

APTA Colorado

2026 Annual Conference

Course Brochure

Course Descriptions

Saturday

SAT 8:00 - 9:30AM

Beyond Over Burnout: Breaking Free from the All-or-Nothing Mindset in Physical Therapy and in Life

Hannah Brandt, PT, DPT, CPT, IFNCP — Physique Triage • Casey Matthews, PT, DPT, NCS, CPT

Physical therapists are trained to push for outcomes. But what happens when that same drive for perfection spills into our personal lives and starts fueling exhaustion instead of excellence? Too many clinicians get stuck in an all-or-nothing loop: all-in on work or completely checked out; all-in on fitness or nowhere to be found. Over time, this doesn't just affect our health. It impacts how we show up for our patients, our teams, and ourselves.

In this engaging Transform Talk, Dr. Hannah Brandt, PT, DPT, CPT, IFNCP, blends science, real-world storytelling, and a little well-placed humor to reframe discipline into something more sustainable: balance. She breaks down how black-and-white thinking quietly chips away at resilience and introduces a flexible consistency model that helps clinicians make progress without chasing perfection.

Attendees will walk away with practical mindset shifts rooted in behavioral psychology and stress physiology, plus simple, evidence-based strategies to break the cycle of guilt and overcorrection.

Because the goal isn't perfect habits. It's staying effective, energized, and in the game for the long haul.

Learning Objectives

Recognize how all-or-nothing thinking patterns contribute to clinician stress and burnout.

Describe the psychological and behavioral effects of chronic perfectionism on health and performance.

Apply evidence-based techniques to shift from rigid control to sustainable balance in both personal and professional routines.

Redefine self-discipline through the lens of flexibility, consistency, and compassion.

SAT 8:00 - 9:30AM

No Pain, More Gain: Prevention and Management of Anterior Knee Pain in the Non-Operative and Post-Operative Active Population

Macy Winkelman, PT, DPT, SCS — Children's Hospital Colorado • Marissa Gradoz, PT, DPT, SCS

The purpose of this course is to define anterior knee pain in the non-operative and post-operative populations including prevalence and risk factors as well as to discuss prevention and management strategies of anterior knee pain following arthroscopic knee surgery. The key themes will include discussion of the anatomical structures of the anterior knee, understanding biomechanical characteristics of the knee joint and their consideration with varying common therapeutic exercise, analyzing the similarities and differences between the non-operative and operative populations with regards to anterior knee pain, and discussion of physical therapy treatment strategies including prevention and management of anterior knee pain.

Learning Objectives

Upon completion of this session, attendees will be able to:

1. Define anterior knee pain and describe relevant anatomy as well as biomechanical characteristics of the anterior knee
2. Identify and mitigate modifiable risk factors that contribute to anterior knee pain in both non-operative and post-operative populations
3. Design treatment plans that incorporate prevention of anterior knee pain

4. Apply physical therapy treatment strategies that focus on management and reduction of anterior knee pain within each phase of rehabilitation

SAT 8:00 - 9:30AM

Navigating the Political Landscape: Colorado APTA Chapter Legislative Victories, Setbacks, and the Road Ahead

Tami Struessel — University of Colorado Anschutz Physical Therapy Program • Rebekah Griffith

Physical therapy practice in Colorado is shaped—and constrained—by the political environment in which it operates. This 90-minute session provides a candid review of the Colorado Chapter APTA's recent governmental affairs work, including legislative victories, advocacy setbacks, and strategic pivots, with a clear-eyed look at what lies ahead and how you can be involved.

Through the direct advocacy of Colorado APTA members, the Chapter has secured meaningful wins to protect payment and reduce administrative burden for providers — while also navigating the difficult realities of state budget pressures and the cascading effects of federal Medicaid cuts on the programs that serve our patients.

The session will examine the Chapter's scope-of-practice advocacy efforts, focus on payment related change, coalition building, a federal affairs recap, and a debrief from the APTA Payment Advocacy Summit. The session will also outline a focused, action-oriented discussion of the Chapter's 2027 legislative strategy and the specific contributions expected from every member once bills are introduced.

