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TITLE: Rehab Challenges Following Upper Extremity Trauma: Digital Encore Presentation of WI Hand Experience [Register Online: http://bit.ly/ce13654](http://bit.ly/ce13654)

DESCRIPTION: This encore webcast provides evidence based state-of-the-art scientific sessions and workshops outlining the continuum of care following traumatic injury of the upper extremity.

WEBCAST LECTURES:

1. **FROM FINGER FRACTURES TO THE MANGLED HAND: AN ACUTE TRAUMA OVERVIEW:** This presentation will describe the principles of surgical management of the traumatized hand. It will focus on prioritizing the repair of injured structures following acute trauma.
2. **FRACTURE FIXATION:** This presentation will provide a detailed discussion of various hand and wrist fracture fixation techniques.
3. **WOUNDS AND THE HAND THERAPIST:** If you want to know more about wound assessment, healing, and factors that affect healing, join us for this presentation! This talk will review the essentials and more.
4. **EFFECTIVE UPPER EXTREMITY EDEMA MANAGEMENT: BURYING THE USE OF RETROGRADE MASSAGE:** Managing edema is poorly understood, yet uncontrolled edema increases pain, and reduces ROM and function. This presentation will explain the anatomy and physiology of the lymphatic system and clarify the role of this system in managing edema. It will discuss why manual lymphatic drainage and bandaging can be more effective than traditional treatment methods such as retrograde massage and rest, ice, compression, and elevation (RICE).
5. **INTERVENTIONS IN ACTION—Patient Case Studies**
6. **THE ROLE OF MODALITIES POST TRAUMA:** This lecture will review the current literature on the use of electrophysical agents for the treatment of patients post trauma. The role of these agents in pain relief, edema control, and accelerating the healing process will be examined.
7. **ONE-HANDED ADL AND IADL TECHNIQUES:** This presentation will include an overview of principals, strategies, and tips for successful completion of ADL and IADL while performing one-handed tasks. It will demonstrate one-handed strategies to maximize independence following surgery, traumatic injuries, and upper extremity amputations.
8. **WRIST STIFFNESS AFTER TRAUMA: ORTHOPEDIC MANUAL THERAPY SOLUTIONS TO RESTORING FUNCTION:** Distal radius fractures are one of the most common forms of wrist trauma and may result in functional limitations from a stiff wrist. This session will demonstrate how an orthopedic manual therapy systematic evaluation combined with clinical decision making algorithms can lead to the optimal treatment for patients. Manual therapy treatment techniques will be highlighted to gain mobility in stiff wrists and improve patient outcomes.

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9. **EVALUATION IN FRACTURE CARE OF THE UPPER EXTREMITY: MANAGING SURGICAL AND NONSURGICAL PATIENTS:** This presentation will discuss both surgical treatment and nonsurgical treatment of fractures and radiographic and functional outcomes.
10. **CADAVERIC DISSECTION: OPEN REDUCTION INTERNAL FIXATION (ORIF) OF THE DISTAL RADIUS AND POTENTIAL HARDWARE COMPLICATIONS:** This interactive dissection will focus on anatomy pertinent to distal radius fractures.
11. **NEUROMUSCULAR RE-EDUCATION FOR THE WRIST AND FOREARM:** This presentation will provide course participants with a review of the arthrokinematics of the wrist and forearm. A hands-on opportunity will be provided to perform neuromuscular re-education techniques to facilitate wrist and forearm range of motion for immediate application in the clinic.
12. **SENSIBILITY AND SENSORY RECOVERY:** This presentation will provide a review of peripheral nerve injury classification and outline the therapist's role in the evaluation and treatment of sensibility. It will explore the objective measures available to assess sensation, outline the course of sensibility return, and identify predictive factors for sensory recovery. It will also address what can be done to effectively treat and educate patients to improve outcomes of functional sensibility in the hand.
13. **ADHESIVE CAPSULITIS: THE UNFORTUNATE CONSEQUENCE OF DISTAL TRAUMA:** This presentation will provide practical information in classifying two types of adhesive capsulitis and addressing a treatment plan for patients who develop secondary adhesive capsulitis as a result of distal upper extremity issues.
14. **USE OF DERMAL MATRIX SUBSTITUTE IN UPPER EXTREMITY SOFT TISSUE INJURIES:** Severe soft tissue injuries of the upper extremity not appropriate for routine skin grafting have traditionally been treated with local and free tissue transfers. These free tissue transfers often require multiple procedures and have prolonged recovery periods. Furthermore, many patients, due to local tissue damage or co-morbidities, may not be ideal candidates for such transfers. A dermal matrix substitute, A dermal matrix substitute has been proven to reliably provide an efficient means of coverage in many such situations with minimal scarring, without donor site morbidity, and oftentimes without the need for secondary procedures.
15. **PANEL DISCUSSION AND QUESTIONS:** Panel discussion and audience questions

