<u>Course Title:</u>	Mastering the Knee Complex
Instructors:	Dr. John Buoniconti, D.C.
<u>Total Hours:</u>	16 hours

Summary:

In this course you will learn rehabilitation practices which are in line with current evidence based medical guidelines for the knee complex. This course will cover everything from the examination process to in-depth discussion on various topics regarding the knee such as ACL pathology, meniscus injuries, patellofemoral pain, cartilage pathology, and the arthritic knee. This course will also investigate proper post-surgical interventions for different procedures.

Learning Outcomes:

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

- Accurately and appropriately evaluate knee injuries and conditions
- Establish understanding of the biomechanics of knee anatomy and how they apply from a functional standpoint
- Justify a course of physical rehabilitation utilizing evidence based medical guidelines
- Create individualized treatment plans contingent on mechanism of injury

Teaching Methods:

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

Course Outline:

Hour Saturday 9:00am- 9:50am Hour #1	Content	 E/M Coding Selection Changes Effective Jan 1, 2021 History of why these changes are being made Review 2019 proposals to change by CMS and negotiations/feedback from AMA Summary of Changes E/M Scoring changed to Time or MDM Deletion of 99201 Retention of individual code levels Review new compensation schedule Addition of new prolonged services code Review of NEW CPT code Descriptions Current code descriptions for 99202-99215, & 99417 E/M Scoring changes – New ways to select your code level 	Format Lecture, Slides	Documentat ion/Record Keeping
	•	 E/M Scoring changes – New ways to select your code level o Compare and contrast new vs old methods MDM vs 3 key components Total time vs old Time method E/M Coding according to Time o Elements addressed in new time code selection 		

		0	Differences between new E/M timed code selection and		
			all other CPT code time selection processes		
		0	Specific criteria for time code selection		
		0	Face-to-Face and Non-face-to-face		
		0	Date of Service only		
		0	Pre/Post/Intra-service definitions changed		
		0	Portions of clinical encounter that can be counted toward time		
		0	No double dipping & exclusion of separate CPT services		
		0	Review correct coding for every probable time frame for		
			E/M codes		
		0	The new Prolonged services code and how to implement		
		0	Compare new prolonged code to existing prolonged		
			codes and differentiate appropriate usage of said codes		
Saturday	•	E/M co	ding in 2021 according to Medical Decision Making	Lecture,	
9:50am-	-	0	Compare/Contrast MDM vs 3 Key Components	Slides	
10:40am		0	Highlight documentation requirement of <u>only the history</u>		
Hour #2		Ū	and examination they deem necessary for the encounter		
			and maintenance of standards of Problem Oriented		Documentat
			Medical Record as per NCQA Guidelines for Record		ion
			Keeping		
		0	3 categories of MDM		
		Ū	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		
	•	Determ	nining level of service		
	•	0	Selection of code level with respect to Number and		
		Ū	complexity of Problems addressed		
		0	Selection of code level with respect to Amount and/or		
		Ū	complexity of data to be reviewed and analyzed		
		0	Selection of code level with respect to Risk of		
		0	complications and/or morbidity or mortality of patient		
			management		
		0	Coding based on level of medical decision making		
		0	 Clinical scenarios outlined by the AMA and CMS 		
			that qualify for 99203		
			 Scenarios that qualify for 99204 		
	•	Review	v of probable code selection pathways for chiropractors		
			he new coding rules		
		0	Code Selection tips for:		
		-	• 99202/99212		
			• 99203/99213		
			• 99204/99214		
			• 99205/99215		

Final Review of code changes and expectations for Payer policy updates

- Discussion of ethical pitfalls and board complaints
 - o Review of previous board actions for past year
 - Introduction to medical ethics
 - o Defining medical ethics
 - Medical ethics vs common ethics
 - The 6 primary tenets of medical ethics
 - Looking at common medical ethical issues
 - Privacy and confidentiality
 - End-of-life issues
 - Access to care
- Ethical considerations of the provider-patient relationship
 - o Fiduciary duty
 - o Protecting patient privacy
 - o Clear and ethical communication
 - o Understanding full disclosure
 - o Understanding appropriate referrals
 - Considering second opinions
 - Specialist referrals
 - Stark Regulations and anti-kickback
 - regulations
- Running an ethical practice
 - o Propriety in medical records
 - o Modern managed care & today's office practice
- Ethical challenges in delivering basic healthcare
 - *o* Ethics of healthcare distribution
 - *o* Exploring concepts in health care rationing
 - *o* Looking at healthcare delivery strategies in the US
 - HIPAA and the adolescent patient

Saturday 11:30am -12:20p m Hour #4

- Stroke

 Review of evidence between chiropractic and stroke
 Utilizing Informed Consent
 - o Public Perception of chiropractic and stroke risk
 - Topics and research to discuss with patients
- Risk Management Tips
 - o Screening patients for health risk and readiness for rehab
 - PAR-O
 - Red Flags from history
 - o Handling the upset patient
 - o Insurance records requests
 - o Community outreach
 - o Patient reactions
 - o Balancing philosophy
 - o Updating patient records
- Risk Management and Social Media
 - o Is it appropriate to text my patients?