Learning Objectives

1. Describe the current Colorado Medicaid payment environment, including recent legislative wins and ongoing challenges facing physical therapy providers.
 2. Analyze the political factors behind recent scope-of-practice advocacy efforts and apply lessons learned to strengthen future legislative strategy.
 3. Explain how some recent state and federal policy changes have reduced administrative burden for Colorado physical therapy providers and their practical impact on practice.
 4. Formulate a personal advocacy action plan in support of the Chapter's 2027 payment reform legislative priorities, identifying specific member contributions once bills are introduced
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SAT 8:00 - 9:30AM

Upper Airway Differential Diagnoses: Considerations for Physical Therapists

Aspen Christen, MS, CCC-SLP — National Jewish Health • Amy O'Connell, MS, CCC-SLP

Inducible Laryngeal Obstruction (ILO), Breathing Pattern Disorder (BPD) and Exercise Induced Laryngeal Obstruction (EILO) are upper airway diagnoses that can be commonly seen with patients who are experiencing concurrent pulmonary disease along with Exercise Induced Bronchoconstriction (EIB). These can also be especially prevalent in patients and athletes presenting with exertional dyspnea of unknown etiology. The aim of this seminar is to provide key information regarding the assessment and treatment of these diagnoses and importance of multidisciplinary care. Emphasis will be on overview of the diagnoses, pathophysiology, clinical presentation, diagnostics and epidemiology. Participants will also gain knowledge on general treatment foundations that can be implemented with these patients and appropriate referral resources including Speech Language Pathology and ENT Laryngology. Attendees will leave with clinically actionable strategies and knowledge that can be immediately implemented to improve management of these upper airway diagnoses and support functional participation across a variety of patient populations.

Learning Objectives

1. Describe key characteristics for Inducible Laryngeal Obstruction (ILO), Breathing Pattern Disorder (BPD), Exercise Induced Bronchoconstriction (EIB) and Exercise Induced Laryngeal Obstruction (EILO)
2. Understand diagnostic tools and foundations of treatment for these upper airway diagnoses as well as referral pathways

3. Gain knowledge in differentiating factors between Exercise Induced Bronchoconstriction (EIB) and upper airway disorders including Inducible Laryngeal Obstruction (ILO), Breathing Pattern Disorder (BPD) and Exercise Induced Laryngeal Obstruction (EILO)

SAT 10:00 - 11:30AM

Addressing the 80%: Preparing Physical Therapists to Identify and Respond to Social Determinants of Health

Jenny Logan, PT, DPT, NCS — University of Colorado DPT program • Lilly Webster, PT, DPT, MPH

Physical therapists have a professional and moral obligation to meet the needs of society beyond 1:1 patient care. Research indicates an estimated 20% of patient outcomes are related to healthcare services received, while the remaining 80% are related to factors like social determinants of health (SDOH). Despite the growing recognition of this reality, few entry-level physical therapist programs explicitly integrate this content within their clinical education curricula. Moreover, there is a paucity of literature regarding perceptions of social needs screening, assessment, and response in physical therapist practice. What little we do know points to a lack of training in SDOH and a lack of time to address SDOH as barriers to implementation. These gaps leave PTs unprepared to fully address patients' holistic needs in an increasingly complex healthcare landscape. Additionally, the status of physical therapy as a health profession may be at risk if physical therapists entering the field are not fully prepared to assume the professional responsibility they have to society. This ability to meet the needs of communities and more largely society has been identified as the "key to survival in the new millennium" for physical therapy practice. The purpose of this session is to 1) review the factors like SDOH that account for 80% of patient outcomes 2) describe how clinicians can assess, screen for and respond to health-related social needs and 3) report on evidence gathered from the implementation of an innovative integrated clinical education model using community-based clinical instructors to support these practices.

Learning Objectives

1. Explain what social determinants of health (SDOH) are and how they impact patient outcomes.
 2. Describe ways that clinicians can assess, screen for and address social determinants of health that are impacting their patients' outcomes
 3. Design strategies that can be used within their own facility or practice to meet needs of patients beyond 1:1 patient care
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SAT 10:00 - 11:30AM AND 2:00 - 3:30PM (3 HOUR SESSION)

Business Mindset- Where Business, Leadership and Advocacy Overlap

Jessica Cozine-Lehman, PT, DPT — Bloom Physical Therapy • Chris White, PT, DPT, MBA, MSPT, OCS, EMT • TBA

We will have a combination of presentations and panel discussions. This course is designed for the provider looking to move forward in their professional journey, with business, leadership and advocacy in mind. Payment and policy will be in the spotlight, highlighting how advocacy efforts have moved the needle (or not moved the needle), and why. We will also introduce components of a "mini MBA" to gauge interest in this concept as we all continue to learn in an ever-changing health care landscape.

Learning Objectives

TBA

SAT 10:00 - 11:30AM

Dual Task Re-training: how to elevate clinical practice and neuroplasticity by improving specificity and salience

Jessica Ford, PT, DPT, NCS — Rehab Without Walls

The primary purpose of this educational session is to improve the specificity and salience of current clinical practice surrounding dual task re-training. We will review and dig deeper into the two main types of dual tasking, cognitive-motor

and motor-motor. The other main focus will be to enhance clinicians' treatment toolboxes through multiple examples and mini cases in order for attendees to be able to implement learned ideas into their clinical settings instantaneously.

