CSM PROGRAMMING
FEBRUARY 12-15, 2020
DENVER, COLORADO

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WHY GET THE APP

- View the latest meeting space information. Rooms can change last minute, this App gives you the latest information on CSM programming
- Create your schedule - available Feb 7!
- Connect with fellow attendees
- See who else is attending CSM 2020!
- Browse the speaker list
- Find nearby food & concessions in/near Colorado Convention Center
- View poster schedule
- Discover exhibitors and find their booth #
- Find your way around by using the Maps and the Locate Me features!
- Provide feedback through surveys

Access the Desktop/Browser version of the app here: app.core-apps.com/apta_csm20
Welcome to Denver, The Mile High City — where urban sophistication meets outdoor adventure! Although we haven’t seen much of winter in my home state of Virginia, I’m excited to finally be enjoying a little snow & winter weather, but maybe not the single digit temperatures!

I am honored and privileged to have served as President for the past 2 years. I’m proud to be a part of this year’s inaugural leadership transition, welcoming President Elect, Dr. Cecilia DeStefano to be sworn in as President at the close of our annual Business Meeting on February 14, 2020.

With the New Year freshly behind us, it’s the perfect time to reflect on 2019, celebrating the accomplishments of our volunteers and members! Our expanded board following the 2018 membership-supported bylaws took full advantage of the new Past-President and President-Elect roles, lending expertise and perspectives to the table for richer discussions and decision-making. We look forward to leveraging the additional board talent for years to come.

After our 4+ year name change journey, we formally changed our name from Section on Women’s Health to the Academy of Pelvic Health Physical Therapy (APTA Pelvic Health) in November 2019. This timely announcement corresponded with the release of our new logo, and a brand new website promoting our new identity.

Website improvements were made to improve efficiency, visibility and searchability. We also sought to eradicate user issues reported by membership in past years.

Mid-2019 marked the beginning of important internal and external change in the Academy’s identity. This included how we conduct business to support our four strategic pillars: Education, Community, Research/Knowledge and Operational Excellence. Following the announcement of the departure of our Association Management Company (AMC), Interel International from US operations, the Academy underwent a pivotal management transition and staff restructure. After 8 years under an (AMC) model, the Academy made the decision, after an extensive selection process, to become fully independent. From December 2019-January 2020, the Academy, under the management leadership of longtime staffer turned Executive Director, Aika Barzhaynova and Events Manager Kalkidan Gizaw, built a self-operating structure from the ground up. We are proud to announce our new office headquarters located in Industrious Workspace, coincidentally in my hometown of Arlington, Virginia. Stay tuned for a full digest of 2019 in our inaugural Annual Report to be released following CSM 2020.

This year’s CSM programming will not disappoint! Director of Programming, Carina Siracusa, and her team have compiled 2 exceptional Pre-Conference Courses! On Tuesday, February 11: “Men’s Health: A Clinician and Research Perspective”, presented by international speakers, Joanne Milios and Gerard Greene. On Wednesday, February 12, Devin O’Brien Coon, Daniel M. Gruber and Abhishek Patel present “Pelvic Floor Impacts of Urologic Surgeries.” During the conference we will have 50+ speakers, 25+ education sessions, 26 poster sessions and 7 platforms. If you would like to be considered as a presenter next year, we welcome your proposals by March 18, 2020 at apta.org/CSM/Submissions.

On Wednesday, February 12, Devin O’Brien Coon, Daniel M. Gruber and Abhishek Patel present “Pelvic Floor Impacts of Urologic Surgeries.” During the conference we will have 50+ speakers, 25+ education sessions, 26 poster sessions and 7 platforms. If you would like to be considered as a presenter next year, we welcome your proposals by March 18, 2020 at apta.org/CSM/Submissions.

During this week at CSM, please engage with your Academy Board and staff by visiting us at our booth #1132! Join us on Thursday, February 13, 7pm-10pm for our 7th annual Board at the Bar at Earl’s Kitchen + Bar near the Colorado Convention Center! On Friday, February 14, we will convene for our annual General Business Meeting from 6pm-8:30pm. In our annual State of the Academy presentation, we will provide members with an overview of 2019 activities followed by our Awards Presentation, including the highly anticipated 2020 Elizabeth Noble Award winner. A short Town Hall will follow the awards, as an opportunity for membership to bring any questions or concerns to leadership. Please remember to RSVP to the General Business Meeting and submit your questions!

We hope you have an amazing time here at CSM and get a chance to check out some of Denver’s world-class cultural attractions, thriving craft breweries, chef-driven dining and red-hot music scene, all within easy reach of the Rocky Mountains. Enjoy catching up with your #PTFam, your #APTPelvicHealth and thank you as always for your continuous support of the Academy of Pelvic Health Physical Therapy!

Carrie Pagliano, PT, DPT
Board-Certified Orthopedic & Women’s Health Clinical Specialist APTA Pelvic Health President
First and foremost- I am so pleased to offer programming under our new name, the Academy of Pelvic Health Physical Therapy. You will notice that all of our programming is now listed under “pelvic health” instead of “women’s health” which is more reflective of the diverse population that we treat. You will see programming this year on male pelvic health, pediatric pelvic health, transgender pelvic health as well as pregnancy, post partum and pelvic pain.

I am particularly proud of all of the wonderful speakers that we have representing our academy this year. We have two tracks this year with themed programming. On Thursday we have a Dry Needling track, with three presentations on research, case studies and advanced techniques. On Saturday we have a track on career planning in pelvic health. We have presentations on transitioning from student to PT in pelvic health, exploring management and teaching opportunities, and transitioning out of clinical practice. While you do not have to attend all 3 in each track, they will all build on one another to create a comprehensive look at each topic.

We are also doing our coffee and cases program again this year. It will take place on Saturday morning at 6:30 am where we will have several of our pelvic health and OB instructors there to answer questions on some of your toughest cases. And most importantly- FREE COFFEE!

Most importantly, if you see a presentation and think- I can do that- make sure you submit a proposal for next year. The presentation portal is already open and proposals are due on March 18th.

For all information related to the conference, make sure you check the conference app early and often. You will be able to download handouts directly from the app this year. If the handout is not available during the presentation, check back after the conference because they will be uploaded as they are received.

Be sure to check out all of our amazing programming and events for the Academy. I am truly honored to serve in this role and look forward to hearing feedback on this amazing conference!

Sincerely,

Carina Siracusa, PT, DPT
Board Certified Women’s Health Certified Specialist
Board Certified Oncology Specialist
Director of Programming
Academy of Pelvic Health Physical Therapy
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SCHEDULE AT A GLANCE

TUESDAY, FEB 11, 2020 - SATURDAY, FEB 15, 2020

Sessions sponsored by the Academy of Pelvic Health Physical Therapy, Key Events, and Additional Events. *Please verify the room for all programming daily as they are subject to change. The APTA Mobile App will also have the most current information.*
PRE-CON 1
THE COLORADO CONVENTION CENTER
TUESDAY, FEBRUARY 11, 2020
8:00 AM - 5:00 PM

MEN'S HEALTH:
A CLINICIAN AND RESEARCHER'S PERSPECTIVE
Joanne Milios and Gerard Greene will focus on multiple areas of men’s pelvic health. JoAnne Milios will present her research on the treatment of post prostatectomy urinary incontinence and the use of multiple exercise based modalities. She will also discuss her use of yoga in the treatment of both incontinence and pelvic pain in men who have had prostate surgery.

The second half of the course will focus on a clinician’s perspective in the in treatment of male pelvic pain. Gerard Greene will present several musculoskeletal approaches to treating male pelvic pain as well as case studies.
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*Polly DW, et al. Int J Spine Surg. 2016;10:Article 28. (Dr. Polly is a consultant for SI-BONE, Inc. Research was funded by SI-BONE, Inc.) A list of additional published studies is available at www.si-bone.com/results*

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Rx Only. For information about the risks, visit www.si-bone.com/risks
PRE-CON 2
THE COLORADO CONVENTION CENTER
WEDNESDAY, FEBRUARY 12, 2020
8:00 AM - 5:00 PM

PELVIC FLOOR IMPACTS OF UROLOGIC SURGERIES
Devin O’Brien Coon, Daniel M. Gruber and Abhishek Patel will be presenting a series of lectures on surgical techniques and their impact on the pelvic floor as well as the need for pelvic floor therapy.

There will be a presentation on gender affirmation surgical techniques and the need for post op pelvic floor therapy, a presentation on urodynamics and the implications for pelvic floor treatment and surgery and a presentation on surgical techniques for male sexual dysfunction.

Registration is available at: www.apta.org/CSM/Registration

**ONSITE REGISTRATION**

Academy Member $385
Non-Academy Member $485
DAY 1  SCHEDULE AT A GLANCE
THURSDAY | FEBRUARY 13, 2020

8:00am - 10:00am
Now That the Pain Is Gone, Where’s the Pleasure?
Evidence for Dry Needling
Men’s Health: A Clinician and Research Perspective

10:00am-11:00am
Visit SoWH Booth #1132 | Unopposed Hours
Colorado Convention Center | Exhibit Hall Booth #1132
Learn about APTA Pelvic Health membership and courses

11:00am-1:00pm
Nutrition and Lifestyle Medicine for Endometriosis Care
Pelvic Floor Dysfunction and Hormone Therapy: Beyond Our Scope or Part of the Big Picture?
Dry Needling for Pelvic Pain: An Orthopedic and Women’s Health Perspective

1:00pm-3:00pm
Visit SoWH Booth #1132 | Unopposed Hours
The Colorado Convention Center | Exhibit Hall Booth #1132
Learn about Academy membership, courses or join the Scavenger Hunt!

