

## FACULTY

**JOHN DEAN, MPT, SCS, ATC, LAT** is starting his fourteenth year as the Director of Rehabilitation with the University of Tennessee Sports Medicine staff. Dean is a licensed physical therapist, a certified athletic trainer, and a board-certified clinical specialist in sports physical therapy. He is a credentialed provider for Graston Technique instrument assisted soft tissue mobilization, Mechanical Diagnosis and Therapy® (MDT) from the McKenzie Institute, and Owens Recovery Science Blood Flow Restriction Rehabilitation. He provides rehabilitation services for UT student athletes and is the course instructor for Kinesiology, Recreation & Sports Studies (KNS 335), an introduction to the foundations and principles of athletic training and sports medicine. Dean has volunteered with the United States Ski and Snowboard Association medical pool since 2012, providing sports medicine coverage for the U.S. men's alpine ski team.

Prior to coming to Tennessee, Dean worked at the University of Florida with the Gators football team. At UF he was also an instructor in the Applied Physiology and Kinesiology Department, teaching a course in rehabilitation. He started his career at Southern California, working with the football and baseball programs.

Dean graduated from San Diego State University with a degree in kinesiology. He completed his Master's degree in physical therapy at the University of North Carolina, Chapel Hill. Dean is an experienced clinician and educator who is active in the National Athletic Trainers' Association and the American Physical Therapy Association, and has been an invited speaker at regional and national conferences.

## 2023 DATES AND LOCATIONS

**Jan. 7/8**      **Great Bend, KS**  
**SOLD OUT**

**Dec. 2/3**      **Atlanta, GA (Decatur)**  
Emory Decatur Hospital

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 for **PTs, PTAs, OTs, OTAs and ATs**

**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.*

**POLICY:** Registration fee less a \$75 administrative

## CANCELLATION POLICY

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.

## EDUCATIONAL CREDIT

A certificate of attendance for **15 Contact Hours** 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, AT 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 AO-

TA



American  
Occupational Therapy  
Association  
Approved Provider

# PROPRIOCEPTIVE NEUROMUSCULAR FACILITATION IN ORTHOPEDIC PATIENTS

## FACULTY

**John Dean**  
MPT, SCS, ATC, LAT



THE THERAPY NETWORK SEMINARS

[www.TNSeminars.com](http://www.TNSeminars.com)

## OBJECTIVES

- 1) Demonstrate an understanding of the PNF concept and the neurophysiology behind the PNF principles.
- 2) Identify foundational principles of exercise and physiological adaptation. Identify and differentiate motor learning, strength, power, hypertrophy, and endurance.
- 3) Demonstrate clinical skills to determine a patient's neuromuscular ability and select appropriate PNF therapy interventions based on understanding of anatomy and pathology in conjunction with patient responses.
- 4) Perform basic PNF manual therapy techniques to facilitate neuromuscular control and improve patient recovery.
- 5) Identify appropriate PNF terms for documentation and CPT coding for charges

## SEMINAR DESCRIPTION

This two-day, evidenced based, laboratory intensive course will focus on teaching a historically useful manual therapy technique, Proprioceptive Neuromuscular Facilitation (PNF). The course introduces PNF as a manual therapy and exercise intervention technique to address common pathologies of both upper and lower extremities. The course is intended to provide the clinician with the skill to rehabilitate the patient with a hands-on, integrative approach. This will be accomplished through a combination of lecture, demonstration, and significant lab time. The structured sessions are aimed at emphasizing important concepts in neurophysiology and motor learning to improve neuromuscular control in orthopedic patients. Mastery of these techniques requires a solid foundation in basic anatomy and the pathomechanics of the shoulder and hip. Attendees will learn useful terminology, basic procedures, and techniques.

Participants will learn to successfully apply PNF techniques in a manner that each patient-centered session is both therapeutic intervention and assessment or evaluation. The clinician will learn to develop and sequence a dynamic treatment plan incorporating PNF techniques that can be used for conservative and post-operative approaches. Current clinical evidence supports the combination of these treatments when properly performed and prescribed by a skilled clinician. Strategies for documentation and coding will also be covered.

## WHAT TO BRING

This seminar is lab intensive so please bring and exercise/ yoga mat if available and dress in appropriate lab attire for manual therapy treatment techniques.

## COURSE SCHEDULE

8:00 Registration and Continental Breakfast  
8:30 Integrating the Neuro-Musculo-Skeletal System:  
A philosophy of rehabilitation for restoring function and its clinical implications  
8:45 Case Study I  
9:00 The Nervous System  
CNS  
Spinal Cord  
Muscle  
10:00 Break  
10:15 Basic Principles and Procedures  
10:45 PNF Techniques  
11:15 Choosing Your Technique  
\*Using principles not protocols for progressions\*  
12:00 Lunch (On your own)  
1:00 Introducing the Patterns - Upper Extremity  
**(Demonstration and Practice Lab)**  
\*Shoulder \*Scapula \*Elbow \*Wrist & Hand  
3:00 Break  
3:15 Introducing the Patterns - Lower Extremity  
**(Demonstration and Practice Lab)**  
\*Ankle \*Knee \*Hip \*Gait & Trunk  
5:30 Questions and Adjourn

### Day 2

8:00 Shoulder Case Studies  
\_ Facilitation of the elbow, wrist, and hand  
\_ Scapular Motion  
9:00 Elbow Case Studies  
\_ UCL Injuries \_ Biceps Rupture  
10:00 Break  
10:15 Wrist & Hand Complex Case Studies  
10:45 Hip Case Studies  
\_ Hip Flexor Injuries  
\_ Hamstring Injuries  
\_ Adductor/Groin Injuries  
11:00 Knee Case Studies  
12:00 Lunch (On your own)  
1:00 Where to start... How to finish...Upper Extremity  
**(Demonstration & Practice Lab)**  
2:30 Break  
2:45 Lower Extremity  
**(Demonstration & Practice Lab)**  
4:15 Variations of the techniques  
\_ Knee Flexion vs. Extension  
\_ Elbow Flexion vs. Extension  
\_ Creating Functional Patterns  
4:30 Treatment Planning and Clinical Pearls:  
Putting it all together  
5:00 Questions and Adjourn

## REGISTRATION

### PNF

**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: \$545**  
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**

**SECURE DIGITAL**  
**928.222.0578**  
(Credit Cards Only)

**ON LINE**

**www.TNSeminars.com**

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

PT PTA OT OTA AT

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