## Outline

#### **Rotator Cuff Tears**

Surgical restoration of normal and altered anatomy

Cluster tests, modified empty can test Anatomic repair vs. "the best you can do" Conservative management to prevent impingement and total shoulder replacement Post-operative management that depends on procedure and not "cookbook"

### **Shoulder Impingement Syndrome**

Anatomic and functional contributors Cluster tests, modified Hawkins-Kennedy, modification of Neer's test Surgical repair procedures for primary impingement

Conservative management based on etiologic factors that is tailored to each patient

Post-operative management

Respect the deltoid as the worst offender

### **Anterior Glenohumeral Instability**

Anatomic restraints

Etiologic factors- Pectoralis major as the worst

Apprehension, Jobe Relocation, Release Test, Anterior Drawer, Push-Pull

Anatomic Repair, Bristow, Latarjet, Putti-Platt Rehabilitative management

### **SLAP Lesions**

7:30

8:00

4:00

Classification of lesions

Biceps Load II, Anterior Slide Test for early detection

Surgical management and rehabilitation based on lesion type

### Adhesive Capsulitis

Stages based on symptoms **Etiologic factors** 

Effects of conservative versus invasive intervention

Conservative management based on stage of disorder

Anterior, Posterior, Inferior Glenohumeral Mobilizations and Scauplo-thoracic Mobilizations

### **Thoracic Outlet Compression Syndrome**

Help some of the most frustrated patients ever! Anatomic locations of potential compromise Manage the case with a complete list of etiologic factors

Intervention based on location of compromise and etiologic contributors

Assessment Tests: Adson's, Military Bracing, Hyperabduction

Surgical Procedures: Cervical Rib Excision, Scalenectomy

### **Shoulder Arthroplasties**

Indications for

Hemi-arthroplasty

Total shoulder arthroplasty

Reverse total shoulder arthroplasty

Outcomes

Rehabilitation strategies

### Hands on Lab: Special Tests and Mobilizations

Solutions for shoulder pathologies Interpret clinical tests to recognize the patient's problem quickly

Take home tips and new techniques

### Solutions for:

Rotator Cuff Tear Restoration & Management

Shoulder Impingement Syndrome

Anterior Glenohumeral Instability

**SLAP Lesions** 

Adhesive Capsulitis

Thoracic Outlet Compression Syndrome

Shoulder Arthroplasties

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# Objectives

- 1. Explain the etiology of common shoulder 3. Determine which patients are appropriate complex pathologies and identify possible anatomic and functional movement etiologic factors
- 2. Identify which special tests should be used to identify specific shoulder complex pathologies and be able to apply these tests proficiently

Live Seminar Schedule

Program begins

Program ends

For locations and maps, go to www.pesirehab.com, find your

**11:50-1:00** Lunch (on your own)

10 – 15 minute mid-morning and mid-afternoon break

event, and click on the seminar title

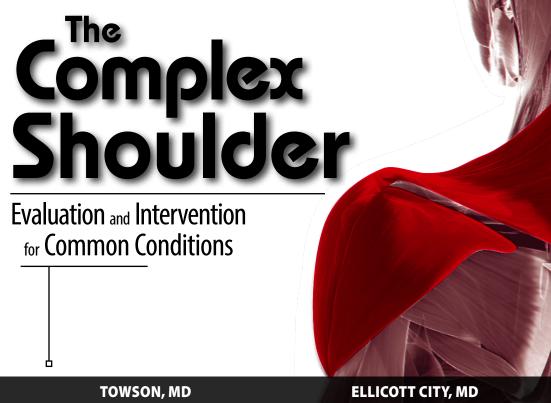
Registration/Morning Coffee & Tea

- candidates for conservative intervention or should be referred for assessment as surgical candidates
- 4. Utilize effective glenohumeral and scapula-thoracic mobilization techniques specific to shoulder complex pathologies
- 5. Devise appropriate treatment plans and enable effective patient intervention based on clinical findings