3:00pm-5:00pm
Pudendal Nerve Neuromodulation Via Dry Needling: A Possible Treatment Approach for Pudendal Neuralgia
Physical Therapists’ Guide to Weight Management Coaching for Midlife Women
Yoga for Pelvic Health: A Strategy for Patient Self-Efficacy

7:00pm-10:00pm
Board at the Bar *registration is not required, entrance is on first come, first served basis. Must wear CSM 2020 conference badge to enter.
Earl’s Kitchen + Bar | 1600 Glenarm Place, Denver, Colorado 80202
4 min walk from Hyatt Regency Denver
Intimate Rose is proud to be a Gold Sponsor of the Academy of Pelvic Health Physical Therapy. As part of our support for the Academy and CSM as a whole, we offer a free membership to our Pelvic Health Network to qualified clinicians.

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DAY 2 SCHEDULE AT A GLANCE
FRIDAY, FEBRUARY 14, 2020

8:00am - 10:00am
Pelvic Health and Military Readiness:
Considerations Across the Continuum of Care

Career Transitions:
"Watch out Here I Come! SPT to DPT in a Pelvic Health Setting"

The 4th Trimester: Differential Screening, Examination, and Treatment
Considerations for the Postpartum Patient

Sleep Management & Persistent Pelvic Pain: Could This be Your Missing Link?

10:00am-11:00am
Visit SoWH Booth #1132 | Unopposed Hours
Learn about Academy membership and volunteer opportunities

11:00am-1:00pm
Optimizing Rehabilitation Management for Gender Affirming Care and the
Transgender Patient: A Multidisciplinary Approach

Complex Cases in Pelvic Health

Career Transitions: Moving into Management

1:00pm-3:00pm
Visit SoWH Booth #1132 | Unopposed Hours
Learn about Academy membership, courses and elections!

3:00pm-5:00pm
Pregnancy-Related Pelvic Girdle Pain: State of the Science and Beyond

Platform Sessions

Career Transitions:
I Don't Want to Treat Clinically Anymore, Now What?

6:00pm-8:30pm
Academy Business Meeting, Awards, Town Hall
*Open to all APTA Pelvic Health members
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Please make sure to have dinner/eat before attending the meeting
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DAY 3  SCHEDULE AT A GLANCE
SATURDAY, FEBRUARY 15, 2020

6:30am-7:30am  Coffee & Cases | Free Coffee
Experienced OB and Pelvic Health instructors will be leading discussion on complex patient cases. Bring a complex case to share for discussion or get advice

8:00am - 10:00am  A Multidisciplinary Approach to Prevention and Management of Obstetric Anal Sphincter Injuries
Evaluation, Differential Diagnosis, and Treatment of Powerlifting Urinary Incontinence (PUI) in the Female Powerlifter.

10:00am-11:00am  Visit Academy Booth #1132 | Unopposed Hours
Learn about APTA Pelvic Health membership, courses or play the APTA Pelvic Health Scavenger Hunt!

11:00am-1:00pm  Beyond the Linea Alba: A Revolutionary New Framework for Assessing and Treating Diastasis Rectus Abdominis
Interpreting the AUA Incontinence after Prostate Treatment Guidelines through the Lens of Physical Therapy
Publish or Perish: Designing an Impactful Manuscript

1:00pm-3:00pm  Visit SoWH Booth #1234 | Unopposed Hours
Learn about SoWH membership, courses and ways you can get involved.

Poster Presentations

3:00pm-5:00pm  Strategies for Treatment of Bladder and Bowel Dysfunctions in Children With and Without Behavioral Challenges
Breaking Barriers in Obstetrics:
Physical Therapy Across the Continuum of Maternal Care
There’s a Hole in Your Belly: Now What?
PROGRAMMING
THE COLORADO CONVENTION CENTER
THURSDAY, FEBRUARY 13 - SATURDAY, FEBRUARY 15, 2020
8:00 AM-10:00 AM / 11:00 AM-1:00 PM / 3:00 PM-5:00 PM

EDUCATION
SESSIONS
PH-2540 Now That the Pain Is Gone, Where’s the Pleasure?

Speakers: Elizabeth H. Hartmann, PT, DPT, Nari K. Clemons, PT and Elizabeth Wood

When treating women with chronic vulvar pain, are you stymied when everything improves clinically (ie, pain, incontinence, pelvic floor muscle dysfunction), yet still find your patients resistant to engage sexually? Discussion of female sexual desire, arousal, and climax are not often included in our sex and health education. Without knowledge of the basics of sex and arousal, how can we help our patients begin to explore their own sexual needs? In order to reach full arousal, the female body, mind, and spirit must be aligned to allow the arousal process to proceed as endorphins, the precursor to sex hormones prolactin and growth hormone, flood the system to prepare the arousal network for climax.

Do you have the skill set to discuss a range of strategies designed to help your patients find satisfying sex for the first time or to return to pleasurable sex? This session seeks to reframe the conversation about female sexual arousal and pleasure by discussing the basic tenants of female sexual function, including anatomy, neurology, and methods of arousal. Participants will appreciate how the female sexual system functions as it does, and gain tools needed to purposefully treat women’s sexuality from a functional perspective.

PH-4259 Evidence for Dry Needling

Speaker: Kelly Sammis, PT, DPT

This session will focus on best evidence-based practice for dry needling, specifically for the pelvic floor. This session will be presented by 2 experts in the field of dry needling and will explore the indications of muscular dysfunction that could be served by dry needling. Evidence will be presented for a variety of pelvic floor conditions with the treatment of dry needling. Finally, case studies will be presented to continue to illustrate the possible uses for dry needling.

PH-4270 Men’s Health: A Clinician and Research Perspective

Speaker: Gerard Greene, MSc, (Manip Physio), MCSP, MMACP, PG Cert H Ed

This session will explore a variety of topics in men’s pelvic health. It will cover topics, such as male pelvic pain, urinary incontinence, and erectile dysfunction. The speakers will review current research, including new research done on pelvic floor rehabilitation postprostatectomy. Treatment ideas will be explored for pelvic floor rehabilitation for this population, including manual therapy, exercise, and, specifically, yoga for the treatment of male pelvic pain. This session will be presented by a current clinician in the field of male pelvic health as well as a researcher on the topics of male incontinence.
PH-1789 Nutrition and Lifestyle Medicine for Endometriosis Care

**Speakers:** Jessica Bridget Drummond, PT

In this session, evidence-based nutrition and lifestyle medicine strategies will be discussed to support women with endometriosis. Approximately 176 million women live with endometriosis worldwide. Women’s and pelvic health physical therapists (PTs) play an important role in screening women for endometriosis symptoms, referring for surgical diagnosis, preop and postop care (if surgery is recommended), and reducing pain drivers, endometriosis lesions themselves and common comorbid pain drivers, such as irritable bowel syndrome, constipation, myofascial and musculoskeletal pain, chronic systemic inflammation, and neuroinflammation.

PTs play a frontline role in this disease and are the ideal professionals to understanding nutrition for hormone modulation, reducing brain inflammation, reducing general inflammation, and understanding and educating their patients on the relationship between a healthy gut microbiome and endometriosis symptoms. In addition, because the central nervous system plays such a key role in endometriosis symptoms, PTs must also be educated on lifestyle medicine tools, such as sleep support, mindfulness strategies, and environmental impacts on brain inflammation, so they can empower their patients with effective lifestyle strategies to reduce pain and other symptoms.

PH-2019 Pelvic Floor Dysfunction and Hormone Therapy: Beyond Our Scope or Part of the Big Picture?

**Speaker:** Mary Jane Strauhal, PT, DPT

With our aging population, the number of women in the United States entering menopause, the marker of biological aging in the female when estrogen levels decline, is higher than ever. Menopausal-related changes in the genitourinary system often interfere with women’s expectations about healthy aging. The relationship between pelvic floor dysfunction (PFD) and menopause is understudied. There is a significant body of knowledge implicating estrogen decline in the pathogenesis of PFD. The structures of the pelvic floor, including the pelvic floor muscles are known to have estrogen receptors and are likely dependent on the presence of estrogens for proper function. The use of hormone therapy (HT) is a controversial topic, so is it within our scope of practice to discuss this topic?

Research tells us that medicine has lost a generation of physicians who currently do not have adequate knowledge about HT and how to prescribe it. This session will help the pelvic physical therapist recognize the changes that take place with menopause, as they relate to genitourinary health and be informed of current evidence related to HT, allowing them to educate and advocate regarding possible HT interventions.
The use of dry needling in physical therapist practice is not new, although its use is certainly more prevalent in certain body regions than others. This session will provide educational and clinical insight on the application of dry needling, specifically as it pertains to the women’s health population. The presenters will supply the audience with a working knowledge of how dry needling of the pelvic floor can influence pain and function. In addition, the presenters will discuss the importance of a thorough orthopedic evaluation to determine an inclusive list of referral sources to the pelvis and pelvic floor, as well as treatment strategies to address these.
PH-2022 Physical Therapists’ Guide to Weight Management Coaching for Midlife Women

Speakers: Karen C. Snowden, PT, DPT and Karen Litos, PT, DPT

Managing body weight becomes challenging for women approaching midlife. Pregnancy, hormones, stress, and metabolism interfere with healthy habits. Women gain 10-15 pounds on average between ages 30 and 50. Nearly three-fourths of US adults are considered obese or overweight, with rates higher in women. Obesity is a serious health issue associated with risks for cancer, coronary artery disease, diabetes, and stroke. Approximately 42% of US adults are trying to lose weight, but are often unsuccessful. Recurrent failed weight control efforts negatively impact body image, self-esteem, and promotes feelings of helplessness.

