The 19th Annual Wisconsin Hand Experience℠ is sponsored by the University of Wisconsin-Milwaukee, College of Health Sciences Outreach Office. Conference attendees will see evidence based state-of-the-art scientific sessions and workshops outlining the latest advances in the diagnoses and treatment of upper extremity instability.

**SATURDAY WORKSHOPS**

1. **THERAPEUTIC MANAGEMENT OF ELBOW INSTABILITY**
2. **INCORPORATING YOGA INTO YOUR HAND THERAPY PRACTICE: STABILIZING THE CORE AND MORE**
3. **TREATMENT OF WRIST INSTABILITY: ORTHOSES, PROPRIOCEPTION AND MORE!**
4. **UNDERSTANDING FINGER INSTABILITY**
5. **CONSERVATIVE MANAGEMENT OF SHOULDER INSTABILITY**
11:00  REGISTRATION OPENS

12:00  WELCOME AND INTRODUCTION

**12:15  EVALUATION AND TREATMENT OF THUMB INSTABILITY**
This presentation will emphasize traumatic collateral ligament injuries around the metacarpophalangeal (MP) joint. This will include discussion of acute and chronic injuries, operative indications and surgical techniques. The progression of thumb instability at the carpometacarpal (CMC) joint will also be reviewed using the model of basilar joint arthritis.

**Brian Zafonte, MD, PhD, FAAOS**  
*Hand & Upper Extremity Surgery at Ascension All Saints Hospital, Racine, WI*

1:00  THERAPIST’S MANAGEMENT OF THUMB INSTABILITY
This presentation will describe the common mechanisms of injury and the changes in pathomechanics of the unstable thumb. It will identify how to effectively evaluate thumb instability for conservative patients, how strength plays a role in joint stability and how to select the most appropriate orthoses. Using the latest evidence and treatment protocols for both conservative and postoperative repairs will be presented. Factors that influence therapists’ management of instability and hand function will also be explored.

**Cynthia Watkins, PT, DPT, CHT**  
*Hand Therapy at the Rothman Institute, Philadelphia, PA*

1:45  BREAK

**2:15  UNDERSTANDING WRIST INSTABILITY PATTERNS: SCAPHOLUNATE (SL), LUNOTRIQUETRAL (LT), MIDCARPAL INSTABILITY, AND DISTAL RADIOULNAR JOINT (DRUJ)**
This presentation will review basic carpal anatomy, biomechanics and pathomechanics contributing to common wrist instability patterns. Anatomical and biomechanical contributions to joint stability and instability will be reviewed as a foundation to understand the development of rehabilitation treatment approaches.

**Aviva Wolff, EdD, OTR, CHT**  
*Hospital for Special Surgery, New York, NY*

**3:00  CLINICAL TESTING FOR STABILITY OF THE WRIST: SL, LT, MIDCARPAL JOINT (MCJ) AND DRUJ**
Participants will be provided with a golden opportunity to practice stability testing of the wrist. This presentation will provide a hands-on opportunity to perform clinical testing for stability of the SL and LT intervals, MCJ, and DRUJ to gain confidence with performing these tests in the clinic.

**Ann Forreto-Loehrke, PT, DPT, CHT, COMT, CMTPT**  
*Hand to Shoulder Center, Appleton, WI*

**3:45  CURRENT RESEARCH ON IMPROVING OUR UNDERSTANDING OF SL ISSUES AND THE DART-THROWER’S MOTION**
A critical review of relevant studies of wrist biomechanics, kinematics, carpal instability and wrist proprioception will be presented with a focus on the impact of research on the development of rehabilitation treatment techniques. The clinical relevance of coupled wrist motion (dart-thrower’s motion and circumduction envelope) will be discussed.