Learning Objectives

- Review the neuroscience, terminology, and theories behind dual tasking
- Understand a framework to improve specificity of cognitive-motor and motor-motor dual task re-training
- Learn therapeutic interventions to improve the complexity, depth, and salience of dual-task re-training in the clinic
- Utilize real-life and functional examples of dual task re-training through mini case studies

SAT 10:00 - 11:30AM

Feeling the Heat (and air pollution); promoting safe exercise in a changing climate.

Leslie Schein, PT, DPT, OCS — Children's Hospital Colorado • Karene Boos, PT, DPT, JD

Athletes at all levels of sport are exposed at varying degrees to environmental exposures that can hamper athletic performance and cause illness and harm. Climate change is resulting in higher global temperatures, increased frequency of heat waves, increased levels of air pollution, more frequent weather disasters, greater spread of vector borne diseases, and increased exposures to allergens. Physical therapists should be prepared to manage the impacts of environmental exposures and support athletes through adaptation and exposure mitigation strategies.

Environmental heat exposure is particularly dangerous for athletes who already experience increased internal temperatures during exercise. Physical therapy professionals should be prepared to recognize acute heat illness as well as the health impacts from chronic heat exposure while promoting safe exercise practices.

Air pollution is known to impact athletic health and performance. Increased frequency and intensity of wildfires is compounding these air quality concerns, with Colorado experiencing significant air pollution due to local and remote wildfires. Physical therapy professionals should be aware of air quality concerns and incorporate strategies for protecting athlete health.

Weather disasters cause damage to training facilities, result in displacement of athletes, and disrupt healthcare services. Physical therapy professionals are critical in developing adaptation plans to support athletes and reduce training disruptions from weather disasters.

This course aims to prepare physical therapy professionals to manage the impacts of environmental exposures to heat, air pollution, and weather disasters on patient health and athletic performance.

Learning Objectives

1. Describe the vulnerability and susceptibility of athletes to heat related illness and identify appropriate prevention strategies as well as treatment plans for athletes experiencing heat illness.
2. Examine the impacts of air pollution on athlete health and performance and highlight protective strategies to limit detrimental health impacts from air pollution.
3. Determine the role of physical therapy professionals in assessing and addressing climate-related health risks for athletes of various levels and demographic groups including special consideration for youth athletes and older adult athletes.

SAT 2:00 - 3:30PM

Return to Sport after Ankle Injury: A data driven approach

Kathryn Milliet, PT, DPT — Howard Head Sports Medicine • Mark Dudek, PT, DPT

In today's research, there is a plethora of research in return to sport guidelines for the knee, while comparable guidelines for the foot and ankle remain limited. This session will outline a criterion-based rehabilitation framework, and propose practical return-to-sport metrics following foot and ankle injury. We will take a deep dive into the objective and performance measures necessary for an athlete's safe return to sport. The session will review current available research and propose both pre-plyometric and final return to sport requirements for foot and ankle patients. Key components we

will overview include, force plate testing for plyometrics and calf strength, pace-based strength testing, hop testing, neurocognitive testing, and patient reported outcome measures. By the end of this presentation, physical therapists will be able to apply these concepts to determine whether an athlete is ready to safely return to sport following a foot or ankle injury.

Learning Objectives

1. Describe key objective measures used in RTS decision-making, including force plate testing, hop testing, pace-based testing, and patient-reported outcomes.
 2. Apply pre-plyometric and final RTS assessments to determine readiness for safe return to sport in foot and ankle patients.
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SAT 2:00 - 3:30PM

The Resilient Therapist: Simple Daily Practices for a Lifetime in PT

Christine Robenalt, PT, MPT — Spark Home Health

This interactive session equips physical therapists and physical therapist assistants with practical, evidence-informed strategies to build resilience, reduce burnout, and sustain long-term career satisfaction. Participants will explore the core components of resilience, learn daily micro-practices that support physical and emotional well-being, and apply boundary-setting strategies that protect therapeutic presence. The session integrates principles of Stephen C. Hayes's Acceptance and Commitment Therapy (ACT) to help clinicians clarify values, defuse unhelpful thoughts, and take committed action aligned with what matters most. Through guided reflection and hands-on planning, participants will leave with a personalized resilience plan and tools to recognize and correct misalignment between values, boundaries, and workplace behaviors.

Learning Objectives

1. Describe at least three core components of resilience and explain how each supports long-term career sustainability for physical therapists and physical therapist assistants.
2. Design a personalized resilience plan that integrates daily self-care practices, emotional-regulation strategies, and boundary-setting skills to reduce burnout risk and maintain therapeutic presence.
3. Explain how core principles of Acceptance and Commitment Therapy (ACT)—including values clarification, cognitive defusion, and committed action—can help physical therapists and physical therapist assistants align daily professional behaviors with personal values to enhance resilience and well-being.
4. Identify at least two indicators of misalignment between personal values, professional boundaries, and workplace behaviors and describe how these signals can guide corrective actions to restore alignment and well-being.

