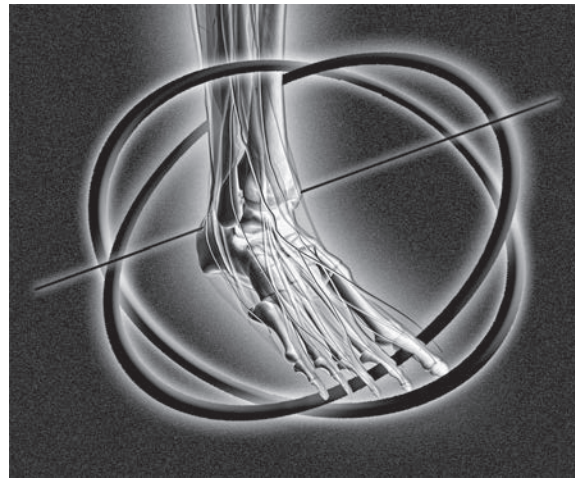


Master Level Differential Diagnosis, Evaluation and Treatment of the Foot and Ankle

Beyond the Textbooks

(An Evidence Based Course)

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Presented by
Joshua Bailey
PT, DPT, OCS, CSCS, CPed

PT, PTA, ATC, Continuing Education Course

North American Seminars, Inc.

1-800-300-5512

Fax 1-800-310-5920

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Day One

7:30	8:00	Registration
8:00	8:30	Course Overview
8:30	9:00	Review of Standing Evaluation Techniques (Lecture/Lab) <ul style="list-style-type: none"> • Tibial alignment • RCSP • Maximum pronation
9:00	9:30	Review of Prone Evaluation (Lecture/Lab) <ul style="list-style-type: none"> • STJN • Passive range of motion of subtalar joint • Passive range of motion of talocrural joint
9:30	9:45	Break
9:45	10:15	Review of Supine Evaluation (Lecture/Lab) <ul style="list-style-type: none"> • OMTJ mobility • LTMJ mobility
10:15	12:00	Differential Diagnosis and Surgical and Conservative Treatment Options for Hindfoot and Midfoot Pathologies (Lecture) <ul style="list-style-type: none"> • Sinus tarsus syndrome • Cuboid syndrome • Stress fractures • Midtarsal joints
12:00	12:45	Lunch (on your own)
12:45	1:00	Review/Questions
1:00	2:00	The Complicated Ankle Sprain <ul style="list-style-type: none"> • Structural and functional instability • Rehab pearls
2:00	2:45	Differential Diagnosis of Forefoot Pathologies and Selected Conservative and Surgical Treatments (Lecture) <ul style="list-style-type: none"> • Interdigital neuroma • MTP instability • Hallus rigidus/limitus
2:45	3:00	Break
3:00	3:45	Continued Differential Diagnosis of Forefoot Pathologies (Lecture) <ul style="list-style-type: none"> • Turf toe • Bunions
3:45	5:15	Open Forum Case Studies with Participants <ul style="list-style-type: none"> • Pathological findings • Differential diagnosis • Recommended treatments <ul style="list-style-type: none"> - Modalities - Manual treatment - Therapeutic exercises - Foot orthosis
5:15	6:15	Foot Orthotics (Lecture) <ul style="list-style-type: none"> • Why? • What?
6:15	6:30	Questions/review

Day Two

8:00	8:15	Questions/Review
8:15	9:30	Orthotic Prescription (Lecture) <ul style="list-style-type: none"> • Material suggestions • Angulation suggestions • Casting: mechanisms/techniques • Trouble shooting • Common mistakes
9:30	9:45	Break
9:45	11:00	Over the Counter Inserts (Lecture) <ul style="list-style-type: none"> • Choices • Modifications <ul style="list-style-type: none"> - Materials - Equipment
11:00	12:00	Shoes (Lecture/Lab) <ul style="list-style-type: none"> • Athletic shoes <ul style="list-style-type: none"> - Durability - Characteristics • Dress Shoes • Fitting • Minimalist shoes and barefoot function
12:00	12:45	Lunch (on your own)
12:45	1:15	Shoe Lacing Techniques
1:15	1:45	Foot and Ankle Manipulation Demonstrations (Lecture/Lab) <ul style="list-style-type: none"> • Talocrural • Talonavicular • Calcaneocuboid • Subtalar
1:45	2:00	Break
2:00	3:30	Tricks of the Trade (Lecture) <ul style="list-style-type: none"> • What research indicates • What the book does not say
3:30	4:00	Case Study/Open Forum/ Questions and Answers <ul style="list-style-type: none"> • Tying it all together • Where do we go from here

