

APT[®]A MA Annual Conference

Saturday, November 7



**Advancing Clinical
Practice**

Knowledge into Action

2026 CONFERENCE

Program & Session Guide

Schedule at a Glance

Time	Session	Presenter(s)
Morning Sessions • 9:10 – 10:40 AM		
9:10 – 10:40 AM	Beyond the Curve: The Role of Pelvic Health in Scoliosis Rehabilitation	Noam Eitan, Tamara Alie
9:10 – 10:40 AM	Enhancing Recovery: The Role of PT in Advanced Heart Failure and Advanced Therapies Evaluation	Jordan Goodman, Helen Schmitt
9:10 – 9:55 AM	How to measure improvement in high functioning clients	Mohammad Jamali
9:10 – 10:40 AM	Managing Traumatic Shoulder Instability in Non-Throwers	Phillip Ting, David Nolan, Giovanna Medina
9:10 – 10:10 AM	Patient Autonomy in Physical Therapist Practice: Defining the Limits	Jessica Marengo
9:10 – 9:35 AM	Three Clinical Clues to Obstructive Sleep Apnea That Impact Pain & Rehab	Roberta Garceau
9:10 – 10:40 AM	When neural circuits converge: overlapping mechanisms, assessment strategies, and treatment pathways in chronic pain and FND	Lincoln Lawrence, Ana Sanchez Junkin
9:40 – 10:05 AM	Not All Total Knee Arthroplasty Post-Op Pain Is Orthopedic: A Neuroma Case	Laura Lapolla, Casey Schweber
9:55 – 10:40 AM	SPEED UP TO SLOW DOWN: Return-to-Sport Decision-Making Following Revision ACL Reconstruction	Mario Paredes
10:10 – 10:40 AM	Treatment Considerations for Medial Elbow Tendinopathy in Rock Climbers	Karen Lovely
Midday Sessions • 12:00 – 1:00 PM		
12:00 – 1:00 PM	A Pragmatic Treatment Based Classification approach in presence of Rotator Cuff Related Shoulder Pain	Lee Marinko, Courtney Morrison, Ben Faulkner, Zhongyang (Simon) Yue, Jordan (Jordie) Legendre
12:00 – 1:00 PM	From Sideline to Gametime: Integrating Evolving Concussion Research and Experienced Practice to Coordinate Care Across Disciplines	Rachel Divas, Jorden Gaccione
12:00 – 1:00 PM	Is referral for imaging part of your personal scope of practice? Now is the time. Integrating Referral for Imaging into Clinical Practice	Alycia Markowski, Marie Corkery
12:00 – 1:00 PM	Mental and Physical Consideration in High Performance Settings	Meredith Young, Benjamin Adams
12:00 – 1:00 PM	Pediatric Billing & Coding: Review and Reframe CPT Codes	Jonathan Greenwood
12:00 – 1:00 PM	Phantom Limb Pain Rehabilitation: Evidence-Based Non-Pharmacological Interventions	Nadine Aranis, Anna Gianlorenco, Urvashi Chogle
Afternoon Sessions I • 3:10 – 4:10 PM		
3:10 – 4:10 PM	A Diagnosis of Inclusion: Reframing Evaluation of Functional Neurological Disorders in the Clinic	Francesca DeSimone-Farrow

Time	Session	Presenter(s)
3:10 – 4:10 PM	Beyond Burnout: An Evidence-Based Curriculum Framework for Clinician Wellbeing and Professional Longevity in Physical Therapy	David Pavao, Matt Haley
3:10 – 4:10 PM	From Clinician to Practice Leader: Systems That Improve Follow-Through, Team Ownership, and Sustainability	Sturdy McKee
3:10 – 4:10 PM	Plyometrics for the Athlete-Patient	Sean Laubenstein, Melissa Belanger, Jason Mason
3:10 – 4:10 PM	Treating the Whole Patient: Empowering PTs to Address Bowel Dysfunction with Confidence	Kimberly Norton
3:10 – 4:10 PM	What are Interferential and “Russian” Electrical Currents, and When, Why, and How to Use Them in Clinical Practice	David Selkowitz
Afternoon Sessions II • 4:20 – 5:20 PM		
4:20 – 5:20 PM	Does Pain Phenotyping Improve Outcomes in Low Back Pain: A Treatment Model and Comparative Case Study	Jacob Marsden, Edwin Zheng, Rachel Spektor, Luke Kim
4:20 – 5:20 PM	Framework for Movement System Task Analysis - An Update	Cory Hall
4:20 – 5:20 PM	From Idea to Practice: Implementing a Triage System to Reduce Wait Times in Outpatient Physical Therapy	Emily Ackerman, Brett Weinman
4:20 – 5:20 PM	Rapid Responses in Pelvic Rehabilitation: A Retrospective Review of Non-Invasive Neuromodulation for Urinary Incontinence	Tami Recesso
4:20 – 5:20 PM	Stop Prescribing PDFs: How AI Is Reimagining the Home Exercise Program	Barbara Ann Fenton-Fung
4:20 – 5:20 PM	Tech-Integrated Return-to-Sport: A Multidisciplinary Model for Post-Operative Decision Making	Alyssa Englert, Christopher Barrett, Bradley Johnson, Stefanie Bourassa
4:50 – 5:20 PM	Physical Examination of the Hip Joint: An Evidence and Experienced Based Approach	Paul Canavan

9:10 – 10:40 AM

Beyond the Curve: The Role of Pelvic Health in Scoliosis Rehabilitation

Noam Eitan, PT, DPT, PWCS · Tamara Alie, PT, DPT

COURSE DESCRIPTION

Scoliosis and pelvic floor dysfunction are typically managed as distinct clinical entities; however, their shared contributions to postural control, load transfer, and trunk coordination highlight a critical and underrecognized opportunity for integrated care. The three-dimensional spinal deformity characteristic of scoliosis alters alignment of the spine, rib cage, and pelvis, influencing intra-abdominal pressure regulation and neuromuscular coordination. These alterations have measurable implications for pelvic floor muscle function, continence, and movement efficiency. Despite emerging evidence linking greater curve severity with increased pelvic floor dysfunction and urinary symptoms, pelvic health considerations remain largely absent from standard scoliosis care, limiting the scope and effectiveness of current clinical management.

This session introduces an integrated, systems-based clinical framework for incorporating pelvic health into scoliosis care and scoliosis-informed principles into pelvic health, grounded in concepts of regional interdependence, motor control, and pressure regulation. Drawing on current evidence and contemporary clinical models, participants will develop a conceptual understanding of how scoliosis-related asymmetries influence coordination among the diaphragm, abdominal wall, and pelvic floor, contributing to both musculoskeletal and visceral impairments. Importantly, all assessment and intervention strategies presented are non-invasive and do not require specialized pelvic health or scoliosis training, making this framework immediately applicable across rehabilitation settings.

Participants will learn practical strategies for screening postural and pelvic health dysfunction using a non-invasive examination approach that incorporates postural assessment, breathing mechanics, intra-abdominal pressure evaluation, and functional movement analysis, all interpreted through a spinal-pelvic systems lens. Examination findings will be used to guide targeted, evidence-informed interventions aimed at optimizing coordination, restoring neuromuscular control, and improving functional performance through therapeutic exercise, patient education, and postural and activity modification. Referral criteria for pelvic health specialists will also be discussed to support appropriate interdisciplinary management.

By integrating pelvic floor considerations into scoliosis rehabilitation — and recognizing the influence of spinal asymmetry on pelvic health function — clinicians can move beyond a purely structural paradigm toward a more comprehensive, function-oriented model of care. This approach enhances clinical reasoning, facilitates identification of previously underrecognized impairments, and expands opportunities for comprehensive, patient-centered management across diverse clinical contexts.

LEARNING OBJECTIVES

1. Identify the relationships between scoliosis-related spinal deformity and pelvic floor dysfunction, including the impact on intra-abdominal pressure regulation, neuromuscular coordination, and continence.
2. Perform a non-invasive clinical examination assessing postural alignment, breathing mechanics, intra-abdominal pressure strategies, and functional movement through a spinal-pelvic systems framework.

3. Develop and implement evidence-informed intervention strategies that optimize spinal-pelvic coordination, improve neuromuscular control, and incorporate appropriate referral criteria for pelvic health specialist consultation.

CLINICAL TAKEAWAYS

1. Screen for pelvic floor dysfunction in every scoliosis patient
2. Assess breathing mechanics as part of your scoliosis evaluation. Scoliosis-related asymmetries alter diaphragm positioning and intra-abdominal pressure, directly affecting pelvic floor coordination. Observing breathing patterns and ribcage expansion informs your treatment approach.
3. Incorporate pressure management into exercise prescription. Cueing breath coordination during functional tasks reduces excessive intra-abdominal pressure and improves spinal-pelvic neuromuscular control across all scoliosis populations.
4. Know when to refer and build a referral pathway to a pelvic health specialist into your standard scoliosis

ABOUT THE PRESENTERS

Noam Eitan, PT, DPT, PWCS

Noam Eitan, PT, DPT, PWCS, is a Doctor of Physical Therapy and board-certified Pelvic and Women's Health Clinical Specialist. She has practiced in hospital-based outpatient and private practice settings, where she has developed pelvic health programs, mentored students and clinicians, and provided care to individuals across the lifespan addressing a wide range of pelvic health concerns.

She currently practices at RehabHealth 360 in Acton and is the founder of Innherself Pelvic Health in Brookline. Noam believes every patient deserves a space to be heard and supported in understanding and taking ownership of their own body and health. Her clinical approach integrates orthopedics, pelvic health, and integrative medicine with a strong emphasis on functional movement and patient-centered, individualized care.

Noam is passionate about making pelvic health more accessible, approachable, and an integral part of physical therapy practice. She is committed to equipping clinicians with practical, evidence-informed tools they can implement immediately in pelvic health assessment and treatment, meeting them where they are and building confidence through education, case-based reasoning, and clinical application.

Tamara Alie, PT, DPT

Tamara Alie, PT, DPT, is a Doctor of Physical Therapy with clinical expertise in scoliosis rehabilitation and postural asymmetries, joint hypermobility, and pediatrics. She is a Certified Schroth Physical Therapist, providing Physiotherapeutic Scoliosis Specific Exercises (PSSE), and a Certified Massage Therapist, integrating advanced manual therapy with individualized approach to spinal care.

She currently practices at RehabHealth 360 in Acton, Massachusetts, and is the founder of SurePath Physical Therapy, a concierge-style practice offering flexible, patient-centered care in the clinic, home, and community settings. Empowering individuals and families through thoughtful guidance, therapies, and long-term wellness support.

Tamara has given guest lectures on scoliosis pathophysiology and treatment principles and has mentored clinicians in the practical management of complex spinal asymmetries. She is recognized for her strong clinical reasoning, evidence-based approach, and ability to develop individualized plans tailored to each patient's unique presentation and goals. Known for her compassionate and empathetic care, Tamara combines years of hands-on experience with thoughtful problem-solving to support meaningful patient outcomes.

9:10 – 10:40 AM

Enhancing Recovery: The Role of PT in Advanced Heart Failure and Advanced Therapies Evaluation

Jordan Goodman, PT, DPT, CCS · Helen Schmitt, PT, DPT, CCS

COURSE DESCRIPTION

Frailty is a well-established predictor of poor outcomes in patients undergoing LVAD placement and heart transplantation. As physical therapists working with patients with advanced heart failure, we are uniquely positioned to identify and assess frailty and address impairments to optimize patient outcomes. This defines the physical therapist's role in pre-transplant or pre-device evaluation and unique contributions to assessment, intervention, and interdisciplinary collaboration. Emphasis will be placed on integrating these tools into clinical workflows and interdisciplinary LVAD and transplant evaluations.

LEARNING OBJECTIVES

1. Describe the clinical significance of frailty in the advanced heart failure population
2. Utilize and apply frailty assessments to guide clinical decision-making and patient-centered interventions
3. Discuss practical strategies to develop and implement a transplant or MCS program at an institution

CLINICAL TAKEAWAYS

1. Learners will be empowered to integrate this into their own institutions and advocate for PT's involvement in the continuum of LVAD and transplant care teams.
2. Learners will be equipped with tools to enhance their clinical decision making and practically develop LVAD or transplant programs at an institution.

ABOUT THE PRESENTERS

Jordan Goodman, PT, DPT, CCS

Jordan attended Northeastern University in Boston, where she graduated with her B.S. in Rehabilitation Sciences and Doctorate in Physical Therapy. After graduation, she completed the Cincinnati VA Medical Center's Cardiac and Pulmonary Physical Therapy Residency as their inaugural resident, graduating in 2023. Jordan now works as an acute care ICU Physical Therapist at the Boston VA Healthcare System, helping to advance practice by creating their early mobility program in the ICU and developing their organ transplant and LVAD programs. She has presented at the Ohio APTA Spring Conference, the APTA of Massachusetts Annual Conference, Combined Sections Meeting as part of a platform presentation, and at the Academy of CVP Fall Conference. She became a board-certified clinical specialist in Cardiovascular and Pulmonary Physical Therapy in 2024. Jordan is passionate about ICU mobility, acute care, and education.

Helen Schmitt, PT, DPT, CCS

Helen attended Simmons University in Boston, MA where she graduated with a B.S. in Exercise Science with a minor in Nutrition, followed by a Doctorate in Physical Therapy in 2019. Helen has worked as an acute care physical therapist at Beth Israel Deaconess Medical Center in Boston, MA, since 2019. Helen became a board-certified clinical specialist in Cardiovascular and Pulmonary Physical Therapy in 2025. Helen represents the rehab department in her hospital's interdisciplinary LVAD and heart transplant selection team. Helen has helped develop staff training and competencies for the advanced heart failure step-down floor. Helen is passionate about LVAD and heart transplant prehabilitation in the acute care setting.

9:10 – 9:55 AM

How to measure improvement in high functioning clients

Mohammad Jamali

COURSE DESCRIPTION

Physical therapists routinely document progress using strength testing, goniometry, and patient-reported outcome measures (PROMs). These approaches work well early in rehabilitation, when changes are large and easily detectable. However, as patients approach higher levels of function, returning to running, sport, or heavy resistance training, clinically meaningful improvements often occur in much smaller increments. Traditional metrics such as Minimal Detectable Change (MDC) may fail to capture these subtle but important gains, leaving clinicians without a sensitive framework for decision-making at the end stages of care.

This course equips orthopedic and sports physical therapists with a modern, measurement-science, driven approach to tracking progress when patients are nearing discharge or return to sport. Participants will learn to differentiate MDC from the Smallest Worthwhile Change (SWC) and understand why SWC is often the more appropriate benchmark for high-functioning individuals. We will explore absolute vs. relative reliability, coefficient of variation, typical error, and the foundations of Generalizability Theory (G-Theory) as they apply to real-world outpatient practice. These concepts will be translated into practical clinical reasoning tools that help therapists determine whether observed changes reflect true improvement, day-to-day variability, or measurement noise.