Sunday

SUN 9:00 - 10:30AM

From Early Care to Complex Recovery: An Evidence Based, Profile Driven Interdisciplinary PT and OT Approach to Concussion Rehab

Belinda Richardson, PT, DPT, NCS — UCHealth Medical Center of the Rockies, Loveland, CO • Lisa Pirraglia, OTR/L

This course provides neurologic therapists with a practical framework for concussion management across the continuum of care. The course begins with evidence-based foundations, including prognostic indicators, preexisting factors associated with persistent post concussive symptoms, and strategies to support coordinated interdisciplinary care from the emergency department to outpatient rehabilitation. Participants will learn screening tools to identify concussion and symptom severity, deliver effective early education, and implement interventions targeting autonomic regulation, lifestyle modification, subthreshold aerobic exercise, and cognitive behavioral principles during the early outpatient phase. Building on this foundation, the course presents a profile driven approach to complex concussion management. Attendees will review assessment and intervention strategies for ocular, vestibular, migraine, mood/anxiety, cognitive, and cervical profiles, with emphasis on targeted interventions, appropriate referrals, and collaborative decision making. A case study concludes the session, integrating management of multiple overlapping profiles and reinforcing individualized, evidence-based concussion rehabilitation.

Learning Objectives

Upon completion of this session, attendees will be able to:

1. Describe evidence based prognostic indicators, pre existing factors, and early process of care considerations that influence concussion recovery across the continuum from acute to outpatient settings.
2. Apply appropriate screening tools, patient education strategies, and early outpatient interventions to support autonomic regulation, lifestyle modification, and symptom guided activity following concussion.
3. Differentiate common concussion profiles (ocular, vestibular, migraine, mood/anxiety, cognitive, and cervical) and select targeted PT and OT interventions based on profile driven assessment findings.
4. Design an interdisciplinary plan of care, including appropriate referrals, using a case-based application to address patients with complex or overlapping concussion profiles.

SUN 9:00 - 10:30AM

Sleep Matters: A Pediatric PT's Role in Assessment and Interventions for Sleep Challenges

Christine Robenalt, PT, MPT — Spark Home Health

Quality sleep is essential for children's motor development, emotional regulation, learning, and daily participation, yet sleep challenges remain highly prevalent across pediatric populations. Physical therapists are uniquely positioned to recognize sleep-related concerns, incorporate sleep into functional assessments, and collaborate with families and interdisciplinary teams to support improved outcomes. This session presents a comprehensive, evidence-informed framework organized around three primary contributors to pediatric sleep: systemic factors involving medical conditions and nutritional influences, environmental factors including the physical sleep space and the child's sensory needs, and behavioral factors that often emerge in response to challenges within the first two domains. Participants will explore how these areas interact to shape sleep quality and will learn how physical therapists can screen for red flags, apply validated parent-report tools, and identify intervention strategies aligned with each child's unique presentation.

Learning Objectives

Objective 1: Describe how systemic factors—including medical conditions and nutritional or biochemical influences—affect pediatric sleep.

Objective 2: List 3 ways a child's sensory needs may be better met during sleep events.

Objective 3: Identify 3 red flags that indicate the need for interdisciplinary referral.

Objective 4: Demonstrate the ability to use clinical reasoning to develop a sleep plan for a child and their family.

SUN 9:00 - 10:30AM

Shared Clinical Instruction: Evidence, Strategies, and Panel Discussion

Kathleen Yahya, PT, DPT, GCS • Maegan Olivos, PT, DPT, MPH, GCS • Rachael Maguire PT, DPT & Ian Talbot PT, DPT, OCS

Meeting the growing demand for physical therapists requires a coordinated effort between academic programs and clinical sites. With over 34,000 PT students enrolled nationally and PT demand projected to grow nearly 15% by 2037, expanding clinical education capacity is a workforce priority for the entire profession. This session explores shared clinical instruction, a model in which one student is supervised by two or more clinical instructors during a single rotation, as a practical response used throughout the US. Combining a didactic presentation with a panel discussion, this session covers the evidence base for shared supervision, including benefits, challenges, and national incidence data, as well as phase-by-phase strategies from pre-rotation planning through post-rotation reflection to set shared instruction up for success at your site. A live panel featuring clinicians & SCCEs from Colorado clinical sites brings firsthand perspectives on novice/experienced CI pairings, peer CI partnerships, and administrative CI models. Attendees will leave equipped with immediately actionable strategies to implement shared instruction, which can reduce CI burnout, expand placement capacity, and enrich the student learning experience.

