

Course Title: Total Rehab for the 21st Century

Instructors: Dr. Michael Robertson, D.C., Dr. Cyrus Laali, D.C.

Total Hours: 16 hours

Summary:

In this course you will learn rehabilitation practices which are in line with current evidence based medical guidelines for all body regions. You will review the process of determining when rehabilitation is clinically appropriate and how much active rehab is necessary per visit for each region of the body and presenting clinical condition. You will cover appropriate examination procedures for each body region and follow up care including referrals to other providers. Dr. Robertson will also review a concise treatment protocol utilizing low tech rehab and consistent re-examinations to facilitate your patient's recovery.

Learning Outcomes:

By the end of the seminar, participants will be better able to:

- Accurately and appropriately evaluate musculoskeletal injuries and conditions
- Identify key indicators for referral to other medical professionals
- Justify a course of physical rehabilitation utilizing evidence based medical guidelines
- Document progression of patient improvement throughout care
- Create individualized treatment plans that demonstrate progression of physical rehabilitation

Teaching Methods:

Lecture, slides, Q & A, Sample Cases/Case Studies

Course Outline:

<i>Hour</i>	<i>Content</i>	<i>Format</i>	<i>Topic</i>
<i>Saturday 9:00am- 9:50am Hour #1</i>	<ul style="list-style-type: none">• E/M Coding Selection Changes Effective Jan 1, 2021<ul style="list-style-type: none">○ History of why these changes are being made<ul style="list-style-type: none">▪ Review 2019 proposals to change by CMS and negotiations/feedback from AMA○ Summary of Changes<ul style="list-style-type: none">▪ E/M Scoring changed to Time or MDM▪ Deletion of 99201▪ Retention of individual code levels<ul style="list-style-type: none">• Review new compensation schedule▪ Addition of new prolonged services code• Review of NEW CPT code Descriptions<ul style="list-style-type: none">○ Current code descriptions for 99202-99215, & 99417• E/M Scoring changes – New ways to select your code level<ul style="list-style-type: none">○ Compare and contrast new vs old methods<ul style="list-style-type: none">▪ MDM vs 3 key components▪ Total time vs old Time method• E/M Coding according to Time<ul style="list-style-type: none">○ Elements addressed in new time code selection	<i>Lecture, Slides</i>	<i>Documentat ion/Record Keeping</i>

<p><i>Saturday</i> <i>9:50am-</i> <i>10:40am</i> <i>Hour #2</i></p>	<ul style="list-style-type: none"> ○ Differences between new E/M timed code selection and all other CPT code time selection processes ○ Specific criteria for time code selection ○ Face-to-Face and Non-face-to-face ○ Date of Service only ○ Pre/Post/Intra-service definitions changed ○ Portions of clinical encounter that can be counted toward time ○ No double dipping & exclusion of separate CPT services ○ Review correct coding for every probable time frame for E/M codes ○ The new Prolonged services code and how to implement ○ Compare new prolonged code to existing prolonged codes and differentiate appropriate usage of said codes ● E/M coding in 2021 according to Medical Decision Making <ul style="list-style-type: none"> ○ Compare/Contrast MDM vs 3 Key Components ○ Highlight documentation requirement of <u>only the history and examination they deem necessary for the encounter</u> and maintenance of standards of Problem Oriented Medical Record as per NCQA Guidelines for Record Keeping ○ 3 categories of MDM <ul style="list-style-type: none"> ▪ Number and complexity of problems addressed ▪ Amount and/or complexity of data to be reviewed and analyzed ▪ Risk of complications and/or morbidity or mortality of patient management ● Determining level of service <ul style="list-style-type: none"> ○ Selection of code level with respect to Number and complexity of Problems addressed ○ Selection of code level with respect to Amount and/or complexity of data to be reviewed and analyzed ○ Selection of code level with respect to Risk of complications and/or morbidity or mortality of patient management ○ Coding based on level of medical decision making <ul style="list-style-type: none"> ▪ Clinical scenarios outlined by the AMA and CMS that qualify for 99203 ▪ Scenarios that qualify for 99204 ● Review of probable code selection pathways for chiropractors given the new coding rules <ul style="list-style-type: none"> ○ Code Selection tips for: <ul style="list-style-type: none"> ▪ 99202/99212 ▪ 99203/99213 ▪ 99204/99214 ▪ 99205/99215 	<p><i>Lecture,</i> <i>Slides</i></p>	<p><i>Documentat</i> <i>ion</i></p>
<p><i>Saturday</i> <i>10:40am</i> <i>-</i> <i>11:30am</i> <i>Hour #3</i></p>	<p>Final Review of code changes and expectations for Payer policy updates</p> <ul style="list-style-type: none"> ● Discussion of ethical pitfalls and board complaints <ul style="list-style-type: none"> ○ Review of previous board actions for past year ● Introduction to medical ethics <ul style="list-style-type: none"> ○ Defining medical ethics <ul style="list-style-type: none"> ▪ Medical ethics vs common ethics ▪ The 6 primary tenets of medical ethics ○ Looking at common medical ethical issues <ul style="list-style-type: none"> ▪ Privacy and confidentiality 	<p><i>Lecture,</i> <i>Slides</i></p>	<p><i>Ethics</i></p>