A central feature of this session is the integration of a newly developed online digital measurement suite, an accessible set of calculators designed to support busy clinicians in applying measurement science at the point of care. The suite includes tools for computing reliability indices, MDC, SWC, and other applied metrics, with exemplars for multiple body regions. Originally created as a collection of ankle and calf measurement calculators, the platform has expanded into a broader digital ecosystem that clinicians can use to quantify subtle changes in strength, range, and performance across the kinetic chain.

Through case-based demonstrations, participants will practice applying these tools to scenarios such as late-stage ACL rehabilitation, overhead athlete return-to-load progression, and high-level lower-extremity strengthening. Attendees will learn how to interpret small but meaningful changes, how to document them clearly, and how to communicate progress to patients, payors, and interdisciplinary colleagues.

This course is designed for clinicians who want to elevate their measurement precision, improve return-to-sport decision-making, and confidently capture meaningful change when traditional metrics fall short.

LEARNING OBJECTIVES

1. Differentiate Minimal Detectable Change (MDC) from Smallest Worthwhile Change (SWC) and select the appropriate metric for evaluating late-stage orthopedic rehabilitation progress.
2. Apply key reliability concepts, coefficient of variation, typical error, and absolute vs. relative reliability, to interpret subtle changes in high-functioning patients.
3. Explain the clinical relevance of Generalizability Theory (G-Theory) and identify sources of measurement variability across sessions, raters, and testing conditions.
4. Use digital measurement tools to quantify, document, and communicate small but meaningful improvements across different body regions during advanced rehabilitation.

CLINICAL TAKEAWAYS

1. Use SWC—not MDC—when working with high-functioning patients to detect meaningful late-stage improvements that traditional thresholds miss.
2. Apply coefficient of variation and typical error to distinguish true change from day-to-day variability, especially when interpreting small strength or ROM gains.
3. Leverage the digital measurement suite at the point of care to quickly compute MDC, SWC, TE, and reliability indices across body regions, improving precision and documentation efficiency.
4. Identify and reduce sources of measurement variability (rater, session, device setup) using G-Theory principles to strengthen clinical decision-making during return-to-sport progressions.

ABOUT THE PRESENTER

Mohammad Jamali

Dr. Mohammad Jamali is a dual board-certified orthopedic (OCS) and sports (SCS) physical therapist and a PhD student in Health Professions Education at the MGH Institute of Health Professions, where his work focuses on clinical innovation, measurement science, and the integration of digital tools in modern rehabilitation practice. He has served as a Clinical Specialist in the outpatient rehabilitation department at Newton-Wellesley Hospital, part of Mass General Brigham, since 2017, and brings more than two decades of experience across clinical care, higher education, and professional leadership.

Dr. Jamali is the creator of the Ankle & Calf Assessment App Suite, an award-winning digital ecosystem that provides clinicians with accessible tools for calculating torque, typical error, MDC, SWC, ICC, coefficient of variation, and predicted strength across multiple body regions. His work in digital measurement has been recognized with multiple AOPT Innovative Practice Awards and professional development awards from Newton-Wellesley Hospital.

He serves as an external reviewer for JOSPT and JOSPT Cases, contributing to the scientific rigor of the profession's leading journals. His academic background includes faculty appointments at Northeastern University and Arkansas State University, where he taught musculoskeletal assessment, clinical reasoning, and evidence-based practice. He has presented nationally and internationally on topics spanning musculoskeletal diagnosis, lower-extremity rehabilitation, and clinical decision-making.

Beyond academia and research, Dr. Jamali serves as a Boston Marathon Medical Team Captain, supporting high-level endurance athletes and coordinating interdisciplinary care. His professional memberships include APTA, APTA Orthopaedics, and AASPT.

Across his clinical, academic, and innovation roles, Dr. Jamali is committed to advancing accessible, high-precision measurement strategies that help clinicians capture meaningful change, improve return-to-sport decision-making, and elevate the quality of orthopedic physical therapy practice.

Link:

<https://www.orthopt.org/content/s/innovative-practice-award-winners>

9:10 – 10:40 AM

Managing Traumatic Shoulder Instability in Non-Throwers

Phillip Ting, PT, DPT, SCS, ATC, CSCS · David Nolan, PT, DPT, OCS, SCS, CSCS · Giovanna Medina, MD, PhD

COURSE DESCRIPTION

Shoulder instability is a common and often complex presentation in athletic populations, particularly in athletes exposed to high-load and unpredictable demands. These athletes present with overlapping impairments in mobility, stability, and load tolerance that challenge standard management approaches.

This session will introduce a clinically applicable framework for evaluating and managing traumatic shoulder instability across athletic populations, with examples drawn from grappling and other non-traditional overhead athletes. Emphasis will be placed on clinical decision-making, including when to consider surgical referral, and an overview of common stabilization procedures along with the clinical decision making related to technique selection.

Attendees will also learn how to integrate surgical considerations with rehabilitation planning, including healing timelines, functional testing, milestone criteria and return-to-sport progression. This session is designed to provide clinicians with a clear framework that can be adapted to individual athletes and sport demands.

LEARNING OBJECTIVES

1. Analyze key clinical presentations and impairments associated with shoulder instability in athletic populations
2. Identify indications for surgical referral based on clinical examination and functional limitations
3. Discuss rehabilitation principles following common surgical stabilization procedures
4. Design a return-to-sport progression incorporating functional testing and sport-specific demands

CLINICAL TAKEAWAYS

1. Shoulder stability requires more than strength and restoring proprioception and motor control should be considered.
2. Progress rehabilitation by balancing tissue healing with sport demands, early external rotation should be strategically dosed to build capacity without overloading healing anterior structures.
3. Select functional tests based on sport demands and instability profile, prioritize assessments that challenge end-range control, force transfer, and fatigue over isolated strength.

ABOUT THE PRESENTERS

Phillip Ting, PT, DPT, SCS, ATC, CSCS

Dr. Phillip Ting is a Staff Physical Therapist at the Massachusetts General Hospital Sports Physical Therapy Service. He earned his Doctor of Physical Therapy degree from Florida Southern College and completed the Massachusetts General Hospital / Northeastern University Sports Physical Therapy Residency Program. He also holds a master's degree in athletic training from California Baptist University and began his sports medicine experience as an athletic training student intern at University of California, Davis.

Phillip's clinical interests include shoulder rehabilitation, return-to-sport assessment, and performance optimization in athletic populations, particularly overhead and grappling athletes, informed in part by his experience as a judo black belt.

Phillip is a board-certified Sports Clinical Specialist (SCS), Certified Athletic Trainer (ATC), and Certified Strength and Conditioning Specialist (CSCS).

David Nolan, PT, DPT, OCS, SCS, CSCS

Dr. Nolan is an Associate Clinical Professor at Northeastern University in the Department of Physical Therapy, Movement and Rehabilitation Sciences in the Doctor of Physical Therapy Program. He is also a Lecturer at Harvard Medical School in the Physical Medicine and Rehabilitation Division. David is a Clinical Specialist at the Mass General Sports Physical Therapy Service and the Director of the Mass General Hospital / Northeastern University Sports Physical Therapy Residency Program. David is a board certified Orthopedic Clinical Specialist and Sports Clinical Specialist through the American Board of Physical Therapy Specialties and a Certified Strength and Conditioning Specialist through the National Strength and Conditioning Association.

Giovanna Medina, MD, PhD

Dr. Medina specializes in the prevention and management of sports injuries in competitive and recreational athletes, with a particular emphasis on shoulder and elbow conditions. As a former high-level athlete, she takes a collaborative, whole-athlete approach to care and works closely with multidisciplinary sports medicine and rehabilitation teams.

Dr. Medina previously served as a Team Physician for the Brazilian Olympic and Paralympic Committees and has provided medical coverage for international events including the Olympic and Paralympic Games, Pan-American Games, and World Championships. She currently serves as a Team Physician for Stonehill College and several local high schools.

She obtained both her MSc and PhD in Orthopedics and Sports Medicine with a focus on shoulder and elbow injuries. Her clinical and research interests include shoulder instability, rotator cuff pathology, throwing athlete injuries, cartilage restoration, and ACL and meniscal injuries. Dr. Medina has received multiple research awards and was selected as one of five orthopedic surgeons worldwide for the prestigious ISAKOS Global Traveling Fellowship in 2023.

9:10 – 10:10 AM

Patient Autonomy in Physical Therapist Practice: Defining the Limits

Jessica Marengo, PT, DPT, SM

COURSE DESCRIPTION

Patient autonomy has long been considered a foundational principle in biomedical ethics and has been defined, in its most basic form, as a right to self-governance or self-determination. The emphasis that is placed on patient autonomy results in a necessary attention to a patient's values, expressed wishes, and decision making in a medical context. However, in an era of healthcare consumerism, where healthcare may be treated like any other good, the line between patient-centered care and patient-directed care becomes blurred, potentially resulting in a mindset that the patient (as a consumer) is 'always right.' This session will explore when it would be reasonable for physical therapists to deny patient requests or constrain patient autonomy across the continuum of care in a way that is ethically justifiable.

LEARNING OBJECTIVES

1. Define patient autonomy in biomedical ethics and its implications for physical therapy practice
2. Identify challenges associated with respecting patient autonomy in an era of healthcare consumerism
3. Describe reasonable and ethical considerations for appropriately placing constraints on patient autonomy in physical therapy practice

CLINICAL TAKEAWAYS

1. Learners will demonstrate improved confidence and competence in explicitly naming bioethical principles in the context of patient care interactions, cultivating their moral sensitivity and moral judgment.
2. Learners will identify strategies for and resources regarding ethical decision making in the context of patient care interactions.

ABOUT THE PRESENTER

Jessica Marengo, PT, DPT, SM

Jessica Marengo, PT, DPT, SM is an Assistant Clinical Professor at Northeastern University. She earned both her Bachelor of Science in Rehabilitation Science and her Doctorate of Physical Therapy at Northeastern and completed her Master of Science in Bioethics at Harvard Medical School, where her research centered on disparate access to solid organ transplant for individuals with physical disabilities. Dr. Marengo completed the Duke University Faculty Development Residency at Northeastern University in 2025. Clinically, Dr. Marengo specializes in critical care rehabilitation with a particular focus on the care of patients pre- and post- heart and lung transplantation. She practices at Beth Israel Deaconess Medical Center on a per diem basis. Dr. Marengo is an active member of the American Physical Therapy Association, currently serving on the national Membership and Belonging Committee and as a delegate and district representative for the state of Massachusetts.

9:10 – 9:35 AM

Three Clinical Clues to Obstructive Sleep Apnea That Impact Pain & Rehab

Roberta Garceau, DMD, D-ABDSM

COURSE DESCRIPTION

Obstructive sleep apnea (OSA) is common, underdiagnosed, and highly relevant to physical therapy outcomes. Disrupted sleep and intermittent hypoxia influence pain modulation, tissue healing, inflammatory signaling, cognitive function, and motor learning—domains central to rehabilitation. This session distills the complexity of sleep-disordered breathing into three clinical clues that physical therapists can reliably assess in routine practice, and shows how identifying probable OSA early can alter clinical decision-making, improve patient safety, and optimize therapeutic outcomes.

We will (1) define Apnea and Sleep Related Breathing Disorders and discuss how OSA physiologically interacts with pain pathways and recovery processes, emphasizing mechanisms such as central sensitization and systemic inflammation; (2) present three practical, evidence-informed clinical clues—snoring and excessive daytime sleepiness/poor sleep quality, comorbidities that present in review of systems/medical history, and craniofacial or airway risk features—that clinicians can screen for without specialized equipment; and (3) integrate screening into triage, red-flag recognition, referral pathways, and modification of rehabilitation strategies (e.g., pacing, load progression, cognitive demands, and safety considerations).

Clinical clue 1: Snoring, daytime dysfunction and sleep complaints — Patients reporting nonrestorative sleep, excessive daytime sleepiness, morning headaches, impaired concentration, and reports of loud snoring and witnessed apneas should prompt further inquiry. Recognizing daytime dysfunction helps explain poor exercise tolerance, impaired motor learning, or fluctuating pain behavior.

Clinical clue 2: Comorbidities that present in review of systems/medical history — Understand the connections between hypertension, heart disease, diabetes, GERD, thyroid disease, obesity, acid reflux, mood disorders, and erectile dysfunction with untreated or inadequately managed OSA. For these patients, consider adapting treatment pacing, prioritizing sleep hygiene education, and coordinating care with primary care or sleep medicine rather than escalating manual or high-load interventions prematurely.

Clinical clue 3: Airway and craniofacial risk indicators — Observe malocclusion, retrognathia, large neck circumference, crowded airway, and other phenotypes associated with airway collapsibility. In populations with temporomandibular disorders, cervical dysfunction, or vestibular complaints, airway morphology may be a modifiable contributor. Recognizing structural risk factors informs safe positioning, breathing retraining, and referral for dental/sleep specialist evaluation when indicated.

Practical applications covered include patient education messages that link sleep and pain and interprofessional referral guidelines. We'll discuss when to refer for formal sleep testing and how to collaborate with physicians, dentists, and sleep specialists to align interventions with rehabilitation plans.

Learning outcomes:

- Explain the principal mechanisms linking OSA to pain modulation and rehabilitation outcomes.
- Identify clinical clues that raise suspicion for OSA in musculoskeletal and pain populations.
- Implement brief screening measures and safety-based triage in clinical practice.

- Modify treatment planning and coordinate referrals to optimize recovery and reduce risk.

This session equips clinicians with practical skills to detect probable OSA early, tailor rehab plans accordingly, and engage in effective interprofessional care—ultimately improving patient safety, pain control, and functional recovery.

LEARNING OBJECTIVES

1. Define Obstructive Sleep Apnea and Sleep Related Breathing Disorders and learn how to screen patients for OSA in 3 simple steps
2. Understand the prevalence and consequences, signs and symptoms of untreated OSA and the subsequent effects on patients' pain pathways and recovery processes
3. Understand treatment options and how/when/where to refer for optimum patient outcomes

CLINICAL TAKEAWAYS

1. Participants will learn how to screen patients for OSA in 3 simple steps
2. Attendees will have greater awareness of the effects of untreated OSA on their patients' pain, inflammation, and therapeutic outcomes and be able to effectively refer, communicate and collaborate with sleep physicians, sleep dentists, otolaryngologists, and oromyofunctional therapists.

ABOUT THE PRESENTER

Roberta Garceau, DMD, D-ABDSM

Dr. Roberta Garceau is a practicing Dentist, Certified Yoga and Āyurveda Instructor, Professional Speaker, and a Diplomate of the American Board of Dental Sleep Medicine. In addition to publishing professional articles internationally, she is the #1 best-selling author of the book "Bliss, Not Burnout: Hope for Health Care Providers." Dr. Garceau has presented to Dentists, Physician Assistants, Respiratory Therapists, and other health care professionals to promote awareness and collaboration that foster enhanced patient outcomes. She blends these passions into Elemental-Wellness, her unique registered trademark brand of Integrative Medicine, to help others improve their health, function, self-esteem and overall well-being.