Physical therapists (PTs) can empower women in midlife to achieve their weight management goals through a holistic approach of education and guidance using evidence-based strategies specific to female aging.

APTA supports a PT’s role in promoting health and wellness through the life span. Women need education on hormonal, nutritional, and lifestyle contributors to weight gain from pregnancy through the menopause transition to successfully manage their weight throughout life. This will provide PTs with practical, evidence-based tools for coaching midlife female patients in successful weight management to promote a healthier and more active life through and beyond menopause.

PH-2630 Yoga for Pelvic Health: A Strategy for Patient Self-Efficacy

Speakers: Dustienne Miller, PT, MS

Are you looking for additional tools to improve patient self-efficacy? As physical therapists, we are positioned to offer strategies for home programs that improve locus of control. This can be particularly helpful for those experiencing persistent pain. Yoga might be one option your patients would be interested in trying. This session will provide updates on recent research on using yoga as an additional treatment modality for those with endometriosis, fibromyalgia, PCOS, IBS, pelvic pain, and urinary incontinence. Are you looking for a way to include yoga for pelvic health in your current clinical practice? Join physical therapist Dustienne Miller in this movement-optional session. Assess how to integrate this at home, in the hospital, and across the care continuum. Examine how to integrate and coordinate the breath and pelvic floor muscles to increase awareness and patient-specific goals (core strength or down training the nervous system).

PH-1606 Pudendal Nerve Neuromodulation Via Dry Needling: A Possible Treatment Approach for Pudendal Neuralgia

Speakers: Kelly Sammis, PT, DPT

This session will describe and explain the diagnosis of pudendal neuralgia (PN), recognize the anatomy of the pudendal nerve as it relates to pelvic floor dysfunction, identify the current medical, physical medicine, and CAM approaches to treatment of PN, investigate the efficacy of the use of dry needling therapy and neuromodulation in the treatment of pudendal neuralgia, and analyze the neurophysiology behind this approach.
FD-2230 Pelvic Health and Military Readiness: Considerations Across the Continuum of Care

**Speakers:** Stephanie Fournier, PT, DPT, Leigh Anne Lechanski, PT, DPT and Richard Burton Westrick, PT, DPT, DSc

This session will provide valuable insight from military pelvic health rehabilitation specialists on the holistic health and fitness needs of female military tactical athletes across the continuum of care, from basic training to service separation and beyond, under the care of United States Department of Defense and/or the Veterans Health Administration.

Pelvic health physical therapy care is an important rehabilitation resource for all service members that can directly improve overall readiness and reduce health care costs. Female medical readiness is an emerging priority in the federal health care system with an increase in female service members, integration of women into combat roles, implementation of rigorous functional physical fitness test requirements, and the development of multidisciplinary human performance optimization programming.

It is essential that clinicians learn about the available clinical and administrative resources for female service members and veterans to inform clinical practice patterns and improve outcomes.

PH-1974 Career Transitions: “Watch out Here I Come! SPT to DPT in a Pelvic Health Setting”

**Speakers:** Shannon Walker Fox, PT, DPT and Lora Ann Mize, PT, DPT

Students today face daunting decisions when making the leap to becoming a practicing clinician; the journey is often overwhelming. This session is part of the Career Transitions tract and is a student-centered discussion that emphasizes key components and expectations of a successful transition into the field of pelvic health physical therapy. Topics will include professional expectations, "show me the money," crucial communication, and more. Straight-talk discussions with experienced pelvic health leaders will allow students to ask questions and receive honest, real-world answers.
Recently, the American College of Obstetrics and Gynecology proposed a new paradigm for women who are postpartum, referred to as the fourth trimester. This paradigm includes ongoing care to address emotional well-being, infant care, sexuality, sleep and fatigue, physical recovery from birth, chronic disease management, and health maintenance. Physical therapists play a large role in assisting the recovery of a woman who is postpartum and contributing to her ongoing health. In response to the statement, this session introduces concepts related to the examination and treatment of a patient who is postpartum. The speakers will present relevant history questions and red flags to consider during the examination. A review of assessment and treatment techniques of lumbo-pelvic-hip complex conditions related to this population will include SIJ dysfunction, LBP, hip pathology, cesarean birth scar management, diastasis recti, and pelvic floor dysfunction. This presentation also contains information on common peripheral nerve injuries following pregnancy and delivery. Medical imaging (ie, MRI, CT, RTUI) will be presented to supplement the lecture. The session covers basic information on pain medication, outcome forms, and marketing for the postpartum woman. This session will provide physical therapists with clinically relevant information useful in managing patients postpartum and advocating for care.
PH-2619 Optimizing Rehabilitation Management for Gender Affirming Care and the Transgender Patient: A Multidisciplinary Approach

Speakers: Laurie G. Kilmartin, PT, DPT, Kevin Moore, BSN, RN, BSN, RN, Stephen Joseph Fischer, PT, DPT and Amanda J. Palmeri, PT, DPT

In 2018 approximately 1 million people in the United States identified as transgender. Individuals receiving gender-affirming procedures currently face obstacles that can significantly influence their outcomes. Consequences of medical and surgical management may include musculoskeletal dysfunction, functional limitations, psychological distress, and decreased quality of life. Lack of interest and expertise, in addition to a history of prejudice and discrimination in health care for persons who are transgender, has been identified as the most reported barrier to provision of care for individuals seeking medical and rehabilitation services. Additionally, the absence of robust studies to guide examination and support effective intervention for this population exposes obvious gaps in delivering high-quality gender-affirmative care, and presents significant challenges to optimizing outcomes. This session will increase awareness of issues facing the transgender population during all stages of transition; present an interdisciplinary model of care focusing on physical rehabilitation; and stimulate discussion in this area of rehabilitation where evidence-based guidelines are currently lacking. Case studies will be presented by a panel of physical therapists and a registered nurse who specialize in gender-affirming care and transgender health, providing opportunity for audience participation and interactive discussion on effective rehabilitation strategies for this patient population.

PH-4258 Complex Cases in Pelvic Health

Speakers: Valerie Lynn Bobb, PT, DPT, ATC, Benjamin J. Geletka, PT, DPT, Holly Christine Tanner, PT, DPT, MA, Ramona C. Horton, PT, DPT, MPT and Sandra Teresa Gallagher, PT

This session’s 4 speakers will discuss different complex clinical cases in pelvic health. Each speaker will present their case, treatment ideas, and the research behind their clinical thinking. The audience will be able to ask questions about the cases and the reasoning behind the presenters’ treatment theories.
PH-2206 Pregnancy-Related Pelvic Girdle Pain: State of the Science and Beyond

*Speakers:* Sinead Patricia Dufour, PT, Cynthia M. Chiarello, PT, and Susan Coel Clinton, PT, DScPT

Pregnancy-related pelvic girdle pain (PPGP) is a separate diagnostic classification that may affect over half of all pregnant women with symptoms persisting well beyond postpartum. Although largely theoretical, PPGP is currently thought to be due to a diminished capacity for the pelvis to accept and transfer load. Several risk factors have been identified, including preexisting lumbopelvic pain, multiparity, previous pelvic trauma, and emotional stress. Further, postpartum depression and delay in returning have consistently been associated with PPGP. Physical therapists are very well positioned to deliver effective evidence-based care for women with PPGP.

This session will present an evidence-based overview of physical therapy for PPGP, including pathomechanical background, etiological factors, classification and diagnosis, examination, and intervention. Additionally, emerging theories related to pain science, HPA axis dysregulation, therapeutic alliance, and trauma-informed care will be explored in relation to PPGP. A clinical vignette will be used as a tool to apply all care concepts, and inform physical therapists how evidence-informed cognitive approaches to care fit the established science relative to PPGP.

PH-3820 Platform Sessions

This session will present current research and perspectives applicable women’s health physical therapy practice. This session may present both scientific and/ or clinically oriented topics to promote physical therapy practice and ongoing research initiatives. This session may include: research, case studies, and/ or description of current practice or programs.

Colorado Convention Center - Mile High BR 1AB
FRIDAY | FEB 14

3:00 PM - 5:00 PM

PH-4261 Career Transitions: I Don't Want to Treat Clinically Anymore, Now What?

Speakers: Lora Ann Mize, PT, DPT, Kari Jean Ziemba, PT and Susan Carver Giglio, PT

This session is the third in a 3-part series on career transitions in the field of pelvic health physical therapy. This session will explore the possibilities outside treating clinically for physical therapists. This session will have a professor of physical therapy, a program manager, and a presenter who changed clinical practices, all speaking about opportunities and job strategies to make that type of change.

SATURDAY | FEB 15

6:30 AM - 7:30 AM

PH-4577 Coffee & Cases

Bring a complex case that you might want advice on, or even just to share so that we can all learn from one another. The best part of this session- FREE COFFEE! So skip the always very long Starbucks line and come chat with us!