Learning Objectives

Describe the current evidence supporting shared clinical instruction, including its incidence, benefits, and challenges.

Identify key considerations when selecting and pairing clinical instructors for a shared supervision model.

Apply practical strategies for planning and navigating a shared clinical rotation, including co-CI communication and collaborative assessment.

Explain how shared clinical instruction can expand placement capacity and reduce CI burnout in response to current workforce demands.

SUN 9:00 - 10:30AM

Stepping Into the AI Era: Opportunity, Caution, and the PT's Role in Getting It Right

Jennifer Masamitsu, PT, DPT, OCS, FAAOMPT — Sayvant • Mark Andersen-Nissen, PT, DPT

Artificial intelligence is already reshaping how physical therapists document, communicate, and make clinical decisions. Many PTs encounter AI through media coverage that leans toward sweeping promises or urgent cautions, or through hands-on use of AI documentation tools — but often without a clear understanding of how these tools work, where they have the potential to fall short, or how to evaluate and provide meaningful feedback on their outputs. This session is designed to support that understanding: an honest, evidence-grounded look at what AI is, what it is already doing in clinical settings, and what its near- and longer-term potential means for PT practice.

Drawing on current literature and the rapidly evolving landscape of healthcare AI, the session gives clinicians a conceptual framework to evaluate AI on its own terms — understanding why errors, including hallucinations, happen and how to weigh them against realistic clinical context. Attendees will examine AI applications directly relevant to outpatient PT, with an honest look at where different tools stand today and where they are headed — including documentation tools, patient communication, and clinical decision support. The session addresses not only the risks clinicians worry about most, but also the subtler risks — automation bias and clinical de-skilling — that deserve equal attention.

Physical therapists are not simply end users of AI. They have a professional responsibility to engage critically and shape how these tools enter the field. Attendees will leave with a practical framework for evaluating AI tools and a clear sense of the PT's active role in advancing AI responsibly within the profession.

Learning Objectives

Upon completion of this session, attendees will be able to:

Explain how large language models generate content and describe why this underlying architecture produces both clinical utility and characteristic errors.

Identify three AI tool applications relevant to outpatient PT practice and evaluate a key capability and a key limitation for each.

Recognize clinical situations in which automation bias or de-skilling may compromise PT judgment and explain why these risks emerge specifically in the context of reliable AI tools.

Apply a critical appraisal framework to assess an AI tool for clinical appropriateness, provide meaningful feedback on AI outputs, and describe the PT's professional role in advancing AI responsibly within the profession.

SUN 11:00AM - 12:30PM

From Triage to Transition: Development and Implementation of a Collaborative Geriatric Falls Pathway in the Emergency Department

Kaci DeWitt-Rickards, PT, DPT, GCS • Zachary Kuhns, PT, DPT • Kara La Grande MS, OTR/L, Heidi Kunugi DOT, OTR/L, Amie Phinney RN, BSN

Falls among community-dwelling older adults are a major cause of Emergency Department visits, repeat utilization, and preventable admissions, affecting quality of life and creating financial strain for patients, families, and health systems. This course outlines the development, implementation, and outcomes of a multidisciplinary Geriatric Falls Pathway piloted in the UCHealth Highlands Ranch Hospital ED, where physical and occupational therapists served as key clinical decision-makers. Participants will review falls epidemiology, ED utilization trends, and a gap analysis revealing inconsistent mobility assessment, limited fall-prevention education, and barriers to timely community follow-up.

The course covers pathway design, stakeholder engagement, screening tools, therapist-led assessment models, workflow redesign, and communication strategies to maintain throughput. Operational elements including team recruitment, coordinated consultation, standardized functional assessment, and therapist-driven discharge referrals are examined alongside 90-day pilot outcomes such as reduced recidivism, avoided admissions, and improved interdisciplinary collaboration. Case examples highlight clinical decision-making, discharge planning, and system-level impact.

Learning Objectives

1. Describe the clinical, financial, and operational impact of falls among older adults presenting to the emergency department.
2. Identify key gaps in traditional ED workflows related to mobility assessment, fall prevention, and discharge planning.
3. Explain the role of embedded PT and OT in improving functional assessment, discharge safety, and community-based referrals.
4. Apply practical strategies for multidisciplinary collaboration, communication optimization, and workflow redesign in a high-acuity ED environment.
5. Review barriers to implementation and sustainability while identifying solutions for scaling geriatric-focused ED initiatives.

SUN 11:00AM - 12:30PM

Leading When It's Not Clean: Small-Unit Leadership for Physical Therapy Practice

Eric Wilson, PT, DPT, DSc, OCS, SCS, CSCS, FAAOMPT — Augustana University

Leadership in PT is often discussed conceptually but rarely taught in a way that translates to real-world clinical environments. This session focuses on practical, small-unit leadership principles adapted from military leadership and applied directly to PT practice.