9:10 – 10:40 AM

When neural circuits converge: overlapping mechanisms, assessment strategies, and treatment pathways in chronic pain and FND

Lincoln Lawrence, PT, DPT, OCS · Ana Sanchez Junkin, PT, DPT, NCS

COURSE DESCRIPTION

Have you ever had a patient with a diagnosis of FND that presents with comorbid chronic pain? Perhaps pain is a trigger for their symptoms? How about patients who you are treating for pain that present with other symptoms that you can't quite put your finger on? Studies suggest that 55% of individuals with a diagnosis of FND have comorbid pain. In one study they found that 40% of those diagnosed with functional limb weakness, had chronic LBP prior to their diagnosis. It is possible that co-existing pain can worsen the prognosis of individuals with FND (Steinruecke, 2024). Similarly, when looking at groups of patients attending pain clinics, one study found that 17% had a comorbid diagnosis of FND. Interestingly, in this group, 59% had developed chronic pain prior to their diagnosis of FND (Mason, 2023). In essence, this can be a complicated cycle in which each condition can be the precipitating factor for the other as well as a perpetuating factor. When we look at the underlying brain activity patterns or neural signatures, there are several similarities that might help us understand this overlap. There is a feedback loop that results in increased attention to emotional or internal inputs that are then perceived as threats leading to FND symptoms and increased perception of pain. This involves alpha oscillations, the salience network, the default mode network and the central executive network (Kannan, 2025). Frequently, referral diagnoses to Physical Therapy may be oversimplified, misleading, or potentially inaccurate impacting PT diagnosis, care, and patients "failing PT." During this session, we will discuss the overlap in chronic pain and FND in more detail to help you understand your patients' presentation, empower you to be able to provide education, and incorporate treatment ideas into your plan of care. Treatment planning for both FND and chronic pain fit neatly within the biopsychosocial framework and consideration for each domain should be made. Further, we will help you understand the different phenotypes of pain – nociceptive, neuropathic, and nociplastic - to make your examination and treatment more targeted. We will review common rule-in signs of FND to help you identify these clinically and be able to communicate with the medical team in a way that will facilitate appropriate diagnosis – key to functional improvement.

There are examination tools available that can help you assess higher-order sensory processing in both, FND and chronic pain. This can then guide your treatment. They include lateralization testing – assesses body-schema processing-, localization via 9-grid test – assesses distortions in somatosensory representation -, two-point discrimination – assesses decreased somatosensory precision-, proprioception and kinesthesia (Louw et al, 2018). We will review these and help you understand how to integrate your findings into your treatment plan. In addition, we will discuss additional tools that you can use including pressure algometry and patient reported outcome measures. The latter can help frame challenging conversations in a more patient-centered way.

In both conditions, treatment interventions are aimed at promoting neuroplastic changes that will result in cortical reorganization and, most importantly, functional improvement. Graded motor imagery is a treatment approach that can be used in both conditions and is aimed at activating cortical motor areas without eliciting other symptoms (Bowering, 2013). In addition to GMI, we will discuss when aerobic exercise is an

appropriate modality and review considerations in these populations. Lastly, the role of aquatic therapy and it's possible benefits will be discussed as an additional tool to place in your tool box.

Throughout the presentation, participants will have the opportunity to apply their knowledge through case vignettes and audience participation tools.

LEARNING OBJECTIVES

1. Upon completion of the session, attendees will be able to describe the overlap of chronic pain and FND as well as the shared underlying mechanisms.
2. Upon completion of the session, attendees will be able to apply the rule-in signs of FND and will be able to implement pain phenotyping to assist them in better understanding their patient's presentation and guide them towards appropriate examination and treatment.
3. Upon completion of the session, attendees will be able to analyze data gathered from patient reported outcome measures and tests and measures in order to guide intervention development that targets cortical reorganization necessary for people with chronic pain and FND.
4. Upon completion of the session, attendees will be able to develop a plan of care selecting interventions based on GMI.

CLINICAL TAKEAWAYS

1. Attendees will have the appropriate understanding of the neural circuitry overlap between FND and chronic pain in order to assist them in better assessing for the possibility of coexisting comorbidity in their patients.
2. Attendees will understand how to assess for higher order sensory impairments given the overlap in testing between FND and chronic pain.
3. By the end of this session, neuro and orthopedic clinicians alike will be equipped to screen for FND, assess chronic pain with confidence, and coordinate care seamlessly with medical providers to support complex patients and ultimately improve outcomes.

ABOUT THE PRESENTERS

Lincoln Lawrence, PT, DPT, OCS

Dr. Lincoln Lawrence is an Outpatient Physical Therapist at VA Boston where he helped launch the Active Management of Pain Program, a group-based program integrating strategies from behavioral medicine, physical therapy and pain neuroscience education to help Veterans suffering from chronic pain. He graduated from the MGH Institute of Health Professions in 2016 after changing careers from research administration. Lincoln has practiced in a variety of settings within the VA: aquatic therapy, emergency medicine physical therapy, spinal cord injury and orthopedics. Lincoln has a focus in orthopedics and chronic pain and is a member of the hospital's Interdisciplinary Pain Clinic as well as the Pain Management Reassessment Clinic. Lincoln is a co-founder of the Pain Special Interest Group with The American Physical Therapy Association of MA (APTAMA) and is currently a Delegate for the APTA of MA after completing his term as Treasurer on the Executive Board. In addition to clinical care, Lincoln is a lab instructor for both the MGH Institute of Health Professions and Northeastern University. Outside of work Lincoln enjoys cooking, the outdoors, swimming, traveling, building, learning, and spending time with friends and family.

Ana Sanchez Junkin, PT, DPT, NCS

Dr. Ana Sanchez Junkin holds her Doctorate in Physical Therapy from the MGH Institute of Health Professions and is a Board Certified Neurologic Clinical Specialist. She began her career at Spaulding Rehabilitation Hospital finding interest in vestibular rehabilitation. Ana worked on the establishment of a vestibular rehabilitation program at Beth Israel Deaconess Medical Center. Dr. Sanchez Junkin now practices at the Massachusetts General Hospital (MGH) where she continues to work with patients with complex dizziness presentations. Her work with people with PPPD has expanded to caring for people with other forms of FND. Dr. Sanchez Junkin's is a clinical Adjunct Faculty at the MGH- Institute of

Health Professions (IHP) and laboratory instructor at Boston University. In 2022, Ana was recognized by the MGH -IHP Physical Therapy Department with the Outstanding Clinical Educator Award. In addition to clinical and academic work, Ana sits on the Executive Board of Directors for the American Physical Therapy Association of Massachusetts (APTA MA). She also serves on the ANPT Movement System Diagnoses for Balance Dysfunction Knowledge Translation Taskforce and is an appointed member of the ANPT Movement System Committee. Ana has presented to physical therapists and physician groups at the local, regional, and national level.

MORNING SESSIONS 9:10 – 10:40 AM

9:40 – 10:05 AM

Not All Total Knee Arthroplasty Post-Op Pain Is Orthopedic: A Neuroma Case

Laura Lapolla, MPT, OCS, FAAOMPT, CSCS · Casey Schweber, DPT, PT

COURSE DESCRIPTION

The need for a total knee arthroplasty (TKA) continues to increase in the United States and women have a higher incidence compared to men. It is estimated that about 850,000-1,000,000 TKAs will be performed on a woman in the United States in 2027. Although uncommon, neuroma formation is a recognized cause of persistent pain following total knee replacement, with an estimated incidence of 0.5–2%. Research indicates that symptomatic neuromas are an under-recognized cause of persistent knee pain that can contribute to decreased function and mobility after a TKA. Neuromas are often misdiagnosed as bursitis or tendonitis. Physical therapists need to be able to recognize neuroma-related pain in their patients with atypical post-operative pain patterns because neuromas can lead to unnecessary poor outcomes. It is important for physical therapists to establish a provider referral base because research has found that excision of the neuroma can lead to significant improvement in nerve symptoms. This case is an example of the importance of an interdisciplinary team approach to persistent postoperative knee pain after a TKA.

LEARNING OBJECTIVES

1. List at least 3 diagnostic criteria for symptomatic neuroma.
2. Identify nerves local to the knee that may contribute to atypical and prolonged pain after a total knee arthroplasty (TKA).
3. Identify clinical presentations that may warrant referral to a specialist for neuroma assessment.

CLINICAL TAKEAWAYS

This case highlights the critical role of interdisciplinary collaboration in achieving optimal recovery outcomes and improving patient satisfaction. It emphasizes the application of anatomical knowledge of the nervous system in the context of a TKA, particularly when evaluating prolonged or atypical postoperative pain. Furthermore, it underscores the importance of conducting a comprehensive neurological assessment in patients recovering from TKA who present with persistent pain that deviates from the expected post-surgical course.

ABOUT THE PRESENTERS

Laura Lapolla, MPT, OCS, FAAOMPT, CSCS

Laura Lapolla PT, MPT, OCS, COMT, FAAOMPT, CSCS: She earned her Master of Physical Therapy degree from MCP Hahnemann University in 2000. Laura is a board-certified orthopedic clinical specialist with advanced training in manual

therapy. She completed a fellowship through the Institute of Orthopaedic Manual Therapy and is a Fellow of The American Academy of Orthopedic Manual Physical Therapy. Throughout her career in outpatient orthopedic settings, she has developed expertise in treating a wide range of musculoskeletal conditions. Laura is dedicated to delivering evidence-based care and values collaborative relationships with her patients and healthcare colleagues to promote efficient, high-quality recovery outcomes.

Casey Schweber, DPT, PT

Casey Schweber is a physical therapist at Spaulding Rehabilitation. She has 2 years of clinical experience, working with orthopedic, neurologic, and vestibular populations. Her clinical practice is guided by evidence-based interventions, with emphasis on differential diagnosis, movement system analysis, and the development of individualized treatment strategies to maximize functional outcomes. She is committed to ongoing professional development and to supporting the advancement of the physical therapy profession through research, education, and interdisciplinary collaboration.

MORNING SESSIONS 9:10 – 10:40 AM

9:55 – 10:40 AM

SPEED UP TO SLOW DOWN: Return-to-Sport Decision-Making Following Revision ACL Reconstruction

Mario Paredes, PT, DPT, OCS

COURSE DESCRIPTION

Return-to-sport (RTS) decision-making following anterior cruciate ligament reconstruction (ACLR) continues to evolve as clinicians balance evidence-based rehabilitation with increasing external pressures such as social media influence, athlete expectations, and accelerated recovery narratives. These factors may contribute to premature exposure to sport-specific activity prior to adequate restoration of foundational impairments, neuromuscular control, and psychological readiness.

This case-based presentation examines RTS progression in a patient 4 months status post revision ACL reconstruction following a traumatic re-injury. Revision ACLR cases present additional complexity due to increased surgical demands, altered tissue tolerance, and heightened psychological impact following recurrent injury. These factors require a structured, criterion-based rehabilitation approach rather than reliance on time-based milestones alone.

The presentation introduces a clinical framework titled “Speed Up to Slow Down,” which emphasizes accelerating early rehabilitation priorities—including restoration of knee range of motion, quadriceps activation, gait normalization, and foundational strength development, while intentionally pacing progression into higher-level plyometric, agility, and sport-specific demands. This sequencing framework highlights the importance of establishing robust foundational capacity before exposing the athlete to chaotic or high-load movement environments.

Current evidence supports criterion-based RTS decision-making that integrates objective physical performance measures, psychological readiness, and sport-specific functional testing. Key variables include quadriceps strength symmetry, hop performance, movement quality, and psychological factors such as fear of reinjury and confidence in the involved limb. Deficits in these domains have been associated with increased risk of secondary ACL injury, particularly in younger and high-demand athletic populations.

This presentation will explore common neuromuscular control deficits observed in early to mid-stage ACL rehabilitation, including impaired eccentric loading, altered landing mechanics, and compensatory movement

strategies. Functional testing methods such as hop testing, deceleration mechanics, and return-to-run progression will be discussed as part of a structured clinical decision-making model.

Additionally, the role of psychological readiness in shaping movement behavior and rehabilitation progression will be emphasized, highlighting the importance of integrating patient-reported outcomes into RTS decision-making. The interaction between physical and psychological readiness will be presented as a critical determinant of safe and effective return to sport.

Ultimately, this presentation provides clinicians with a practical, criterion-based framework to guide complex ACL rehabilitation cases, with emphasis on optimizing long-term outcomes, improving movement quality, and reducing reinjury risk.

LEARNING OBJECTIVES

At the conclusion of this presentation, participants will be able to:

1. Differentiate between time-based and criterion-based return-to-sport (RTS) models following anterior cruciate ligament reconstruction.
2. Identify key impairments influencing RTS readiness, including quadriceps strength deficits, neuromuscular control impairments, and movement dysfunction during functional testing.
3. Apply a criterion-based “Speed Up to Slow Down” rehabilitation framework to guide progression from early rehabilitation phases to sport-specific loading.
4. Analyze the influence of psychological readiness, including fear of reinjury and movement confidence, on rehabilitation progression and RTS decision-making following ACL reconstruction.

CLINICAL TAKEAWAYS

At completion of this presentation, participants will be able to:

1. Prioritize criterion-based return-to-sport decision-making over time-based progression following anterior cruciate ligament reconstruction to reduce reinjury risk.
2. Sequence rehabilitation appropriately, emphasizing restoration of range of motion, quadriceps strength, and neuromuscular control prior to progression into plyometric and sport-specific loading.
3. Recognize that deficits in neuromuscular control and eccentric loading capacity during mid-stage rehabilitation may increase reinjury risk if return-to-sport progression is accelerated prematurely.
4. Integrate psychological readiness factors, including fear of reinjury and movement confidence, into clinical decision-making for return-to-sport progression.

ABOUT THE PRESENTER

Mario Paredes, PT, DPT, OCS

Mario Paredes, PT, DPT, OCS is a licensed physical therapist specializing in orthopedic and sports rehabilitation with a clinical focus on lower extremity injury management, return-to-sport progression, and movement dysfunction in athletic populations. He earned his Doctor of Physical Therapy degree from Quinnipiac University and completed an Orthopaedic Physical Therapy Residency at Sacred Heart University.

His clinical work centers on anterior cruciate ligament rehabilitation, including primary and revision reconstruction, with an emphasis on criterion-based progression, neuromuscular control restoration, and functional return-to-sport testing. He is particularly interested in optimizing rehabilitation sequencing to improve outcomes in high-demand athletic populations and reduce reinjury risk following ACL reconstruction.

Dr. Paredes actively engages in clinical education and mentorship of physical therapy students and early-career clinicians, with a focus on developing clinical reasoning, movement analysis skills, and evidence-based decision-making in

orthopedic practice. His teaching approach emphasizes bridging contemporary research with practical clinical application in real-world rehabilitation settings.

