Course Title: Mastering the Shoulder Complex

Instructors: Dr. John Buoniconti, D.C. & Michael Robertson, DC

Total Hours: 16 hours

Summary:

In this course you will learn rehabilitation practices which are in line with current evidence based medical guidelines for the shoulder complex. This course will cover everything from the examination process to in-depth discussion on various topics regarding the shoulder such as rotator cuff pathology, labral injuries, shoulder instability, shoulder stiffness, and the arthritic shoulder. 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 shoulder injuries and conditions
- Establish understanding of the biomechanics of shoulder 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	*Content*	*Format*	*Topic*
Saturday 9:00am-9:50am Hour #1	● E/M Coding Selection Changes Effective Jan 1, 2021 o History of why these changes are being made ▪ Review 2019 proposals to change by CMS and negotiations/feedback from AMA o 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 o Current code descriptions for 99202-99215, & 99417 ● 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	*Lecture, Slides*	*Documentation/Record Keeping*

- *o* Differences between new E/M timed code selection and all other CPT code time selection processes
- *o* Specific criteria for time code selection
- *o* Face-to-Face and Non-face-to-face
- *o* Date of Service only
- *o* Pre/Post/Intra-service definitions changed
- *o* Portions of clinical encounter that can be counted toward time
- *o* No double dipping & exclusion of separate CPT services
- *o* Review correct coding for every probable time frame for E/M codes
- *o* The new Prolonged services code and how to implement
- *o* Compare new prolonged code to existing prolonged codes and differentiate appropriate usage of said codes

Saturday 9:50am-10:40am Hour #2

- E/M coding in 2021 according to Medical Decision Making
  - o Compare/Contrast MDM vs 3 Key Components
  - o 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
  - o 3 categories of MDM
    - ▪ 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
  - o Selection of code level with respect to Number and complexity of Problems addressed
  - o Selection of code level with respect to Amount and/or complexity of data to be reviewed and analyzed
  - o Selection of code level with respect to Risk of complications and/or morbidity or mortality of patient management
  - o Coding based on level of medical decision making
    - ▪ 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
  - o Code Selection tips for:
    - ▪ 99202/99212
    - ▪ 99203/99213
    - ▪ 99204/99214
    - ▪ 99205/99215

Lecture, Slides

Documentation

	Final Review of code changes and expectations for Payer policy updates		

Saturday 10:40am -11:30am Hour #3	• 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
	  o 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
		Lecture, Slides	*Ethics*

Saturday 11:30am -12:20pm Hour #4	• Stroke
	  o Review of evidence between chiropractic and stroke
	  o 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-Q
	  ▪ 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 Management*

	- o The risks of expanding your practice's social media presence ▪ Avoiding potential pitfalls of social media - o Concerns with responding to a bad online review ▪ Handling a negative social media comment ● Informed consent - o Components *o* Examples-Case Study		
Saturday 12:50pm -1:40pm Hour #5	● Code selection in physical medicine and rehabilitation per the AMA CPT protocol and ChiroCode - o Common CPT codes used in clinical rehabilitation ▪ Documentation requirements for each code cited ▪ Samples of therapies that would qualify for each code - o Creating condition specific care protocols in the chiropractic practice	*Lecture, Slides*	*Clinical Sciences*
Saturday 1:40pm-2:30pm Hour #6	● Principles of rehabilitation - o Pain ▪ What is it? ▪ How are pain and function related? ▪ What came first, pain or dysfunction? ▪ Assess globally while also focusing locally - o Connecting (dys)function and pain - o Stress and the effects of pathology	*Lecture, Slides*	*Clinical Sciences*
Saturday 2:30pm-3:20pm Hour #7	● Movement Screening - o Why screen? ▪ Outcome Assessments ▪ Combining screens from different pillars of rehabilitation - o SFMA ▪ Shoulder patterns 1 and two ▪ Breakouts - o Lat Length Assessment - o TPI ▪ Reach, roll, and lift ▪ Seated Trunk Rotation ▪ 90/90 test - o Overhead Reach ▪ Screening ▪ Compensations ▪ Breaking down the movement - o Push ▪ Screening	*Lecture, Slides, Case study*	*Clinical Sciences*