Participants will learn how to lead teams under pressure, prioritize effectively, and make decisions in environments characterized by uncertainty, competing demands, and limited cognitive bandwidth. Emphasis is placed on the distinction between leadership and management, highlighting the leader's role in directing people, managing system flow, and removing barriers that impair team performance.

Attendees will be introduced to a simple, repeatable leadership model that integrates prioritization, delegation, and cognitive bandwidth to support real-time decision-making. Additional focus will be placed on identifying system bottlenecks and protecting team cognitive bandwidth.

The session also addresses the importance of leaders entering the environments they are responsible for to identify friction points and build trust. Case-based scenarios will illustrate common leadership failures and provide concrete language and actions participants can immediately apply to improve team performance.

Learning Objectives

1. Differentiate leadership and management roles in clinical practice and describe the leader's responsibility in optimizing team performance
2. Apply a structured decision-making framework that integrates prioritization, delegation, and cognitive bandwidth in high-demand clinical environments
3. Analyze clinical scenarios to identify system bottlenecks and implement strategies to improve workflow and team efficiency
4. Demonstrate effective communication, delegation, and decision-making strategies that reduce cognitive overload and improve team execution

SUN 11:00AM - 12:30PM

Meeting the Brain Where It Is: Integrating INCOG 2.0 and Rancho Levels to Drive Acute Care TBI Rehabilitation and Discharge Decision-Making

Melissa Delvecchio — UCHealth

This session equips physical therapy clinicians with a practical, evidence-based framework for managing patients with moderate to severe traumatic brain injury (TBI) in the acute care setting. Despite the complexity of cognitive and behavioral impairments following TBI, clinicians are often challenged to match interventions appropriately to a patient's current level of recovery, leading to safety risks, suboptimal outcomes, and inconsistent care delivery.

This course integrates the updated INCOG 2.0 Clinical Practice Guidelines for Cognitive Rehabilitation with the Rancho Los Amigos Levels of Cognitive Functioning to create a structured, clinically actionable approach to evaluation, intervention, and documentation. Attendees will learn how to interpret cognitive presentation across phases of recovery—including disorders of consciousness and post-traumatic amnesia—and align therapy strategies accordingly. Emphasis will be placed on real-time clinical decision-making, including how to modify stimulation, cueing, task complexity, and mobility interventions based on cognitive capacity.

In addition, the session will address a critical but often overlooked area: documentation and discharge justification. Participants will learn how to translate cognitive findings into defensible clinical reasoning to support appropriate discharge recommendations, including inpatient rehabilitation placement.

Through case-based discussion and discipline-integrated perspectives, this session bridges the gap between evidence and bedside practice. Attendees will leave with clear frameworks, intervention strategies, and documentation language that can be immediately applied in acute care settings to improve patient safety, interdisciplinary consistency, and rehabilitation outcomes

Learning Objectives

1. Explain the key components of the INCOG 2.0 Clinical Practice Guidelines and their relevance to cognitive rehabilitation in moderate to severe TBI.
2. Differentiate Rancho Los Amigos Levels of Cognitive Functioning and apply them to interpret patient presentation in the acute care setting.
3. Design appropriate, level-specific physical therapy interventions that align with cognitive capacity, including during disorders of consciousness and post-traumatic amnesia.
4. Apply evidence-based clinical reasoning to support safe discharge planning and construct defensible documentation for rehabilitation placement

SUN 11:00AM - 12:30PM

Recognizing and Treating BPPV in Children and Adolescents

Inger Brueckner, PT — Presbyterian/St. Luke's Medical Center

Vestibular assessment is a critical, yet often overlooked, component of pediatric care. While frequently associated with older adults, recent evidence shows that vestibular dysfunction affects over 30% of children and adolescents worldwide (Saniasiaya et al., 2023). Because young patients rarely report classic vertigo, clinicians must learn to identify "hidden" symptoms like headaches, behavioral changes, and academic decline. This seminar provides a deep dive into pediatric BPPV, covering age-appropriate assessment and evidence-based treatments like canalith repositioning. You will leave with practical, clinic-ready strategies to immediately improve outcomes for your pediatric caseload.

Learning Objectives

1. Participants will demonstrate the ability to select and perform modified positional vestibular bedside test for pediatric patients—to identify Benign Paroxysmal Positional Vertigo (BPPV) .
2. Participants will be able to describe treatment such as Brandt-Daroff and canalith repositioning options for treatment either at home or in the clinic.
3. Participants will learn to evaluate the success of canalith repositioning maneuvers by monitoring for the resolution of symptoms and utilizing pediatric-specific outcome measures.
4. Participants will be able to recognize red flags that may necessitate referral to appropriate providers.

