

## OUTLINE

### ANATOMY AND BIOMECHANICS OF THE SHOULDER COMPLEX

- Complex biomechanical causes of pathology and their presentation
- How overhand throwing produces excessive humeral torsion and can fool you during the clinical exam
- The deltoid as the worst enemy for patients with impingement
- Functional causes of subacromial impingement
- The pectoralis major as the worst enemy for patients with anterior instability
- Why the supraspinatus is the least important member of the rotator cuff

### ROTATOR CUFF TEARS

- The supraspinatus analyzed as a pulley mechanism
- Critically important resting position to facilitate supraspinatus tendon healing
- Implications of giving the deltoid the advantage
- Intervention to avoid total destruction of the humeral head and acromion and avoid total shoulder arthroplasty

### IMPINGEMENT

- Primary impingement and the need for imaging
- Secondary impingement and the need to use our intervention strategy systematically to avoid shoulder arthroplasty
- Three strategies for passively mobilizing the scapula
- Scapulohumeral rhythm you didn't learn in school - and its importance in maintaining an effective length-tension relationship for the rotator cuff muscles

### ANTERIOR INSTABILITY

- The most common pathologies following anterior dislocation
- What the heck is a Hill-Sachs lesion, how do you get one, and why is it so bad!
- How to prevent frictional abrasion from destroying the humeral head
- Negotiating life without using the pectoralis major and the need for doing so

### SLAP LESIONS

- What is the "story" the patient would tell
- The 4 main types
- The 2 unbelievably good special tests
- Surgical management and rehabilitation based on lesion type

### ADHESIVE CAPSULITIS

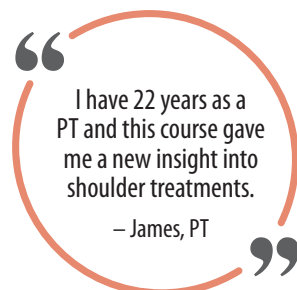
- The importance of determining stages based on symptoms
- The rationale for cortisone injections and the timing of them
- Effective use of creep to restore normal shoulder motion

### THORACIC OUTLET COMPRESSION SYNDROME

- Where can it happen and why?
- How to determine the compression location
- Intervention for the bad anatomy and functional causes of compression

### Hands-On Lab

### REVIEW OF SPECIAL TESTS AND MOBILIZATIONS – LAB



### Live Seminar Schedule

**7:30** Registration/Morning Coffee & Tea

**8:00** Program begins

**Lunch Break:** 1 hour *(on your own)*

**3:30** Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon).  
Actual lunch and break start times are at the discretion of the speaker.  
A more detailed schedule is available upon request.

**Seminar on DVD Package:** You can purchase a self-study package on the subject. You will receive a set of DVDs that include a digital copy of the seminar manual and post-test/evaluation. You and your colleagues can receive CE hours for a nominal fee. To determine if homestudy credits are available for your profession go to [www.pesirehab.com](http://www.pesirehab.com) or call 800-844-8260. Check with your licensing board to verify acceptance of self-study credits for license renewal. Order today by using the order form on this brochure or by calling 800-844-8260.

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**Advanced  
Level Treatment Strategies  
for the Shoulder  
Complex**

**A Hands-on Lab Course  
for Conservative and  
Post-op Management**

**Trumbull, CT**  
Wednesday, February 13, 2019

**Farmington, CT**  
Thursday, February 14, 2019

**Providence, RI**  
Friday, February 15, 2019

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# Advanced Level Treatment Strategies for the Shoulder Complex

**A Hands-on Lab Course  
for Conservative and  
Post-op Management**

### Conservative & Post-op Management

- The best special tests for the detect the various shoulder pathologies
- Hands-on practice for the most effective glenohumeral and scapulothoracic mobilizations
- Solutions to help those very frustrated patients with adhesive capsulitis and thoracic outlet compression syndrome
- Differentiate the "good" and "bad" muscles for impingement and anterior instability
- Prevent rotator cuff tear patients from total shoulder arthroplasty surgery

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Advanced Level Treatment Strategies for the Shoulder Complex

The shoulder complex is quite complicated and determining the specific pathology that is in place and the best intervention strategy can be daunting tasks. Be a “hero” to your patient, as you learn the best special tests that are effective in detecting various shoulder pathologies. You will get to practice these tests during the hands-on lab portion, with the support of an expert clinician to observe and offer guidance.

