

2025 Education Conference Information and Schedule

2025 APTA Nebraska Chapter Annual Education Conference
March 28-29, 2025 | Younes Conference Center North, Kearney NE



Kickoff Oxford Debate & Awards Reception

March 28, 2025 | 6:30-9 p.m. CT

All registered conference attendees and awardees are invited to join us in kicking off the annual education conference and celebrating the 2025 APTA-NE awardees. Sponsors and exhibitors will be on hand. Expect a bar with drink tickets available (for those 21 years or older with ID) and heavy appetizers, all included in the cost of the conference registration. We will also host an Oxford Debate on the topic: *PT's/PTA's should specialize in a subfield as designated by specialist credentials.*

2025 APTA-NE Chapter Annual Education Sessions and Business Meeting

March 29, 2025 | 6:30 a.m. - 4 p.m. CT

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| ● Registration & hot breakfast | 6:30-7:30 a.m. |
| ● Session 1 | 7:30-9:30 a.m. |
| ● Morning break & poster session 1 | 9:30-10:00 a.m. |
| ● Session 2 | 10:00-12:00 a.m. |
| ● Lunch & business meeting | 12:00-1:30 p.m. |
| ● Afternoon break & poster session 2 | 1:30-2:00 p.m. |
| ● Session 3 | 2:00-4:00 p.m. |

Know before you go:

Registration: On Friday night and Saturday morning, registration tables will be located in the lobby of the Younes Conference Center North outside the business meeting hall. Conference attendees are encouraged to wear their work/student nametag, however, conference nametags will be available upon check-in if you prefer. You will be given a sticker to place on your nametag/badge to indicate registration.

Saturday Meals:

- Build Your Own Breakfast Burrito will be available from 6:30 AM - 8:30 AM.
- Lunch will include pizza, pasta, salad and more
- Light snacks and drinks will be available during the AM and PM breaks.
 - All food is served in the Business Meeting Hall.

Session selection and CEUS: Attendees will choose sessions to attend during the day of the conference. All sessions are first come, first serve. If a session reaches capacity, attendees are required to choose a different session to maintain fire and safety codes. To be eligible for CEU credits, attendees will complete the exit survey at the end of each session. CEU credits will be emailed within two weeks of the conference. Participants can earn up to 6 contact hours of CEU credits if they attend all three sessions. However, participants have the option to skip sessions at their own discretion, forfeiting any CEU credits missed.

The business meeting offered in hybrid format is open to all APTE-NE members regardless of conference registration.

Conference pricing includes the kickoff reception and the conference sessions with CEUs.

Pricing dates	Students	APTA-NE Members	Non-Members	Session Speakers	Poster Presenters (up to 2 per poster*)
Early Registration (Now-March 1st, 2025)	\$99	\$149	\$199	\$29	\$50*
Regular Registration (March 2nd-March 28th, 2025)	\$149	\$249	\$299	—	—

*Pricing for poster presenters is for the first 2 presenters. Any additional presenters are subject to paying the full rate. Only those who present/attend the conference are required to register.

Accommodations:

A block of rooms will be available Friday, March 28, 2025 at a special conference rate:

- Crowne Plaza for \$149.95 per night
 - [Book Your Group Rate Reservation Here](#)
 - Last Day to Book : Friday, February 28, 2025
- Fairfield Inn & Suites Kearney for \$144.95 per night
 - [Book Your Group Rate Reservation Here](#)
 - Last Day to Book : Friday, February 28, 2025

Programming Options at a Glance

Session One Options - 7:30-9:30 AM CT

Session Title	Room #
AI Made Simple: A Practical Guide for PT Practice	Gold 1
Untwisting the Truth About Torticollis	Gold 7
Proximal Hamstring Strain - Current State of Practice	Silver 1/7

Session Two Options - 10:00 AM-12:00 PM CT

Session Title	Room #
Using Blood Flow Restriction (BFR) Training in Your Physical Therapy Practice	Gold 1
Treating Chronic Back Pain with Functional Nerve Mobilizations: Don't Be Nerve-ous	Gold 7
Thinking About Cognition, Neurodegenerative Diseases, & Communication	Silver 7

Primary Care Physical Therapy: Implications, Implementation, and Advocacy	Silver 1
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Session Three Options - 2:00 PM-4:00 PM CT

Session Title	Room #
Holistic Assessment and Intervention Program for Chronic Lower Extremity Conditions	Gold 1
4-Element Movement System Model	Gold 7
Foundations of Amputee Rehabilitation	Silver 1/7

Programming Options - In Depth

*References will be presented by the speakers during the conference. Follow up questions about the sessions should be directed towards the speakers.

