

*Lower Quadrant
Level II
15 contact hours*

Brief Overview

Despite the growing amount of high quality evidence supporting exercise as an effective rehabilitation intervention, translating research to practice proves challenging for clinicians. Further, rehabilitation has allowed gains in symptom moderation and subjective functional measures to be lauded as sufficient progress for clients without truly addressing impairments and objective functional outcomes. This is problematic in that a reduction in symptoms and client-reported improvements in function can occur through general exercise and the natural healing process without the skill of a therapist.

It is time for a reset.

We must translate evidence-based rehabilitation into daily clinical practice to ensure that all clients receive adequate, intense, and progressive exercise rehabilitation.

Course Content

Building on Level I Fundamentals, this 2 day course furthers the step-by-step approach for therapeutic exercise dosing and delivery by adding precision design concepts for the lower quadrant. As hands-on professions, practical lab components using real clinical scenarios are mixed with interactive discussion-based lectures for skills that can be applied right away in the clinic. To help therapists build advanced clinical reasoning skills in exercise prescription, therapeutic exercise design is taught with an emphasis on the “why”, “how”, and “when” rather than on specific exercises. Hands-on skills for the clinical application of hand-held dynamometry in comprehensive assessment, documentation of objective strength measures, and precision exercise dosing are practiced and mastered.

We urge clinicians to move beyond symptom moderation alone, and this course focuses on delivering clinically meaningful improvements to clients in all 4 outcome domains: symptom moderation; impairment correction; subjective functional performance; and objective functional performance. Further, we teach a systematic structure to the order of interventions provided to a client within one session as well as the progression from session to session.

Our framework, the MET MET-odology, is a contemporary development of medical exercise therapy concepts introduced by Oddvar Holten. It does not replace your current treatment practices (the tools in your toolbox), rather it provides structure to them (your very organized toolbox).

Topics: hand-held dynamometry, exercise prescription, exercise design, optimal improvement, 4 outcome domains, lower quadrant

Audience

Physical therapist, Physical therapist assistant, Occupational therapist, Occupational therapist assistant, Athletic trainer

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Objectives

- Apply the 2 guiding principles of the MET MET-odology in therapeutic intervention selection for the LQ.
- List 3 factors to achieve optimal patient improvement.
- Recognize 3 factors from the clinical interview which help create patient buy-in into the treatment plan.
- Develop 1 LQ treatment session plan.
- Identify measurement tools for the LQ to achieve meaningful improvements in 4 outcome domains.
- Apply the 4 training principles to therapeutic exercise prescription for the LQ.
- Apply the biomechanical concepts of torque and length tension in therapeutic exercise design for the LQ.
- Operate a hand-held dynamometer (HHD) in 1 biomechanical examination for the LQ.
- Execute Clinical Fatigue Tests (CFT) in 3 clinical scenarios for the LQ.
- Interpret the results of the CFT to appropriately dose 2 therapeutic exercises for the LQ.
- Design 1 precision therapeutic exercise prescription for the LQ.

Required Pre-Course Reading

1. O'Neill S, Watson PJ, Barry S. Why are eccentric exercises effective for achilles tendinopathy? *International Journal of Sports Physical Therapy*. 2015;10(4):552-562.
2. Osterås B, Osterås H, Torsensen TA. Long-term effects of medical exercise therapy in patients with patellofemoral pain syndrome: Results from a single-blinded randomized controlled trial with 12 months follow-up. *Physiotherapy*. 2013 Jun 10.
3. Teichtahl A, Wluka A, Cicuttini F. Abnormal biomechanics: a precursor or result of knee osteoarthritis? *British Journal of Sports Medicine*. 2003;37(4):289-290.

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Course Outline

Day 1

07.45 AM	Registration
08.00 AM	Introduction; Pre-course reading discussion; Clinical Scenarios
09.00 AM	The MET MET-odology: Review and updates
10.00 AM	Break
10.15 AM	Optimal Patient Improvement for LQ - Change the story - Outcome domains (Symptoms / Impairment)
12.45 PM	Lunch
01.30 PM	Optimal Patient Improvement for LQ - Outcome domains (Subjective and objective performance) - Training principles
03.30 PM	Break
03.45 PM	Design considerations for LQ - Biomechanical considerations - Functional Integration - Tissue response
05.30 PM	Adjourn

Day 2

07.45 AM	Check-in
08.00 AM	Design considerations for LQ - Muscle bias tests for LQ
10.00 AM	Break
10.15 AM	Dosing considerations for LQ - Dose the weak link in the movement pattern - Dosing for Symptom moderation and ROM - Exercise-bias tests for LQ and CFT
12.15 PM	Working Lunch - Clinical Scenarios (hip, knee, ankle)
01.00 PM	Delivery considerations for LQ
02.00 PM	Revisit Clinical Scenarios (practical interaction)
03.00 PM	Post- course interaction / Q&A
04.00 PM	Adjourn