MORNING SESSIONS 9:10 – 10:40 AM

10:10 – 10:40 AM

Treatment Considerations for Medial Elbow Tendinopathy in Rock Climbers

Karen Lovely, PT, DPT, Orthopaedic Clinical Specialist

COURSE DESCRIPTION

With the rapid development of indoor climbing gyms and the sports inclusion in the summer Olympics, participation in rock climbing has significantly increased over the past decade. With increasing numbers of people participating in climbing, there is a corresponding rise in the incidence of injuries. Overuse injuries are the most common, with research suggesting that 15.6% of climbing injuries involve the elbow. When rehabilitating these injuries, there is a need for physical therapists to understand and consider the unique forces placed on the upper extremity when individuals are rock climbing.

This session will focus on overuse injuries of the medial elbow in climbers, specifically medial elbow tendinopathy. We will review the anatomy and tendinous insertions at the medial elbow. After a brief review of the Clinical Practice Guidelines for lateral elbow pain, we will extrapolate the findings as we discuss treatment interventions for medial elbow tendinopathy.

This session will then go beyond the CPGs and identify strategies for establishing and progressing a treatment program for climbers with medial elbow tendinopathy with consideration of the high demands that the sport places on the finger flexors, pronator teres, and muscles of the forearm when gripping rock. We will look at isolated concentric, eccentric, and isometric exercises that are sport specific. Additionally, we will discuss strategies to evaluate muscle strength and biomechanics of the shoulder and scapula when progressing clients back to sport.

LEARNING OBJECTIVES

Upon completion of this presentation, attendees will:

1. Describe the anatomy of the medial elbow and understand the importance of considering the role of flexor digitorum superficialis and pronator teres, in addition to the wrist flexors, when treating medial elbow tendinopathies in rock climbers.
2. Apply the lateral elbow pain clinical practice guidelines for the treatment of medial elbow pain.
3. Identify exercises for progressive loading of the elbow for a sport (climbing) with unique demands on the elbow, wrist, and hand.

CLINICAL TAKEAWAYS

1. Methodology for assessing grip specific finger flexor strength in the rock climber.
2. Exercise progressions for progressive loading of flexor digitorum superficialis and pronator teres.
3. Return to sport progressions that include strength and motor control training for the proximal and distal upper extremity in rock climbers.

ABOUT THE PRESENTER

Karen Lovely, PT, DPT, Orthopaedic Clinical Specialist

Karen Lovely, PT, DPT, Orthopaedic Clinical Specialist is the owner of Beta Stride Physical Therapy, a small private practice located in Cambridge, MA. She graduated with her DPT from the University of Wisconsin-Madison in 2016. She has 10 years of clinical experience in outpatient orthopedics and currently specializes in treating rock climbers and long distance runners.

MIDDAY SESSIONS 12:00 – 1:00 PM

12:00 – 1:00 PM

A Pragmatic Treatment Based Classification approach in presence of Rotator Cuff Related Shoulder Pain

Lee Marinko, BSPT, ScD Board Certified Specialist in Orthopedics, Fellow American Academy of Orthopedic Manual Physical Therapists · Courtney Morrison, SPT · Ben Faulkner, SPT · Zhongyang (Simon) Yue, SPT · Jordan (Jordie) Legendre, MS, LAT, ATC, PES

COURSE DESCRIPTION

Rotator cuff related shoulder pain (RCRSP) is a highly prevalent musculoskeletal condition characterized by pain, functional limitations, and heterogeneous impairments including deficits in mobility, motor control, muscle performance and symptom irritability. This variability presents challenges in clinical decision-making and contributes to inconsistent rehabilitation outcomes.

This session will introduce a novel approach incorporating a Treatment-based classification (TBC) framework for RCRSP, emphasizing the importance of matching interventions to patient specific impairments. Presenters will review current evidence across four key domains: symptoms modulation, motor control, mobility, and muscle performance, and demonstrate how classifying individuals by impairments may influence treatment selection and patient outcomes.

Attendees will gain practical strategies for implementing a classification-based approach to examination and intervention, including exercise prescription, load management, and progression across stages of recovery. Case-based examples and data from a recent implementation study will be used to illustrate how matched versus unmatched interventions impact pain, function, and disability outcomes.

LEARNING OBJECTIVES

- Identify key impairments associated with RCRSP and classify by symptom modulation, motor control, mobility, and muscle performance domains.
- Explain the principles and clinical rationale behind a treatment-based classification system for shoulder pain.
- Differentiate between classification-matched and unmatched interventions and their impact on patient outcomes.
- Apply evidence-based intervention strategies tailored to each classification subgroup.
- Develop rehabilitation programs that incorporate dosing, progression, and load management strategies based on patient presentation.

CLINICAL TAKEAWAYS

1. Rotator Cuff-Related Shoulder Pain should not be treated as a single homogeneous condition - patients with RCRSP present with varying impairments related to symptom irritability, mobility restrictions, motor control deficits, and muscle performance limitations. This research highlights the importance of identifying primary impairments rather than relying solely on pathoanatomic diagnosis when selecting rehabilitation interventions
2. Classification-matched rehabilitation may improve patient outcomes - emerging evidence suggests that aligning interventions with subgroup-specific impairments may lead to greater improvements compared to generalized/unmatched treatment approaches. Clinicians should consider using movement-based classification frameworks to guide treatment intensity, exercise progression and manual therapy selection.
3. Current evidence supports the need for more subgroup-driven research in RCRSP rehabilitation - most existing RCRSP studies evaluate heterogeneous pat

ABOUT THE PRESENTERS

Lee Marinko, BSPT, ScD Board Certified Specialist in Orthopedics, Fellow American Academy of Orthopedic Manual Physical Therapists

Board Certified Orthopedic Specialist, Fellow American Academy in Orthopedic Manual Physical Therapy

Dr. Marinko is a Clinical Associate Professor and Director of the Orthopedic Manual Physical Therapy Fellowship at Boston University. With over 25 years of clinical teaching and research experience in musculoskeletal disorders, her expertise centers on upper extremity pathology and evidence-based treatment. She is currently leading the implementation study of this novel classification-based approach to rotator cuff related shoulder pain at Boston University Physical Therapy Center in collaboration of BU DPT students, clinicians, and national partners.

Courtney Morrison, SPT

The presenter is a Doctor of Physical Therapy student at Boston University, currently entering her third year of schooling. She has completed eight weeks of full-time clinical experience and has developed a strong interest in pursuing a career in sports physical therapy, with a focus on the rehabilitation of high school and collegiate athletes.

She is actively involved in research at Boston University under the mentorship of Lee Marinko, BSPT, ScD, contributing to ongoing work examining the effectiveness of a Treatment-Based Classification (TBC) approach for shoulder pain. She has completed a comprehensive thesis and literature review evaluating current best evidence, with particular emphasis on the motor control subgroup within the classification framework. Her work aims to further investigate clinical outcomes associated with the classification-matched interventions in this population.

Ben Faulkner, SPT

The presenter is a third-year Doctor of Physical Therapy student at Boston University looking to work in orthopedic and sports physical therapy. He has completed eight weeks of full-time clinical experience and is actively involved in research under the mentorship of Lee Marinko, BSPT, ScD. His work contributes to ongoing research examining the effectiveness of a treatment-based classification approach for rotator cuff related shoulder pain. He has completed a comprehensive thesis and literature review focused on current best evidence related to the muscle performance subgroup within the classification framework, with particular emphasis on rehabilitation strategies aimed at improving activation, strength, and overall function through classification matched interventions.

Zhongyang (Simon) Yue, SPT

The presenter is a rising third-year Doctor of Physical Therapy student at Boston University with strong interests in both orthopedic and neurologic physical therapy. He has completed 8 weeks of full-time clinical experience in an outpatient orthopedic setting, where he developed a deeper appreciation for movement-based assessment, individualized rehabilitation, and help patients return to meaningful activities. He is involved in research examining classification-based rehabilitation for Rotator Cuff-Related Shoulder Pain, with a specific focus on the symptom modulation group. His work mainly explores how clinicians can identify patients whose primary presentation involves high irritability, or limited movement tolerance, and how targeted early interventions may help guide progression toward further rehabilitation.

Jordan (Jordie) Legendre, MS, LAT, ATC, PES

This presenter is going into his third-year as a Doctor of Physical Therapy (DPT) student at Boston University with interest in orthopedics and sports medicine clinical settings. He has 9 years of professional clinical experience as a Certified Athletic Trainer (ATC) in the collegiate athletics setting, as well as completed full-time DPT clinical rotations in orthopedic settings. He has one published graduate thesis from Texas State University which looked at risk factors and relationships between dynamic postural control and functional movement in a chronic ankle instability (CAI) population. He is actively involved and contributes to ongoing research under the guidance of Dr. Lee Marinko at Boston University to examine the effectiveness of a treatment-based classification approach for Rotator Cuff Related Shoulder Pain (RCRSP). He has completed a literature review and written thesis for this project, with specific focus in the shoulder mobility impairment subgroup, with particular emphasis on improving pain, mobility and function through subgroup-matched interventions.

MIDDAY SESSIONS 12:00 – 1:00 PM

12:00 – 1:00 PM

From Sideline to Gametime: Integrating Evolving Concussion Research and Experienced Practice to Coordinate Care Across Disciplines

Rachel Divas, PT, DPT, SCS · Jorden Gaccione, MS, LAT, ATC

COURSE DESCRIPTION

Emerging research has rapidly advanced the ways in which we recognize and treat sports-related concussions from the moment of injury to return to sport. However, with the pace at which management is changing, it can be difficult to keep up with the current best practices. Current studies are challenging the previously held concept of complete rest in the acute phase of concussion management. Results are now finding that early sub-symptom threshold interventions and highly individualized step wise progressions are returning athletes to sport more quickly and with less symptom provocation. As a result, there continues to be wide-spread misconceptions surrounding concussion mechanisms of injury, identification, and treatment.

The purpose of this session is to present new evidence on key topics in sport-related concussion management. This session will begin with the presentation of new research from ongoing epidemiologic studies that look at common mechanisms of injury, sport, and activity type as well as identification of symptom domains and their associations with recovery timelines. It will then introduce emerging evidence on the use of computerized eye tracking devices to place patients into treatment categories, including how categorization leads to more individualized treatment that optimizes patient outcomes. Finally, this evidence will be linked to personal experience from both the Athletic Training and Physical Therapy perspectives, to offer insight into the often complex decision making process.

At the conclusion of this session, learners will be able to implement strategies to identify a sports concussion, know when to refer to a specialist, and how to categorize patients to select appropriate treatment strategies. In addition, learners will be able to understand how to coordinate care between clinicians in order to facilitate quicker and safer return to play for the athlete with sports-related concussion.

LEARNING OBJECTIVES

By the end of this presentation the learner will be able to:

- Identify current epidemiology of concussions in sport
- Discuss when referral to a concussion rehabilitation specialist is appropriate

- Describe key treatment categories and how to use clinical exam techniques to place patients into each category
- Analyze the process of return to sport progression, including multi-factorial components of decision making throughout the progression

CLINICAL TAKEAWAYS

- Concussions can occur from both contact, and non-contact mechanisms of injury across a wide variety of sports.
- Emerging research supports the implementation of relative physical and cognitive rest during the acute phase of concussion as well as prioritizing early symptom limited activity and utilization of social support.
- Categorizing patients based on symptom domain, utilizing computerized eye tracking when available, leads to early referral to a specialist. This in turn helps to individualize care and refine early intervention.
- Return to play should be a step-wise progression tailored to the specific patient, taking into account physical, cognitive, and emotional preparedness.

ABOUT THE PRESENTERS

Rachel Divas, PT, DPT, SCS

Rachel Divas is a Physical Therapist currently practicing at Massachusetts General Hospital in an outpatient Sports Physical Therapy clinic, as well as part time in a Division I Athletic Training room. She received her DPT from the University of Pittsburgh, then went on to complete a Sports Physical Therapy Residency Program through Northeastern University and Massachusetts General Hospital. During her residency, she had extensive weekly didactic and clinical mentoring in the management and treatment of patients following sports-related concussions. She is a Board-Certified Clinical Specialist in Sports Physical Therapy and in her current role, she sees athletes following sports concussions, as well as following orthopedic injury. She is passionate about working closely with Physicians and Athletic Trainers for comprehensive care and safe return to play following sports-related concussion.

Jorden Gaccione, MS, LAT, ATC

Jorden Gaccione is an Athletic Trainer for the Harvard University Sports Medicine Department providing care to their Division I wrestling and fencing teams. She earned her Bachelors Degree in Athletic Training at East Carolina University, then went on to complete a Masters Degree in Exercise Science at Middle Tennessee State University. She currently serves as head of the concussion management committee for Harvard Sports Medicine and serves as the Harvard University site Co-Principal Investigator for the ongoing Ivy League Big Ten Epidemiology of Concussion Study. Jorden works closely with physicians, physical therapists, and mental health clinicians providing care to student-athletes following sport-related concussions from sideline acute care to full return to play.

12:00 – 1:00 PM

Is referral for imaging part of your personal scope of practice? Now is the time. Integrating Referral for Imaging into Clinical Practice

Alycia Markowski, DPT, MPhyS(manip), FAAOMPT, OCS, RMSK · Marie Corkery, PT, DPT, MHS, FAAOMPT

COURSE DESCRIPTION

Referral for imaging is not in our future; it is here now. Identifying patients who would benefit from a physical therapist referring a patient for imaging has been shown to improve the timeliness of care, reduce patient costs, and optimize the utilization of healthcare resources.

Referral for diagnostic imaging is explicitly within the Physical Therapist's professional scope of practice. The APTA House of Delegates (HOD P06-12-10-09) states that "When indicated, physical therapists (PT) order appropriate tests, including but not limited to imaging and other studies, that are performed and interpreted by other health professionals. Physical therapist may also perform or interpret selected imaging or other studies..." In 2016, the APTA HOD (RC 12-16) resolved to pursue imaging referral practice authority at the state level. Today, more than 18 jurisdictions have established imaging referral privileges through practice act language or board rulings.

Massachusetts is actively advancing this issue. Senate Bill 215, which proposes amending Section 23A of Chapter 112 of the General Laws (PT Practice Act) to explicitly include diagnostic imaging within the definition of physical therapy practice, Stating "evaluation shall include but is not limited to the administration and interpretation of tests and measures, including diagnostic imaging, electrodiagnostic and electrophysiological tests and measures, as an aid to the diagnosis and the creation of patient management plans...." On January 07, 2026, this Bill was reported favorably by the committee and referred to the committee on Senate Rules. This is a pivotal moment for Massachusetts PTs and Doctor of Physical Therapy students alike.

DPT programs are already teaching imaging content. Students are learning about imaging, understanding referral criteria, and applying clinical decision tools in the classroom. This content has been driven by contemporary practice (Imaging Education Manual 2015 (current update pending) and governing bodies, including CAPTE Evaluative Criteria (Standard 7, 2016), the NPTE content outline, and the FSBPT Model Practice Act (7th Edition). Despite academic preparation, few clinical education experiences currently provide students or early-career clinicians with opportunities to apply imaging referral skills in practice. (Hazel 2026) This session bridges that gap.

