
		- 2012 CPG vs 2021 CPG
		- Differences
		- Similarities
10.15	11.00	Treatment Based
10.15	11.00	Classification System
		Trostmont of LBD subgroups
		Acuto or chronic LBP
		- Acute of chronic LBP
		- LDF with leg pain
		- LDP III Older dudits
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		Review: Lumbar/Pelvic Girdie
		Regional Interdependence: Evidence connecting him
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		weakness to L/S pathology
		Type I vs Type II spine
44.00	10.00	mechanics: osteopatnic 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
		- Patient education
2:15	4:00	Patient Case Presentations:
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		Patient Case: Lumbar-centric
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		Patient Case: Ankle/foot-centric
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4:00	4:30	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." He also assisted research in the Motor Behavior/Learning Lab at USC.

Dr. Tvedt continues to instruct other clinicians locally and nationally on the topics of manual therapy for the spine & sacroiliac joint, as well as the hip/lower extremity. Lukas developed an anatomy & physiology based curriculum utilized 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 Tangue 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 Committee 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 lumbopelvic 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 tendonitis, plantar fasciitis and posterior tibialis tendon dysfunction to name a few, are discussed in relation to movement system inefficiencies.

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 of 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 during 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 encompasses the synergistic movement patterns of the lumbar spine and lower kinetic chain to promote optimal function.

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 lumbopelvic disorders.
- Plan and implement an evidence-based assessment for the lumbopelvic region and correlating structures based on a biomechanical assessment of the lower extremity and trunk.
- Justify and perform specific mobilizations and mobilizations with movement 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.

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xp.date CVV	Phone	All cancellations must be submitted with written notice and received 14 days prior to the co Refunds and transfers minus the deposit fee of \$75.00 are provided until 14 business day the course date. No refunds will be issued if notice is received after 14 days prior to the co
-mail		any charges incurred by the registrant due to cancellation. A full course duiton refund will b NAS cancels the course. NAS reserves the right to change a course date, location or instr
ocation of attendance		refund will be issued if course is in progress and is interrupted by an Act of War or God or issu our control. NAS, Inc. will not be responsible for any participant expenses other than a cou
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All this information is required in order to process a registration