**Aviva Wolff, EdD, OTR, CHT**  
*Hospital for Special Surgery, New York, NY*

4:30  PANEL DISCUSSION AND QUESTIONS

5:15  ADJOURN
<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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<tr>
<td>7:30</td>
<td>EXHIBITS OPEN</td>
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<tr>
<td>8:00</td>
<td>WELCOME AND INTRODUCTION</td>
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<td>8:15</td>
<td><strong>SURGEON’S MANAGEMENT OF SL AND DRUJ INSTABILITY</strong></td>
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<td>This presentation will describe the latest surgical interventions for primary and chronic SL and DRUJ.</td>
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<td>David Meister, MD</td>
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<td>Hand Surgery Ltd., Wauwatosa, WI</td>
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<td>9:00</td>
<td><strong>CADAVERIC DISSECTION: SOFT TISSUE RECONSTRUCTION FOR SL AND DRUJ</strong></td>
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<td>This cadaveric dissection will explore the critical anatomy and common surgical procedures for primary and chronic SL and DRUJ repairs.</td>
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<td>David Meister, MD</td>
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<td>Hand Surgery Ltd., Wauwatosa, WI</td>
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<td>9:45</td>
<td><strong>POST-OPERATIVE CONSIDERATIONS WITH THERAPY</strong></td>
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<td>This presentation will discuss the post-operative considerations and therapy following common surgical wrist reconstructive procedures including splinting techniques, proprioception, wrist stabilization exercises and the role of muscles in carpal stability. Progression of neuromuscular rehabilitation post-surgery will be discussed.</td>
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<td>Aviva Wolff, EdD, OTR, CHT</td>
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<td>Hospital for Special Surgery, New York, NY</td>
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<td>10:30</td>
<td>BREAK</td>
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<td>11:00</td>
<td><strong>CONSERVATIVE MANAGEMENT OF SL ISSUES WITH PROPRIOCEPTIVE TRAINING</strong></td>
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<td>Dynamic stability of the wrist is dependent on intact proprioception. This presentation will review the basic neurophysiology of the wrist sensorimotor control system. Techniques to assess wrist sensorimotor impairment will be presented. Rehabilitation strategies for sensorimotor control for carpal instability will be discussed.</td>
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<td>Aviva Wolff, EdD, OTR, CHT</td>
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<td>Hospital for Special Surgery, New York, NY</td>
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<td>11:45</td>
<td><strong>ANATOMY OF THE ELBOW: UNDERSTANDING THE KEY LIGAMENTOUS STRUCTURES OF THE ELBOW</strong></td>
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<td>Many times during our clinical education process, we are required to memorize dozens of anatomical structures. This is a useful and necessary endeavor, but the game really begins when these structures are given powerful therapeutic relevance. The goal of this presentation will relate the anatomy to the treatment of the elbow.</td>
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<td>Emily Altman, PT, DPT, CHT, OCS, CLT, WCC</td>
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<td>Hospital for Special Surgery, New York, NY</td>
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<td>12:30</td>
<td><strong>THERAPIST’S MANAGEMENT OF MEDIAL AND LATERAL ELBOW INSTABILITY</strong></td>
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<td>While both medial and lateral elbow instability will be covered, the focus of this presentation will be on the therapeutic management of lateral elbow instability as it represents the majority of elbow instability patients that are seen in hand therapy clinics. Arguably, the most challenging patients are patients with unstable fracture dislocations who have undergone complex fracture open reduction internal fixation (ORIF) and ligamentous reconstructions. Understanding how to protect and progress these patients is key to an optimal functional outcome.</td>
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2:15 PHYSICIAN’S MANAGEMENT OF SHOULDER INSTABILITY

- Describe the relevant anatomy around thumb stability
- Summarize traumatic collateral ligament injuries of the thumb MP joint and their treatments
- Engage in a discussion regarding treatment of thumb UCL injuries
- Identify the anatomical structures of the thumb MP and CMC joints commonly injured
- Include an analysis of pathomechanics
- Emphasize on common mechanisms of injury of the MP and CMC joints
- Highlight the various rehabilitation strategies designed to improve thumb stability
- Define basic patterns of wrist instability
- Explain normal carpal biomechanics
- Describe the pathomechanics underlying common wrist instability patterns
- Emphasize contributions to wrist stability and instability
- Perform clinical testing for SL interval: scaphoid shift/Watson’s test and SL Ballottement test
- Conduct clinical testing for LT interval: Derby Test and LT Ballottement test
- Engage in discussions related to MP joint: Midcarpal Shift Test
- Perform clinical testing for DRUJ: DRUJ Ballottement Test
- Identify biomechanical studies that are clinically relevant to treatment of SL issues
- Present the current evidence on kinematics of wrist motion during functional activity
- Discuss how relevant findings form the basis for current wrist rehabilitation

3:00 THERAPIST’S MANAGEMENT OF SHOULDER INSTABILITY: CONSERVATIVE MANAGEMENT AND POST-OPERATIVE CONSIDERATIONS

- Review the clinical presentation of shoulder instability, both post-operative and non-operative
- Discuss rehabilitative strategies for both

