

FACULTY

Terry Bemis, PT, MS, Cert MDT,

has been teaching manual therapy courses since 1992. Bemis graduated from the U.S. Army/Baylor University Program in Physical Therapy in 1985 followed by numerous job assignments in the military. He then earned a M.S. in Biomechanics from the College of Osteopathic Medicine at Michigan State University in 1992. It was during this time period that he had the honor of training under Philip Greenman, D.O. Additional certifications include being recognized as an Orthopedic Clinical Specialist (OCS) by the APTA in 1995 and in Mechanical Diagnosis and Therapy by the McKenzie Institute in 2002. Terry retired from the U.S. Army in 1997 after 21 years of service. He currently works at Carepartners Inc., a rehabilitation hospital in Asheville where he provides Physical Therapy for a wide variety of conditions. He is an experienced educator and clinician who enjoys sharing his knowledge with others in a simple and understandable way.

AUDIENCE

This is an *intro-intermediate level* workshop designed for **PTs, OTs, ATCs and Assistants**. **NOTE:** *Nothing in this course is to enable or permit the learner to apply techniques outside of the scope of practice in their individual state and discipline.*

EDUCATIONAL CREDIT

A certificate of attendance will be issued to each student.
LA Board of OT and PT Approved for 15 Hours
BOC-NATA Approved Provider # P-2563. 15 Hours
AOTA Approved Provider of Continuing Education
3073 *The assignment of AOTA CEUs does not imply endorsements of specific course content, products, or clinical procedures by AOTA*



COURSE LOCATION

North Oaks Diagnostic Center
15837 Paul Vega, MD, Drive
Hammond, LA 70403

North Oaks Medical Ctr
15790 Paul Vega, MD, Drive
Hammond, LA 70403

MANUAL THERAPY OF THE UPPER EXTREMITY

JOINT & SOFT TISSUE MOBILIZATION

February 15/16, 2014
Hammond, LA



Sponsored by



In Conjunction with

THERAPY **NETWORK** SEMINARS

OBJECTIVES

1. Identify the anatomical and biomechanical foundations for manual therapy in the upper extremity.
2. Perform basic and advanced joint mobilizations to the shoulder girdle, elbow and wrist.
3. Perform basic and advanced soft tissue mobilizations to the shoulder girdle, elbow and wrist.
4. Be able to instruct and perform functional exercises to reinforce applied manual therapy techniques for the shoulder girdle, elbow and wrist.
5. Demonstrate correct grading and oscillation techniques for joint mobilization

SEMINAR DESCRIPTION

Injuries to the upper extremity cause impairments that often contribute to significant disabilities and functional limitations. Rehabilitation professionals who properly apply manual therapy techniques and neuromuscular facilitation exercises are giving their patients the best opportunity to rehabilitate their injuries. This two day course will enable the participant to understand the role of manual therapy in rehabilitation of the upper extremity and apply manual and exercise techniques appropriately. The interaction between the instructor and participant is the foundation for an active learning environment. The course will provide the optimal continuing education experience equipping the participant to apply these techniques immediately when they return to the clinic. Additionally, they will be able to use the anatomical, biomechanical, and neuromuscular basis to further develop their manual therapy skills.

CONTACT INFORMATION

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Email: williamsmic@northoaks.org

CANCELLATION POLICY

POLICY: Registration fee less a \$75 administrative charge is refundable if cancellation received 14 days prior to program date. No refunds will be given after that time. NOHS reserves the right to cancel this seminar and will refund in full the registration fee only. NOHS is NOT responsible for registrants non-refundable airfare, accommodations or fees.

COURSE SCHEDULE

SATURDAY

- 8:00 Registration and Continental Breakfast
8:30 Soft Tissue and Joint Mobilization:
The Science and Theory behind the Practice
- The Neuro-Musculo-Skeletal system: Integrated perspective on function and its clinical implications
- Role of soft tissue and mobilization in therapy:
Principles not Protocols for Progressions
- Understanding Tissue Response to Injury:
- Selecting your Technique
10:00 BREAK
10:15 Indications and Contraindications for use of soft tissue and joint mobilization
- Principles of soft tissue - joint mobilization techniques
11:00 The Shoulder Complex:
Functional Anatomy - Biomechanics for mobilization
12:00 LUNCH Provided
1:00 Mobilization of the Shoulder Girdle
-Impairments that indicate soft tissue & joint mobs
Where to start....How to finish.....
2:00 Mobilization techniques for the shoulder girdle (Demonstration and Practice **Lab**)
- SC/AC
- Glenohumeral
*Joint mobilization
* Stabilizer mobilization
* Prime mover mobilization
3:00 BREAK
3:15 Scapulothoracic Mobilization
- Periscapular musculature
- Exercise Techniques to restore neuromuscular function of the shoulder girdle
(Demonstration and Practice **Lab**)
5:30 Q/A & Adjourn

SUNDAY

- 8:00 Shoulder Girdle - **Lab**
9:30 The Elbow & Wrist Complex: Biomechanics and Functional Anatomy for mobilization
10:00 BREAK
10:15 Evaluation of the Elbow & Wrist Complex:
- Impairments that indicate soft tissue and joint mobilization
11:15 Elbow & Wrist Complex mobilization techniques (Demonstration & Practice **Lab**)
12:00 LUNCH Provided
1:00 Elbow & Wrist Complex mobilization techniques (Practice Lab)
2:15 Exercise Techniques to restore neuromuscular function of the elbow and wrist complex (Demonstration & Practice **Lab**)
2:30 Mobilization Techniques for the Hand (Demonstration & Practice **Lab**)
3:00 BREAK
3:15 Treatment Planning
Clinical Pearls
Putting it all together
5:00 Q/A & Adjourn

REGISTRATION

Manual Therapy

TUITION
\$350

2 WAYS TO ENROLL

BY MAIL Mail registration and payment to:
North Oaks Hospital
Attn: Patient Financial Services
15790 Paul Vega, MD, Drive
Hammond, LA 70403

BY PHONE 985-230-6873

A Course Confirmation with details will be emailed upon receipt of tuition

Name: _____

PT OT ATC PTA OTA

Home Add: _____

City: _____ State: _____

Zip _____

Tel: _____

Email: _____

To Receive your Confirmation

Make check/money order payable to:
North Oaks Hospital

Charge my credit card: VISA MC AMEX DISC

CC # _____/_____/_____/_____

Expiration Date: ____/____/____ CV2_____

Signature: _____

I agree to comply with the card holder agreement