- End-of-life issues
 - Access to care
- Ethical considerations of the provider-patient relationship
 - Fiduciary duty
 - Protecting patient privacy
 - Clear and ethical communication
 - Understanding full disclosure
 - Understanding appropriate referrals
 - Considering second opinions
 - Specialist referrals
 - Stark Regulations and anti-kickback regulations
- Running an ethical practice
 - Propriety in medical records
 - Modern managed care & today's office practice
- Ethical challenges in delivering basic healthcare
 - Ethics of healthcare distribution
 - Exploring concepts in health care rationing
 - Looking at healthcare delivery strategies in the US
 - HIPAA and the adolescent patient

Saturday
11:30am
-
12:20pm
Hour #4

- Stroke
 - Review of evidence between chiropractic and stroke
 - Utilizing Informed Consent
 - Public Perception of chiropractic and stroke risk
 - Topics and research to discuss with patients
- Risk Management Tips
 - Screening patients for health risk and readiness for rehab
 - PAR-Q
 - Red Flags from history
 - Handling the upset patient
 - Insurance records requests
 - Community outreach
 - Patient reactions
 - Balancing philosophy
 - Updating patient records
- Risk Management and social media
 - Is it appropriate to text my patients?
 - The risks of expanding your practice's social media presence
 - Avoiding potential pitfalls of social media
 - Concerns with responding to a bad online review
 - Handling a negative social media comment
- Informed consent
 - Components
 - Examples-Case Study

Lecture,
Slides,
Case
Study

Risk
Managemen
t

Saturday
12:50pm
-1:40pm
Hour #5

- Principles of Rehabilitation Programs
 - ODG Preface
 - Exploring common themes in rehabilitative practices through multiple evidence-based guidelines

Lecture,
Slides

Clinical
Sciences

	<ul style="list-style-type: none"> ○ Rehab Timelines and Progressions <ul style="list-style-type: none"> ▪ Discussing the physiological considerations and justifications of appropriate timelines for rehabilitative care duration and frequency 		
<p><i>Saturday</i> <i>1:40pm-2:30pm</i> <i>Hour #6</i></p>	<ul style="list-style-type: none"> • Code selection in physical medicine and rehabilitation per the AMA CPT protocol and ChiroCode <ul style="list-style-type: none"> ○ Common CPT codes used in clinical rehabilitation <ul style="list-style-type: none"> ▪ Documentation requirements for each code cited ▪ Samples of therapies that would qualify for each code ○ Creating condition specific care protocols in the chiropractic practice 	<i>Lecture, Slides</i>	<i>Clinical Sciences</i>
<p><i>Saturday</i> <i>2:30pm-3:20pm</i> <i>Hour #7</i></p>	<ul style="list-style-type: none"> • Cervical Spine <ul style="list-style-type: none"> ○ Documenting cervical deficits <ul style="list-style-type: none"> ▪ Objective findings <ul style="list-style-type: none"> • Ortho • ROM ▪ Outcome Assessments ▪ Functional Deficits ○ Phase 1 Cervical Rehab (weeks 1 & 2) <ul style="list-style-type: none"> ▪ Clinical Goals for phase 1 of cervical Rehab ▪ Rationale for utilizing Active therapy modalities ▪ Review of rehabilitative practices appropriate for the 1st 6 visits of treatment ▪ Sample protocol for Cervical Phase 1 active therapy ○ Phase 2 Cervical Rehab (weeks 3 & 4) <ul style="list-style-type: none"> ▪ Clinical Goals for phase 2 of cervical Rehab ▪ Rationale for utilizing Active therapy modalities during this timeframe ▪ Review of rehabilitative practices appropriate for weeks 3 & 4 of treatment ▪ Sample protocol for Cervical Phase 2 active therapy ○ Phase 3 Cervical Rehab (weeks 5 & 6) <ul style="list-style-type: none"> ▪ Clinical Goals for phase 3 of cervical Rehab ▪ Rationale for utilizing Active therapy modalities during this timeframe ▪ Review of rehabilitative practices appropriate for weeks 5 & 6 of treatment ▪ Sample protocol for Cervical Phase 3 active therapy ○ Phase 4 Cervical Rehab (weeks 7 & 8) <ul style="list-style-type: none"> ▪ Clinical Goals for phase 4 of cervical Rehab ▪ Rationale for utilizing Active therapy modalities during this timeframe 	<i>Lecture, Slides, Case study</i>	<i>Clinical Sciences</i>