SATURDAY | FEB 15

8:00 AM - 10:00 AM

PH-2582 A Multidisciplinary Approach to Prevention and Management of Obstetric Anal Sphincter Injuries

Speakers: Shereen Emerson Sairafi, PT, DPT, Dr. Tyler Muffly and Sarah Barker, MS, CNM

Obstetric anal sphincter injuries (OASIS) occur in approximately 4%-11% of vaginal deliveries, and significantly impact the quality of life of patients who experience them. These injuries often require a multidisciplinary approach for appropriate identification of at-risk patients and management. The risk of chronic symptoms related to OASIS, the lack of standard acute management of tears, and the challenges of counseling patients regarding the safest practice for next mode of delivery inspired this session. Physical therapy, in conjunction with our midwifery and obstetrics colleagues, can play a significant and meaningful role in the prevention, acute management, and postpartum rehabilitation of OASIS. This session will serve as a comprehensive overview of OASIS, antepartum and intrapartum preventative measures, rehabilitation strategies for both acute and long-term management of OASIS-related impairments, and research surrounding best practice for mode of delivery for subsequent births. The content of this session is drawn from the multidisciplinary initiatives in practice by these providers at their place of employment, Denver Health and Hospital Authority.
PH-2758 Evaluation, Differential Diagnosis, and Treatment of Powerlifting Urinary Incontinence (PUI) in the Female Powerlifter.

Speakers: Rori Megan Alter, PT and Breanne Julia James, PT, DPT

Over the last decade barbell training has increased in popularity and powerlifting has become a go-to exercise method in the adult population. Over the last 5 years female participation has grown immensely and a new type of urinary incontinence has developed in the young, nulliparous, non-obese population. These women have low to no risk factors for stress urinary incontinence (SUI), and no symptoms outside sport participation, and thus should be assessed and treated according to the demands of the sport. Physical therapists (PTs) unfamiliar with the demands of powerlifting are encountering women with powerlifting urinary incontinence (PUI) in their clinics.

With the rise in popularity of this sport, there is a strong need for PTs to be familiar with the biomechanics, programming, nutritional, and competitive philosophies in order to effectively evaluate, diagnose, and design successful treatment plans for PUI. This session focuses on teaching sport-specific knowledge about the barbell lifts affected by urinary incontinence, programming elements, mechanisms of PUI in powerlifting, and how and why it differs from traditional SUI.

The presenters will dive into unique evaluation and rehab elements to help PTs effectively and efficiently diagnose PUI, guide their clients to stay dry, and assimilate them into training to reduce discomfort and emotional barriers to sport participation.

PH-1505 Beyond the Linea Alba: A Revolutionary New Framework for Assessing and Treating Diastasis Rectus Abdominis

Speakers: Munira Hudani, PT

After highlighting past and present trends in diastasis rectus abdominis (DRA) assessment and treatment methods, the speaker will present a revolutionary new framework for rehabilitating the postpartum abdominal wall. Based on a solid understanding of anatomy, rehabilitation, and exercise physiology, this new theoretical model serves to advance our rehabilitative framework for DRA and future research endeavors. This session will also explore deficiencies in the current DRA paradigm and then offer a novel solution that can be implemented immediately in the postnatal population. Through lecture, lab, demonstration, and case study, participants will learn new details of core function, including intra-abdominal pressure regulation and a proposed change to the traditional 4-muscle canister model of the inner core. Participants will also broaden their recognition ability of the transversus abdominis (TA) muscle, as the speaker will discuss TA anatomy, function, strengthening principles as well as cueing options that may maximize the rehabilitation and strengthening process. The speaker will also discuss new DRA assessment and treatment strategies, which can then be applied to clinical practice. Participants will walk away with a refined analysis of DRA and the core.
PH-2385 Interpreting the AUA Incontinence after Prostate Treatment Guidelines through the Lens of Physical Therapy

**Speakers:** Daniel John Kirages, PT, DPT

Urinary incontinence after prostate treatment is a common side effect and one that significantly impacts patient quality of life. It is also a patient population that we should be seeing in our clinics as physical therapists. Come join us as we review the new American Urological Association Guidelines for Incontinence After Prostate Treatment. See where physical therapy fits in and how we can use this evidence-driven resource in our clinical practices for guidance on recommendations, prognosis, and patient education.

PH-2405 Publish or Perish: Designing an Impactful Manuscript

**Speakers:** Patricia R. Nelson, PT, ScD, Karen Elizabeth Abraham, PT, PhD, Meryl J. Alappattu, PT, DPT, PhD, Mark Donald Bishop, PT, PhD, FAPTA, Cynthia Michelle Chiarello, PT, Mary Kay Dockter, PT, PhD, Rebecca A. Reisch, PT, DPT, PhD and Theresa Monaco Spitznagle, PT, DPT

Effective research dissemination is central to forging a strong body of knowledge for our practice. The Journal of Women’s Health Physical Therapy (JWHPT) is the journal of choice for all aspects of women’s health physical therapy and pelvic physical therapy for all. This session will focus on developing and authoring a successful manuscript for JWHPT. JWHPT’s editorial board will guide you in manuscript preparation, from question development through study design and writing. Tips on choosing the appropriate design to study your research question and for data analysis will be emphasized. Additionally, participants will discuss ways to collaborate with peers and academic partners to enhance clinical research.

PH-1921 Strategies for Treatment of Bladder and Bowel Dysfunctions in Children With and Without Behavioral Challenges

**Speakers:** Julie A. Peterson, PT, DPT, Kari Fay Bargstadt-Wilson, PT and Anna Domina

Pelvic floor physical therapists (PTs) have a unique opportunity to address bladder and bowel dysfunctions in the pediatric population through education, behavioral modifications, and exercise. Many children suffer with urinary and fecal accidents, which lead to embarrassing situations. Parents are often concerned that their child has not been adequately potty-trained. To make these conditions even more challenging are behavioral disorders. Interprofessional collaboration between PTs and occupational therapists may produce a more favorable outcome for our pediatric patients with behavioral disorders.

Research suggests that children with behavioral disorders are more challenging to treat for bladder and bowel dysfunction, and improved outcomes are seen when both the behavioral diagnosis and bladder and bowel dysfunction are addressed simultaneously. This session will review anatomy relevant to bladder and bowel function, followed by a review of common pediatric bladder and bowel dysfunctions. Evidence-based interventions for the treatment of enuresis, nocturnal enuresis, encopresis, and constipation will be presented as well as looking at creative strategies for treatment of these common pediatric dysfunctions in children with behavioral conditions, such as autism or ADHD. This session will provide practitioners with foundational knowledge and practical interventions to achieve faster and more effective patient-problem resolution.
PH-2236 Breaking Barriers in Obstetrics: Physical Therapy Across the Continuum of Maternal Care

*Speakers:* Allison McManus Hammond, PT, DPT, Laura S. Williams, PT, DPT and Sarah E. Hudelson, PT

Pelvic physical therapist scope of practice includes treatment of prenatal and postnatal musculoskeletal and neurologic dysfunction. Preventable orthopedic and neurologic injuries, such as perineal tears, pudendal neuralgia, and pelvic organ prolapse, are preventable, yet common due to birth positioning practices and use of the Valsalva maneuver. Such injuries are risk factors for chronic dysfunction, including low back and pelvic pain, and urinary incontinence. At a rural critical access hospital and level IV trauma center, pelvic physical therapists recognized their role in prevention of injury caused by labor and delivery, early recognition of risk factors, and intervention to prevent chronic dysfunction. We successfully implemented a 4-component program: prenatal outpatient treatment, antepartum support, including labor and delivery training, acute postpartum inpatient evaluation and education, and outpatient puerperium care. This session will highlight the impact of physical therapy management across the maternal care continuum, program development and implementation, and the potential for replication at other facilities. An interprofessional stakeholder panel, including pelvic physical therapists, physicians, nurses, and administrative staff, will lead the session. Case studies, data, and current literature will be used to demonstrate improved patient outcomes and impact on hospital culture.

PH-2377 There’s a Hole in Your Belly: Now What?

*Speakers:* Jennifer H. Davia, PT, DPT and Charles P. Sloan, III

Men and women who have colostomy surgeries result in a literal hole, or stoma, in their abdominal wall. With the rise in abdominal and gastrointestinal diseases, physical therapists need to comprehend how the stoma changes the core stability. These changes result in a significant risk for parastomal hernia and fear-avoidance patterns, which can result in overall decreased health due to inactivity. There is little research in this area of physical therapy, but we can follow general guidelines for core stabilization to comprehend how to help these patients thrive, while also helping prevent parastomal hernias.

This session will educate physical therapists on how to identify parastomal hernia vs abdominal hernia, and which exercises to prescribe and avoid with rationale to develop critical thinking.
JOIN US AT OUR 7TH ANNUAL

BOARD AT THE BAR

GET SOCIAL & NETWORK!