Lecture, Slides, Case Study Risk Managemen

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Lecture, Slides

Ethics

Saturday 10:40am -11:30a m Hour #3

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	o	 presence Avoiding potential pitfalls of social media 		
		 Handling a negative social media comment 		
	• Inform	med consent		
	0	Components		
	0	Examples-Case Study		
Saturday 12:50pm -1:40pm Hour #5		 selection in physical medicine and rehabilitation per the CPT protocol and ChiroCode Common CPT codes used in clinical rehabilitation Documentation requirements for each code cited 	Lecture, Slides	Clinical Sciences
		 Samples of therapies that would qualify for each code 		
	0			
	• Knee	Examination		
	0	Ortho		
	0			
	0	Palpation		
Saturday		iples of rehabilitation	Lecture,	Clinical
1:40pm- 2:30pm	0		Slides	Sciences
<i>L.50pm</i> <i>Hour #6</i>		What is it?How are pain and function related?		
		How are pain and function related?What came first, pain or dysfunction?		
		 Assess globally while also focusing locally 		
	0			
	0			
Saturday	• Move	ment Screening	Lecture,	Clinical
2:30pm-	0		Slides,	Sciences
3:20pm Hour #7		 Outcome Assessments Combining screens from different pillars of rehabilitation 	Case study	
	0			
		Multi-segmental Flexion		
		Overhead Squat		
		Lunge Straight Log Daige		
		Straight Leg RaiseHurdle Step		
		 Breakouts 		
	0			
	-	Lower Quarter Rotation Test		
		 Bridge with leg extension 		
	0	Step Down		

- Screening
- Compensations
- Breaking down the movement
- o Hinge
 - Screening
 - Compensations
 - Breaking down the movements
- o Lunge and Lateral Lunge
 - Screening
 - Compensations
 - Breaking Down the Movement

Saturday 3:20pm- 4:10pm Hour #8	 Lumbar Spine Documenting Lumbar deficits Objective findings Ortho ROM Outcome Assessments Functional Deficits 	Lecture, Slides	Clinical Sciences
	 o Phase 1 Lumbar Rehab (weeks 1 & 2) Clinical Goals for phase 1 of Lumbar Rehab Rationale for utilizing Active therapy modalities Sample protocol for Lumbar Phase 1 active therapy 		
	 o Phase 2 Lumbar Rehab (weeks 3 & 4) Clinical Goals for phase 2 of Lumbar Rehab Rationale for utilizing Active therapy modalities during this timeframe Sample protocol for Lumbar Phase 2 active therapy 		
	 o Phase 3 Lumbar Rehab (weeks 5 & 6) Clinical Goals for phase 3 of Lumbar Rehab Rationale for utilizing Active therapy modalities during this timeframe Sample protocol for Lumbar Phase 3 active therapy 		
Sunday 9:00am- 9:50am Hour #9	 Hip and Ankle Complex Documenting LE deficits Objective findings Ortho ROM Outcome Assessments Documenting Functional Deficits Phase 1 Rehab (weeks 1 & 2) Clinical Goals for phase 1 of Lower extremity Rehab Rationale for utilizing Active therapy modalities Sample protocol for lower extremity Phase 1 active therapy 	Lecture, Slides	Clinical Sciences

o Phase 2 Rehab (weeks 3 & 4)

	 Clinical Goals for phase 2 of Lower extremity Rehab Rationale for utilizing Active therapy modalities during this timeframe Sample protocol for Lower extremity Phase 2 active therapy Phase 3 Rehab (weeks 5 & 6) Clinical Goals for phase 3 of lower extremity Rehab Rationale for utilizing Active therapy modalities during this timeframe Sample protocol for lower extremity Phase 3 active therapy 		
Sunday 9:50am- 10:40am Hour #10	Ligamentous Injury o Overview Anatomy Kinematics Objective findings Orthopedics for RTC/Impingement Surgical Techniques Post-surgical statistics Overview of a post-surgical ACL repair Phase 1 (weeks 1-4) Clinical Goals for phase 1 Rationale for utilizing Active therapy modalities Sample protocol for Phase 1 active therapy Phase 2 (weeks 5-8) Clinical Goals for phase 2 Rationale for utilizing Active therapy modalities during this timeframe Sample protocol for Phase 2 active therapy Phase 3 (weeks 8-12) Clinical Goals for phase 3 Rationale for utilizing Active therapy modalities during this timeframe Sample protocol for Phase 3 Rationale for utilizing Active therapy modalities during this timeframe Sample protocol for Phase 3 Rationale for utilizing Active therapy modalities during this timeframe Sample protocol for Phase 3	Lecture, Slides	Clinical Sciences
Sunday 10:40am -11:30a m Hour #11	Anterior Knee Pain o Overview Anatomy Objective findings Orthopedic Examination Surgical Techniques Post-surgical Statistics o Overview of a post-surgical rehab Phase 1 (weeks 1-4) Clinical Goals for phase 1 of rehab	Lecture, Slides	Clinical Sciences