- Review of rehabilitative practices appropriate for weeks 7 & 8 of treatment
 - Sample protocol for Cervical Phase 4 active therapy
- Phase 5 Cervical Rehab (weeks 9 & 10)
 - Clinical Goals for phase 5 of cervical Rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 9 & 10 of treatment
 - Sample protocol for Cervical Phase 5 active therapy
- Phase 6 Cervical Rehab (weeks 11 & 12)
 - Clinical Goals for phase 6 of cervical Rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 11 & 12 of treatment
 - Sample protocol for Cervical Phase 6 active therapy

*Saturday
3:20pm-
4:10pm
Hour #8*

- Thoracic Spine
 - Documenting thoracic deficits
 - Objective findings
 - Ortho
 - ROM
 - Outcome Assessments
 - Documenting Functional Deficits
 - Phase 1 Thoracic Rehab (weeks 1 & 2)
 - Clinical Goals for phase 1 of thoracic Rehab
 - Rationale for utilizing Active therapy modalities
 - Review of rehabilitative practices appropriate for the 1st 6 visits of treatment
 - Sample protocol for thoracic Phase 1 active therapy
 - Phase 2 Thoracic Rehab (weeks 3 & 4)
 - Clinical Goals for phase 2 of thoracic Rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 3 & 4 of treatment
 - Sample protocol for thoracic Phase 2 active therapy
 - Phase 3 Thoracic Rehab (weeks 5 & 6)
 - Clinical Goals for phase 3 of thoracic Rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 5 & 6 of treatment
 - Sample protocol for thoracic Phase 3 active therapy

Lecture, Slides Clinical Sciences

- Phase 4 Thoracic Rehab (weeks 7 & 8)
 - Clinical Goals for phase 4 of thoracic Rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 7 & 8 of treatment
 - Sample protocol for thoracic Phase 4 active therapy
- Phase 5 Thoracic Rehab (weeks 9 & 10)
 - Clinical Goals for phase 5 of thoracic Rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 9 & 10 of treatment
 - Sample protocol for thoracic Phase 5 active therapy
- Phase 6 Thoracic Rehab (weeks 11 & 12)
 - Clinical Goals for phase 6 of thoracic Rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 11 & 12 of treatment
 - Sample protocol for thoracic Phase 6 active therapy

*Sunday
9:00am-
9:50am
Hour #9*

- Lumbar Spine
 - Documenting lumbar deficits
 - Objective findings
 - Ortho
 - ROM
 - Outcome Assessments
 - Documenting Functional Deficits
 - Phase 1 Lumbar Rehab (weeks 1 & 2)
 - Clinical Goals for phase 1 of lumbar Rehab
 - Rationale for utilizing Active therapy modalities
 - Review of rehabilitative practices appropriate for the 1st 6 visits of treatment
 - Sample protocol for lumbar Phase 1 active therapy
 - Phase 2 Lumbar Rehab (weeks 3 & 4)
 - Clinical Goals for phase 2 of lumbar Rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 3 & 4 of treatment
 - Sample protocol for lumbar Phase 2 active therapy
 - Phase 3 Lumbar Rehab (weeks 5 & 6)
 - Clinical Goals for phase 3 of lumbar Rehab
 - Rationale for utilizing Active therapy modalities during this timeframe