THURSDAY, FEBRUARY 13, 2020
7:00 PM - 10:00 PM

EARL’S KITCHEN + BAR
1600 GLENARM PLACE, DENVER, COLORADO 80202

REGISTRATION IS NOT REQUIRED HOWEVER YOU MUST WEAR YOUR CSM 2020 CONFERENCE BADGE TO GAIN ENTRY. ENTRANCE IS GIVEN ON A FIRST COME, FIRST SERVED BASIS. SPACE IS LIMITED. MAKE SURE TO ARRIVE ON TIME AS THIS EVENT GETS PACKED QUICKLY & WEAR YOUR BADGE!
PROGRAMMING
COLORADO CONVENTION CENTER - MILE HIGH BR 1AB

PLATFORM PRESENTATIONS
FRIDAY, FEBRUARY 14, 2020
3:00 PM - 5:00 PM
Center of Pressure Characteristics Differ between Pregnant and Nulliparous Females
Jennifer Joy Bagwell, PT, DPT, PhD, Nick Reynolds, Kristina N. Lam, PT, DPT, Hannah Runez, PT, DPT, Michelle Christine Walaszek, PT, DPT, BS, MS, Dimitrios Katsavelis and Anastasia Kyvelidou

Men's Pelvic Health: Exploration of Entry-Level DPT Curricular Content Based on a National Faculty Survey
Shani Trin Johnson, PT, DScPT, Kristin Lefebvre, PT, PhD, CCS, Ellen Marie Zeller, BS, SPT, Kirsten Kolch, BS, Lisa Weeks, BS, SPT, Maria Dripps, SPT and Sarah Prestegard, BS, SPT

Characteristics of Responders and Non-Responders to Resistance Training and Biofeedback in Patients with Fecal Incontinence
Garrett Barr, SPT, Megan Grace Belchamber, ATC, Vuk Ekmecic, SPT, Leah O’Reilly, SPT, Paige Laure Stephens, SPT, Madelyn White, Jessica Swartz, PT and Lori Jeanne Tuttle, PT, PhD

Rural Vs. Urban Postnatal Educational Practices in a Midwestern State
Amanda Jo Adamson, PT, DPT, Macie J Harris, SPT, Emily D Mensen, SPT and Carly A Uecker, SPT

What’s Happening below the Belt? Effect of a Pelvic Support Belt on Pelvic Floor Function
Ruth Mary Maher, PT, DPT, PhD and Aasta F. McColery, PT, DPT

Hip and Pelvic Floor Strength in Women with and without Urinary Urgency/Frequency: Preliminary Results
Stefanie Nicole Foster, PT, Theresa Monaco Spitznagle, PT, DPT, Lori Jeanne Tuttle PT, PhD, Siobhan Sutcliffe, PhD, Jerry Lane Lowder, MD, MS, Melanie Meister, MD, Chiara Ghetti, MD, Michael Jeffrey Mueller, PT, PhD, FAPTA and Marcie Harris-Hayes

Movement Impairments in Women with and without Urinary Urgency/Frequency: Preliminary Results
Stefanie Nicole Foster, PT, Marcie Harris-Hayes and Theresa Monaco Spitznagle, PT, DPT
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<thead>
<tr>
<th>Poster Number</th>
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<th>Authors</th>
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<tr>
<td>3375</td>
<td>Barriers and Facilitators to Pelvic Floor Muscle Exercise Adherence - a Systematic Review</td>
<td>Amy E. Heath, PT, DPT, PhD, Lauren Kerbel, SPT, Rebecca Smith Morgan, SPT, Susan McNertney and Margo Bossom, SPT</td>
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<td>3376</td>
<td>Does Core Stability Predict Low Back, Sacro-Iliac or Pelvic Ring Dysfunction in Long Distance Runners?</td>
<td>Lori Walton, PhD, DPT, MS</td>
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<td>3377</td>
<td>Early Inpatient Physical Therapy Interventions for a Woman Postpartum Day One with Pelvic Girdle Pain</td>
<td>Lauren Bryant, SPT, Betty Smoot, PT and Christina Stock Berdoulay, PT, MPT</td>
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<td>3378</td>
<td>Prevalence of Urinary Incontinence throughout an Adolescent Female Population: A Retrospective Review</td>
<td>Briana M. Crowe, PT, DPT, Alexandra Reid, PT, Mitchell C. Selhorst, PT, DPT and Christine Becks Mansfield, PT, DPT</td>
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<td>3379</td>
<td>Validity of the Body Scan Scanner® to Measure Limb Volume in Healthy Adults</td>
<td>Mary Insana Fisher, PT, MSPT, PhD, Michaela Claire Viola, SPT, Noah James Brueckner, SPT, Madison Elizabeth Wolfe, SPT and Rachel Lynn Kremer, SPT</td>
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<td>3380</td>
<td>Cardiovascular Endurance Is Significantly Related to Urinary Incontinence Post-Robotic Assisted Laparoscopic Prostatectomy.</td>
<td>Andrea Wood, PT, DPT, Justine Renee Payne, PT, DPT, Lawrence P. Cahalin, PT, PhD and Allison Elizabeth Villane, SPT</td>
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<td>3381</td>
<td>Inspiratory Muscle Performance Is Significantly Related to Urinary Symptoms and Quality of Life Post-Prostatectomy.</td>
<td>Andrea Wood, PT, DPT, Justine Renee Payne, PT, DPT, Lawrence P. Cahalin, PT, PhD and Allison Elizabeth Villane, SPT</td>
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<td>3382</td>
<td>Gait Retraining in the Management of Two Runners with Chronic Stress Urinary Incontinence: Case Reports</td>
<td>Michael John Steimling, PT, DPT and Michael Costanzo Roberto, PT, DPT</td>
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<td>3383</td>
<td>The Piriformis – Effect of Hip Position on Its Function and Hip Rotator Strength</td>
<td>Ruth Mary Maher, PT, DPT and Cara Morrison, PT, DPT</td>
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<td>3384</td>
<td>Bony Landmark-Based Ultrasonographic Measurements of Inter-Rectus Distance in Nulliparous and Postpartum Women – Reliability/Validity Study</td>
<td>Jennifer Celso, PT, DPT, Sharon S. Wang-Price, PT, PhD, Julie Booth, SPT, Rebecca Borger, SPT, Jordan Olivarez, SPT, Dylan Reimer, SPT and Therese Mans, SPT</td>
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<td>3385</td>
<td>Physical Therapy to Prevent Medical Intervention during Delivery</td>
<td>Jill Jandreau, PT, MSPT</td>
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<td>3386</td>
<td>Does Tibial Nerve Stimulation Have an Impact on Incontinence in People Diagnosed with Multiple Sclerosis?</td>
<td>Haley Haygood Lewis, SPT, LeAnndra K. Griffith, SPT, Cody Aaron Lewis, SPT, Austin Blake Patrick, SPT and Kimberly R. Willis, PT, DPT</td>
</tr>
<tr>
<td>3387</td>
<td>Early Intervention for Postpartum Urinary Incontinence and Prolapse: A Case Reflection</td>
<td>Amanda Kimberly Stauder, PT, DPT and Diane Borello-France, PT, PhD</td>
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Fall Risk Reduction in the Elderly through the Physical Therapy Management of Incontinence

Sex Differences in Postural Sway with Neuromuscular Activities and Mechanical Properties of Ankle Stabilizing Muscles

Pelvic Floor and Abdominal Motor Control Strategies for Treatment of Stress Urinary Incontinence Post-Prostatectomy

Drop Jump Landing Biomechanics Differ between Women with and without Self-Reported Stress Urinary Incontinence

Conservative Management of Overactive Bladder Symptoms in a 23-Year-Old Nulliparous Female: A Case Study

Back Pain and Pelvic Floor Dysfunction Amongst Babywearing Caregivers: Results of a Survey

Nurses’ Perception of Acute Physical Therapy for Postpartum Women: A Focus Group


Utilizing Pelvic Floor Prehabilitation for Chronic Pelvic Pain Prior to Gynecological Surgery: A Case Report

Effectiveness of Soft Tissue Mobilization to Reduce Chronic Scar Pain after Cesarean Section: A Review

The Impact of Gender on Wellness Center Participation and Outcomes in Persons with Disabilities

Pelvic Floor Physical Therapy Successfully Treats Chronic Pelvic Pain without Opioids: A Retrospective Chart Review

Anthropometric Measurements of Lower Limbs Related to Obturator Internus in Human Cadavers
ROCKY MOUNTAIN NATIONAL PARK, ESTES PARK, COLORADO

BUSINESS MEETING,
AWARDS, TOWN HALL

F R I D A Y ,  F E B R U A R Y  1 4 ,  2 0 2 0

P R O G R A M M I N G

THE COLORADO CONVENTION CENTER | RM 505, 506, 507
FRIDAY, FEBRUARY 14, 2020
6:00 PM - 8:30 PM

BUSINESS MEETING,
AWARDS, TOWN HALL
Plan to attend the Academy’s annual General Business Meeting to hear your elected leaders give a State of the Academy overview of progress toward our mission in the last year and what is on the horizon for 2020.

This is your time to learn the most about the Academy’s achievements and progress and showing how your dues and support are positively affecting pelvic and abdominal health worldwide!

Nominations for the next spring election will be collected at the end of the business meeting. We encourage you to nominate fellow members who you think would be a great fit for the Academy board and leadership.

**A Year in Review Presentation**
6:00 PM-6:45 PM
- Operational Excellence
- Finances
- Community
- Education
- Research
- What’s on the Horizon

**Election Results & Oath of Office**
6:45 PM-7:00 PM

**Awards & Recognition Presentation**
7:00 PM - 7:30 PM
- Friend of the Academy Award
- Volunteer of the Year Award
- Education Excellence Award
- Outgoing Members
- WCS Class of 2019
- CAPP Class of 2019
- Elizabeth Noble Award

**Member Town Hall**
7:30 PM - 8:00 PM
- Members can ask questions during this session.
Whether you are a current Academy member or a prospective member, we invite you to stop by between Thursday and Saturday and say hello and tell us about yourself and your professional interests! Our booth is managed by our Academy staff and fellow PTs, PTAs, and SPTs. This is a great opportunity for you to network in-person with fellow professionals and learn about the perks of joining the Section from current members!