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1-800-300-5512

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About the Educator

Joshua Bailey PT, DPT, OCS, CSCS, CPed, completed his MPT and DPT degrees at Shenandoah University. He is a certified strength and conditioning specialist from the NSCA as well as an orthopedic clinical specialist from the APTA. He is the President and Chief Executive Officer of Rehabilitation Associates of Central Virginia, a nine site orthopedic physical therapy center, in Lynchburg, Virginia. He practices full time managing foot and ankle cases and is the director of the foot and ankle program at Rehab Associates. Dr. Bailey works with a wide variety of patients including athletes, officials and referees in the NFL, NBA, WNBA, Major League Baseball, ACC, Big South Conference, and the Big East Conference. Dr. Bailey is an adjunct faculty member with Liberty University, Lynchburg College Doctoral Physical Therapy program, and The Jackson Clinics Orthopedic Residency. He acts as a consultant for foot and ankle injuries for several Division I athletic programs as well. He has lectured in many forums on foot and ankle since 1997 on topics including pre and post surgical management, manual therapy of the foot and ankle, differential diagnosis of foot and ankle disorders, as well as foot orthoses fabrication and modification.

Why You Should Attend This Course

Is it better to run with or without shoes? How do you know when you should utilize a custom foot orthotic versus an over the counter device to treat a lower extremity symptom? What makes certain ankle sprains seem to heal faster than others? How do you know if an orthotic actually made the patient better? If you have had questions about your patients like this in the past, then this is the course for you. This advanced level course is designed for clinicians (PT, MD, ATC, DO, DPM, CPed) who have experience with treating the foot and ankle and wish to continue to advance their comprehension and functional treatment of foot and ankle disorders. Participants will review static and functional evaluation and screening techniques to guide differential diagnosis and promote thorough treatments with emphasis on forefoot pathologies and more complicated hindfoot disorders. This will include common clinical signs and symptoms of typical presentations, conservative treatments and various surgical techniques for diagnoses ranging from ankle sprains to neuromas. The participant will learn the advantages and disadvantages of custom foot orthotic utilization, as well as how to appropriately prescribe, assess and modify foot orthotics as well as over the counter shoe inserts and shoes. Dynamic functional testing will be used to determine orthotic and shoe effectiveness thus guide suggested treatment algorithms. This will be performed using the latest literature to guide course participants as well as open forum discussion/labs to maximize didactic learning. Manual therapy labs will focus on only high level techniques such as thrust manipulations of the talocrural, subtalar and midtarsal joints. This course is unique in its offerings of advanced manual therapy, advanced evaluation skills, as well as specific orthotic recommendations and prescriptions in an organized and clinically applicable format.

Course Objectives

Upon completion of this course, participants will be able to:

- Utilize a systematic approach to lower extremity biomechanical evaluation.
- Demonstrate clinical differential diagnosis skills of the hindfoot and forefoot.
- Recognize common clinical entities of the foot and ankle through differential diagnostic processes.
- Demonstrate proficiency in joint manipulation of the foot and ankle.
- Identify appropriate modifications of over the counter shoe inserts.
- Describe appropriate foot orthotic prescriptions based on biomechanical profiles.
- Understand common surgical techniques of the foot and ankle and their relationship to postsurgical rehabilitation.
- Describe easily applicable shoe modifications to improve patient comfort.

Registration Form

Master Level Eval and Treatment of the Foot and Ankle

Course Tuition:



Send tuition to: North American Seminars, Inc.
2000 Mallory Lane Suite 130-67 Franklin, TN 37067

1-800-300-5512 Fax 1-800-310-5920 www.healthclick.com

All cancellations must be submitted with written notice and received 14 days prior to the course date. Refunds and transfers minus the deposit fee of \$75.00 are provided until 14 business days prior to the course date. No refunds will be issued if notice is received after 14 days prior to the course date. North American Seminars, Inc. reserves the right to cancel any course and will not be responsible for any charges incurred by the registrant due to cancellation. A full course tuition refund will be issued if NAS cancels the course. NAS reserves the right to change a course date, location or instructor. No refund will be issued if course is in progress and is interrupted by an Act of War or God or issue beyond our control. NAS, Inc. will not be responsible for any participant expenses other than a course tuition refund for course cancellations.

Name _____ Profession _____
Home _____
Address _____
City _____ State _____ Zip _____
Credit Card _____
Exp.date _____ Phone (required) _____
e-mail (required) _____
Location of attendance _____

2013-2015

**Master Level
Differential
Diagnosis,
Evaluation and
Treatment of the
Foot and Ankle**

Pre-Test

North American Seminars

How do we teach therapists that are familiar with foot and ankle rehab or therapists that have over three year experience with lower extremity rehab advanced concepts in a two day training course? In order to ensure that the Master Level Differential Diagnosis, Evaluation and Treatment of the Foot and Ankle can accomplish this challenge, participants must have a base level understanding of the foot and ankle before attending.