Using current literature, real-world case examples, and evidence-based decision tools, participants will gain the knowledge and practical framework to confidently incorporate imaging referral into their clinical reasoning and patient management. The session will discuss the following topics

1. Challenges and opportunities in the professional, jurisdictional, and personal scopes of practice
2. Current state of Imaging education in DPT programs
3. Requisite skills, communication (SBAR (Situation, Background, Assessment, Recommendation), AGOLDMED (Age, Onset, Location, Duration of Sx, Mechanism of Injury, Exam findings, Diagnosis-hypothetical), responding, and documentation for successful referral for imaging.

4. Overview of evidence-based guidelines for prescribing imaging a. ACR Appropriateness Criteria, CDR, CPG, and Decision trees
5. PT success with referral for imaging- literature overview
6. Discuss successful implementation strategies for imaging
7. Case studies

LEARNING OBJECTIVES

At the completion of this session, clinicians will be able to:

1. Utilize essential skills for incorporating diagnostic imaging into your practice.
2. Appreciate evidence supporting the benefits of physical therapist directly referring/recommending diagnostic imaging for patient care.
3. Appraise your ability to perform at the peak of your allowed legal scope of practice.
4. Appreciate methods to promote imaging advocacy within and for the profession and for your patients.

CLINICAL TAKEAWAYS

At the completion of this session, clinicians will

1. Have current knowledge of their professional, jurisdictional scope of practice to support their ability to implement direct referral for imaging.
2. Be able to critically appraise their personal readiness to implement direct referral for imaging in their practice.
3. Understand clinical students' academic preparedness to implement direct imaging referral

ABOUT THE PRESENTERS

Alycia Markowski, DPT, MPhyS(manip), FAAOMPT, OCS, RMSK

Alycia Markowski, PT, DPT, RMSK, OCS, FAAOMPT, is a Clinical Professor and the Director of Clinical Affairs in the Department of Physical Therapy, Movement and Rehabilitation Sciences at Northeastern University in Boston, Massachusetts. She is board-certified in Musculoskeletal Sonography, Orthopedic Specialist, and Fellow of the American Academy of Manual Physical Therapy.

Her research focuses on the scholarship of teaching and learning, including ultrasound imaging and evidence-informed practice, resulting in multiple international and national presentations and publications. Alycia is the co-owner of Cape Regenerative Medicine Clinic and is active in donating her time to serve several professional and community organizations.

Marie Corkery, PT, DPT, MHS, FAAOMPT

Marie Corkery, PT, DPT, MHS, FAAOMPT is a Clinical Professor in the Department of Physical Therapy, Movement and Rehabilitation Sciences. Marie is a Fellow of the American Academy of Orthopaedic Manual Physical Therapists. She teaches in the musculoskeletal track and mentors students' capstone DPT research projects. Her research encompasses movement analysis in diverse populations, physical therapy clinical assessment and evidence-based interventions. She is active in the American Academy of Orthopaedic Manual Physical Therapists, APTA Orthopedics and the Imaging Special Interest Group.

12:00 – 1:00 PM

Mental and Physical Consideration in High Performance Settings

Meredith Young, PT, DPT, PhD · Benjamin Adams, PT, DPT, PhD

COURSE DESCRIPTION

The physiological demands of performing at, or returning to, a high-performance setting require physical fitness and mental fortitude. High performance settings include individual and team sports as well as military and tactical environments. Research has found that a compilation of both mental and physical well-being reduces injury risk and improves performance over physical well-being alone. In the context of physical therapy, providers should consider how to assess for and support mental well-being within physically rigorous rehabilitation protocols.

This presentation will consider return to sport physical therapy that goes beyond single joint rehabilitation. Concepts will cover generalized physical performance and sport specific training within tissue appropriate rehabilitation parameters. Attendees will be introduced to psychosocial assessments and strategies that can support patients returning to high stress environments. This session will include an implementation framework that provides actionable steps to support mental and physical health within traditional physical therapy models. The goal of the session is to provide PTs with the tools to assess and advocate for holistic return to sport that will yield improved patient outcomes and reduce risk of reinjury.

LEARNING OBJECTIVES

- Describe how mental well-being and generalized physical performance (i.e. VO2Max) impact return to performance success
- Identify appropriate physical and mental assessment tools across physical therapy settings
- Outline a return to sport framework that incorporates both mental and physical performance measures

CLINICAL TAKEAWAYS

1. PTs will be equipped with understanding psychosocial assessments, how and when to use them clinically
2. PTs will be equipped with understanding generalized physical fitness assessment and why they are important to assess throughout POC
3. PTs will understand and be able to educate patients on the interplay of physical and mental health

ABOUT THE PRESENTERS

Meredith Young, PT, DPT, PhD

Meredith Young PT, DPT, PhD, board-certified orthopedic physical therapist, is an assistant professor in the department of Physical Therapy at Johnson & Wales University in Providence, RI. Her teaching focus is on evaluation and management of musculoskeletal conditions and health promotion and wellness. Her research is focused on evaluating biopsychosocial risk factors for musculoskeletal injuries in service members and other athletic and active populations.

Dr. Young has more than 10 years of clinical experience, where she treats a wide variety of musculoskeletal conditions, with a special interest in athletic populations and the musculoskeletal management of REDs. She recently completed her

Ph.D. in Rehabilitation Science at MGH IHP, with the focus of her dissertation is on injury surveillance protocols and identifying holistic risk factors for injury during cadet initial military training.

MIDDAY SESSIONS 12:00 – 1:00 PM

12:00 – 1:00 PM

Pediatric Billing & Coding: Review and Reframe CPT Codes

Jonathan Greenwood, PT

COURSE DESCRIPTION

January 1st, 2017 The Center for Medicare and Medicaid Services rolled out new Physical Therapy Evaluation and Reevaluation Codes and on January 1st, 2024 (CMMS) also rolled out new codes related to Caregiver Training. Clinicians have expressed ongoing challenges with the coding rules for evaluation and reevaluation for physical therapy as it relates to pediatrics. There are variances in how clinicians apply codes in general to specific treatment interventions and patient/caregiver education. This course will guide clinicians through the process of selecting the most appropriate code using a combination of CMS guidelines, APTA guidelines, the International Classification of Function (ICF) and clinical decision making. Participants will utilize case based review to demonstrate simple, evolving and complex pediatric evaluation cases in multiple treatment settings. Documentation systems will be reviewed to ensure documentation is defensible and inclusive of the clinical decision making to support the evaluation code selected. Discussion will occur around complexity of clinical assessment and the how to make decisions when a clinical case is between two levels.

LEARNING OBJECTIVES

1. Participants will identify the requirements for selection of evaluation coding in accordance with CMS regulations.
2. Participants will utilize the ICF to justify evaluation coding for pediatric patients of all ages, in all settings and of various complexities of movement disorders.
3. Participants will demonstrate documentation of clinical decision making and language to support coding and code selection.
4. Participants will identify the correct application of common codes including newer caregiver codes.

CLINICAL TAKEAWAYS

1. Clinicians will Identify and Review of CMMS / AMA Codes applicable to physical therapists and APTA guide to use these codes
2. Clinicians will process use of consistent clinical coding of evaluations, treatments and education in alignment with APTA and CMMS regulations for pediatric patients from simple to complex.
3. Clinicians will Build a framework for clinical documentation in using the International Classification of Function and APTAs Defensible Documentation to support the Evaluation Codes selected.

ABOUT THE PRESENTER

Jonathan Greenwood, PT

Jonathan Greenwood MS, MBA, FACHE, PT, DPT, PCS received a B.S. degree, M.S. degree and Doctoral degree in physical therapy from Northeastern University. Dr. Greenwood is the Senior Director of Physical Therapy, Occupational Therapy & Rehabilitation Services at Boston Children's Hospital. He has experience as a passionate leader who embodies the essence of this role to inspire excellence, deliver strategic and operational growth and move the profession forward in

the delivery of patient/family centered pediatric care. Dr. Greenwood is a Board Certified Pediatric Clinical Specialist, a Fellow of the American College of Healthcare Executives and has his MBA with a focus on healthcare leadership.. He has spoken nationally for course companies, equipment vendors and universities. Dr. Greenwood has worked in a variety of clinical settings from pediatric through adult, in private practice, homecare, inpatient rehabilitation, early intervention and school settings.

MIDDAY SESSIONS 12:00 – 1:00 PM

12:00 – 1:00 PM

Phantom Limb Pain Rehabilitation: Evidence-Based Non-Pharmacological Interventions

Nadine Aranis, PT, MSc · Anna Gianlorenco, PT, PhD · Urvashi Chogle, PT, DPT

COURSE DESCRIPTION

Phantom limb pain (PLP) is a painful sensation perceived in the body part that was amputated. It can affect more than 60% of individuals following limb loss. Despite its high prevalence, the mechanisms underlying PLP remain incompletely understood, limiting the development of consistently effective treatment strategies. Current evidence suggests that PLP is a multidimensional condition involving peripheral and central mechanisms, maladaptive neuroplasticity, nociplastic pain processes, sensorimotor incongruence, and psychosocial contributors.

This session will provide an evidence-based overview of non-pharmacological rehabilitation strategies for PLP across inpatient, outpatient, and home-based settings. Participants will be able to differentiate PLP from residual limb pain and non-painful phantom sensations while exploring current theories, risk factors, and rehabilitation strategies associated with PLP management. We also expect them to recognize current evidence supporting physical, psychological, and neuromodulation-based interventions, including mirror therapy, graded motor imagery, pain neuroscience education, and transcranial direct current stimulation (tDCS). Through case-based discussions, attendees will examine how interdisciplinary and patient-centered approaches can be adapted across different stages of rehabilitation and clinical environments to improve pain, function, and quality of life in individuals with limb loss.

LEARNING OBJECTIVES

1. Describe neurophysiological and psychosocial mechanisms associated with phantom limb pain and maladaptive plasticity.
2. Identify evidence-based non-pharmacological interventions used in inpatient, outpatient, and home-based management of phantom limb pain.
3. Compare the clinical applications, benefits, and limitations of physical, psychological, and neuromodulation-based approaches for individuals with phantom limb pain.
4. Apply interdisciplinary rehabilitation principles to develop patient-centered treatment strategies across different rehabilitation settings.

CLINICAL TAKEAWAYS

- Differentiate phantom limb pain from residual limb pain and non-painful phantom sensations to improve clinical reasoning and treatment selection.

- Integrate evidence-based rehabilitation interventions, including mirror therapy, graded motor imagery, pain neuroscience education, and sensory discrimination into inpatient, outpatient, and home-based rehabilitation programs.
- Apply interdisciplinary and patient-centered management strategies focused on improving function, self-management, participation, and quality of life rather than pain intensity alone.

ABOUT THE PRESENTERS

Nadine Aranís, PT, MSc

Nadine Aranís Seguí is a Physical Therapist from Chile and a PhD student in Rehabilitation Sciences at the MGH Institute of Health Professions, Boston, MA. She is also a Research Fellow at the Neuromodulation Center at Spaulding Rehabilitation Hospital under the mentorship of Dr. Felipe Fregni.

Her research focuses on phantom limb pain, maladaptive neuroplasticity, autonomic regulation, and neuromodulation-based rehabilitation approaches, with a particular interest in heart rate variability as a potential biomarker of chronic pain and adaptation following limb loss. She has contributed to NIH-funded clinical trials investigating non-pharmacological interventions for phantom limb pain, including transcranial direct current stimulation and home-based rehabilitation strategies. In addition to her research activities, Nadine is passionate about academia and interdisciplinary rehabilitation education.

Anna Gianlorenco, PT, PhD

Anna is an Instructor at Harvard Medical School and an Adjunct Professor at the MGH Institute of Health Professions, specializing in neurorehabilitation for aging and neurodegenerative diseases like Parkinson's. With a PhD in Physical Therapy, her research investigates the clinical and mechanistic effects of non-pharmacological interventions and neuromodulation. She has extensive experience in clinical trial design and biostatistics, contributing to numerous NIH-funded studies on conditions such as stroke and chronic pain. Her primary goal is to develop scalable, mechanism-based treatments that improve functional outcomes and quality of life for patients.

Urvashi Chogle, PT, DPT

Urvashi Chogle, PT, DPT, is an Advanced Clinical Specialist Physical Therapist with over 30 years of experience in neurologic and amputee rehabilitation. She practices at Spaulding Rehabilitation Hospital, contributing to the Limb Loss Clinic, Amputee Center of Excellence, and the ICAN program at Mass General Hospital. Ms. Chogle specializes in prosthetic gait training, motion analysis, and advanced rehabilitation technologies, including Lokomat, Ekso robotics, and functional electrical stimulation (Bioness). She is also involved in research on prosthetic technology and mobility outcomes. A dedicated educator and mentor, she provides clinical instruction, in-services, and program development, including adaptive yoga and community wellness initiatives. Dr. Chogle earned her DPT from the MGH Institute of Health Professions and her BPT from Seth GS Medical College in Mumbai, India.

3:10 – 4:10 PM

A Diagnosis of Inclusion: Reframing Evaluation of Functional Neurological Disorders in the Clinic

Francesca DeSimone-Farrow, PT, DPT, Board Certified Clinical Specialist in Neurology

COURSE DESCRIPTION

Evaluation of individuals presenting with Functional Neurological Disorder (FND) can be complex, particularly when it coexists with other neurological conditions such as Parkinson's disease or epilepsy. For physical therapists, this complexity can create uncertainty in clinical reasoning, assessment, and patient communication.

Attendees will review contemporary perspectives on FND pathophysiology, with an emphasis on translating these concepts into accessible patient education. The session will then outline a structured framework for the initial evaluation of individuals with functional movement disorders, highlighting key examination findings, clinical patterns, and important considerations for differential diagnosis.

By reframing FND as a diagnosis of inclusion, this session aims to enhance clinician confidence, strengthen therapeutic alliance, and support more effective, patient-centered care in physical therapy practice.

LEARNING OBJECTIVES

By the end of this presentation, the listener will be able to:

1. Identify the three most common types of Functional Neurological Disorder.
2. Improve the capacity to discern between functional diagnoses and organic diagnoses.
3. Strengthen one's clinical assessment process by using best practice recommendations during differential diagnosis.
4. Develop confidence in interpreting positive clinical findings of a functional movement disorder.
5. Appreciate that certain diagnoses are linked with an increased susceptibility for developing a Functional Neurological Disorder.
6. Recognize the benefit of a multi-disciplinary team for a patient with a Functional Neurological Disorder.
7. Educate their patients on their functional neurological disorder in a manner that minimizes stigma and facilitates a suitable plan for treatment.