**HOURS:** 10am-11am
1pm-3pm

**Learn about Membership**

What benefits does being an Academy member provide me? How much does it cost to be a member?

**Pick up our 2020 Course Schedule**

We are offering 55+ (900+ contact hours) continuing education in-person courses. Pick up our course schedule brochure at our booth!

**Explore our On-Demand Course Offerings**

We have added new online courses to enable you to earn contact hours from anywhere.

**Learn about Getting Involved**

We have several new volunteer positions open for 2020. Learn about the responsibilities of these positions or inquire about our Spring 2020 Elections for the 2021 slate.

**Explore professional tracks**

Interested in pursuing a PT/PTA profession that specializes in women’s pelvic health, pregnancy/post-partum/labor & delivery, pediatric pelvic health, male pelvic health, transgender health or other? Learn more about these tracks at our booth and what SoWH can equip you with to assist in your career journey!

**Join the "Find Your Pelvic Floor" Scavenger Hunt**

Play our virtual/in-person scavenger hunt at aptapelvichealth.org/scavengerhunt for a prize!
Congratulations to the new Board-Certified Women's Health Clinical Specialists! In 2006 the APTA House of Delegates approved board certification in the area of women's health. The first women's health specialist certification examination was administered in 2009. As of 2019, ABPTS has certified 489 women's health specialists.

Allegra Ann Adams, PT, DPT
Amanda Mary Bachman, PT, DPT
Elaine Borja-Jaffe, PT, DPT
Taylor Decker Chapman, PT, DPT
Jessica Chastka, PT
Anne Elisabeth Cooke, PT
Nicole Elizabeth DeBrie, PT
Stephanie L. Dillon, PT, DPT
Jill Luanne Ehmantraut, PT, DPT
Charly Ann Felty, PT, DPT
Nicole Rene Garey, PT, DPT
Colleen Gest, PT, DPT
Brittany Leigh Gosse, PT, DPT
Kimberly McNeal Hale, PT
Corey Silbert Hazama, PT, DPT
Lauren Haley Hill, PT, DPT
Jenna Elizabeth Iberle, PT
Jennifer Jones, PT
Kamini Komarraju, PT
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Christine McCleary, PT, DPT
Amanda Rose McDevitt, PT, DPT
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Liana Marie Merrick, PT, DPT
Katlyn Yasaman Nasseri, PT
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Nina Palombo, PT
Ashley M. Peterson, PT
Michelle Lynn Poulion, PT, DPT
Rebecca Rauch, PT, DPT
Rebecca A. Reisch, PT, DPT, PhD
Amy Joy Renaud, PT, DPT
Nicole Jeannine Ron, PT, DPT
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Megan Michele Rorabeck, PT, DPT
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Rachel E. Shepherd, PT, DPT
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Casey M. Smith, PT, DPT
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Erica Ann Smits, PT
Sara Beth Sohn, PT
Madison Splan, PT, DPT
Sarah Ray Sydnor, PT
Mary Tepe, PT
Katherine B. Uttech, PT, DPT
Laura K. Ward, PT, DPT
Jacqueline Willacy, PT, DPT
Maria Wondra, PT, DPT
Angela Y. Wu, PT, DPT
Jessica Lynn Wyen, PT, DPT
Kristyn Nicole Yagla, PT

For more information, please visit:
www.abpts.org/Certification/WomensHealth
CONGRATULATIONS TO THE

RECERTIFIED WCS

Congratulations to the recertified Board-Certified Women’s Health Clinical Specialists!

Jennifer E. Celso, PT, DPT
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Christine M. Eddow, PT, DPT, PhD
Julie Ann Sarton, PT, DPT
Lisa Groen Mager, PT, MPT
Jennifer Klestinski, PT, MPT
Sarah Jo Haag, PT, DPT, MS
Deirdre M. Folsom, PT
Ingrid Harm-Ernandes, PT, BSPT
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Susan E. George, PT, DPT, MS
Elizabeth Hampton, PT, DPT
Susan C. Clinton, PT, DScPT
Laurelle G. Kilmartin, PT, DPT
Debora A. Chasse, PT, DPT
Sara E. Bolden, PT, DPT
Catherine A. Weibel, PT, DPT, ATC
Denise H. Leggin, PT, BSPT, MBA
Karen Helen Liberi, PT
Ruth M. Maher, PT, DPT, PhD
Amy H. Pannullo, PT, DPT
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Lisa A. Massa, PT
Christianna F. Christian, PT, DPT
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Stacy L. Tylka, PT, DPT
Jennifer J. Gabelsberg, PT, DPT
Kimberli A. Osler, PT, DPT
Suzanne A. Badillo, PT
Wendy S. Baltzer-Fox, PT, DPT
Patricia J. Morita-Nagai, PT, BSPT
Karen R. Brandon, PT, MPT, DSc

For more information, please visit:
www.abpts.org/Certification/WomensHealth
Congratulations to all of our CAPP candidates who have either achieved the CAPP-Pelvic or the CAPP-OB Certificate of Achievement Programs.

**Certificate of Achievement in Pelvic Health Physical Therapy**

Katelyn Ackerman  
Anna Albrecht  
Amanda Bachman  
Betty Bradley  
Kaylee Carroll  
Taylor Chapman  
Brittany Colston  
Gabrielle Comrie  
Nicole Cornett  
Kari CraigKelly Cross  
Sara (Richardson) Darland  
Erin DeanKelly Diehl  
Mary Jazma Dobbins  
Blair T. Duthu  
Ashlee Ellard  
Jennifer Ballentine Evans  
Lauren Goforth  
Samantha Greene  
Melissa Gutierrez  
Ann HaysErica Herron  
Mindy Hoying  
Andrea Hueschen  
Jill Isaacs  
Natalie Kruse  
Mandy LaBrosse  
Jacqueline Listerman  
Melissa Long  
Lottoya Manderson  
Elizabeth Marquez  
Samantha Martin  
Rachel McArthur  
Antonia McDowell  
Antonia McDowell  
Alexis Meister  
Tricia Mulligan  
Jan Newell  
Kate Nochta  
Vanessa Noss  
Angela Pappas  
Avani Parikh  
Charley Peterson  
Charley Peterson  
April Ritz  
Heather Sandler  
Beth-Ann Schumacher  
Anne Shea  
Michelle E. Sierra  
Peter Siu  
Allison Snyder  
Lacie Surratt  
Erin Surratt  
Lauren Tigani  
Teva Turner  
Sarah Wegner  
Ellen Wirchin

**Certificate of Achievement in Pregnancy/Postpartum Physical Therapy**

Katelyn Ackerman  
Kate Baker  
Kelly Bangsted  
Susan Bernis  
Linda Brown  
Julie Chan  
Breanne Cope  
Deanna David  
Kelly DeLind  
Alana Devlin  
Samantha Eagle  
Ashlie Emert  
Margaret Gillan  
Janelle Hayes  
Margaret Henderson  
Kristen Herbst  
Nikki Hjelden  
Jill Isaacs  
Mary Beth Johnston  
Rebecca Kurk  
Susan Le  
Jocelyn Lauigan Madi  
Samantha Martin  
Tricia Mulligan  
Natalie Nauer  
Jennifer Niemeyer  
Kate Nochta  
Onyekachukwu Nwosu  
Jasmine Pape
GARDEN OF THE GODS, COLORADO

A FEW HIGHLIGHTS
TIPS, REFLECTIONS, INSPIRING STORIES AND PERSPECTIVES

MEMBER VOICES
WRITTEN BY THE ACADEMY OF PELVIC HEALTH PHYSICAL THERAPY MEMBERS
Are You a Student Attending CSM?

Written by Christina Vivit

I am so grateful for being part of such a welcoming, supportive, and passionate tribe of individuals as part of the Section on Women’s Health. The extraordinary levels of energy, sharing of knowledge, and overall community that I have experienced the past few days is truly remarkable as this is my first time attending CSM.

Furthermore, it is exciting to think that CSM had an attendance of over 17,000 individuals this year — amazing! I attended CSM alongside of around 30 DPT students and numerous faculty from Saint Louis University Program in Physical Therapy.

The Section on Women’s Health General Business Meeting was one of my favorite events of CSM. This event captured the section’s radiant passion, active care for its leadership and goals along with significant membership growth within the past year. Thank you all so much for your gracious welcome to the Section on Women’s Health General Business Meeting!

Something I particularly value about events that bring united, yet unique individuals together is exploring common buzzwords that we hear frequently within our profession. My top three buzzwords I enjoy exploring are under-served, vulnerability, and movement.

Throughout my experiences in physical therapy school, I frequently find myself layering on more depth and substance to these words as I incorporate self-reflection into my routine.

Although life may seem so routine due to the regularity of student or clinician responsibilities, I believe that the experience of routine may be accompanied by more profundity than it may seem. Therefore, I loved obtaining others’ perspectives on these three words as I met new individuals throughout CSM. Going further, I challenge others to also consider buzzwords that may be found within our profession and explore further; you may be surprised at what you find or how others’ perspectives can challenge your own constantly evolving thoughts of certain buzzwords.