### Seminar on CD or DVD Package:

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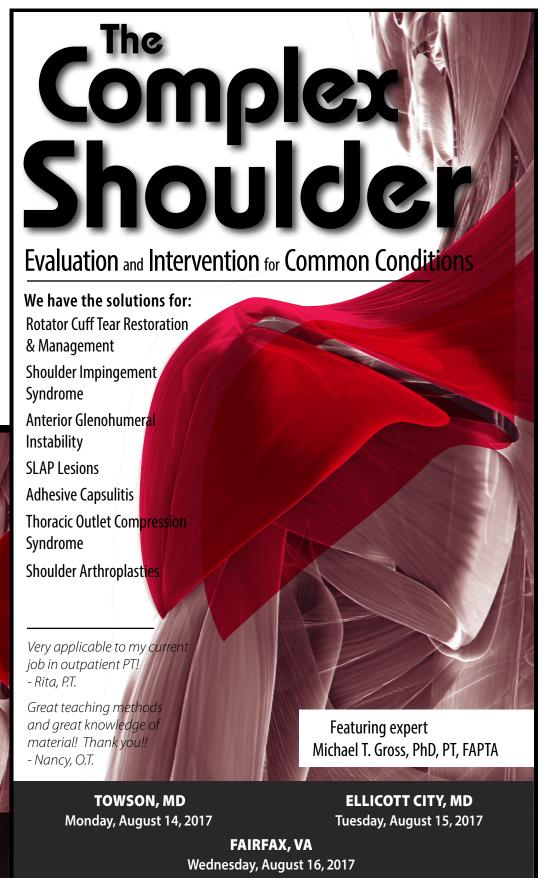


Monday, August 14, 2017

Tuesday, August 15, 2017

FAIRFAX, VA Wednesday, August 16, 2017

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f you are looking for SOLUTIONS to the evaluation and treatment of complex shoulder pathologies, this is the seminar for you. Join expert, Michael T. Gross, PhD, PT, FAPTA, for an information-packed day focused on giving you the tools you need to overcome the sometimes difficult task of intervening for shoulder injuries. Learn new strategies to assess and plan treatment effectively for:



Evaluation and Intervention for Common Conditions

- Rotator Cuff Tear Restoration & Management
- Shoulder Impingement Syndrome
- Anterior Glenohumeral Instability
- SLAP Lesions
- Adhesive Capsulitis
- Thoracic Outlet Compression Syndrome
- Shoulder Arthroplasties

Learn more than just the etiology of these common shoulder complex pathologies. Learn how to interpret clinical tests and recognize the patient's problem quickly. Rapid recognition is imperative not only in developing the appropriate course of action for the patient, but also ensuring the patient has the best chance for a successful rehabilitation. Acquire take-home tips and techniques that will change your clinical practice the very next day!

## Speaker \_\_\_\_\_\_

ichael T. Gross, PhD, PT, FAPTA, has 37 years of experience as a licensed physical therapist, specializing in the areas of biomechanics and orthopaedic assessment and treatment. He has maintained a consistent clinical practice for all of these years, currently seeing patients 2 days per week at his faculty practice. He is a professor in the PhD Program in Human Movement Science, and the Doctorate of Physical Therapy (DPT) program in the Division of Physical Therapy at the University of North Carolina at Chapel Hill. Dr. Gross has 70 refereed journal publications in such journals as the Journal of Orthopaedic and Sports Physical Therapy, Physical Therapy, and the Journal of Manual and Manipulative Therapy. He was an Editorial Review Board Member for the Journal of Orthopaedic and Sports Physical Therapy and serves as a reviewer for many other journals. Dr. Gross was awarded the Teaching Excellence Award from the University of North Carolina at Chapel Hill School of Medicine and the Margaret L. Moore Award for Outstanding New Academic Faculty by the American Physical Therapy Association. He also was elected as a Fellow of the American Physical Therapy Association. He has given well over 300 regional, national, and international presentations, which have been highly rated by attendees for knowledge, skill, and humor.

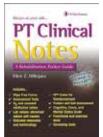
Financial: Michael Gross is a Professor, Division of Physical Therapy, at the University of North Carolina - Chapel Hill. He receives a speaking honorarium from PESI, Inc.

Non-financial: Michael Gross has no relevant non-financial relationship to disclose.



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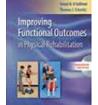
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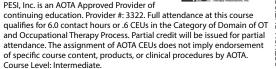
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