CLINICAL TAKEAWAYS

- Definition of Functional Neurological Disorder (along with the explanation of suspected pathophysiology: "the predictive brain", neural networks, and sensory dysfunction)
- The 3 Most Common manifestations of FND
- An understanding that FND can exist comorbidly with other diagnoses.
- Discussion about some diagnoses that show higher prevalence for comorbid FND (eg one study shows that HSD (hypermobility spectrum disorders) are a stronger prediction for FND than anxiety or depression (Chen et al.))
- Iatrogenic harm of misdiagnosis (outcomes are worse for those with FND who are diagnosed late into their presentation)

- Differential Diagnosis of 3 common organic neurological diagnoses (Parkinson's Disease, dizziness, stroke)
- Review of Positive Clinical Findings of FND (What they are, how to test for them in the clinic)
- Multi-disciplinary Care benefits for treatment of FND
- The importance of “readiness to change” in the patient

ABOUT THE PRESENTER

Francesca DeSimone-Farrow, PT, DPT, Board Certified Clinical Specialist in Neurology

Francesca DeSimone-Farrow, PT, DPT, Board Certified Clinical Specialist in Neurologic Physical Therapy.

Level II Physical Therapist at Emerson's Clough Center for Rehabilitative & Sports Therapies Concord location

Francesca graduated from Northeastern University with both an undergraduate degree in Rehabilitation Sciences and a Doctorate Degree in Physical Therapy. She has been practicing since 2010. Prior to joining the Emerson team in 2022, she spent twelve years working in a post-acute inpatient rehabilitation hospital, primarily on the TBI, stroke, and SCI units. She now provides clinical care in our outpatient setting, treating all neurological and vestibular diagnoses.

AFTERNOON SESSIONS I 3:10 – 4:10 PM

3:10 – 4:10 PM

Beyond Burnout: An Evidence-Based Curriculum Framework for Clinician Wellbeing and Professional Longevity in Physical Therapy

David Pavao, PT, DPT, OCS · Matt Haley, PT, DPT

COURSE DESCRIPTION

Clinician burnout is no longer an emerging concern - it is a workforce crisis physical therapists are living through. More than 60% of physicians reported burnout symptoms in 2025, while PT and rehabilitation professionals demonstrate turnover rates significantly above the broader healthcare average. Replacing a single PT costs more than \$40,000 in recruitment, onboarding, and lost productivity. This is not a personal resilience problem, but a systems and skills problem. But a meaningful portion of it is addressable.

Research consistently identifies the same modifiable contributors: administrative burden, moral injury, secondary traumatic stress, and inadequate mentorship. The evidence on what sustains clinicians is equally specific. Self-Determination Theory and current PT workforce research converge on six protective domains: mentorship, clinical self-efficacy, mindfulness-based training, autonomy-supportive leadership, meaning-making, and work-life boundary management. Each is a trainable competency, albeit one that is often overlooked or overcrowded out of DPT curriculums or employer onboarding experiences.

This session presents a CE curriculum built directly from this evidence base, designed for delivery within PT practices and clinical teams. Each module targets one protective domain with measurable objectives and validated outcome tools. Attendees will leave with the evidence, the full curriculum framework, and a practice-level implementation roadmap including a method for identifying where to start.

LEARNING OBJECTIVES

At the end of this session, the learner will be able to:

1. Differentiate burnout from moral injury and identify the most prevalent modifiable contributors to burnout risk in PT practice settings.
2. Describe the evidence base for the most common protective competency domains - including mentorship, mindfulness, self-efficacy, and leadership - shown to reduce burnout and improve clinician retention in physical therapy.
3. Apply a structured framework to evaluate wellbeing gaps within their practice setting and identify priority areas for CE-based intervention.

CLINICAL TAKEAWAYS

1. Burnout and moral injury are distinct conditions requiring different interventions; treating them interchangeably results in mismatched solutions that fail clinicians and organizations.
2. Modifiable competency domains - mentorship, mindfulness, self-efficacy, leadership, stress regulation, and meaning-making - have peer-reviewed support for reducing burnout and improving retention in PT populations.
3. A structured, outcomes-tracked CE curriculum allows clinical leaders to address wellbeing proactively, using validated tools (MBI, Utrecht Work Engagement Scale) to measure impact.

ABOUT THE PRESENTERS

David Pavao, PT, DPT, OCS

David Pavao, PT, DPT, OCS, is a Partner, Chief Clinical Officer, and practicing physical therapist at Highbar Physical Therapy in Providence, Rhode Island, where he has been a member of the clinical team for more than 17 years. He holds board certification as an Orthopedic Clinical Specialist and completed his Orthopedic Physical Therapy Residency through Evidence in Motion Institute of Health Professions, where he also earned an Executive Certificate in Private Practice Management.

In his administrative role, Dr. Pavao oversees the professional development of clinical staff across Highbar's practice, including a structured onboarding mentorship program, an in-house orthopedic residency and continuing education curriculum. He serves as Orthopedic Residency Faculty and has been an Adjunct Clinical Instructor in the Doctor of Physical Therapy program at the University of Rhode Island since 2010, where he earned both his DPT and the Outstanding Alumni Award in 2013.

Dr. Pavao serves as a Media Corp member for the American Physical Therapy Association and on the Legislative Committee of the Rhode Island Chapter of the APTA and contributes regularly to the Rhode Island Academy of Family Physicians quarterly journal, where his writing focuses on evidence-based physical therapy and interprofessional collaboration in primary care.

Matt Haley, PT, DPT

Matthew R. Haley, PT, DPT, is the Professional Development and Mentorship Engagement Coordinator for Highbar Physical Therapy, where he oversees mentorship and professional development initiatives across the organization's clinical brands. He brings more than 13 years of clinical experience across outpatient orthopedic and post-acute settings, and spent nearly eight years as Director of Education and Mentorship at Peak Physical Therapy before assuming his current expanded role.

Dr. Haley holds an Association for Talent Development (ATD) Coaching Certificate and a Hybrid Learning Certificate, reflecting his commitment to evidence-informed adult education and clinical training design. He earned his Doctor of Physical Therapy from the Evidence in Motion Institute of Health Professions in 2025, and his Bachelor of Science in Physical Therapy from Northeastern University.

His work developing and scaling mentorship infrastructure within a growing multi-site practice directly informs the curriculum framework presented in this session.

3:10 – 4:10 PM

From Clinician to Practice Leader: Systems That Improve Follow-Through, Team Ownership, and Sustainability

Sturdy McKee, MPT

COURSE DESCRIPTION

Private practice owners, clinic directors, lead clinicians, and emerging PT leaders often move into leadership because they are strong clinicians, not because they have been trained to build systems, delegate decisions, or coach team performance. As outpatient practices grow, unclear roles, inconsistent communication, weak accountability rhythms, and leader-dependent decision-making can contribute to burnout, staff frustration, inconsistent execution, and preventable gaps in patient follow-through.

This 90-minute interactive session gives PTs, PTAs, clinic directors, and practice leaders a practical, evidence-informed framework for moving from reactive problem-solving to structured leadership. Participants will examine common leadership bottlenecks in outpatient practice, including recurring “quick questions,” unclear escalation, inconsistent patient follow-up, weak role clarity, and decisions that keep returning to the owner, manager, or lead clinician.

Through brief teaching segments, outpatient practice examples, guided reflection, and case-based discussion, attendees will learn how to clarify roles and decision matrices, delegate outcomes instead of tasks, reset meetings around decisions and next steps, and use simple coaching rhythms to improve follow-through without micromanaging. The course connects leadership structure to outcomes that matter in PT settings: staff engagement, clinician sustainability, clearer patient experience standards, better plan-of-care follow-through, and smoother day-to-day operations.

Attendees will leave with a practical tool for identifying one recurring leadership bottleneck in their own setting and designing one meeting or coaching rhythm they can test the following week.

LEARNING OBJECTIVES

1. Identify three common leadership bottlenecks that contribute to operational friction, team frustration, burnout risk, or inconsistent patient follow-through in outpatient physical therapy settings.
2. Describe the difference between delegating tasks and delegating outcomes using examples from clinic operations, patient experience, and team communication.
3. Apply a role clarity and decision-rights framework to define expectations, ownership, escalation points, and follow-through responsibilities for one clinic role or recurring workflow.
4. Design one meeting or coaching rhythm that improves team accountability, decision-making, and patient-care follow-through without increasing micromanagement.

CLINICAL TAKEAWAYS

1. A practical method for identifying leadership bottlenecks that affect clinic flow, team execution, patient communication, and plan-of-care follow-through.
2. A role clarity framework they can use to define expectations, ownership, decision rights, escalation points, and success measures for a clinic role or recurring workflow.
3. A delegation approach that transfers outcomes, not just tasks, so team members can take clearer ownership of patient experience, follow-up, scheduling standards, and daily operational decisions.

4. A meeting reset structure that helps clinic teams turn recurring problems into decisions, owners, deadlines, and next steps.
5. One immediate implementation plan for improving a recurring workflow, communication gap, or patient follow-through issue in their own practice setting.

ABOUT THE PRESENTER

Sturdy McKee, MPT

Sturdy McKee, MPT, is a former multi-clinic physical therapy practice owner, business coach, author, and creator of The 6-Hour CEO™. After building and selling a six-location PT practice, he now helps practice owners and small business leaders build clearer systems, stronger teams, better delegation, and businesses that do not depend on the owner for every key decision. His work focuses on practical leadership, role clarity, operational rhythms, business metrics, patient follow-through, and sustainable practice growth. He has more than 20 years of PT business operations experience and has spoken for PT and business audiences on leadership, delegation, systems, and practice growth all around the country.

AFTERNOON SESSIONS I 3:10 – 4:10 PM

3:10 – 4:10 PM

Plyometrics for the Athlete-Patient

Sean Laubenstein, PT, DPT, OCS · Melissa Belanger, PT, DPT · Jason Mason, ATC, CSCS

COURSE DESCRIPTION

Sports involve powerful, rapid movements. Consider force development within 100-120 ms during a sprint, the rapid acceleration and deceleration of the pitching motion, and the repeated, and rapid jumps of a basketball player rebounding; these are a few of the explosive tasks athletes are asked to complete during training and play. Do we do enough to prepare our athlete-patients for these demands? Plyometric training is an underutilized tool to help prepare athletes for a return to the explosive demands of sport. In fact, a paper by Ebert et al. found that only 30% of athletes post- ACL reconstruction completed a plyometric program before returning to play. We believe that one of the fundamental barriers to widespread implementation is a lack of exposure to and comfort with plyometric training. This session gives clinicians the framework and tools to confidently integrate plyometrics into rehabilitation.

Plyometric training involves a rapid lengthening of a muscle -tendon unit, followed by a rapid shortening contraction of the muscle- tendon unit (stretch- shortening cycle). The stretch-shortening cycle is observed in many athletic movements, including running, sprinting, and jumping. Plyometric training yields improvements in rate of force development, power, and maximal strength. These adaptations directly translate to the demands patients face when returning to sport, which is why plyometric training is increasingly recognized as essential to late-stage rehabilitation rather than a sport-performance afterthought.

In this presentation, we will “jump” into plyometrics for the rehabilitation professional. We will explore how to use this tool to help our patients rehabilitate and return to their desired athletic pursuits. While most plyometric education focuses on the lower extremity, this session addresses application to both upper and lower extremity rehabilitation, making it relevant to clinicians treating shoulder and elbow pathologies as well as hip, knee, and ankle. Special focus will be placed on effective incorporation of plyometric training into the overall rehabilitation paradigm for both upper and lower extremities; including when their use is

appropriate and suggested progression of load. This will be a didactic presentation with video demonstrations of exercises and at least one case example.

LEARNING OBJECTIVES

By the end of this presentation, participants should be able to:

1. Define plyometric exercise and understand the stretch-shortening cycle
2. Outline the benefits of plyometric activity for return to sport
3. Identify when to implement plyometric exercises during the rehabilitation continuum and provide a rationale for doing so
4. Provide examples of plyometric activities for both upper and lower extremities and how to progress or regress them

ABOUT THE PRESENTERS

Sean Laubenstein, PT, DPT, OCS

Sean is an outpatient orthopedic physical therapist within the Beth Israel Lahey Healthcare (BILH) system with 10 years of clinical experience. He has completed a residency through EIM in orthopedic physical therapy and has obtained the OCS certification. Sean is working with a group, including the other partitioners practitioners participating in this presentation, to help establish a sports medicine program within BILH on the North Shore. Special clinical interests include treating team sport athletes and running/endurance sport athletes across the age spectrum.

Melissa Belanger, PT, DPT

Melissa is a physical therapist at one of BILH's outpatient therapy sites at a small community hospital in Gloucester, MA. She has 10 years of experience as an outpatient orthopedic physical therapist and is a certified Clinical Instructor. Her professional interests include general orthopedics and sports medicine. She is part of the group mentioned above that is working to build a specialized sports medicine program to serve local athletic populations. Outside of patient care, she is passionate about staff engagement and serving the local community.

Jason Mason, ATC, CSCS

Jason is an Athletic Trainer within the BILH system, serving as the Head Athletic Trainer for Gloucester High School and an Athletic Trainer for USA Massachusetts Wrestling. With over 20 years of experience as a Certified Strength and Conditioning Specialist and 14 years as a practicing Athletic Trainer, Jason has worked with athletes of all levels — from young competitors to professional and senior athletes. Alongside his colleagues, Jason is helping to develop the previously mentioned Sports Medicine program within the BILH system, centered around providing comprehensive, athlete-focused care.

3:10 – 4:10 PM

Treating the Whole Patient: Empowering PTs to Address Bowel Dysfunction with Confidence

Kimberly Norton, PT, DPT

COURSE DESCRIPTION

Bowel dysfunction is a common but under-addressed area of healthcare. Bowel related diagnoses often co-exist in patients that present to physical therapy (PT) with primary orthopedic complaints including low back and pelvic pain. Constipation affects about 50% of post-operative patients, and is associated with dehydration and opioid use, which affects PT patients across settings. Additionally, bowel dysfunction has a significant impact on overall quality of life and can negatively impact tolerance for activities of daily living, exercise, and participation in life roles. Appropriate screening, evaluation, and treatment of bowel dysfunction should therefore be more prevalent in contemporary PT practice, as part of a comprehensive approach to care for patients who present with symptoms that are consistent with bowel related disorders.

This lecture will introduce common bowel related conditions including Irritable Bowel Syndrome (IBS), constipation, chronic anal fissures, and fecal incontinence. It will present screening and treatment considerations for the patient with bowel related symptoms or concerns. The presentation will additionally focus on providing evidence-based strategies within PT scope of practice to manage the above conditions. Case examples and clinical pearls from the presenter's nearly ten years of experience treating this patient population in culturally diverse environments will also be included.

The target audience should be comfortable discussing bowel related considerations. This lecture is appropriate for physical therapists who want to know how to screen, refer and educate their patient population regarding bowel dysfunction. It will also include some advanced content intended to enhance the practice of pelvic health specialists looking to know more about the treatment of bowel dysfunction. Relevant anatomy and physiology of the intestines and pelvic floor will be covered, along with a review of the pathophysiology of each condition.