Lecture, Slides Clinical Sciences

- Review of rehabilitative practices appropriate for weeks 5 & 6 of treatment
 - Sample protocol for lumbar Phase 3 active therapy
- Phase 4 Lumbar Rehab (weeks 7 & 8)
 - Clinical Goals for phase 4 of lumbar Rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 7 & 8 of treatment
 - Sample protocol for lumbar Phase 4 active therapy
- Phase 5 Lumbar Rehab (weeks 9 & 10)
 - Clinical Goals for phase 5 of lumbar Rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 9 & 10 of treatment
 - Sample protocol for lumbar Phase 5 active therapy
- Phase 6 Lumbar Rehab (weeks 11 & 12)
 - Clinical Goals for phase 6 of lumbar Rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 11 & 12 of treatment
 - Sample protocol for lumbar Phase 6 active therapy

*Sunday
9:50am-
10:40am
Hour
#10*

- Shoulder
 - Documenting shoulder deficits
 - Objective findings
 - Ortho
 - ROM
 - Common conditions:
 - Sprain, strain, rotator cuff tear, RC tendinitis, impingement, frozen shoulder
 - Documenting Functional Deficits
 - Phase 1 Shoulder Rehab (weeks 1 & 2)
 - Clinical Goals for phase 1 of shoulder rehab
 - Rationale for utilizing Active therapy modalities
 - Review of rehabilitative practices appropriate for the 1st 6 visits of treatment
 - Sample protocol for shoulder Phase 1 active therapy
 - Phase 2 Shoulder Rehab (weeks 3 & 4)
 - Clinical Goals for phase 2 of shoulder rehab
 - Rationale for utilizing Active therapy modalities during this timeframe

*Lecture,
Slides Clinical
Sciences*

- Review of rehabilitative practices appropriate for weeks 3 & 4 of treatment
 - Sample protocol for shoulder Phase 2 active therapy
- Phase 3 Shoulder Rehab (weeks 5 & 6)
 - Clinical Goals for phase 3 of shoulder rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 5 & 6 of treatment
 - Sample protocol for shoulder Phase 3 active therapy
- Phase 4 Shoulder Rehab (weeks 7 & 8)
 - Clinical Goals for phase 4 of shoulder rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 7 & 8 of treatment
 - Sample protocol for shoulder Phase 4 active therapy
- Phase 5 Shoulder Rehab (weeks 9 & 10)
 - Clinical Goals for phase 5 of shoulder rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 9 & 10 of treatment
 - Sample protocol for shoulder Phase 5 active therapy
- Phase 6 Shoulder Rehab (weeks 11 & 12)
 - Clinical Goals for phase 6 of shoulder rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 11 & 12 of treatment
 - Sample protocol for shoulder Phase 6 active therapy

Sunday
10:40am
-
11:30am
Hour
#11

- Elbow
 - Documenting elbow deficits
 - Objective findings
 - Ortho
 - ROM
 - Common conditions:
 - Sprain, strain, bursitis, tennis elbow, golfers' elbow
 - Documenting Functional Deficits
 - Phase 1 Elbow Rehab (weeks 1 & 2)
 - Clinical Goals for phase 1 of elbow rehab
 - Rationale for utilizing Active therapy modalities
 - Review of rehabilitative practices appropriate for the 1st 6 visits of treatment

Lecture, Slides Clinical Sciences

- Sample protocol for elbow Phase 1 active therapy
- Phase 2 Elbow Rehab (weeks 3 & 4)
 - Clinical Goals for phase 2 of elbow rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 3 & 4 of treatment
 - Sample protocol for elbow Phase 2 active therapy
- Phase 3 Elbow Rehab (weeks 5 & 6)
 - Clinical Goals for phase 3 of elbow rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 5 & 6 of treatment
 - Sample protocol for elbow Phase 3 active therapy
- Phase 4 Elbow Rehab (weeks 7 & 8)
 - Clinical Goals for phase 4 of elbow rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 7 & 8 of treatment
 - Sample protocol for elbow Phase 4 active therapy
- Phase 5 Elbow Rehab (weeks 9 & 10)
 - Clinical Goals for phase 5 of elbow rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 9 & 10 of treatment
 - Sample protocol for elbow Phase 5 active therapy
- Phase 6 Elbow Rehab (weeks 11 & 12)
 - Clinical Goals for phase 6 of elbow rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 11 & 12 of treatment
 - Sample protocol for elbow Phase 6 active therapy