Maria Zanoni, PT
Maria Zanoni Physical Therapy Inc., Elm Groove, WI

3:45 PANEL DISCUSSION AND QUESTIONS

4:45 ADJOURN

5:00 EXHIBITOR’S RECEPTION

THURSDAY LEARNING OUTCOMES

- Describe the relevant anatomy around thumb stability
- Summarize traumatic collateral ligament injuries of the thumb MP joint and their treatments
- Describe the diagnosis and treatment algorithm for thumb CMC joint arthritis
- Identify the anatomical structures of the thumb MP and CMC joints commonly injured
- Describe an analysis of pathomechanics
- Describe common mechanisms of injury of the MP and CMC joints
- Outline how to manage conservative RCL and UCL ligament injuries of the MP joint
- Outline how to manage conservative instability issues of the CMC joint
- Select the appropriate orthoses for thumb instability
- Describe surgical reconstruction and therapeutic interventions for thumb instability
- Define basic patterns of wrist instability
- Explain normal carpal biomechanics
- Explain the pathomechanics underlying common wrist instability patterns
- Identify contributions to wrist stability and instability
- Perform clinical testing for SL interval: scaphoid shift/Watson’s test and SL Ballottement test
- Perform clinical testing for LT interval: Derby Test and LT Ballottement test
- Perform clinical testing for MP joint: Midcarpal Shift Test
- Perform clinical testing for DRUJ: DRUJ Ballottement Test
- Identify biomechanical studies that are clinically relevant to treatment of SL issues
- Describe the current evidence on kinematics of wrist motion during functional activity
- Discuss how relevant findings form the basis for current wrist rehabilitation

FRIDAY LEARNING OUTCOMES

- Describe the latest surgical interventions for SL and DRUJ instability
- Describe common surgical procedures for primary and chronic instability related to the SL and DRUJ joints
- Identify specific orthotic options for post-operative wrist reconstruction
- Describe a proprioceptive training program for injured/repaired wrist ligaments
- Describe the progression of treatment of a neuromuscular rehabilitation program post wrist surgery
- Define aspects of sensorimotor control of the wrist including basic neurophysiology of wrist proprioception
- Identify indications for proprioceptive training in the wrist
- Describe various rehabilitation strategies designed to improve wrist proprioception
- Explain the mechanics of the lateral collateral ligament complex of the elbow
- Describe the most common fracture pattern that results in posterolateral rotatory instability
- Identify all of the ligamentous structures of the elbow
- Explain the concept of the “Varus Imperative”
- Evaluate, treat and progress the next terrible triad patient
- Describe why the term rotatory instability is used
- Describe evaluation and management of shoulder instability
- Explain the mechanism of dislocation, injured structures and treatment options related to the shoulder
- Define shoulder instability and the classifications
- Describe the classic therapeutic progression in shoulder rehabilitation
1. **THERAPEUTIC MANAGEMENT OF ELBOW INSTABILITY**
   Reading book chapters and attending lectures about the therapeutic management of elbow instability is a great start, but when faced with a real patient… suddenly it doesn’t look like the neat drawings and bullet points. The goal of this session is to work through many of the specifics of treating this patient population. Areas covered will include postoperative orthotic fabrication, immediate postoperative exercise instruction, ADL considerations for the varus protection restrictions and progression of therapeutic exercise after the varus protection restrictions have been lifted. Instructional activities will be as interactive and case-based as possible.
   Emily Altman, PT, DPT, CHT, OCS, CLT, WCC
   *Hospital for Special Surgery, New York, NY*

2. **INCORPORATING YOGA INTO YOUR HAND THERAPY PRACTICE: STABILIZING THE CORE AND MORE**
   In this interactive workshop, participants will be introduced to principles of yoga that can enhance the effectiveness of upper extremity rehabilitation. Through an exploration of common treatment diagnoses encountered in the clinic, participants will experiment with incorporating and applying core strengthening, proximal stabilization, breathing techniques and awareness practices into rehabilitation protocols to improve patient outcomes.
   Megan Bjella, MS, OTR/L, RYT-200
   *UW Health, Madison, WI*

3. **TREATMENT OF WRIST INSTABILITY: ORTHOSES, PROPRIOCEPTION AND MORE!**
   This workshop will provide an in-depth look at the challenging task of treating wrist instability. Bony and ligamentous anatomy that stabilize the wrist and how injury to these structures lead to wrist instability will be reviewed. Participants will delve into the clinical problem solving involved in treating these patients most effectively based on their history and clinical presentation. Therapists will get hands-on experience with pre-fabricated and custom-fabricated orthoses that provide specific support. The workshop will focus on tailoring treatment interventions to the pattern of instability. The topics of exercise, proprioception, strengthening and activity modification will be tackled. Lastly, case studies will be discussed that bring all of the pieces together!
   Theresa Parry, OTR, CHT, COMT
   *Hand to Shoulder Center of Wisconsin, Appleton, WI*