LEARNING OBJECTIVES

At the conclusion of this presentation, the learner will be able to:

- Identify key features of constipation, IBS, fecal incontinence, and chronic anal fissures.
- Describe how bowel dysfunction can adversely affect a patient's tolerance to physical activity.
- Develop an evidence based home program that encourages healthy bowel habits to manage bowel dysfunction.
- Provide appropriate referrals to pelvic health specialists, and educate patients of what to expect during an evaluation from a pelvic health specialist.
- Apply screening, evaluation and treatment techniques when treating co-morbid bowel dysfunction across practice settings.

CLINICAL TAKEAWAYS

1. Exercise and basic dietary modifications have been shown to help manage bowel dysfunction. These are within our scope of practice to treat across practice settings, affect our patients well-being, and should be more involved in PT screening, evaluation and treatment across specialties.

2. Patients taking opioids should receive recommendations for constipation prevention, including adequate fluid and fiber intake, and physical activity. Physical therapists are perfectly positioned to implement this education.
3. Bowel dysfunction is associated with a negative impact on mental health, sense of independence, quality of life, and ability to participate in exercise. By addressing co-morbid bowel dysfunction, we can make a meaningful difference to our patient's physical and emotional well-being.
4. After this lecture, PTs across practice settings should be able to make recommendations within our scope of practice to improve a patient's bowel related symptoms.

ABOUT THE PRESENTER

Kimberly Norton, PT, DPT

Dr. Kimberly Norton (formerly Buonomo) graduated from Northeastern University in 2016. She started her career in a combined orthopedic and aquatic therapy practice and has specialized in pelvic health PT since 2018.

She has extensive lecturing experience, with highlights including being a teaching assistant for the Advanced Management of Chronic Pelvic Pain Syndromes course in Bethesda, MD in 2019 and lecturing in Nairobi, Kenya with the Jackson Clinics Foundations' "Train One, Teach Many" project in 2022. She serves as a clinical mentor for fledgling pelvic health providers both locally and internationally.

Kim has a particular interest in the treatment of bowel related pelvic floor dysfunction due to her personal journey with Crohn's disease. She lights up when she can help someone understand how the pelvic floor muscles work and how it affects their specific symptoms and loves educating patients, students, and other providers on all things pelvic health.

AFTERNOON SESSIONS I 3:10 – 4:10 PM

3:10 – 4:10 PM

What are Interferential and “Russian” Electrical Currents, and When, Why, and How to Use Them in Clinical Practice

David Selkowitz, PT, PhD, DPT, OCS

COURSE DESCRIPTION

Interferential current (IFC) and “Russian” current are medium-frequency time-modulated electric currents that are used therapeutically by rehabilitation professionals. However, they are rather complex and not well-understood. This presentation will examine the fundamental principles that underly what these currents are and support when, why, and how to use them clinically. Electro- and neurophysiological characteristics of these currents and the appropriate electrical stimulation parameter settings for a variety of treatment purposes/cases (probably more than most people realize) will be discussed. Examples from the scientific and clinical literature supporting clinical uses will be presented.

LEARNING OBJECTIVES

After this presentation, it is expected that attendees will be able to –

1. Understand the electrical and neurophysiological basis describing how interferential current (IFC) and “Russian” current work.
2. Determine appropriate therapeutic electrical current parameter settings for various clinical treatment purposes/cases/applications using IFC and “Russian” current.
3. Understand examples in the scientific and clinical literature supporting when, why, and how to use these therapeutic electrical currents.

CLINICAL TAKEAWAYS

1. The relationships between current amplitude and cycle duration, and carrier current frequency and cycle duration, determine which neurophysiological response is stimulated and, therefore, the treatment purpose for which the therapist will use "Russian" current or IFC.
2. These currents have a much wider use than most people realize and than manufacturers market them for.

ABOUT THE PRESENTER

David Selkowitz, PT, PhD, DPT, OCS

Dr. Selkowitz is Associate Professor at MGH Institute of Health Professions, Boston, MA. He has been on university faculty for over 30 years, having taught electrotherapy, evaluation and management of musculoskeletal dysfunction, and research. His clinical experience in orthopedic physical therapy spans over 40 years. Dr. Selkowitz has presented at numerous professional conferences, workshops, and continuing education courses, from local to international venues, and has published articles in peer-reviewed journals on electrical stimulation and musculoskeletal function and dysfunction. He has also authored 2 textbook chapters on electrical stimulation. He has served on the International Panel of Experts of the ElectroPhysical Forum, and served 3 consecutive terms on the executive council of the International Society of Electrophysiology and Kinesiology. Dr. Selkowitz has been honored with the Faculty Publication Award by the California Physical Therapy Association (CPTA) and the Best Research Platform Presentation Award at the CPTA annual conference.

AFTERNOON SESSIONS II 4:20 – 5:20 PM

4:20 – 5:20 PM

Does Pain Phenotyping Improve Outcomes in Low Back Pain: A Treatment Model and Comparative Case Study

Jacob Marsden, DPT, OCS, FAAOMPT · Edwin Zheng, SPT · Rachel Spektor, SPT · Luke Kim, SPT

COURSE DESCRIPTION

Persistent pain affects approximately 100 million Americans and carries an estimated economic burden of \$560–\$635 billion annually, surpassing the combined costs of cardiovascular disease, cancer, and diabetes. Approximately 16 million adults in the US with low back pain experience persistent pain that results in disability. In response, both the Department of Health and Human Services and the National Institutes of Health have identified improving models of pain care as a national priority, citing widespread gaps in clinician training and treatment. Despite the availability of stratified care approaches such as the STarT Back model, substantial outcome gains at the population level have remained elusive when applied broadly to conditions like low back pain. Emerging evidence suggests that classifying pain by phenotype, i.e. nociceptive, nociplastic, or neuropathic, may offer a more targeted pathway to improved outcomes; however, to our knowledge, this framework has yet to be rigorously evaluated. In the area of low back pain, treatment-based classification has already demonstrated improved outcomes, with more specific movement-based classifications in the works. This session will outline the current approach to classification from both perspectives and present retrospective outcome data in support of this process. Attendees will be provided an evidence-informed clinical reasoning guideline that supports each classification and drives specific treatment approaches using case examples. We will present outcomes from retrospective data that represents evidence-matched versus unmatched treatment approaches and how they represent success; with the broader goal of informing a hybrid, evidence-based model of pain care. This approach has been implemented by our group, and presented on both locally and nationally. We will utilize comparative case

studies as a supplement to highlight the decision-making process surrounding assessment, diagnosis, and treatment of individuals presenting with different pain phenotypes within the same TBC group.

LEARNING OBJECTIVES

1. Describe the specific patient characteristics for each classification type, both movement-based and pain phenotype.
2. Compare nociceptive and nociplastic pain phenotypes in lumbar spine pain and justify corresponding physical therapy interventions.
3. Explain how the addition of pain phenotyping can provide a more targeted examination to improve care compared to just TBC classification alone.
4. Explain the connection between pain, disability, and psychological factors.

CLINICAL TAKEAWAYS

1. Incorporating both the TBC classification and pain phenotyping during treatment of low back pain can improve patient outcomes.
2. Ease of clinical implementation of evidence informed Movement Based and Pain Phenotyping in the presence of Low Back pain.
3. Implementation of patient reported outcomes (OSPRO-YF, StarTBack) that assist in identifying individuals at risk for persistent pain or prolonged course of care. These allow risk stratification and optimize treatment allocation.

ABOUT THE PRESENTERS

Jacob Marsden, DPT, OCS, FAAOMPT

Jake Marsden is a physical therapist, researcher, and educator specializing in the treatment of persistent and chronic pain. He earned his Doctor of Physical Therapy from Boston University in 2021 and went on to complete advanced post professional training through Boston University's Orthopaedic Physical Therapy Residency (2023) and Fellowship in Orthopaedic Manual Physical Therapy (2024). He is a Board-Certified Orthopaedic Clinical Specialist and a Fellow of the American Academy of Orthopaedic Manual Physical Therapists.

Jake treats patients full-time in an outpatient orthopaedic setting, working with a wide range of musculoskeletal and neurological conditions. His approach emphasizes evidence-based care, clear education, and biopsychosocial strategies to help people regain confidence and independence in their recovery.

Jake has presented research on pain science to DPT students, hospital-based PTs, and to peers at various conferences including AAOMPT, APTA MA, and CSM.

4:20 – 5:20 PM

Framework for Movement System Task Analysis - An Update

Cory Hall, PT, DPT, ATC, NCS

COURSE DESCRIPTION

In this course the framework for performing a comprehensive physical therapy exam for a neurologic patient will be updated with the recommendations for movement analysis from the Academy of Neurologic Physical Therapy's recent movement systems diagnosis papers. Movement systems terminology for analysis of tasks will be reviewed in the constructs of movement continuum for specific motions. The session will close with a case study evaluation of how this process comes together.

LEARNING OBJECTIVES

1. Utilize a framework of task and movement analysis as recommended by Academy of Neurologic Physical Therapy
2. Examine an individual with neurologic deficits using the integrated framework for decision making in neurologic physical therapy updated by recommendations of movement analysis
3. Describe abnormal components of movement using observable movement constructs
4. Classify the abnormal components of movement to their representative phase in the movement continuum independently from viewing a recorded movement.
5. Breakdown which joints, muscle groups would warrant further evaluation with impairment level testing from viewing a recorded movement

CLINICAL TAKEAWAYS

1. Apply a structured movement analysis framework to improve identification of abnormal movement patterns and guide neurologic physical therapy decision-making during evaluation and treatment planning.
2. Use observational movement analysis to distinguish normal versus abnormal movement components and classify impairments within the movement continuum to better target interventions.
3. Translate movement observations into actionable clinical decisions by identifying which joints, muscle groups, and impairments require further examination and focused treatment strategies.

ABOUT THE PRESENTER

Cory Hall, PT, DPT, ATC, NCS

Cory Hall is a physical therapist for Intermed Physical Therapy treating individuals with dizziness and postural control abnormalities from neurologic impairment. Cory received his DPT from Virginia Commonwealth University and Board Certification in Neurologic Physical Therapy while working in inpatient acute rehab with individuals with strokes, brain injuries and cancers of the nervous system. He is working towards completion of an Educational Doctorate in Educational Leadership from University of the Cumberland with a dissertation centered around the clinical reasoning of expert neurologic physical therapists. He previously worked as an Assistant Professor in the physical therapy program at Franklin Pierce University teaching courses related to kinesiology, neuroanatomy, motor control and management of individuals with neurologic impairments. He has been a clinical lab instructor for the University of New England for various content. His scholarly interests revolve around expertise in neurologic physical therapy and vestibular rehab especially central vestibular disorders.

4:20 – 5:20 PM

From Idea to Practice: Implementing a Triage System to Reduce Wait Times in Outpatient Physical Therapy

Emily Ackerman, PT, DPT · Brett Weinman, PT, DPT

COURSE DESCRIPTION

Are you a manager, owner, or physical therapist at a clinic where patients wait weeks (or longer) to receive care? Excessive wait times are a widespread issue in outpatient physical therapy, and delayed access to care has been linked to worsened patient outcomes, increased downstream healthcare utilization, increased cost to the healthcare system, and increased opioid use. In this session attendees will learn about the design and implementation of a triage system to reduce wait times at a large university-based outpatient clinic. We will discuss the impact of this system on clinic wait times, patient cancellation rate, and utilization of care, demonstrating its potential to positively impact patients, clinic operations, and the healthcare system. Attendees will leave with a strong understanding of why triaging matters, and have a tangible framework for applying a triage system in their own clinic.

LEARNING OBJECTIVES

By the end of this presentation, the learner will be able to:

1. Understand the impact of initial evaluation wait times on patients in outpatient physical therapy
2. Describe the design and implementation of a triage-based scheduling model for initial PT evaluations.
3. Recognize the value triage-based scheduling can bring to both patients and clinic operations, as well as barriers to implementation and strategies to address them
4. Develop an implementation framework for adapting a triage-based scheduling process within their own outpatient practice setting using principles of Continuous Quality Improvement (CQI).

CLINICAL TAKEAWAYS

1. The triage system implemented was associated with shorter clinic wait times, as well as lower evaluation cancellation rates and shorter care durations for expedited patients
2. By allowing early access to PT for patients most in need of timely care, plan of care duration can be shortened allowing for improved downstream access to care
3. A triage system has its challenges, but overall appears to be beneficial for patients and clinic operations with minimal negative impact on providers
4. Continuous Quality Improvement promotes a culture of improvement by using data-driven processes to support optimal care in physical therapy practice.

ABOUT THE PRESENTERS

Emily Ackerman, PT, DPT

Emily Ackerman, PT, DPT is an inpatient physical therapist at Brigham and Women's Hospital in Boston, MA. Prior to earning a Doctor of Physical Therapy degree from Boston University in 2025, She worked for five years at the Boston University Physical Therapy Center as a rehabilitation aide and front desk employee. Through her experiences both on the floor and behind the desk, Emily developed a strong interest in quality improvement within healthcare systems, particularly surrounding how policies and operational processes impact patient outcomes and satisfaction. She has

previously presented a poster presentation titled “Implementing a Triage System to Reduce Wait Times in Outpatient Physical Therapy” at APTA’s Combined Sections Meeting in Anaheim, CA earlier this year.

Brett Weinman, PT, DPT

Brett Weinman, PT, DPT, is a physical therapist at Highbar Physical Therapy with a strong interest in improving access, efficiency, and patient outcomes in outpatient physical therapy. His work has focused on developing and implementing a triage system aimed at reducing wait times and connecting patients with the right care sooner. Brett is passionate about practical, patient-centered solutions that help clinics deliver higher quality care while improving the patient experience. He recently presented a poster at the 2026 APTA Combined Sections Meeting highlighting the impact of triaging to reduce physical therapy wait times.

AFTERNOON SESSIONS II 4:20 – 5:20 PM

4:20 – 5:20 PM

Rapid Responses in Pelvic Rehabilitation: A Retrospective Review of Non-Invasive Neuromodulation for Urinary Incontinence

Tami Recesso, DPT, MPT

COURSE DESCRIPTION

Urinary incontinence significantly impacts patients' physical, social, and emotional quality of life. Approximately 24% to 45% of women report urinary incontinence, with 9% to 39% of women over the age of 60 report urinary incontinence daily. While traditional neuromodulation approaches, such as percutaneous tibial nerve stimulation, carry Grade A Evidence from the American Urological Association for treating Overactive Bladder and UI, they often require prolonged neuromodulation programs lasting weeks, creating substantial compliance challenges for patients.

This session will explore an innovative clinical methodology addressing this gap using non-invasive neuromodulation. By combining a TENS carrier frequency with Pulsed Radiofrequency (PRF), this technology achieves targeted peripheral nerve activation and sufficient depth of penetration to reliably target reflex loops involved in urinary incontinence.