SUN 1:30 - 4:45PM (15 MIN BREAK)

Primary Care PT in the Real World: What You Must Be Able to Evaluate and Treat - Stop Referring Everything & Start Building Competence in Primary Care Physical Therapy

Eric Wilson, PT, DSc, DPT, OCS, SCS, CSCS, FAAOMPT — Augustana University - Colorado Campus • Jennifer Downey Wilson, PT, DPT, PCS • Jenn Davia, PT, DPT, DHSc; Shelene Thomas, DPT, EDD, GCS, FNAP; Jessica Bombino Elliott, DPT, PhD, NCS

This content is grounded in current clinical practice guidelines and epidemiologic trends relevant to Colorado practice.

Primary care physical therapy (PCPT) is expanding rapidly, yet many clinicians lack clarity on what they must competently evaluate, manage, and appropriately refer. This session moves beyond theory to examine how PCPT is practically applied across the lifespan.

Drawing on extensive clinical experience—including military, acute care, outpatient, inpatient, and community-based settings—this panel of subspecialists presents a pragmatic framework for practicing at the top of scope. Attendees will gain a focused understanding of the most essential conditions physical therapists must be prepared to manage within primary care, including key red flags that require referral.

Each subspecialty area (orthopedic/sports, neurology, cardiopulmonary, geriatrics, pelvic health, and pediatrics) will highlight three high-impact diagnoses commonly encountered in Colorado practice. Presenters will integrate evidence-informed management strategies, clinical decision-making processes, and case-based applications to illustrate real-world implementation.

Emphasis will be placed on differential diagnosis, triage, and referral decision-making in direct access environments. A concluding panel discussion will address clinical uncertainty, scope boundaries, and practical challenges in implementing PCPT models.

This session is designed for clinicians seeking to improve efficiency, clinical reasoning, and confidence in managing diverse patient populations without unnecessary referral, while maintaining patient safety and evidence-based practice.

Learning Objectives

Upon completion of this session, attendees will be able to:

1. Apply principles of primary care physical therapy to guide clinical decision-making, including triage and referral in a direct access environment

2. Differentiate common musculoskeletal, neurologic, geriatric, pelvic health, and pediatric conditions from red flag presentations requiring medical referral
3. Implement evidence-informed examination and management strategies for high-prevalence conditions across the lifespan
4. Integrate a structured clinical reasoning framework to improve efficiency and reduce unnecessary referrals in primary care practice

SUN 1:30 - 3:00PM

The Sound of Movement: Enhancing Pediatric Motor Skills With Music

Christine Robenalt, PT, MPT — Spark Home Health

The purpose of this presentation is to deepen understanding of the science behind music-supported motor development and to empower therapists with creative, practical tools they can immediately apply in their clinical work. Participants will first explore current research demonstrating how rhythm, melody, and musical structure support motor coordination, timing, and neural connectivity. This foundation will help therapists understand why music can be such a powerful tool for motor learning and engagement.

The session will heavily focus on applying these principles in practice. Therapists will learn a variety of songs, movement games, and rhythm-based activities designed to target gross motor skills, fine motor control, balance, and bilateral coordination. Participants will have opportunities to observe, practice, and consider adaptations of these techniques for the clients they work with.

Finally, the session will create space for collaborative learning. Therapists will share in small groups how they currently use music in their sessions, discuss challenges and successes, and generate new ideas together.

Learning Objectives

1. Participants will be able to summarize current evidence describing how rhythm, melody, and musical structure influence pediatric motor coordination, timing, and neural connectivity.
2. Participants will be able to apply at least three music-based movement strategies—such as rhythm-guided motor tasks, song-based routines, or instrument-supported activities—to address specific pediatric motor goals including balance, bilateral coordination, and fine or gross motor skills.
3. Participants will be able to apply clinical decision-making to select at least two music-based activities or songs that appropriately support the motor goals of a current pediatric client.

SUN 1:30 - 3:00PM

Oncology and Lymphedema in the Orthopedic Setting

Nicole Sayler, PT, DPT, OCS, SCS, CLT — Howard Head Sports Medicine

With the continued rise in cancer survivorship, outpatient orthopedic physical therapists are increasingly treating patients with a past or current history of cancer and cancer-related treatment. This educational presentation is designed for the outpatient orthopedic clinician and focuses on improving awareness of the long-term and often subtle effects of cancer therapies that may influence patient presentation, risk factors, and rehabilitation outcomes—even when patients present for non-oncologic diagnoses.

The goal of this presentation is not to train oncology physical therapists, but to create more informed, confident, and well-rounded orthopedic clinicians. With an estimated 18–20 million cancer survivors in the United States and approximately 10–20% of the adult outpatient orthopedic caseload consisting of cancer survivors, understanding how a history of cancer impacts rehabilitation is essential for safe and effective patient care.