Sunday
11:30am
-
12:20pm
Hour #
12

- Wrist
 - Documenting wrist deficits
 - Objective findings
 - Ortho
 - ROM
 - Common conditions:
 - Sprain, strain, arthritis, carpal tunnel, tendinitis

Lecture, Slides Clinical Sciences

- Documenting Functional Deficits
- Phase 1 Wrist Rehab (weeks 1 & 2)
 - Clinical Goals for phase 1 of wrist rehab
 - Rationale for utilizing Active therapy modalities
 - Review of rehabilitative practices appropriate for the 1st 6 visits of treatment
 - Sample protocol for wrist Phase 1 active therapy
- Phase 2 Wrist Rehab (weeks 3 & 4)
 - Clinical Goals for phase 2 of wrist rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 3 & 4 of treatment
 - Sample protocol for wrist Phase 2 active therapy
- Phase 3 Wrist Rehab (weeks 5 & 6)
 - Clinical Goals for phase 3 of wrist rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 5 & 6 of treatment
 - Sample protocol for wrist Phase 3 active therapy
- Phase 4 Wrist Rehab (weeks 7 & 8)
 - Clinical Goals for phase 4 of wrist rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 7 & 8 of treatment
 - Sample protocol for wrist Phase 4 active therapy
- Phase 5 Wrist Rehab (weeks 9 & 10)
 - Clinical Goals for phase 5 of wrist rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 9 & 10 of treatment
 - Sample protocol for wrist Phase 5 active therapy
- Phase 6 Wrist Rehab (weeks 11 & 12)
 - Clinical Goals for phase 6 of wrist rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 11 & 12 of treatment
 - Sample protocol for wrist Phase 6 active therapy

Sunday
12:50pm
-1:40pm
Hour
#13

- Hip
 - Documenting hip deficits
 - Objective findings
 - Ortho
 - ROM
 - Common conditions:
 - Arthritis, quadriceps sprain/strain, hamstring sprain/strain
 - Documenting Functional Deficits
 - Phase 1 Hip Rehab (weeks 1 & 2)
 - Clinical Goals for phase 1 of hip rehab
 - Rationale for utilizing Active therapy modalities
 - Review of rehabilitative practices appropriate for the 1st 6 visits of treatment
 - Sample protocol for hip Phase 1 active therapy
 - Phase 2 Hip Rehab (weeks 3 & 4)
 - Clinical Goals for phase 2 of hip rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 3 & 4 of treatment
 - Sample protocol for hip Phase 2 active therapy
 - Phase 3 Hip Rehab (weeks 5 & 6)
 - Clinical Goals for phase 3 of hip rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 5 & 6 of treatment
 - Sample protocol for hip Phase 3 active therapy
 - Phase 4 Hip Rehab (weeks 7 & 8)
 - Clinical Goals for phase 4 of hip rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 7 & 8 of treatment
 - Sample protocol for hip Phase 4 active therapy
 - Phase 5 Hip Rehab (weeks 9 & 10)
 - Clinical Goals for phase 5 of hip rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 9 & 10 of treatment
 - Sample protocol for hip Phase 5 active therapy
 - Phase 6 Hip Rehab (weeks 11 & 12)
 - Clinical Goals for phase 6 of hip rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 11 & 12 of treatment
 - Sample protocol for hip Phase 6 active therapy

Lecture, Slides
Clinical Sciences

Sunday
1:40pm-
2:30pm
Hour
#14

- Knee Diagnosis
 - Documenting knee deficits
 - Objective findings
 - Ortho
 - ROM
 - Strategies for simplifying differential diagnosis of the knee
 - Common diagnosis as sorted by patient age
 - Children/adolescents
 - Adults
 - Older adults
 - Refinement of diagnosis per region of complaint
 - Anterior
 - Clinical considerations in diagnosis and management of common knee conditions:
 - Arthritis, sprain, strain, meniscal tears, bursitis, ITB syndrome, post-surgical care, patellar apophysitis, Osgood, medial plica syndrome, pes anserine bursitis
 - Documenting Functional Deficits

