

## FACULTY

**William J. Hanney, PT, PhD, ATC/L, CSCS, MTC** is a clinician, researcher and educator who currently serves as an instructor at the University of Central Florida School of Physical Therapy where he teaches and conducts clinical research. Additionally, he maintains a clinical practice at Brooks Rehabilitation. Dr. Hanney earned his undergraduate degree from the University of West Florida for studies in Sports Medicine/Athletic Training and his Master and Doctor of Physical Therapy degrees at the University of St. Augustine for Health Sciences. He most recently completed his Ph.D. at Nova Southeastern University with research interests in the treatment of cervicogenic pain. His clinical practice focuses on the treatment of orthopedic conditions with a special interest in core stabilization and muscular control. He is an experienced educator, clinician and author having presented/published nationally in the areas of biomechanics, rehabilitation and sports medicine. Dr. Hanney maintains involvement in the APTA, the National Strength and Conditioning Association, The American Academy of Orthopedic Manual Physical Therapists and the National Athletic Trainers Association.

## AUDIENCE

This is an *intermediate level* workshop for PTs, ATCs & LPTAs. NOTE: *Nothing in this course is to enable or permit the learner to apply techniques outside of the scope of practice in their individual state and discipline.*

## EDUCATIONAL CREDIT

A certificate of attendance for **15 Contact Hours** will be awarded to each participant. **BOC-NATA** Approved Provider # P-2563



## COURSE LOCATION & QUESTIONS

SporTherapy (Northwest Location)  
4625 Boat Club Rd – Fort Worth, TX 76135  
Teryn Kaldheim: Tel: 817.370.9891  
Email: tkaldheim@sportherapy.net

SporTherapy  
6037 Harris Pkwy  
Fort Worth, TX 76132

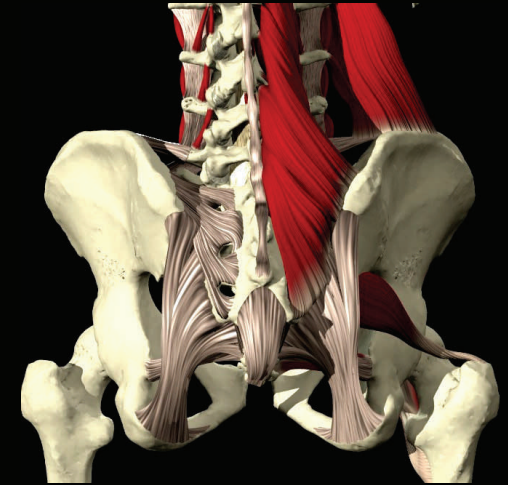
# THE LUMBOSACRAL COMPLEX

EVALUATION & TREATMENT

FACULTY

*William J. Hanney*  
PT, PhD, ATC/L, MTC, CSCS

**February 11/12, 2012**  
**Fort Worth, TX**



Sponsored by:  
**SporTherapy**

*In Conjunction with*

THE THERAPY **NETWORK** SEMINARS

## OBJECTIVES

### Participant will be able to:

- 1: Identify key anatomical structures and principles as they relate to lumbosacral examination and treatment.
- 2: Perform a neurological and orthopedic medical screening to identify contraindications to treatment and noting when further medical assessment is necessary.
- 3: Perform a thorough evidence based examination through provocative and special testing procedures.
- 4: Demonstrate functional progression of exercises based on clinical findings and evidence.
- 5: Demonstrate mechanical instruction for functional activities.

## SEMINAR DESCRIPTION

Low back pain is one of the most debilitating and costly epidemics in industrialized society, comprising over 25% of all outpatient physical therapy visits with a notable increase expected over the next 15 years. Consequently, this course has been designed to provide an evidence-based approach to the evaluation and treatment of lumbosacral dysfunction. This two day lab intensive course incorporates medical screening procedures, differential diagnosis, muscle energy techniques, functional exercise prescription, mobilization and manual therapy of the lumbosacral complex. Evaluation and treatment is approached as a systematic process utilizing clinical reasoning and scientific evidence. Significant lab time allows each attendee to process, practice, and polish intervention techniques under the guided supervision of experienced manual therapists. The end result is the ability to immediately apply new skills upon return to the clinic.

## CANCELLATION POLICY

**POLICY:** Registration fee less a \$75 administrative charge is refundable if cancellation received 14 days prior to program date. No refunds will be given after that time. SporTherapy reserves the right to cancel the seminar and will refund in full the registration fee only. SporTherapy is NOT responsible for registrants non-refundable airfare, accommodations or fees.

## COURSE SCHEDULE

8:00 Registration and Continental Breakfast  
8:30 Functional Anatomy & Biomechanics  
10:00 BREAK  
10:15 Medical Screening for the LumboSacral Complex  
Upper and Lower quarter screen  
Neurological screening  
Differentiation of referred pain  
12:00 LUNCH (ON YOUR OWN)  
1:00 Examination of the LumboSacral Complex  
"Red Flags" - "Yellow Flags"  
Important co-morbidities  
Outcome Measures  
Postural Assessment & Muscular Imbalance  
2:30 BREAK  
2:45 Demonstration & Practice Examination **Lab**  
Examination of the LumboSacral Complex - (cont)  
Special Tests & Provocation Tests  
Mobility Assessments  
Radiology Interpretation  
Algorithmic evaluation system  
Examination Findings & Classification  
5:30 Q/A & Adjourn

### Day 2

#### Treatment of the lumbar Spine

8:00 Manual Therapy Demonstration & Practice **Lab**  
Mobilization & Manipulation of the lumbar spine  
MET - Muscle Energy Techniques  
10:00 Functional Exercise Rx Demonstration & Practice **Lab**  
Transversus/Multifidus recruitment  
Dynamic stabilization exercise progression  
Flexibility exercises  
Mechanical Instruction for Functional Activities  
11:00 Repeated Movement  
Flexion movement & Extension movement  
Lateral shift corrections  
12:00 LUNCH (OWN YOUR OWN)  
1:00 Traction: Mechanical traction & Positional traction  
**Treatment of the Sacroiliac Complex**  
2:00 Functional Exercise Rx Demonstration & Practice **Lab**  
Stabilization  
Deep muscular contractions  
Home exercise considerations  
Muscular Imbalance  
2:30 BREAK  
2:45 Manual Therapy **Lab**  
Mobilization & Manipulation of SI/Pelvic Complex  
MET - Muscle Energy Techniques  
5:00 Q/A & Adjourn

## REGISTRATION

### TUITION

**Group Discount: \$25 per person**  
....must be sent TOGETHER ..discount is not retroactive  
**Early Registration: \$350**  
....on/before February 1st  
**Late Registration: \$375**  
....after February 1st

### 3 WAYS TO ENROLL

**EMAIL** tkaldheim@sportherapy.net

**FAX** 817.370.9894

Mail registration and payment to:

SporTherapy  
Attn: Teryn Kaldheim  
6037 Harris Pkwy  
Fort Worth, TX 76132

A Course Confirmation with details will be emailed upon receipt of tuition

Name: \_\_\_\_\_

PT PTA ATC

Home Add: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_

Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_

To Receive your Confirmation

Make check/money order payable to:

**SporTherapy**

Charge my credit card: VISA MC AMEX DISC

CC # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CV2 \_\_\_\_\_

Signature: \_\_\_\_\_

I agree to comply with the card holder agreement