Learning Objectives

1. Upon completion of this session, attendees will be able to describe the long-term musculoskeletal and systemic effects of hormone therapy, chemotherapy, radiation, and cancer-related surgeries that may influence orthopedic patient presentation and rehabilitation outcomes.
2. Upon completion of this session, attendees will be able to identify and explain the cardiovascular, pulmonary, and fatigue-related impairments associated with cancer treatment and how these factors may alter aerobic tolerance, strength progression, and overall functional performance.
3. Upon completion of this session, attendees will be able to apply appropriate exercise prescription principles, including activity modification, energy conservation strategies, and phased progression, for patients with a history of cancer treatment.
4. Upon completion of this session, attendees will be able to recognize and monitor risk factors and early signs of lymphedema and implement appropriate patient education and referral strategies within the outpatient orthopedic setting.

SUN 1:30 - 4:45PM (15 MIN BREAK)

Annual Mobility Assessment - Community Screening and Expanding Business Model into Prevention

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The Academy of Geriatric Physical Therapy that has developed an Annual Mobility Assessment (AMA), currently in pilot phase, meant to be used for individuals age 55 and older to detect mobility limitations. The assessment is made up of evidence based and established outcome measures that are typically a part of physical therapy management. This assessment is specifically intended for individuals that are pre-clinical, in other words not being seen currently for mobility limitations. The assessment was designed with goal that it could be done on a routine basis to detect changes in physical function and mobility and then followed up with education and referrals based on the needs of the individual. Adding annual screening to community dwelling older adults as a component of an approved Medicare annual screening could be a value-added service to communities in Colorado.

While the components of the AMA have been well studied, there are no studies looking at the AMA as a complete tool, the usefulness of the measurement, or individuals' perceptions of the assessment. The purpose of this presentation is to examine the feasibility, usefulness, satisfaction, and implementation of the AMA for individuals age 55 years or older in Colorado, including rural areas of Colorado. This presentation will look at participants' immediate impressions of the AMA and how results of the AMA relate to risk for adverse events such as falls, a change in living environment, and hospitalization based on the literature, state and national data. Additionally, we will have some lab time to review the screening items and identify key components to putting this assessment into practice.

Learning Objectives

Upon completion of this session, attendees will be able to utilize and perform the Annual Mobility Assessment (AMA). In addition, participants will be able to understand the practical aspect of integrating the AMA. Finally, participants will be able to understand the need for and mechanisms to apply the AMA or similar assessments for upstream management of function in older adults in our aging society.

SUN 3:15 - 4:45PM

My Patient May Have Upper Cervical Instability...Now What? Clinical Decision-Making and Diagnostic Imaging for the Bobble-Head Headache and Headache Triangle

Caroline Creager, PT, DPT — Physical Therapy Doctors

Course Description

Upper cervical instability (UCI), also known as craniocervical instability, presents a growing clinical challenge for physical therapists due to its complex and often overlapping symptom profile. Patients may report the so-called bobble-head headache, alongside dizziness, visual disturbances, autonomic dysfunction, and exercise intolerance—symptoms that

frequently mimic or coexist with intracranial pressure disorders and cerebrospinal fluid (CSF) leaks. A history of head trauma may further complicate presentation and clinical decision-making.

This session provides a practical, clinically grounded framework for recognizing and managing UCI within the broader context of the headache triangle: upper cervical instability, intracranial hypertension (including venous outflow disorders), and intracranial hypotension due to CSF leak. Attendees will explore how these conditions intersect, particularly in patients with hypermobility syndromes and dysautonomia, and how the proposed spiky leaky syndrome may contribute to complex presentations involving both instability and altered CSF dynamics.

Participants will review current diagnostic strategies, including imaging and clinical testing, while developing sharper differential diagnosis skills. Extensive guidance will be provided on how to determine appropriate diagnostic imaging and how to effectively write imaging orders. Emphasis will be placed on recognizing when UCI may mimic a CSF leak—and when both may coexist.

This course delivers actionable strategies drawn from clinical practice. Attendees will learn to avoid common pitfalls such as aggressive chin tucking and end-range loading, while implementing deep cervical stabilization, neuromotor control, and visual integration exercises, including laser-guided training.

Learning Objectives

Learning Objectives

Upon completion of this session, attendees will be able to:

- Explain the clinical presentation and underlying mechanisms of upper cervical instability, including the role of head trauma and joint hypermobility.
- Differentiate upper cervical instability from intracranial hypertension, venous outflow disorders, and CSF leaks.
- Determine appropriate diagnostic imaging and construct effective imaging orders for suspected cases.
- Design individualized exercise programs that minimize symptom exacerbation by applying safe exercise strategies for upper cervical instability.