HIGHLIGHTS

- Intermediate manual and manipulative therapy focusing on the ankle and foot
- Formation of a diagnosis
- Focus on traumatic injuries requiring splinting and manual therapy

CLOCK HOURS: 14 CONTACT HOURS

COURSE DESCRIPTION

This special interest course will improve evaluation skills of the foot and ankle to apply the most appropriate treatment, be it stabilization or mobilization/manipulation, in order to progress the patient toward full function.

The course will review detailed Ankle and Foot and tibiofibular complex surface and applied anatomy, pathology and examination and the treatment of many common conditions encountered in the clinic.

The focus will be on differential diagnosis and indications and contraindications to mobilization/ manipulation to provide safe treatment for your patients. Traumatic injuries, radiology and other medical testing will be reviewed to assist in the differential diagnosis.

The focus is on manual physical therapy, therefore orthotics will be only briefly discussed as an adjunct to optimum outcomes. Current literature and evidence will be reviewed to apply the intervention safely, efficiently and effectively to meet the patient/client needs. A course handout is provided.

AUDIENCE:

Physical Therapists

PRE-REQUISITES:

- Licensed Physical Therapist (copy of current PT license required)
- NAIOMT 500 or equivalent medical screening and differential diagnosis course recommended but not required. NAIOMT 610 lower quadrant mobilization courses recommended but not required.

COURSE GENERAL OBJECTIVES

The goal of this special interest course is to improve evaluation skills of the foot and ankle to apply the most appropriate treatment, be it stabilization or mobilization/manipulation, in order to progress the patient toward full function. Current literature and evidence will be reviewed.

SPECIFIC COURSE OBJECTIVES:

At the completion of this course, the participant will be able to:

1. Apply knowledge of the anatomy and biomechanics of the Ankle/Foot region, including talocrural, intertarsal and tibiofibular joints to the assessment and treatment
2. Perform a detailed subjective and objective examination of the Ankle and Foot musculoskeletal systems, including palpation of articular and soft tissue structures, specific passive mobility tests and stability tests
3. Analyze the total examination data to establish the patient’s definitive biomechanical diagnosis
4. Utilize information gained from radiology and other medical testing to assist in setting treatment goals
5. Identify indications and contraindications to mobilization procedures of the Ankle/Foot region
6. Apply active and passive mobilization procedures to the Ankle/Foot region using correct grade, direction and duration, and explain the mechanical and physiological effects
7. Apply knowledge of connective tissue healing process and application of deep transverse friction massage to the Ankle/Foot
8. Evaluate treatment effectiveness in order to progress or modify treatment and determine prognosis
9. Recognize the clusters of signs, symptoms, pathology and treatment of the following conditions:
   a. capsular vs noncapsular patterns of restriction
   b. instabilities and ligamentous injuries
   c. tendonitis/tendinosis
   d. bursitis
   e. plantar fasciitis
   f. tarsal tunnel syndrome
10. Communicate the rationales for this intervention to the patient/client to other therapists, referral sources and other parties
11. Describe the strengths and weakness of manual physical therapy assessment and interventions as demonstrated by the current literature and evidence

TOPOICAL OUTLINE:
The descriptions of the minimum course components may vary according to the instructor’s assessment of the needs or expertise of the class. Some areas may be covered in guided independent study.

1. Biomechanics of Superior and Inferior Tibio-fibular Joints
   a. Anatomy and Biomechanics
   b. Assessment and Manual Treatment
      i. Active and passive mobilization including all grades and muscle energy
      ii. Taping, especially discussion of high ankle sprains
2. Talo-crural and all joints of the Foot
   a. Anatomy, surface anatomy and biomechanics
   b. Assessment:
      i. Lower Quadrant Scan screening & recognizing red flags need for referrals of the following: cellulitis, diabetes, gout, spinal referral, systemic
      ii. Discussion Re: weightbearing vs non-weightbearing tests, recognizing signs of instability
      iii. Detailed Biomechanical Assessment of: inert vs contractile, hypo, hyper, instability, talar dome lesions, stress fractures, Sever's Disease
   c. Treatment:
      i. Review basic joint mechanics and kinesiology
      ii. Technique selection and application
      iii. Indications/Contraindications for joint mobilization and manipulation
      iv. Joint mobilization/mobilization of the following: talo-crural, talo-calcaneal, cuboid subluxations, navicular subluxations, metatarsal subluxations
      v. Treatment of other conditions including: contractile and inert, tendinitis/ tendinosis, shin splints, bursitis, fat pad syndrome, tarsal tunnel syndrome, plantar fasciitis
      vi. Adjunct Rx including the following: JAS - An alternative to dynamic bracing, Protonics for lower extremity symptoms, ETPS
3. Case Presentations: Include Literature supporting for Evidence Based Practice
NAIOMT 665: LOGISTICS AND POLICIES SUMMARY

Contact NAIOMT or Site coordinator guidelines for details of policies and procedures
www.naiomt.com or admin@naiomt.com

COURSE INSTRUCTORS:
Course was developed by Kathy Stupansky, PT, OCS, COMT, FAAOMPT

INSTRUCTOR BIOGRAPHY OR RESUMÉ
See NAIOMT web page or records

COURSE TIMES
Typically: 8 am – 5 pm on 2 consecutive days

HANDOUT OUTLINE & REFERENCES
On file with NAIOMT

COURSE POLICIES
The course will be run under the current policies and procedures of NAIOMT, and in keeping with the following: faculty’s contract with NAIOMT; host site’s contract with NAIOMT; and with the host State’s Physical Therapy licensing laws. In States that have restrictions on physical therapist utilization of manipulation/thrust, the syllabus may be modified.

The teaching Site’s contract includes but is not limited to: the site coordinator will keep accurate records of participant information and attendance hours, ensure privacy of personal information, issue course certificates, provide a means for course evaluation and publish cancellation policies.

Any potential course participants who are not physical therapists, or who are not on the list of participants for that specific course must be pre-approved by the NAIOMT Executive Committee and the faculty teaching the class.

COURSE METHODS
This course will include lecture, case study presentations, audio-visual presentations, demonstration on a model, lab time for practice of skills, course handout, directed self-study and resource materials.
Typically, the lab component will be 50% of the contact hours. The student to instructor ratio will meet NAIOMT standards. Optional or required pre-reading or post-course assignments will be at the direction and discretion of the faculty.

COURSE EVALUATION
The students will provide written evaluation of the course.
Informal evaluation of the students’ knowledge and skills may include informal testing in lab time, and mini tests during lecture time.

SUMMARY OF CONTENT HOURS = 14

Typical distribution of components of OMPT education on course

- THEORETICAL/DIDACTIC COMPONENTS (basic sciences) total = 5 hours /36%
  Communication and patient education: 1/2 hours/ 4%; Scientific inquiry: 1/2 hours/ 4%
  Clinical anatomy: 1/2 hours/ 4%; Clinical neuroanatomy and neurophysiology: 1/2 hours/ 4%
  Clinical histology and biomechanics: 1 hours/ 7%
  Applied medical series: 1 hours/ 4%
  Applied exercise physiology: 1/2 hours/ 4%
  Manual Therapy Professional Issues: 1/2 hours/ 4%

- OMPT PRACTICAL COMPONENTS
  Theory 2 hours /14%
  Practical/lab 7 hours /50%  Thrust 10% of entire course