

ASHT Hand Therapy Review Course
October 5–6, 2024, Athletico Physical Therapy
Oak Brook, IL

Anatomy Virtual Offering: ASHT Virtual Hand Therapy Review Course
Foundational Science of the Upper Extremity: An Anatomy and Kinesiology Review

Course Description:

A working knowledge of the anatomy and kinesiology of the upper extremity provides a solid foundation for therapeutic evaluation and intervention. Using virtual lecture and cadaver sessions, the attendee will have access to anatomy review, cadaver dissection and access to the full Virtual Hand Therapy Review Course, which consists of 21 on-demand sessions, including a cadaver lab and an online course manual containing all of the virtual session presentations. This pre-course will review the anatomy and biomechanics of the hand, wrist, elbow, and shoulder and examine the brachial plexus and innervation patterns of the arm and hand. Attendees will have indefinite access to the virtual course material.

Virtual Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Identify three areas of personal weakness in the practice of hand therapy in order to create a personal learning plan to remediate areas of the clinician's own limited understanding.
2. Explain interaction between bony anatomy, static and dynamic stabilizers, and proprioceptive reflexes necessary to allow pain free range of motion and force transmission across the following joints: digits, thumb, wrist, elbow, and shoulder.
3. Describe and label the brachial plexus.

Saturday, October 5-6, 2024

Comprehensive Survey of Hand Therapy Review Course

Course Description:

This course is designed to provide a comprehensive review of the evaluation and intervention processes pursued for typical diagnoses in upper extremity rehabilitation. Advanced clinicians will describe fundamental concepts, clinical reasoning, and evidence to provide a multi-faceted approach to the hand therapy process. Adjunctive methods for intervention will be analyzed as a means to facilitate outcomes, and expert panels will be offered throughout the weekend to allow a high level of attendee-faculty interaction via case discussion.

In Person Day 1 and 2 Learning Objectives:

At the end of this activity, participants will be able to:

1. Design and implement a treatment plan for patients with common upper extremity diagnoses, including: cubital tunnel syndrome; carpal tunnel syndrome; adhesions or tightness (e.g. musculotendinous, capsular); digit amputations; hand arthritis and rheumatic diseases; crush injuries/mutilating trauma of the hand); dislocations and subluxations of the shoulder and elbow; Dupuytren's disease; upper extremity fractures of the finger, hand, wrist, forearm and upper arm; wrist, elbow or shoulder ligamentous injury and instability.
2. Describe three priorities to consider when formulating a treatment plan for a patient with a digital level replant at the proximal phalanx.

3. Justify clinical application of three separate physical agents given a patient with edema, pain and sensory disturbance.
4. Determine how to modify hand therapy protocols according to patient-specific variables for patients with the following conditions: hand fractures (phalangeal, metacarpal) and wrist fractures (carpal or distal radius); tendon injuries (flexor or extensor injuries) for patients who have complications due to flexor or extensor tendon adherence.
5. Discuss three discrete patterns of wrist instability given a patient history, symptoms and results of diagnostic testing and clinical special testing.
6. Propose a treatment plan including orthosis and safe exercise progression given a patient with triangular fibrocartilage complex injuries and ulnar wrist pain.
7. Design a custom program considering post-operative limitations for each patient after arthroplasties, including one each of the following procedures: shoulder reverse or traditional arthroplasty, elbow total arthroplasty, wrist total arthroplasty, thumb carpometacarpophalangeal interposition arthroplasty and index, middle, ring, and small digits metacarpophalangeal and proximal interphalangeal arthroplasty.
8. Identify two appropriate rehabilitation goals and three interventions to promote post-operative healing and recovery of function in the spectrum of three conditions of rotator cuff injury (tendinitis, tendinosis, and rotator cuff tear) and two instability conditions of the shoulder (traumatic unidirectional and atraumatic multidirectional).

Saturday, October 5, 2024

Time	Topic	Faculty
7:30 – 8:00 am	Registration	
8:00 – 9:00 am	Evaluation of the Upper Extremity	
9:00 – 9:30 am	Principles of Soft Tissue Healing	
9:30 – 9:45 am	Break	
9:45 – 11:00 am	Shoulder Diagnoses and Treatment	
11:00 am – 12:00 pm	Wrist Biomechanics and Instabilities	
12:00 – 1:00 pm	Lunch	
1:00 – 2:00 pm	Elbow Diagnoses and Treatment	
2:00 – 3:00 pm	Upper Extremity Fractures	
3:00 – 3:15 pm	Break	
3:15 – 4:00 pm	Ulnar Sided Wrist Pain and Salvage Procedures	
4:00 – 5:00 pm	Ligamentous Injuries of the Hand and Tendinopathies	
5:00 – 5:30 pm	Questions and Answers	

Sunday, October 6, 2024

Time	Topic	Faculty
7:30 – 8:00 am	Registration	
8:00 – 9:00 am	Flexor Tendon Rehabilitation	
9:00 – 10:00 am	Extensor Tendon Rehabilitation	
10:00 – 10:15 am	Break	
10:15 – 11:15 am	The Use of Physical Agents in Hand Therapy	

11:15 am – 12:15 pm	Peripheral Nerve Injuries	
12:15 – 1:15pm	Lunch	
1:15 – 2:15 pm	Arthritis and Joint Reconstruction Procedures	
2:15 – 3:00 pm	Tendon Transfers	
3:00 – 3:15 pm	Break	
3:15 – 4:15 pm	Management of Traumatic Hand Injuries	
4:15 – 5:00 pm	Dupuytren's, Infections, and Other topics	
5:00 – 5:30 pm	Questions and Answers	

Disclosure Statement

All contributors who can affect American Society of Hand Therapists CE content (including leadership, program committee, faculty, moderators and staff), in their respective roles, are required to disclose all relevant financial relationships with any commercial interest that could be viewed as a real or perceived conflict of interest. This policy is in effect to maintain adherence with the conflict of interest guidelines set by American Occupational Therapy Association Approved Provider Program, the Board of Certification for the Certified Athletic Trainer, and the Federation of State Boards of Physical Therapy.

Attendees will be made aware of any affiliation or relevant financial interest that may affect the development, management, presentation or evaluation of the CE activity and will be printed in the final program and projected in slide format before each presentation. Individuals who refuse to disclose relevant financial relationships will be disqualified from being a contributor, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CE activity.

Continuing Education Units (Occupational Therapists)

ASHT is an approved provider of continuing education by the American Occupational Therapy Association (AOTA). The assignment of AOTA CEUs does not imply endorsement of specific course content, products or clinical procedures by the AOTA. This continuing education activity offers a maximum of 36 contact hours, or 3.6 CEUs, including 16 contact hours for the in-person two-day course and 20 contact hours for the online Virtual Hand Therapy Review Course.

Continuing Education Units (Physical Therapists)

ASHT is an approved provider for this course with the Illinois Physical Therapy Association (IPTA) to award a maximum of 36 contact hours, or 3.6 CEUs, including 16 contact hours for the in-person two-day course and 20 contact hours for the online Virtual Hand Therapy Review Course. (* application pending)

Continuing Education Units (Athletic Trainers)

The American Society of Hand Therapists is recognized by the Board of Certification for the Certified Athletic Trainer (BOC-ATC) to offer continuing education for certified athletic trainers. This continuing education activity offers a maximum of 36 contact hours, or 3.6 CEUs, including 16 contact hours for the in-person two-day course and 20 contact hours for the online Virtual Hand Therapy Review Course.