- Rationale for utilizing Active therapy modalities
 - Sample protocol for Phase 1 active therapy
- Phase 2 (weeks 5-8)

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Meniscus

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Sunday

- Clinical Goals for phase 2 of rehab
- Rationale for utilizing Active therapy modalities
- Sample protocol for Phase 2 active therapy
- Phase 3 (weeks 8-12)
 - Clinical Goals for phase 3 of rehab
 - Rationale for utilizing Active therapy modalities
 - Sample protocol for Phase 3 active therapy

Clinical

Lecture,

11:30am	0	Introduction	Slides	Sciences
-12:20p		 Anatomical considerations 		
m Hour		 Keys to treatment 		
#	0	Objective findings		
12		Specific Testing for meniscus		
	0	Overview of meniscus rehab		
		 Phase 1 Rehab (weeks 1 & 2) 		
		Clinical Goals for phase 1 of rehab		
		• Rationale for utilizing Active therapy		
		modalities		
		• Sample protocol for Phase 1 active		
		therapy		
		 Phase 2 Rehab (weeks 3 & 4) 		
		• Clinical Goals for phase 2 of rehab		
		• Rationale for utilizing Active therapy		
		modalities during this timeframe		
		• Sample protocol for Phase 2 active		
		therapy		
		 Phase 3 Rehab (weeks 5 & 6) 		
		Clinical Goals for phase 3 of rehab		
		Rationale for utilizing Active therapy		
		modalities during this timeframe		
		• Sample protocol for Phase 3 active		
		therapy		
		 Phase 4 Rehab (weeks 7 & 8) 		
		• Clinical Goals for phase 4 of rehab		
		• Rationale for utilizing Active therapy		
		modalities during this timeframe		
		• Sample protocol for Phase 4 active		
		therapy		

Sunday 12:50pm -1:40pm Hour #13	 Cartilage Injury Introduction Anatomical considerations Objective findings Assessing cartilage disorders Documenting Functional Deficits Overview of rehabilitation for cartilage injuries Phase 1 Rehab (weeks 1 & 2) Clinical Goals for phase 1 of rehab Rationale for utilizing Active therapy modalities Sample protocol for Phase 1 active therapy Phase 2 Rehab (weeks 3 & 4) Clinical Goals for phase 2 of rehab Rationale for utilizing Active therapy modalities during this timeframe Sample protocol for Phase 2 active therapy Phase 3 Rehab (weeks 5 & 6) Clinical Goals for phase 3 of rehab Rationale for utilizing Active therapy modalities during this timeframe Sample protocol for Phase 3 active therapy Phase 4 Rehab (weeks 7 & 8) Clinical Goals for phase 4 of rehab Rationale for utilizing Active therapy modalities during this timeframe Sample protocol for Phase 4 active therapy 	Lecture, Slides	Clinical Sciences
Sunday 1:40pm- 2:30pm Hour #14	Arthritic Knee o Introduction • What does arthritis look like for knee? • Ortho • Documenting Functional Deficits • Types of knee replacements o Overview of the arthritic knee rehabilitation • Phase 1 Rehab (weeks 1 & 2) • Clinical Goals for phase 1 • Rationale for utilizing Active therapy modalities • Sample protocol for Phase 1 active therapy • Phase 2 Rehab (weeks 3 & 4) • Clinical Goals for phase 2 • Rationale for utilizing Active therapy modalities during this timeframe • Sample protocol for Phase 2 active therapy	Lecture, Slides	Clinical Sciences

	 Phase 3 Rehab (weeks 5 & 6) Clinical Goals for phase 3 Rationale for utilizing Active therapy modalities during this timeframe Sample protocol for Phase 3 active therapy Phase 4 Rehab (weeks 7 & 8) Clinical Goals for phase 4 of rehab Rationale for utilizing Active therapy modalities during this timeframe 		
Sunday 2:30pm- 3:20pm Hour #15	Manual Therapy for the Knee o Why manual therapy? o What is fascia, trigger points/adhesions/scar tissue o Types of manual therapy • IASTM • ART • Functional Dry needling	Lecture, Slides	Clinical Sciences
Sunday 3:20pm- 4:10pm Hour #16	Exercise Prescription for the Lower Extremity o Introduction • Mobility • Stability/Control • Loading/Strengthening	Lecture, Slides	Clinical Sciences