Lecture,
Slides Clinical
Sciences

Sunday
2:30pm-
3:20pm
Hour
#15

- Knee Rehabilitation
 - Phase 1 Knee Rehab (weeks 1 & 2)
 - Clinical Goals for phase 1 of knee rehab
 - Rationale for utilizing Active therapy modalities
 - Review of rehabilitative practices appropriate for the 1st 6 visits of treatment
 - Sample protocol for knee Phase 1 active therapy
 - Phase 2 Knee Rehab (weeks 3 & 4)
 - Clinical Goals for phase 2 of knee rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 3 & 4 of treatment
 - Sample protocol for knee Phase 2 active therapy
 - Phase 3 Knee Rehab (weeks 5 & 6)
 - Clinical Goals for phase 3 of knee rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 5 & 6 of treatment
 - Sample protocol for knee Phase 3 active therapy
 - Phase 4 Knee Rehab (weeks 7 & 8)
 - Clinical Goals for phase 4 of knee rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 7 & 8 of treatment
 - Sample protocol for knee Phase 4 active therapy
 - Phase 5 Knee Rehab (weeks 9 & 10)

Lecture,
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Sciences

- Clinical Goals for phase 5 of knee rehab
- Rationale for utilizing Active therapy modalities during this timeframe
- Review of rehabilitative practices appropriate for weeks 9 & 10 of treatment
- Sample protocol for knee Phase 5 active therapy
- Phase 6 Knee Rehab (weeks 11 & 12)
 - Clinical Goals for phase 6 of knee rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 11 & 12 of treatment
 - Sample protocol for knee Phase 6 active therapy

*Sunday
3:20pm-
4:10pm
Hour
#16*

- Ankle/foot
 - Documenting ankle/foot deficits
 - Objective findings
 - Ortho
 - ROM
 - Common conditions:
 - Sprain, strain, Achilles tendinitis, arthritis, plantar fasciitis
 - Documenting Functional Deficits
 - Phase 1 Ankle/foot Rehab (weeks 1 & 2)
 - Clinical Goals for phase 1 of ankle/foot rehab
 - Rationale for utilizing Active therapy modalities
 - Review of rehabilitative practices appropriate for the 1st 6 visits of treatment
 - Sample protocol for ankle/foot Phase 1 active therapy
 - Phase 2 Ankle/foot Rehab (weeks 3 & 4)
 - Clinical Goals for phase 2 of ankle/foot rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 3 & 4 of treatment
 - Sample protocol for ankle/foot Phase 2 active therapy
 - Phase 3 Ankle/foot Rehab (weeks 5 & 6)
 - Clinical Goals for phase 3 of ankle/foot rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 5 & 6 of treatment
 - Sample protocol for ankle/foot Phase 3 active therapy
 - Phase 4 Ankle/foot Rehab (weeks 7 & 8)
 - Clinical Goals for phase 4 of ankle/foot rehab
 - Rationale for utilizing Active therapy modalities during this timeframe

Lecture, Slides Clinical Sciences

- Review of rehabilitative practices appropriate for weeks 7 & 8 of treatment
- Sample protocol for ankle/foot Phase 4 active therapy
- Phase 5 Ankle/foot Rehab (weeks 9 & 10)
 - Clinical Goals for phase 5 of ankle/foot rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 9 & 10 of treatment
 - Sample protocol for ankle/foot Phase 5 active therapy
- Phase 6 Ankle/foot Rehab (weeks 11 & 12)
 - Clinical Goals for phase 6 of ankle/foot rehab
 - Rationale for utilizing Active therapy modalities during this timeframe
 - Review of rehabilitative practices appropriate for weeks 11 & 12 of treatment
 - Sample protocol for ankle/foot Phase 6 active therapy

Recommended/Background Readings

- Physical Examination of the Spine & Extremities: Hoppenfeld
- Official Disability Guidelines: <http://www.odg-twc.com/>
- Manual therapy and exercise for rotator cuff disease. Cochrane Database Syst Rev. 2016 Jun 10;(6):CD01224. Page MJ, Green S, McBain B, Surace SJ, et. Al.
- Kellett J. Acute soft tissue injuries—a review of the literature. Med Sci Sports Exerc. 1986 Oct;18(5):489-500.
- Rehabilitation for hamstring injuries. Cochrane Database Syst Rev. 2007 Jan 24;(1):CD0004575. Mason DL, Dickens V, Vail A