LEARNING OUTCOMES:

- Describe principles of surgical management of the traumatized hand
- Describe different methods for fracture fixation
- Describe the physiology of wound healing, wound assessment, and factors that affect wound healing
- Discuss concepts regarding when range of motion is safe
- Identify non-expandable medical devices
- Describe lymphatic anatomy

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- Describe the role of the lymphatic system in edema reduction
- Summarize how activation of the lymphatic system will reduce fluid and protein congestion
- Identify the signs and symptoms of lymphedema and when to refer a patient to a certified lymphedema therapist (CLT) for treatment
- Identify contraindications for edema intervention
- Identify the time and amplitude-dependent quantitative properties of therapeutic electrical current and ultrasound
- Describe the clinical indications and contraindications for the use of therapeutic electrical current and ultrasound
- List the electrophysiological properties of excitable tissues and physiological effects of electrical stimulation
- Describe the application of electrical stimulation for muscle activation, pain relief, and edema management
- Describe the base of evidence for the use of electrical stimulation and ultrasound
- Identify important principals related to successful completion of ADL and IADL while performing one-handed tasks
- Demonstrate at least 10 one-handed strategies for successful performance of ADL and IADL tasks to maximize independence for their patients who either temporarily or permanently, possess the use of only one hand
- Identify causes of a capsular pattern of the wrist
- Describe when manual therapy techniques are indicated, and when they are contraindicated after traumatic wrist injuries
- Identify two different mobilization techniques to improve wrist flexion and extension
- Explain the priorities in treating both surgical and conservatively-managed fractures
- Identify areas of concern when performing rehabilitation for patients with distal radius fracture
- Explain the arthrokinematics of the wrist at both the radiocarpal and midcarpal joints to optimize motion with neuromuscular re-education techniques
- Describe the arthrokinematics at the proximal radioulnar joint to facilitate radial head mobility to promote forearm pronation & supination
- Practice neuromuscular re-education techniques at the proximal and distal carpal rows to optimize wrist motion
- Perform manual techniques guiding motion at the radial head to facilitate forearm rotation
- Prescribe home program options for patients to maintain motion at both the wrist and forearm
- Identify the classifications of nerve injury
- Describe the typical order of sensibility recovery and the predictive factors that may indicate long-term prognosis for sensibility recovery following injury and repair
- Identify objective methods by which sensibility may be assessed
- Identify therapeutic interventions that facilitate restoration of meaningful sensation in the upper extremity
- Describe the history and clinical presentation of adhesive capsulitis
- Explain the stages of adhesive capsulitis
- Classify the two types of adhesive capsulitis and how treatment differs for each
- Determine the passive motion limitations associated with a capsular pattern at the glenohumeral joint

- Formulate a treatment plan to address secondary adhesive capsulitis in a patient presenting with distal trauma
- Describe the utility of dermal matrix substitutes for covering wounds of the upper extremity
- Describe the basic science and biologic benefits in scar tissue healing and the limitations of dermal matrix substitutes

FACULTY:

- Jamie L. Bergner, OTD, OTR/L, CHT, COMT
- Bethany Brooks, MOTR/L
- Anthony LoGiudice, MD
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- Theresa Parry, OTR, CHT, COMT
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- Victoria Johnsen Ralph, MPPA, OTR/L, CLT-LANA
- Andrew Starsky, BSEE, MPT, PhD
- Greg P. Watchmaker, MD
- Sunniva Zaratkiewicz, PhD, RN, CWCN

LEVEL: Introductory - Advanced

AUDIENCE: OTs, PTs, OTAs, PTAs, and Certified Hand Therapists

CONTENT FOCUS:

Domain of OT: Performance Skills

Occupational Therapy Process: Evaluation, Intervention, and Outcomes

COURSE #: 13654

STANDARD PRICE: \$445

CEU's / CLOCK HOURS: 1.1 CEU's (11 Clock Hours)

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