

*Upper 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 upper 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, upper quadrant

**Audience**

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

*Upper Quadrant  
Level II  
15 contact hours*

**Objectives**

- Apply the 2 guiding principles of the MET MET-odology in therapeutic intervention selection for the UQ.
- 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 UQ treatment session plan.
- Identify measurement tools for the UQ to achieve meaningful improvements in 4 outcome domains.
- Apply the 4 training principles to therapeutic exercise prescription for the UQ.
- Apply the biomechanical concepts of torque and length tension in therapeutic exercise design for the UQ.
- Operate a hand-held dynamometer (HHD) in 1 biomechanical examination for the UQ.
- Execute Clinical Fatigue Tests (CFT) in 3 clinical scenarios for the UQ.
- Interpret the results of the CFT to appropriately dose 2 therapeutic exercises for the UQ.
- Design 1 precision therapeutic exercise prescription for the UQ.

**Required Pre-Course Reading**

1. Osteras H, Torstensen TA. The Dose-Response Effect of Medical Exercise Therapy on Impairment in Patients with Unilateral Longstanding Subacromial Pain. *The Open Orth. Journal*, 2010, 4, 1-6 1.
2. Rosa DP, Borstad JD, Pogetti LS, Camargo PR. Effects of a stretching protocol for the pectoralis minor on muscle length, function, and scapular kinematics in individuals with and without shoulder pain. *J Hand Ther.* 2017 Jan - Mar;30(1):20-29
3. Stasinopoulos D, Stasinopoulos I. Comparison of effects of eccentric training, eccentric-concentric training, and eccentric-concentric training combined with isometric contraction in the treatment of lateral elbow tendinopathy. *J Hand Ther.* 2017 Jan - Mar;30(1):13-19.
4. Thomson S, Jukes C, Lewis J. Rehabilitation following surgical repair of the rotator cuff: a systematic review. *Physiotherapy.* 2016 Mar;102(1):20-8.

*Upper Quadrant  
Level II  
15 contact hours*

**Course Outline**

***Day 1***

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

***Day 2***

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