4. **UNDERSTANDING FINGER INSTABILITY**
   Participants will gain a thorough understanding of instability patterns of the finger. An opportunity to draw the extensor mechanism of the finger as well as identify key ligamentous structures will be provided. This will allow participants to appreciate how these components contribute to stability at the metacarpophalangeal (MP) and interphalangeal (IP) joints. This workshop will present the pathomechanics and evidence-supported treatment techniques to address the following disorders: sagittal band rupture, MP joint ulnar drift, swan neck deformity, boutonniere deformity, pseudo-boutonniere deformity, dorsal and volar proximal interphalangeal joint (PIP) joint dislocations and collateral ligament injury.
   Ann Porretto-Loehrke, PT, DPT, CHT, COMT, CMPT
   *Hand to Shoulder Center of Wisconsin, Appleton, WI*

5. **CONSERVATIVE MANAGEMENT OF SHOULDER INSTABILITY**
   This workshop will review the clinical presentation of shoulder instability with a discussion of the different classifications of this pathology, both post-operative and non-operative. Mechanics of the glenohumeral complex with a summary of scapular dyskinesis will also be presented. In the absence of direct trauma, this can be the cause of shoulder pathology or the result of shoulder instability. Treatment and rehabilitation strategies will be discussed primarily for non-operative cases. Lastly, clinical cases will be reviewed to demonstrate the significance of treating the entire shoulder girdle as part of a complete rehabilitation program.
   Maria Zanoni, PT
   *Maria Zanoni Physical Therapy Inc., Elm Grove, WI*

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**AMERICAN OCCUPATIONAL THERAPY ASSOCIATION**

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Early registration is encouraged to guarantee space. Participants are accepted on a first-come, first-serve basis. Enrollment is confirmed upon receipt of registration and payment. Lunch and all breaks are included in course fees. You can choose from a variety of payment methods; a check, company purchase order (P.O.), money order or credit card (Visa, MasterCard, Discover, or American Express). Checks should be made payable to “University of Wisconsin-Milwaukee.”

Cancellations by participants must be received no later than April 6, 2018 for a refund less a $25.00 service charge. Registrants who must cancel after April 6, 2018 will be issued a credit certificate for the program fee paid less a $50.00 service fee. The credit certificate will expire on May 25, 2019 and may be applied to any University of Wisconsin-Milwaukee, College of Health Sciences Outreach Program; credit certificates cannot be used for co-sponsored programs. Program agendas, speakers and CEUs are subject to change. If UW-Milwaukee must cancel the course for any reason a 100% refund of the registration fee will be provided. If you have any questions, please call (414) 227-3123.

Please advise us at the time of registration if you have special needs. Requests will be kept confidential. Please submit special needs requests four weeks prior to the program date.

Wisconsin Hand Experience℠ 2018, Course #10898: Entire Conference: $640
  Approximate CEUs: 1.7 (17 hours)

Thursday and Friday Only: $455
  Approximate CEUs: 1.2 (12 hours)

Thursday and Saturday Only: $420
  Approximate CEUs: 0.95 (9 hours, 30 minutes)

Friday and Saturday Only: $465
  Approximate CEUs: 1.2 (12 hours)

Thursday Only: $205
  Approximate CEUs: 0.45 (4 hours, 30 minutes)

Friday Only: $250
  Approximate CEUs: 0.7 (7 hours)

Saturday Only: $215
  Approximate CEUs: 0.5 (5 hours)

*CEUs are based on participant’s actual class hours. Agenda is subject to change based on instructor preference and time available. Speakers and programs subject to change.
REGISTRATION

Online: Online registration is recommended. Visit www.chs-ce.uwm.edu, scroll down to Wisconsin Hand Experience℠ 2018 and use the “register here” link. Wisconsin Hand Experience℠ is course #10898.

Mail/Fax: If you register by mail or fax, all registrations will be processed on a first-come, first-serve basis. You must rank your choices of Saturday workshops. While we will make every effort to accommodate first choices, please note that workshops have limited capacities. Those attending all three days will be given priority if registration is received prior to 3/10/2018.

Name: ________________________________
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Title: ________________________________
Daytime Phone: ________________________________
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City: ________________________________
State: _______ Zip: _______

☐ Check if you plan to attend the Friday reception.
☐ Please reserve a vegetarian lunch for me.
☐ Check if you prefer not to have your contact information released to other conference participants.

SATURDAY WORKSHOPS
Please choose and rank in order the program you would like to attend. You must list at least 3 choices.

1 = first choice
2 = second choice
3 = third choice

1. Therapeutic Management of Elbow Instability
2. Incorporating Yoga into Your Hand Therapy Practice: Stabilizing the Core and More
3. Treatment of Wrist Instability: Orthoses, Proprioception and More!
4. Understanding Finger Instability
5. Conservative Management of Shoulder Instability

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THURSDAY, MAY 10 - SATURDAY, MAY 12

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