Overall, CSM was an experience that I highly recommend to any student who is thinking about going. Prior to leaving for CSM, I admit I was physically and mentally exhausted from coursework, however, I am certain that this experience is highly energizing and motivating for any DPT or PTA student that is also experiencing exhaustion. I guarantee that you will take home so much new, fresh energy with the amount of community, evidence-based principles and practice, and strong enthusiasm housed within our profession and experienced at CSM.

5 Tips

Don’t Be Shy

Peers and colleagues at CSM are from all over the country as well as internationally, so it is neat to talk to others about their own experience where they attend school or practice due to differences in practice laws, demographics, and philosophies from place to place. Great opportunities for this can be before or after educational sessions, poster sessions, evening events, or even inviting a new friend to have lunch in between sessions.

Choosing Sessions

With regards to session planning, I mainly attended those that are within my personal, clinical, and research interests, however, it is good to include some sessions that may not entirely relate to your current interests to see what else is out there – hence, Combined Sections Meeting. There are PLENTY of sessions to attend, and I highly recommend going out of your current interests and exploring a couple other sessions that you can learn from; this is also a great way to build on topics discussed at school and taking it to the next step at CSM.

Footwear

As physical therapists, we know the importance of proper footwear; this is your time to practice that! You will be walking quite a bit throughout CSM so be sure to have comfortable footwear; even if it means wearing your cute dress with gym shoes, I promise your feet will thank you by the end of the conference!

Volunteer

Volunteer for your section’s booth. This is an opportunity to share your passion and enthusiasm for your field of interest while also engaging with others who stop by the booth. I always love hearing about everyone else’s unique route as to how they came about loving our shared field of interest, so this is a fantastic chance to do that.

Take It All In

Take it all in – every moment, interaction, learning experience, everything. You will be tired by the end of it, but it is totally worth all the learning, socializing, and walking.
Meet Snigdha Mehta of Mumbai, India

I consider myself fortunate in being one of the first ones in the Indian physiotherapy world to start an Obstetric Physiotherapy practice, although convincing OB/GYN consultants about the benefits of physiotherapy exercises, not only in normal pregnancy, but also in high risk and pregnant athletes, has been an uphill task.

I’ve been working as a Physical Therapist (PT) for the last 30 years in a private practice with a focus on orthopedics and women’s health in Mumbai, India. Throughout the years of practice, I have been lucky to have had the opportunity to take training in Orthopedic and Sports Physical Therapy from several pioneers of Physical Therapy across the world.

My first training in Women’s Health was with Elizabeth Noble (Founder of the Academy of Pelvic Health Physical Therapy) in Cape Cod. Subsequently, I have attended all three obstetric courses and the three pelvic health courses (level 1 and 2) conducted by the Academy of Pelvic Health Physical Therapy.

I love attending courses organized by APTA Pelvic Health because:

1) The matter presented to us is based on global research, making the courses highly informative and authentic.
2) The explanation during practical sessions is very lucid and there is a very close supervision from the faculty
3) The teachers are highly committed and are happy to answer any number of questions asked
4) At the end of each course there is a written case study test, practical exam and online multiple-choice test
5) You get a certificate only if you pass all of these, making the certificate we get much more valuable.

Hence the courses ensure that we have understood the concepts very well, giving us the confidence and expertise necessary to treat a patient having Obstetric and Pelvic Health problems.

After recently attending the Pelvic Health courses, I am trying to talk to doctors about our role as Pelvic Health physical therapists and how it could tremendously benefit the patients.

The reasons why the doctors do not refer patients to physical therapists who specialize in obstetric or pelvic health physical therapy is not based on financial constraints nor lack of accessibility. It is predominantly because they often do not know much about Pelvic Health Physical Therapy or lack confidence in the ability of the physical therapist. With more evidence coming to light, a day will soon come when doctors feel safe to refer their pelvic health patients to physical therapists.

If physical therapist and doctors work in collaboration with each other, patients will be the biggest beneficiaries.
Early-Career Advice

from Pelvic Health Physical Therapist, Nicole Cozean, PT, DPT, WCS, CSCS

How did you decide to pursue pelvic health physical therapy? What is your background?

I hadn’t actually planned to specialize in pelvic health in physical therapy (PT) school or the first years after graduation. My first interest in the area came in PT school when I was assigned the pelvis and pelvic floor for an anatomy project. I was fascinated by the complexity of the region (and still believe a strong understanding of the underlying anatomy is crucial for a pelvic physical therapist). About 15 years ago, Hoag Hospital asked me to create a pelvic health program. They allowed me to pursue a fellowship program with an experienced local therapist, and I was able to take amazing continuing education courses from some of the leaders in the field at that time.

Even while treating pelvic patients, I still had my foot in the orthopedic world, splitting time between the two. I began to realize I was having a much bigger effect on the lives of my patients with pelvic issues than I was in helping people recover from sprained ankles or hip replacements. The transition was punctuated by a patient who had been experiencing painful intercourse her entire life. For the first time in her five-year marriage she had pain-free sex with her husband, and broke down crying when she said that pelvic PT had saved her marriage. After that, I threw myself headfirst into the pelvic PT profession, and haven’t looked back since!

Tell us about your practice. How do you work and what do you specialize in?

I founded PelvicSanity almost three years ago, with the desire to bring the highest quality care to complex pelvic health patients. We elected to stay out-of-network with insurance companies to provide hour-long (or longer) treatment sessions at each visit. We now have five physical therapists working in the clinic (including myself) along with a massage therapist, and still specialize exclusively in pelvic health.

We work with a wide variety of patients within the field. We see many pelvic pain patients, who may be diagnosed with interstitial cystitis, endometriosis, vulvodynia, chronic prostatitis, or who don’t even have a name for their diagnosis. Many patients present with orthopedic issues, including low back, hip, groin, or tailbone pain. We work with the pregnant and post-natal population, making pregnancy as comfortable as possible and treating common (but not normal!) post-natal issues like low back pain, incontinence, diastasis recti, painful intercourse, and pelvic pain following delivery.

About two-thirds of our population are women and one-third are men. Since pelvic health conditions are still poorly understood and misdiagnosed, most find us after doing their own research, not as the result of a physician referral.

About 70% have been to at least one other physical therapist prior to treatment at PelvicSanity. We can really make an impact by educating others and having the confidence to know we have information to impart to medical doctors and other practitioners.

What do you do outside of treating patients?

One of the best things about our specialty is the opportunities that exist outside of direct patient care. It is such a new and burgeoning field; we need more research, educational materials, social media presence, and especially awareness. As you go through the first years of your career, I would encourage new graduates to also be thinking about how they can help more than just the patients in front of them.

My first venture to help patients beyond our clinic walls was our first book, The Interstitial Cystitis Solution. I was consistently frustrated by all the other resources on the condition. They were either written by physicians and focused solely on the bladder, or by non-professionals espousing unproven remedies. We set out to create a resource for both patients and their providers that could improve the care for patients across the country and around the world. In working with that IC community, I also got involved with the Interstitial Cystitis Association, becoming the first physical therapist to serve on their Board of Directors. In that capacity, I can influence how the largest patient-focused organization presents information to its members and physicians. I’m glad to see more pelvic PTs being represented in both professional and patient-focused organizations – we need more of this!
We also think having a social media presence in the field is really important. We want to normalize discussions of pelvic health; hopefully the field will get to a point where preventative care is widespread and the first phone call when symptoms arise is to a physical therapist. Social media gets the word out and is a great way to raise awareness of our field and profession, as well as marketing our own services. We are active on both Facebook and Instagram where we collaborate and offer an online support group for patients.

All members of our team work in educating other practitioners in the field. For me, that’s teaching a course on interstitial cystitis. I also lecture at the local physical therapy schools, providing at least a basic education about the pelvic floor. We’ve also lectured to physician assistants, educated Pilates teachers and personal trainers, and worked closely with physicians in the area. And don’t forget that orthopedic physical therapists need education about what to be on the lookout for when it comes to pelvic health!

Finally, we have a remote consultation and out-of-town program. In our remote consultations, we work with patients to help them understand their condition, evaluate their current treatment plan, and come up with an action plan moving forward. This involves some information on musculoskeletal health, but also advice on finding medical professionals, medication options and other ideas for treatment.

Our out-of-town program is available for patients able to reach Southern California. We’ve now seen patients from five different continents, including from the countries of Saudi Arabia, India, Ireland, Italy, Denmark, Canada, Mexico, and more than 20 US states. We offer week-long and two-week programs, though some patients have stayed for as long as six weeks and we’ve even had a patient move to the area indefinitely for treatment.

What advice would you give for early professionals in pelvic health?

Probably the most important recommendation would be to find a mentor or a way to collaborate with others in the field. That might be easy if you’re in a specialty practice with an experienced team around you, but can be difficult if you’re the only pelvic PT at an orthopedic clinic or building a program. I’d really encourage newcomers to the field to find a way to build a collaborative community. The Academy of Pelvic Health Physical Therapy can be a great resource. Find someone in your local community who has been in the field. We created a Facebook group to connect physical therapists from around the world. However you do it, guidance from more experienced PTs in the field can be an invaluable resource.