	▪ Compensations ▪ Breaking down the movements		
Saturday 3:20pm-4:10pm Hour #8	● Cervical Spine o Documenting cervical deficits ▪ Objective findings ● Ortho ● ROM ▪ Outcome Assessments ▪ Functional Deficits o Phase 1 Cervical Rehab (weeks 1 & 2) ▪ Clinical Goals for phase 1 of cervical Rehab ▪ Rationale for utilizing Active therapy modalities ▪ Sample protocol for Cervical Phase 1 active therapy o Phase 2 Cervical Rehab (weeks 3 & 4) ▪ Clinical Goals for phase 2 of cervical Rehab ▪ Rationale for utilizing Active therapy modalities during this timeframe ▪ Sample protocol for Cervical Phase 2 active therapy o Phase 3 Cervical Rehab (weeks 5 & 6) ▪ Clinical Goals for phase 3 of cervical Rehab ▪ Rationale for utilizing Active therapy modalities during this timeframe ▪ Sample protocol for Cervical Phase 3 active therapy	*Lecture, Slides*	*Clinical Sciences*
Sunday 9:00am-9:50am Hour #9	● Thoracic Spine o Documenting thoracic deficits ▪ Objective findings ● Ortho ● ROM ▪ Outcome Assessments ▪ Documenting Functional Deficits o Phase 1 Thoracic Rehab (weeks 1 & 2) ▪ Clinical Goals for phase 1 of thoracic Rehab ▪ Rationale for utilizing Active therapy modalities ▪ Sample protocol for thoracic Phase 1 active therapy o Phase 2 Thoracic Rehab (weeks 3 & 4) ▪ Clinical Goals for phase 2 of thoracic Rehab ▪ Rationale for utilizing Active therapy modalities during this timeframe ▪ Sample protocol for thoracic Phase 2 active therapy o Phase 3 Thoracic Rehab (weeks 5 & 6) ▪ Clinical Goals for phase 3 of thoracic Rehab ▪ Rationale for utilizing Active therapy modalities during this timeframe	*Lecture, Slides*	*Clinical Sciences*

	▪ Sample protocol for thoracic Phase 3 active therapy		
Sunday 9:50am-10:40am Hour #10	● Rotator Cuff/Impingement o Overview ▪ Anatomy ▪ Kinematics ▪ What is impingement ● Structures involved ● External vs. Internal ● Primary vs. Secondary ▪ Objective findings ● Orthopedics for RTC/Impingement ▪ Surgical Techniques ● Scope vs. Open vs. Mini-open ▪ Post-surgical statistics o Overview of a post-surgical RTC 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	*Lecture, Slides*	*Clinical Sciences*
Sunday 10:40am -11:30am Hour #11	● Labrum/SLAP tears o Overview ▪ Anatomy ▪ Objective findings ● Orthopedic Examination ▪ Surgical Techniques ▪ Post-surgical Statistics o Overview of a post-surgical labral repair ▪ Phase 1 (weeks 1-4) ● Clinical Goals for phase 1 of shoulder rehab ● Rationale for utilizing Active therapy modalities ● Sample protocol for shoulder Phase 1 active therapy ▪ Phase 2 (weeks 5-8)	*Lecture, Slides*	*Clinical Sciences*

	● Clinical Goals for phase 2 of shoulder rehab ● Rationale for utilizing Active therapy modalities ● Sample protocol for shoulder Phase 2 active therapy ▪ Phase 3 (weeks 8-12) ● Clinical Goals for phase 3 of shoulder rehab ● Rationale for utilizing Active therapy modalities ● Sample protocol for shoulder Phase 3 active therapy		
Sunday 11:30am -12:20pm Hour # 12	● Shoulder Instability o Introduction ▪ Anatomical considerations ▪ Types of instability ● Congenital, Acquired, Acute ▪ Keys to treatment o Objective findings ▪ Specific Testing for instability o Overview of shoulder instability 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	*Lecture, Slides*	*Clinical Sciences*

Sunday 12:50pm -1:40pm Hour #13	● Stiff Shoulder o Introduction ▪ Anatomical considerations o Objective findings ▪ Assessing capsular pliability ▪ Documenting Functional Deficits o Overview of stiff shoulder rehabilitation ▪ 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 Shoulder o Introduction ▪ What does arthritis look like for shoulder? ▪ Ortho ▪ Documenting Functional Deficits o Overview of the arthritic shoulder 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 ▪ Phase 3 Rehab (weeks 5 & 6)	*Lecture, Slides*	*Clinical Sciences*

	● 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 ● Sample protocol for Phase 4 active therapy		
Sunday 2:30pm-3:20pm Hour #15	● Manual Therapy for the Shoulder o Why manual therapy? o What is fascia, trigger points/adhesions/scar tissue o Types of manual therapy ▪ IASTM ▪ ART	*Lecture, Slides*	*Clinical Sciences*
Sunday 3:20pm-4:10pm Hour #16	● Exercise Prescription for the Shoulder o Introduction ▪ Mobility ▪ Stability/Control ▪ Loading/Strengthening	*Lecture, Slides*	*Clinical Sciences*

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.
- Functional Atlas of the Human Fascial System: Carla Stecco