

Outline

MECHANISMS OF SHOULDER INJURY

Insidious and acute
Structures that become compromised
Biomechanical roles in shoulder function
Anatomy of impingement

TARGETING COMPROMISED STRUCTURES: CLINICAL PROCEDURES

Clinical tests that identify issues quickly
Tests that assess for:
Impingement
Rotator cuff disorders
Labral pathology
Glenohumeral instability
Correctly interpreting the special test data

INSIDER ACCESS TO SURGICAL PROCEDURES

Surgical video reviews of shoulder repairs
Sub acromial decompression
Rotator cuff repair
Labral repair

Bankart repair
Proximal shoulder fracture
Total shoulder
Reverse total shoulder

PAIN MANAGEMENT

Peri-operative procedures that reduce pain
How are Interscalene blocks performed
Use of non-narcotic pain cocktails to expedite discharge comfort

PROMOTE RETURN OF SHOULDER COMPLEX FUNCTION

Kinesiology of scapula-humeral rhythm
Priority sequencing of muscle groups
Custom exercises to facilitate rehab intervention
Manual therapy progressions
Incorporate custom exercise videos

Objectives

1. Assess the various mechanisms of shoulder injury both insidious and acute with the structures compromised.
2. Demonstrate clinical procedures (tests) for targeting compromised shoulder structures.
3. Evaluate surgical procedures for the shoulder.
4. Inspect the role of scapular force couples in scapulo-humeral rhythm required for normal shoulder movement.
5. Utilize manual and resistive exercise interventions to promote return of shoulder complex function.

Live Webinar Schedule (Times listed in Central)

9:00 Program begins
12:00-12:30 Lunch Break
3:00 Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon).
Actual lunch and break start times are at the discretion of the speaker.
A more detailed schedule is available upon request.

Target Audience:

Physical Therapists • Physical Therapy Assistants • Occupational Therapists
Occupational Therapy Assistants • Athletic Trainers • Doctors of Chiropractic
Licensed Massage Therapists • Certified Strength and Conditioning Specialists
Other Rehab and Healthcare Professionals

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SHOULDER DISORDERS

An Evidence-Based Approach to Evaluation and Treatment

LIVE Interactive Webinar

Thursday, September 16, 2021

BONUS! – Registration includes FREE on-demand access for 3 months.

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SHOULDER DISORDERS

An Evidence-Based Approach to Evaluation and Treatment



- Specific clinical tests to pinpoint the issue
- Manual therapy progressions that move your patients from pain to performance
- Evidence-based strategies for common shoulder issues:
 - ✓ Shoulder impingement
 - ✓ Rotator cuff damage
 - ✓ Labral tear
 - ✓ Fractures
 - ✓ Degenerative joint disease

Best of all? **SEE surgical procedures** to get an in-depth understanding of why and how the protocols were developed

LIVE Interactive Webinar

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SHOULDER DISORDERS

An Evidence-Based Approach to Evaluation and Treatment

The shoulder is inherently unstable – that’s why it has so much movement! One of the most daunting tasks facing rehab professionals is the in-depth understanding of the shoulder complex and how the intricate anatomy and biomechanics play into the non-surgical and post-surgical rehab process.

Dr. Rzepkowski bring 38 years of orthopedic experience to walk you through:

- Which tests to use to quickly target the compromised structures
- Manual and resistive exercise interventions to promote return of shoulder complex function
- Best practices for pain management

But this seminar isn’t just for pre-op. When you’re following post-op protocol, it can be difficult to understand why the protocol is designed the way it is. In this seminar, you’ll also be able to SEE the surgical procedures to get a thorough understanding of why and how the protocols were developed. You’ll gain a better understanding of:

- The importance of each ligament and how that impacts surgery and recovery
- Why mechanical wear and tear is so common
- The anatomy of impingement: videos that show what’s happening beneath the skin

When you treat patients requiring care for a wide range of shoulder pathologies ranging from tendonitis to total shoulder replacements, this in-depth understanding of the biomechanics is crucial. Join Dr. Rzepkowski today to build your confidence in treating the various types of shoulder dysfunction you see in practice.



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Meet Your Speaker

Dr. Terry L Rzepkowski, PT, MS, BS, is a doctorally prepared licensed physical therapist with a focus in orthopedic physical therapy practice. He obtained a BS in physical therapy in 1982 from Ithaca College, an Advanced Master’s in 2000, and a Doctorate in physical therapy in 2005 from Rocky Mountain University of Health Professions. Throughout his 38-year career, he has specialized in orthopedics and a love for shoulder rehabilitation specifically: sports medicine applications and musculoskeletal out-patient rehab with a focus on the clinical diagnosis-management of the shoulder patient. Dr. Rzepkowski is a former clinic owner with extensive background and skill in clinical testing non-op, and post-surgical rehab for the shoulder patient.

Dr. Rzepkowski’s experience allows him to relate his knowledge of the shoulder patient from prevention strategies including rehabilitative exercises, lifestyle and activity modifications, through all phases of rehabilitation.

Dr. Rzepkowski is a professor in the health science department for Nova Southeastern University providing instruction in anatomy, biomechanics, and kinesiology; Terry has extensive knowledge in relating the complexities of the orthopedic patient. As a sought-after presenter, he enjoys sharing his knowledge with interdisciplinary audiences around the country. Terry has spoken professionally on pharmacology for clinicians, shoulder, knee, and hip injuries with advances in arthroscopic repair.

Speaker Disclosure:

Financial: Terry Rzepkowski is an Assistant Professor for Nova Southeastern University Tampa; and an Assistant Professor for South University Tampa. He receives a speaking honorarium from PESI, Inc.

Non-financial: Terry Rzepkowski is a member of the American Physical Therapy Association (APTA).

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