Another area I feel like is important for our field is to fight for hands-on treatment time with your patients and try not to allow insurance companies to dictate treatment. Again, this is easier in some settings than in others. We strongly believe that we need the hour-long sessions we offer for complex pelvic floor patients, but that may not be realistic in all settings. If you’re in an insurance-based practice, fight for as much time hands-on with patients as you can get.

Don’t underestimate the power of doing your own research. It’s fine to tell a patient that you don’t know the answer – just make sure that you go look it up, so the next time they come in you have an answer for them. As a profession, we’re far too quick (in my opinion) to send patients back to a physician when we don’t have an answer for them. Unless you’re working with a great specialist that you trust to understand the musculoskeletal aspect of their condition, you’re probably a much better bet to help a pelvic floor patient than a physician. After all, they’ve probably seen several doctors before they reach physical therapy – they shouldn’t just be sent back to medical management the first time they have a tough question. If you are sending them back to a physician, it should be for a specific reason – you have a test you think needs to be run or that they would benefit from pain management or another medical intervention. We need to take responsibility for our patients. That doesn’t mean having all the answers, but it does mean working through the questions with our patients.
What do you look for when hiring?

New graduates may be encouraged to know what we aren’t necessarily looking for is experience in the field. Much more important is a willingness to learn and take your professional development into your own hands. Continuing education courses are a great start. There are many continuing education physical therapy courses offered out there, these courses are a great start.

We train all of our new hires – whether they have experience in another pelvic health setting or not – for at least a month in our practices and techniques before they even begin seeing patients. Training continues with weekly meetings and collaboration with the other members of our staff, but we also expect our physical therapists to put in the effort to improve on their own. If a patient asks a question you can’t answer, it’s your job to find the information. We want members of our team who are constantly learning and improving.

Perhaps the most important quality we look for is the ability to connect with patients. We can train techniques and knowledge, but the ability to meet a patient where they are and get them to buy into their treatment is what makes a great physical therapist.

Ancillary skills are becoming more and more important to our profession. If you can write a blog post or craft a social media post, that brings value to the clinic beyond direct treatment. Connecting with other professionals in the field creates a network of like-minded practitioners. Knowledge of yoga, Pilates, or personal training are all valuable attributes and can lead you into an area of expertise within the specialty. Even just being well-rounded, with outside hobbies and interests, makes it easier to connect with patients.

Is there anything you’d like to say to new graduates?

I feel like the first five years of your career are incredibly formative in the direction of your career. Do your best to build good habits and find mentors you respect. This is also the time of your career (and life) when you may be able to take a little more risk and prioritize your learning and professional development. With the student loans we all have it can be daunting, but consider more than the paycheck when you’re looking for a place to work.

Finding a position that challenges you and provides opportunities for growth can alter your trajectory for the entire remainder of your career.

Don’t be afraid to try different things and areas within pelvic health! One of the best things about this profession we’ve all chosen is the variety of career paths and opportunities it affords, and this is true even within our pelvic health specialty.
Chicago, Illinois – There have been several motions considered. Some of the notable ones related to the social issues are listed below. Please note that this is not an exhaustive list but a bullet-sized list that captures some of the issues discussed:

- The vaccination charge and firearm motion both passed. The firearm motion passed with over 70% of the voting delegates in favor.
- The motion supporting the World Confederation for Physical Therapy’s Policy Statement on Torture went on consent.
- The Core Values have been updated.
- The concept of the movement system was highlighted in the description of “Identity,” one of the Guiding Principles to Achieve the Vision adopted by the House of Delegates in 2013. The description included a statement defining the movement system. This motion was brought forward by the APTA BOD and the HOD passed a definition to be incorporated into the Guide to Physical Therapist Practice and other relevant APTA documents, and also integrated in education, practice, and research initiatives.
- A prior policy has been amended to reflect how APTA acts upon health and social issues that are consistent with its vision and mission. It read as a charge and was amended to become a policy.
- The HOD passed a Charge: American Physical Therapy Association’s Efforts to Address Social Determinants of Health and Achieving Health Equity. This addresses inequalities related to socioeconomic status and will have meaningful effects on individual, community and inter-generational health and social mobility. We can be important advocates in the effort to reduce potential negative outcomes associated with social determinants of health.
- Additional Charge passed: Increasing Professional Diversity, Equity, and Inclusion in Clinical, Educational, and Research Settings: The APTA, in collaboration with stakeholders, identify and implement best-practice strategies to advance diversity, equity, and inclusion within the profession of physical therapy—to include clinical, educational, and research settings—to better meet the needs of society. In 2018, APTA’s BOD adopted a new strategic plan that includes the goal, “Foster long-term sustainability of the physical therapy profession” by “Making APTA an inclusive organization that reflects the diversity of the society it serves.” On consent, the motion has been passed that further supports cultural competence as defined by the CDC.

Other Updates:
The American Physical Therapy Association (APTA) supports efforts to increase diversity, equity, and inclusion to better serve the association, the profession, and society. The American Physical Therapy Association opposes and prohibits preferential or adverse discrimination on the basis of race, creed, color, sex, gender, gender identity, gender expression, age, national or ethnic origin, sexual orientation, disability, or health status. This amendment contemporizes existing policy.
Ready for CSM?

Don’t forget to bookmark this link to participate in our “Find Your Pelvic Floor” Scavenger Hunt for a chance to win UP TO $175 OFF a regional Pelvic Health PT or Pregnancy/Postpartum/Intrapartum course!

Visit aptapelvichealth.org/scavengerhunt

#APTApelvichealth #APTAcsm

Find Your Pelvic Floor CSM Scavenger Hunt

Selfie + Volunteer Name
Visit our Booth #1132 and take a selfie with one of our booth volunteers

How well do you know your State Rep?
Who is your Academy State Representative? Hint: Visit our website...

Upcoming Course Near You
List a course from our website that will beheld near you this year.

Get Social... Online...
Sign in to the Social Link Mobile App via your smartphone and post a comment in the newsfeed. Submit your screenshot!

Attend a Session
List one our education sessions or pre-conferences that you attended at CSM 2020, explain what you liked most about it or what you learned from it.

Explore The Mile High City
Submit a cool photo you took of Denver, CO while at CSM 2020.

BONUS
Attend the Academy’s General Business meeting from 6pm-8:30pm, Friday, February 14, 2020, take a selfie and submit it!
**DEFINITIONS:** Posters are displayed for a specific period of time during the conference, with presenters scheduled for 2 hours, as assigned by the academy/section. Platform presentations are oral presentations of approximately 5-15 minutes. The schedule of platform presentations is coordinated by each academy’s/section’s program chair.

**AUTHORS AND FEES:** A fee of $50 is associated with each submitted abstract. This defrays a portion of APTA’s submission site cost. Individuals may submit up to 2 abstracts as the presenting author, but are allowed unlimited submissions as a secondary author. If an abstract is accepted for presentation as either a poster or a platform, the presenter must register for CSM. There is no waiver of registration fees for presentation of a poster or platform.

**SUBMISSION:** All abstracts must be submitted online. In the submission, you may specify your preferred presentation format (poster or platform). Each academy/section reviews abstracts submitted to it and makes the final decision regarding presentation format and date/time. After submission, abstracts cannot be switched to other academies/sections for review. Submitters are expected to ensure that all information is correct at the time of submission.

Author information will appear exactly as submitted in all CSM publications. Contact coauthors to ensure the accuracy of this information before finalizing your submission.

Abstracts are intended to represent scientific research or noncommercial content related to clinical practice. Advertisements are not acceptable. Abstracts require presenter/author information, including credentials, contact information, institutions, city, and state. Please be sure that your contact information is correct, as all correspondence relating to submissions will occur via email. Please also include the following required fields:

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Proposals for educational sessions and preconference courses must be submitted online through APTA’s submission site. The decision whether or not to accept a proposal and matters regarding the final content, format, and scheduling of any presentation, rest with each academy/section as represented by that entity’s program chair.

Proposal submissions for educational sessions must contain the following:

1) Title (15 words maximum)
2) Course/session description (200 words maximum)
3) Course/session learning objectives (4 maximum)
4) Minimum of 5 current bibliographic references, no more than 10 years old (2011 and after)
5) Timed outline of content
6) Content related to differential diagnosis content (express in minutes)
7) Speaker information, including name, degrees/credentials, institution, city, state, and speaking experience
8) Biographical information for each speaker
9) Keywords
10) Teaching and learning assessment methods
11) Recommended content level (basic, intermediate, advanced)
12) Conflict of interest disclosure

Proposal submissions for preconference courses must contain the following

All of the above pertaining to educational session submissions plus a commitment that, if selected, the submitter will provide a 25-question multiple-choice posttest to assess learning. Each question must correspond with a learning objective. This learning assessment is required for continuing education unit approval.

Important things to remember when submitting your proposal:

- Speaker information will appear exactly as submitted in all CSM publications. Contact co-presenters to ensure the accuracy of this information before finalizing your submission.
- Proposals may be for 2-hour educational sessions or for 1- or 2-day preconference courses.
  - If you have content exceeding 2 hours for an educational session, you may submit two, 2-hour sessions, designating in the title that it is part 1 or part 2.
  - The same proposal may not be submitted to multiple sections.
- Selection of proposals will be based on foundation in evidence, clarity of proposal, probable interest to participants, fiscal feasibility, and space and time constraints.
- Proposals should reflect cultural and/or ethical components related to clinical practice and research, as related to session content.
- Proposals should be devoid of any promotional content.