This short quiz will help prepare you for this course. If you don't know an answer research the clinical area so you are better prepared for the class. This class is designed to take a therapist that treats the foot and ankle to the next level. The answer to the quiz are located on the bottom of the page.

Each location has limited enrollment so register early for events. The DVD provided at the course with your tuition is a professionally filmed, studio quality and designed interactive DVD. This DVD covers course material in detail. This companion DVD will help you master the advanced topics in the course after the live course.

Questions for Pre-test

1. T or F. Plantar fasciitis is the most common cause of heel pain?
2. The primary motion of the longitudinal axis within the midfoot produces motion in which plane?
 - a. Sagittal plane
 - b. Frontal plane
 - c. Transverse plane
 - d. It is very rigid and therefore one cannot tell
3. The calcaneocuboid articulation is notable in that the primary motion is in the following planes and mimics which joint?
 - a. DF and Eversion/Subtalar joint
 - b. PF and rotation/ Talonavicular joint
 - c. DF and Abduction/ Talocrural joint
 - d. Inversion and Adduction/ Subtalar joint
4. According to the APTA heel pain guidelines, heel pain most likely predictors are?
 - a. Poor shock absorption and flat feet
 - b. Overpronation and poor ankle mobility
 - c. BMI >30 and limited DF mobility
 - d. Compensated rigid forefoot valgus and forefoot equinus
5. T or F. Dorsiflexion motion at the talocrural joint should be the same in pronation and in supination.
6. T or F. The most common cause of Posterior Tibial Tendon ruptures occur with forced pronation during deceleration.
7. The primary role of the triceps surae during the stance phase of gait is:

- a. Propulsion
 - b. To create a rigid lever
 - c. To decelerate the tibia
 - d. Balance
8. The following best describes a condition known as forefoot supinatus:
- a. A flexible forefoot valgus
 - b. A plantar flexed forefoot
 - c. A soft tissue and bony condition combined
 - d. A traumatic sprain of the forefoot
9. T or F. Normal active dorsiflexion during gait is about 10 degrees.
10. The primary function of the subtalar joint during initial contact and the midstance phase of gait is:
- a. To be a mobile adapter
 - b. To be a torque converter
 - c. To be a rigid lever
 - d. A and B
 - e. A and C
 - f. A, B and C
11. T or F. A "normal" foot should function about subtalar joint neutral.
12. The motion most likely limited with a calcaneonavicular coalition is:
- a. inversion
 - b. eversion
 - c. midfoot supination
 - d. midfoot pronation
 - e. all of the above
 - f. none of the above
13. To induce eversion through the subtalar articulation the most effective mobilization is:
- a. distraction
 - b. medial to lateral glide of the anterior aspect of the calcaneus
 - c. lateral to medial glide of the anterior aspect of the calcaneus
 - d. medial to lateral glide of the posterior aspect of the calcaneus
14. To decrease closed chain pronation, which of the following exercises are the most effective?
- a. Resisted inversion in a concentric fashion
 - b. Hip extension in open and closed chains
 - c. Eccentric loading of the deep hip external rotators
 - d. Slow speed toe walking
15. T or F. The best screening tool for pronation is the navicular drop test?
16. Normal navicular drop is:
- a. 4 mm
 - b. 7 mm

- c. <10 mm
 - d. No norm has been established
17. Which of the following foot pathomechanics produce poor shock attenuation during gait?
- a. compensated rearfoot varus
 - b. compensated forefoot varus
 - c. flexible plantar flexed first ray
 - d. flexible forefoot valgus
18. The Achilles' tendon is most vulnerable 2-6cm proximal to the distal attachment. This is due to:
- a. an area of poor collateral arterial development
 - b. an area of tissue that has limited ability to oxygenate the paratenon
 - c. this area is the most placed to be struck during sports
 - d. the achilles internally rotates on itself in this area
19. A high axis of inclination of the subtalar joint would indicate:
- a. a propensity to a high arch foot structure
 - b. normal pronation would have a small frontal plane excursion for normalcy
 - c. a lower risk of foot and ankle injury
 - d. limited passive mobility of the high foot
20. The most common cause of plantar heel pain is:
- a. Tarsal Tunnel Syndrome
 - b. Plantar Fasciitis
 - c. Heel Pain Syndrome
 - d. Posterior tibial Tendinosis

Answer Key

- 1. False
- 2. B
- 3. C
- 4. C
- 5. False
- 6. True
- 7. C
- 8. C
- 9. False
- 10. D
- 11. True
- 12. E
- 13. B
- 14. C
- 15. F

- 16. B
- 17. D
- 18. D
- 19. B
- 20. C