You will learn how to rehab the patient with anterior instability so that they are protected from subluxation/ dislocation and destruction of the glenohumeral joint. Essential strategies will be shared that insure patients with rotator cuff tears are less likely to end up with total shoulder arthroplasty surgery. You will become the effective detective, able to determine the anatomic site of thoracic outlet compression syndrome and the appropriate intervention to address the compression. Do you feel confident in identifying when it is appropriate to mobilize the frozen shoulder aggressively and why the techniques that you may have learned in school are not working to restore motion, thereby causing frustration for you and the shoulder patient with adhesive capsulitis. Apply the key principles of creep and stress relaxation and practice them during lab time, to restore glenohumeral and scapulotharacic motion for patients.

There is obviously much to learn to truly advance your skills. **It’s time to take your insights and abilities to the next level!**

SPEAKER

**MICHAEL 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 is a professor in the PhD program in human movement science, and the DPT program in physical therapy at the University of North Carolina at Chapel Hill, where he has taught for 30 years. In addition to his academic responsibilities, he is also active in the faculty’s clinical practice, seeing patients two days per week.

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 is a reviewer for the *Journal of Orthopaedic and Sports Physical Therapy* and several other journals. Dr. Gross was elected as a Catherine Worthingham Fellow of the American Physical Therapy Association, and has been presented a Teaching Excellence Award from the University of North Carolina School of Medicine as well as the Margaret L. Moore Award for Outstanding New Academic Faculty by the American Physical Therapy Association. He has given well over 300 regional, national, and international presentations and continues to maintain an active clinical practice. Dr. Gross’ experience helps make him a very knowledgeable and skilled instructor.

Disclosures:  
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.

OBJECTIVES

- 1. Analyze the etiology of common shoulder complex pathologies in terms of anatomic, functional, and environmental factors.
- 2. Select which special tests should be used to identify complex shoulder pathologies and be able to apply these tests effectively.
- 3. Determine which patients are appropriate candidates for conservative intervention or should be referred for assessment as surgical candidate.
- 4. Utilize effective mobilization techniques for a variety of shoulder conditions.
- 5. Devise an appropriate treatment plan and enable effective patient intervention based on clinical findings.
- 6. Explain to the patient the causes of their shoulder pathology and the rationale for the interventions you have selected.

**What You Should Wear:** Please plan to dress in layers, including a sleeveless shirt, to facilitate the lab portion of the course.


**Who Should Attend:** Physical Therapists • Physical Therapist Assistants • Occupational Therapists  
Occupational Therapy Assistants • Physician Assistants • Nurse Practitioners • Nurses

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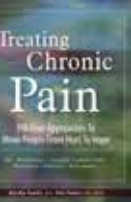
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**From Ouch to Aaah! Shoulder Pain Self Care**

By Peggy Lamb, MA, LMT, BCTMB

Kiss Shoulder Pain Goodbye – More than half of people over 50 have shoulder pain, and many will undergo unnecessary surgery. This book is a user-friendly guide to successfully address shoulder pain by attending to the involved muscles with simple self care.




**Treating Chronic Pain**

*Pill-Free Approaches to Move People From Hurt To Hope*

By Martha Teater, MA, LMFT, LCAS, LPC and Don Teater, MD, MPH

The best treatment for chronic pain isn’t found in a doctor’s office or pharmacy-it’s in the therapist’s office. Written by a mental health professional and a physician with over 50 years combined experience, this skills manual will teach you how to treat pain without pills and with confidence, using cutting-edge assessments, insights and interventions.

“ I definitely added more tools to my toolbox. –Darlene, OTR ”



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**PHYSICAL THERAPISTS & PHYSICAL THERAPIST ASSISTANTS:** This activity consists of 6.0 clock hours of instruction that is applicable for physical therapists. CE requirements for physical therapists vary per state/jurisdiction. Please retain the certificate of completion that you receive and use as proof of completion when required.

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