

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 recently earned 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.

EDUCATIONAL CREDIT

A certificate of attendance for **15 Contact Hours** (17 in WA) will be awarded to each participant. All Therapy Network Seminars are pre-approved for CEUs in the state where the course is conducted when required for **PT, OT, ATs and Assistants**.

Therapy Network, Inc. (BOC AP#: P2563) is approved by the Board of Certification, Inc. to provide continuing education to Certified Athletic Trainers. This program is eligible for a maximum of 15 Category A Category hours/CEUs. ATs should claim only those hours actually spent in the educational program.

AOTA Approved Provider of Continuing Education # 3073 The assignment of AOTA CEUs does not imply endorsements of specific course content, products, or clinical procedures by AOTA



American
Occupational Therapy
Association
Approved Provider

DATES AND LOCATIONS

Contact us to host this course
at your venue.

A list of area hotels will be sent with confirmation. Please utilize hotel brand websites for guaranteed best rates.

AUDIENCE

This is an **intermediate level** workshop designed for **PTs, OTs, ATs and Assistants**. **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.*

PARTICIPANTS COMMENTS

"This was the most organized, well constructed and beneficial CE course I have ever taken. I would attend any course offered by Bill Hanney"

"Best course I have ever attended in 17 years as a PT. Just a great seminar beginning to the end - thank you"

"The instructor was very engaged and I appreciated the organized handouts and the humor throughout the weekend"

"TNS has the best instructors anywhere. Totally awesome course. - I'll be back"

CANCELLATION POLICY

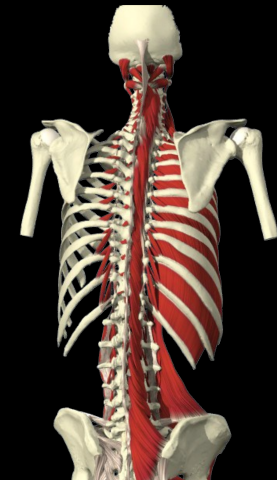
POLICY: Registration fee less a **\$75** administrative charge is refundable if cancellation received 14 days prior to program date. No refunds will be given after that time. Therapy Network, Inc. reserves the right to cancel a seminar and will refund in full the registration fee only. TNS is NOT responsible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

CORE STABILIZATION

FACILITATION & TRAINING

FACULTY

William J. Hanney
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THERAPY NETWORK SEMINARS

www.TNSeminars.com

OBJECTIVES

- 1) Identify key anatomical structures and principles as they relate to movement and stability of the axial spine
- 2) Perform movement screening procedures for the axial spine and determine how the results may influence movement patterns
- 3) Perform and interpret assessments for motor control and muscular endurance
- 4) Develop a treatment plan for the primary movement impairments associated with cervical/lumbar dysfunction
- 5) Identify appropriate graded functional training programs for return to activities.

SEMINAR DESCRIPTION

Almost everyone will experience neck or back pain at some point in their lives. Treating neck and back pain resulting from postural stress and instability requires a multifaceted approach. We live in a dynamic environment and it is critical that we function in this environment in an effective and efficient manner. As clinicians we must appreciate and consider the importance of integrating mobility and stability principles when treating this population. The axial spine is the center of human movement and has considerable influence on the functioning of both the upper and lower extremities. This course takes an in depth look at the two most critical components of human movement which include mobility and stability. Mobility in this context is concerned with how people move and how movement impairments may influence functional patterns. The other component of axial function is stability. This concept refers to muscular control, strength and endurance surrounding the axial spine, which facilitates functional power in a dynamic environment. This hands on intensive course will teach you to properly assess impaired movement patterns followed by treatment concepts focusing on corrective strategies and other facilitation techniques to enhance the quality of movement. These concepts are then integrated into a practical context so the attendee can quickly incorporate them into a treatment plan designed for a diverse patient population. Upon conclusion of the course participants will have a solid understanding of how axial movement influences functional abilities along with corrective strategies, which can improve outcomes.

COURSE SCHEDULE

8:00 - Sign in and Continental Breakfast
8:30 - WHAT IS CORE STABILITY
- Why is the core pivotal to human function
9:00 - ANATOMY & MECHANICS OF THE AXIAL SPINE
- Local & Global muscle system & Soft Tissue mechanics
10:30 - BREAK
10:15 - PRINCIPLES OF STABILITY
- A system of spinal stability
- The 5 pillars of core functioning.
11:15 - SELF-REPORT MEASURES
- Self Report Measure & Categorizing Success
12:00 - LUNCH (ON YOUR OWN)
1:00 - **(LAB)** ASSESSMENT OF MOVEMENT & MOBILITY
- Movement & Mobility
3:00 - BREAK
3:15 - **(LAB)** ASSESSMENT OF LOCAL CORE STABILITY
- Segmental Dysfunction & Local Muscle Endurance
4:00 - **(LAB)** ASSESSMENT OF GLOBAL CORE STABILITY
- Trunk Endurance Testing
- Cervicothoracic Strength Testing
4:45 - **(LAB)** ASSESSMENT OF REACTIVE CORE STABILITY
- Excursion Balance Testing & Error Scoring
5:00 - ASSESSMENT OF CORE CONDITIONING
- Medical Clearance - Heart rate and RPE
5:30 - Adjourn

DAY 2

8:00 - EVALUATION OF CORE STABILITY
- Grouping based on examination findings
- Treatment based on Core function
8:30 - **(LAB)** TREATMENT FOR MOVEMENT & MOBILITY
- Posture correction - Joint mobilization
- Myofascial techniques - Movement awareness drills
- Grooving movement patterns
10:45 - BREAK
11:00 - **(LAB)** TREATMENT FOR LOCAL STABILITY
- Local cervicothoracic muscle activation
- Local lumbopelvic muscle activation
- Challenging local stability - Supportive activities
12:00 - LUNCH (ON YOUR OWN)
1:00 - **(LAB)** TREATMENT FOR GLOBAL CORE STABILITY
- Manually resisted exercise - Movement patterns
- Functional progressions
2:30 - BREAK
2:45 - **(LAB)** TREATMENT FOR REACTIVE CORE STABILITY
- Balance and coordination drills
- Timing activities - Anticipatory exercises
4:00 - **(LAB)** CORE CONDITIONING
- Metabolic conditioning - Tabata exercises
4:30 - PROGRAM DESIGN
5:00 - Q/A and Adjourn

REGISTRATION

Core Stabilization Tx Techniques Note the location you are attending:

✱

Bring a Buddy Registration: \$445 p/p
(No Deadline) Must be done simultaneously
Early Registration: \$495
Postmarked 30 days prior to date of course
Late Registration: \$525
Postmarked within 30 days of course date

4 WAYS TO ENROLL

Mail registration and payment to:

BY MAIL

Therapy Network, Inc.
217 Paragon Pkwy, #201
Clyde, NC 28721

BY PHONE

1.828.452.0068

BY FAX

928.222.0578
(Credit Cards Only)

ON LINE

www.TNSeminars.com

Name: _____
PT LPTA OT OTA AT CSCS

Home Add: _____

City: _____ State: _____

Zip _____

Cell Ph: _____

Email: _____

To Receive your Confirmation
Make check/money order payable to:
Therapy Network, Inc.

Charge my credit card: VISA MC AMEX DISC

CC # _____ / _____ / _____

Expiration Date: ____/____/____ CV2 ____

Signature: _____

I agree to comply with the card holder agreement