



## Clinical Management Strategies for Patients with Spinal Dysfunction: “A Clinical Practicum Featuring Recent Practice Guidelines and Manual Therapy Interventions”

February 22nd & 23rd 2008  
Charleston, SC

Course Cost \$350

### COURSE DESCRIPTION

This course will provide an overview of the development and application of evidenced-based practice guidelines, including discussions of recently developed clinical prediction rules, for patients presenting with mechanical, spinal dysfunction. Key assessment and intervention techniques will be presented, discussed and practiced in simulated laboratory sessions. Relevant, published literature will be reviewed and examined for its impact upon clinical practice. This course is recommended for practicing physical therapists with varying levels of clinical experience and exposure to manual therapy techniques. Participants should come prepared to participate in lectures, discussions and laboratory sessions.

#### Key Content Areas:

- 1.) Motion-palpation, osteokinematic mobility testing
- 2.) Assessment of anatomical landmarks, spring testing, and indirect testing
- 3.) Applied biomechanics of the lumbopelvic and cervicothoracic regions
- 4.) Strength assessment principles of the lumbopelvic region
- 5.) Manual Therapy Techniques:
  - a.) Supine Lumbopelvic Roll
  - b.) Sidelying Pelvic Correction
  - c.) Prone Leg Lift Technique
  - d.) Supine Thoracic A-P Technique
  - e.) Prone T1 Correction
  - f.) Sidelying Lumbar Roll
  - g.) Prone Thrust (Ext/SB)
  - h.) Seated Thoracic Distraction
  - i.) Seated Cervicothoracic Distraction

#### Course Objectives:

- 1.) Demonstrate an understanding of the biomechanical principles of the lumbopelvic and cervicothoracic regions
- 2.) Demonstrate competence in the performance of the examination procedures utilized in the biomechanical assessment of the lumbopelvic and cervicothoracic regions
- 3.) Identify a cluster of signs and symptoms that would provide a positive indication for mobilization of the lumbopelvic region
- 4.) Identify a cluster of signs and symptoms that would provide a positive indication for mobilization of the cervicothoracic region
- 5.) Identify a cluster of signs and symptoms that would provide a positive indication for stabilization exercises for the lumbopelvic region
- 6.) Demonstrate competence in the administration of manual therapy techniques for the lumbopelvic and cervicothoracic regions

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### Course Requirements

This course is for physical therapist only. Participants on this course are those who have manual therapy examination and treatment skills as part of their professional scope of practice. Participants should dress prepared for a lab course with loose, comfortable clothing. Participants with any medical conditions that are contraindicated for manual therapy must be brought to the instructor's attention.



### About the Instructor:

**Michael Timko PT, MS, FAAOMPT** is currently a full-time Instructor in the Department of Physical Therapy at the University of Pittsburgh, School of Health and Rehabilitation Sciences. He is also a practicing clinician at the UPMC Center for Sports medicine. He received a B.S. in Physical Therapy from West Virginia University. This former Mountaineer quarterback completed studies at the University of Pittsburgh, including residency training in Orthopedic Manual Therapy, and earned a post-professional Masters degree in Orthopedic Physical Therapy. He has lectured both at the local and national levels on a variety of topics pertaining to neuromuscular rehabilitation. He is a Fellow of the American Academy of Orthopaedic Manual Physical Therapists.

Course is limited to the first 20 applicants, first come, first serve. You will be notified if you were not able to register secondary to class size.

## Registration Form

Deadline for registration is: February 1, 2008

**Cost of the course will be \$350**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Work/Cell (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Company: \_\_\_\_\_

Method of Payment

- Check
- Visa
- MasterCard
- American Express

Credit Card # \_\_\_\_\_

Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

### Mail Registration to:

Gretchen Seif, PT  
586 Lone Tree Drive  
Mt. Pleasant, SC 29464

If you have questions regarding the course please email Gretchen Seif at [gseif@rcctherapy.com](mailto:gseif@rcctherapy.com) or call (843) 824-2183