Participants will examine findings from a recent retrospective chart review evaluating the real-world effectiveness of bilateral femoral nerve stimulation. The session will feature case-based learning, demonstrating subjective improvements ranging from 65% to 90% in minimal sessions. We will discuss the proposed mechanisms of action, including the suppression of bladder afferent signaling and promotion of spinal guarding reflexes. The session concludes with a practical demonstration of electrode placement, parameter selection, and a clinical decision-making framework to allow immediate integration into pelvic health practice.

LEARNING OBJECTIVES

By the end of this presentation, the learner will be able to:

1. Describe the proposed neural mechanisms of neuromodulation in the pelvic reflex arc for urinary incontinence treatment.
2. Differentiate the physiological rationale and clinical efficacy of PRF/TENS hybrid waveforms compared to traditional PTNS protocols.
3. Analyze real-world clinical outcomes using validated UDI-6 and IIQ-7 metrics to assess patient progress.

4. Develop a targeted treatment protocol for stress and urgency incontinence based on retrospective case study data.
5. Identify appropriate patient selection criteria and electrode placement for bilateral femoral nerve stimulation.

CLINICAL TAKEAWAYS

1. Help people with urinary stress and urge incontinence return to a leak free lifestyle in 1-2 sessions!
2. Increase knowledge and open doors for further research around helping other pelvic related dysfunction for men, women, children.
3. Raise the bar of awareness of Physical Therapists as non invasive support specialists in pelvic health and manual therapy
4. Increase Physical Therapy autonomous practice and leadership among the Healthcare Communities Globally

ABOUT THE PRESENTER

Tami Recesso, DPT, MPT

Tami Recesso PT, DPT is a Doctor of Physical Therapy with over 30 years of clinical experience, including 24 years as a multi-private practice owner and International Speaker. Her clinical expertise is rooted in advanced manual therapy, specifically focusing on complex spine and orthopedic conditions, which led her to develop specialized manual therapy clinical protocols for complex orthopedic pelvic conditions and nerve related dysfunction. Throughout her speaking career she has shared her methods with physiotherapists in London, Saudi Arabia, and Cape Cod. She is scheduled to speak in 2027 in Budapest, Switzerland, and Thailand. She authored the book "The Art of Manual Therapy" outlining her protocols that have helped thousands of her clients quickly correct nerve dysfunction and postural imbalances. She also served on the Olympic and Paralympic Medical Team at the 2000 Sydney Summer Games where she was trained by some of the best manual physiotherapists in the world. Her deep background in osteopathic and neuromuscular rehabilitation has driven her current focus on utilizing therapeutic technologies and non-invasive neuromodulation to optimize patient recovery in pelvic health.

AFTERNOON SESSIONS II 4:20 – 5:20 PM

4:20 – 5:20 PM

Stop Prescribing PDFs: How AI Is Reimagining the Home Exercise Program

Barbara Ann Fenton-Fung, MSPT, MSMM

COURSE DESCRIPTION

The home exercise program (HEP) has long been a cornerstone of physical therapy practice, yet adherence rates remain consistently poor, and functional carryover is often limited. Despite increasing emphasis on patient engagement and self-management, most HEPs remain static, generic, and disconnected from the realities of patients' daily lives.

Emerging advances in artificial intelligence (AI), wearable technology, and behavior-driven platforms are challenging this traditional model. AI-enabled systems can now dynamically adapt exercise programs based on performance, deliver real-time feedback, and integrate behavioral strategies such as personalized reminders, habit formation cues, and reinforcement loops. These capabilities shift the HEP from a fixed prescription to an evolving, responsive system.

This session will critically examine the limitations of conventional HEP design and explore how AI-driven approaches may enhance adherence, personalization, and clinical outcomes. Through case-based comparison, participants will evaluate differences between static HEPs and adaptive, AI-informed models across many patient populations, including older adults and individuals with cognitive or neurological impairments.

Importantly, this session will not focus on specific products or platforms, but rather on underlying principles that can be applied across settings. Attendees will be challenged to reconsider the role of the physical therapist, not just as a prescriber of exercises, but as a designer of behavior-centered rehabilitation systems.

Participants will leave with practical strategies to immediately enhance HEP effectiveness, as well as a framework for integrating AI-informed thinking into clinical practice while maintaining professional judgment and patient-centered care.

LEARNING OBJECTIVES

1. Identify key factors contributing to poor adherence and limited effectiveness of traditional home exercise programs
2. Describe how artificial intelligence and behavior-driven systems can enhance personalization, feedback, and engagement in HEPs
3. Compare static versus adaptive exercise program models using case-based clinical reasoning
4. Apply practical strategies to redesign home exercise programs using behavior-focused and AI-informed principles
5. Reframe the role of the physical therapist as a designer of adaptive, patient-centered rehabilitation systems

CLINICAL TAKEAWAYS

1. Turn your HEP into a smart "If-Then" plan using AI for personalization
2. Build a micro feedback loop using phone based tracking
3. Translate exercises into real life using AI to rewrite your HEP language to reduce overly clinical wording and/or clinical overload
4. Using automated nudges, create accountability

ABOUT THE PRESENTER

Barbara Ann Fenton-Fung, MSPT, MSMM

Barbara Ann Fenton-Fung is an acute care physical therapist specializing in neurotrauma and complex care. A former lecturer at Northeastern University, she is also a retired State Representative in Rhode Island, where she was the first woman to ever represent her district and the first to defeat a sitting Speaker of the House in over a century. Barbara Ann's current focus is on changing failing systems of care, which combines her two professional loves. She also volunteers as a medical staff member for several international sporting events including the NYC and Marine Corps Marathons, Ironman, and the Head of the Charles regatta. Currently, she works at Brown University Health in Rhode Island, is an avid pickleball player and kayaker, and is married to the Hon Allan Fung.

4:20 – 5:20 PM

Tech-Integrated Return-to-Sport: A Multidisciplinary Model for Post-Operative Decision Making

Alyssa Englert, PT, DPT · Christopher Barrett, RD, CSSD · Bradley Johnson, PT, DPT, OCS, FAAOMPT · Stefanie Bourassa, PT, DPT, SCS

COURSE DESCRIPTION

Return-to-sport (RTS) decision-making remains one of the most variable and high-risk phases in orthopedic and sports rehabilitation. Despite increasing access to advanced technologies—including force plates, motion capture, wearable data, and metabolic tracking—clinical integration remains inconsistent, often resulting in persistent reinjury risk and suboptimal performance outcomes.

This session presents a multidisciplinary, technology-integrated RTS model that combines biomechanics, physiology, psychology, and performance data into a cohesive decision-making framework. Through real-world case studies (hip arthroscopy, ACL reconstruction, and upper extremity throwing athlete), participants will learn how to interpret objective data across systems and translate findings into clinically actionable progressions.

Special emphasis will be placed on:

- Bridging the gap between “return to sport” and “return to performance”
- Integrating load management, metabolic readiness, and recovery metrics
- Identifying high-risk movement and capacity profiles
- Applying criteria-based progression using objective thresholds

Attendees will leave with a practical, field-ready model for implementing interdisciplinary care and optimizing patient outcomes across post-operative populations.

LEARNING OBJECTIVES

1. Analyze biomechanical, physiological, and psychological data to identify return-to-sport readiness and risk profiles in post-operative athletes
2. Apply objective criteria (e.g., LSI thresholds, movement quality, recovery metrics) to guide clinical progression and return-to-sport decision-making
3. Integrate interdisciplinary inputs (performance, nutrition, psychology, wearable data) into a comprehensive RTS framework to reduce reinjury risk and improve performance outcomes

CLINICAL TAKEAWAYS

This presentation directly addresses a critical gap in clinical practice: translating objective data into actionable return-to-sport decisions. It aligns with APTA priorities by emphasizing:

- Evidence-based care
- Interdisciplinary collaboration
- Injury prevention and long-term outcomes
- Practical application across settings

Clinicians will gain tools to improve:

- Clinical decision-making consistency
- Patient safety and reinjury risk reduction
- Performance outcomes in athletic populations
- Integrates wearable data (HRV, recovery, load) + CGM metabolic data into RTS decisions
- Moves beyond symmetry metrics to capacity and system-based readiness models
- Provides a real-world clinical decision matrix bridging lab and field
- Emphasizes return-to-performance vs return-to-sport distinction

Active Learning Components:

- Case-based problem solving
- Audience polling on RTS decisions
- Interpretation of objective data sets
- Clinical application scenarios

ABOUT THE PRESENTERS

Stefanie Bourassa, PT, DPT, SCS, CSCS

Dr. Stefanie Bourassa, PT, DPT, SCS, CSCS is the Sports Medicine Manager at Hartford HealthCare and Co-Director of the Women's Sports Health Service Line at the Bone & Joint Institute. A visionary leader in holistic athlete care, Stefanie oversees an interdisciplinary team that delivers integrated physical therapy, movement analysis, nutrition, and behavioral health services to optimize performance and recovery.

She launched and leads the Center for Musculoskeletal Health, a nationally recognized model for collaborative, athlete-centered care. Stefanie believes movement is medicine and is committed to keeping people active through prevention, performance training, and evidence-based rehabilitation.

An accomplished speaker and educator, Stefanie has presented nationally on orthopedic rehabilitation and integrated care models. She currently serves on the American Physical Therapy Association's National Board of Directors, where she advances the profession through advocacy, leadership, and innovation. She is also the co-host of the Athlete's Health and Performance Podcast, where she collaborates with experts across disciplines to advance athlete care and education.

She holds a Doctorate in Physical Therapy from Russell Sage Colleges, a Master's in Physical Therapy, and a Bachelor's in Health Sciences from the University of Hartford, where she was an Academic All-American in women's soccer.

4:50 – 5:20 PM

Physical Examination of the Hip Joint: An Evidence and Experienced Based Approach

Paul Canavan, PhD, PT, DPT

COURSE DESCRIPTION

This presentation will explore the various physical examination tests and the sensitivity and specificity of the tests. Participants will be provided with a streamlined, time-sensitive and effective order of the hip physical examination. The information provided will be from the current research literature. The presentation will provide the physical therapist with information that can be used clinically related to hip joint noises. Snapping (noises) and hip complaints may occur from intra-articular or extra-articular anatomical areas. Information will be provided of the various potential etiological causes of the noises. Hip joint pathology is very difficult to diagnose for health care professionals. Many individuals are often misdiagnosed or diagnosed with "hip pain". The presentation will present various anatomical tissues that could be involved with a patient's complaint of pain and decreased function. Identifying the anatomical pathological structure(s) is needed in order to provide proper and effective individualized physical therapy interventions.

Key topics covered include:

- Overview of the physical hip examination tests and their effectiveness
- Participants will be provided with the efficient order of the examination tests
- The presentation aims to equip the participant with the various etiological anatomical tissues that cause pain and dysfunction.

LEARNING OBJECTIVES

1. Describe the physical hip examination tests that are most relevant based upon the evidence.
2. Demonstrate an understanding of the various intraarticular and extraarticular sources of hip joint pain.
3. Be able to discuss the pattern of examination procedures based upon efficiency and effectiveness.

CLINICAL TAKEAWAYS

1. The clinician can immediately determine which hip physical examination tests to perform and not perform based upon the evidence.
2. The clinician will be provided with information of the various pathological conditions of the hip joint and the symptoms related to the condition.
3. The clinician will understand an efficient, time-sensitive examination algorithm for an individual with hip pathology.

ABOUT THE PRESENTER

Paul Canavan, PhD, PT, DPT

Dr. Paul Canavan is an Associate Professor at the Department of Health Sciences and Nursing at Eastern Connecticut State University (ECSU). He is a physical therapist, certified athletic trainer and certified strength and conditioning specialist. He is an accomplished expert on the lower extremity. In the past, he has been the Director of Physical Therapy and Rehabilitation for The Pennsylvania State University Center for Sports Medicine. Dr. Canavan taught in the Physical Therapy Department at Northeastern University teaching courses including Kinesiology and Therapeutic Exercise courses. He currently is teaching courses in Anatomy & Physiology, Kinesiology and Physical Therapeutic Science at ECSU.

He has presented internationally and nationally related to rehabilitation including in Shanghai, China, Istanbul, Turkey and Vancouver, B.C., Canada. In the past, Paul has presented at the APTA CSM conference, the APTA MA conference. He was a sole author of a part of an APTA monograph series. Dr. Canavan has made multiple presentations at the AAPMR conferences around the USA. He presented at the WCPT international physical therapy conference as well as the IPTOP international physical therapy conference. He has worked with a wide variety of athletes of all levels. He was the editor of a book entitled "Rehabilitation and Sports Medicine: A comprehensive guide" published by Simon & Schuster. He earned his Masters and Ph.D. degrees in Kinesiology/Exercise Science from U Conn, Bachelor of Science from Quinnipiac University, and Doctor of Physical Therapy from Northeastern University. Dr. Canavan's research has been published in many high-quality research journals including Physical Therapy Journal, Medicine Science in Sport and Exercise and Archives of Physical Medicine and Rehabilitation. He is also a journal reviewer for several research journals and was a Senior Associate Editor. In the recent past, he presented at the National NSCA conference in as well as at the 31st Medical College of Wisconsin Sports Medicine Symposium.

PLATFORM SESSIONS

10:10 - 10:40am

Disability and Accommodations in the Physical Therapy Workforce

Jessica Marengo, PT, DPT, SM

Hung Doan, SPT

Ashley Dodd, SPT

Zayus Clark, SPT

Mary Fitzgerald, SPT

10:10 - 10:40pm

Evaluating The Feasibility Of The Clinical Practice Guideline Classification For Patellofemoral Pain In Clinical Practice

Caleigh O'Brien PT, DPT, OCS, FAAOMPT

Dan Sieczkiewicz

12:00 - 12:20pm

Belonging Matters: A Toolbox for Supporting Physical Therapy Students during Clinical Education

Janna Kucharski-Howard, PT, DPT, MSM

Gina Powers, PT, DPT, DHSc, OCS

12:20 - 12:40pm

Factors Influencing Career Aspirations of Entry-level DPTs

Olga Lucia Melendez McSorley, PT, DPT, EdD, MSPT

12:40 - 1:00pm

Motor Learning Strategies Used in Children with Autism Spectrum Disorder: A Scoping Review

Maninderjit Kaur

Pranav Hegde PT/s

Ayatullah Mansour PT/s

Andrea Hernandez PT/s

3:10 - 3:40pm

Looking Beyond Total TUG Time: Movement Time Allocation During Dual-Task Mobility After Stroke

Meaghan A. Costello, PT, DPT, NCS

Kaitlyn Twadell, PT/s

3:40 - 4:10pm

The effects of intrinsic foot muscle strengthening exercises on fall risk among older adults

Erin Futrell, PT, MPT, PhD; Board-Certified Clinical Specialist in Orthopaedic Physical Therapy

Madelyn Coon, PT, DPT

Ashley Barnes

Caitlyn Mills

4:20 - 4:50pm

Physical Therapy Management of Non-Arthritic Hip Pain: A Proposal for an Impairment Based Classification System

Anna Cleary SPT

Emma Wingrove SPT

Hannah-Lynn Samaniego SPT

David Minseok Kim