Session One
AI Made Simple: A Practical Guide for PT Practice - Speakers: Brad Dexter, PT, DPT; Stacie ML Christensen, PT, DPT, NCS, CBIS, CSRS; Megan Frazee, PT, DPT, OCS, FAAOMPT - Keywords: Artificial Intelligence, Technology, Rehabilitation, Ethical Use - Course Description: This 2-hour course provides practicing and student physical therapy professionals with a foundational understanding of artificial intelligence (AI) and its emerging applications in physical therapy practice. Participants will explore the basics of AI technology, current and potential uses in rehabilitation, and ethical considerations. Through interactive discussions and case studies, learners will gain insight into how AI can enhance patient assessment, treatment planning, and outcome prediction in physical therapy. - Objectives: - Define artificial intelligence and its key components as they relate to healthcare and physical therapy. - Discuss the ethical implications and potential challenges of implementing AI in physical therapy, including issues of data privacy and the human-technology interface. - Identify current applications of AI in physical therapy practice. - Explore how AI tools can be integrated into clinical decision-making processes to improve patient care and efficiency in physical therapy practice. - Describe potential future developments of AI in rehabilitation and their impact on physical therapy practice.
Untwisting the Truth About Torticollis - Speakers: Kellie S Gossman PT DPT PCS; Suzanne Wing Dougherty, PT, DPT, PCS - Keywords: Torticollis; Pediatrics; Infant Development; Plagiocephaly - Course Description: Torticollis is the third most common congenital orthopedic anomaly with an incidence of 3.9-16%. This session is designed for community therapists who may be less

comfortable with pediatric care but desire to gain confidence in treating patients with plagiocephaly and torticollis. Learners will gain a foundation for applying APTA's Congenital Muscular Torticollis (CMT) Clinical Practice Guideline to their practice. Then, learners will expand on foundational knowledge with a practical lab for both assessment and intervention. This session provides a hands-on exploration of examination and intervention techniques for infants with congenital muscular torticollis. Examples of assessments include ways to measure cervical range of motion, strength, posture, motor development, and the severity of the torticollis and plagiocephaly. Intervention techniques will be practiced to ensure effective home exercise programs that include stretching, positioning, strengthening, and ways to promote symmetrical movement patterns. Additionally, we will explore the proper timing and use of helmet banding, evaluating their effectiveness in supporting proper head shape and alignment and facilitating overall recovery.

- Objectives:
 - Deepen understanding of the pathophysiology of torticollis and the biomechanical effects of torticollis on the developing infant.
 - Outline the assessment components of a torticollis evaluation.
 - Apply the congenital muscular torticollis practice guideline when prescribing the timing of physical therapy, including frequency and discharge based on age and severity.
 - Demonstrate thorough physical examinations to identify congenital muscular torticollis' severity and specific characteristics in infants, including range of motion, muscle strength, and developmental assessment.
 - Demonstrate evidence-based intervention strategies for optimizing outcomes incorporating developmental theory, play-based activities, and therapeutic exercise.
 - Develop an effective home exercise program that enhances flexibility and strength of neck and trunk muscles, promotes symmetrical movement patterns, and enhances overall development.

Proximal Hamstring Strain - Current State of Practice

- Speakers: Mike Wellsandt PT, DPT, OCS
- Keywords: Hamstring, Sports, Conservative Management
- Course Description: Hamstring injuries are a common injury in sports and the general population, making up approximately 15% of all sports injuries with a reinjury rate upwards of 35%. While proximal hamstring injuries only make up around 10% of all hamstring injuries, these injuries tend to cause greater disability and have a longer recovery time than other hamstring muscle injuries. The management of proximal hamstring injuries is often more complex with a delayed return to activity. This course will review common mechanisms of injury to the hamstring complex, with a focus on proximal hamstring, along with differential diagnosis. The current evidence regarding conservative and surgical management will be reviewed. A lab component will instruct the participants in various exercises utilized in conservative management of proximal hamstring injuries.
- Objectives:
 - Describe common injury mechanisms for proximal hamstring injuries.
 - Describe best evidence examination techniques.
 - Demonstrate best evidence of exercise interventions for treatment of proximal hamstring injuries.

Session Two

Using Blood Flow Restriction (BFR) Training in Your Physical Therapy Practice

- **Speakers:** Brett Burton, PT, DPT, SCS, ATC, CSCS
- **Keywords:** blood flow restriction, exercise, rehabilitation
- **Course Description:** Brett will be providing a comprehensive introduction to BFR. He will touch on the following five points.
 - What is BFR - what happens to a limb and the body when BFR bands are applied?
 - History of BFR - where did it start and why did it take so long to reach the US?
 - Types of BFR - what are the 3 categories of BFR bands on the market?
 - Benefits of BFR - why is BFR uniquely beneficial and what research supports these claims?
 - Application of BFR - how can BFR be safely applied with the best outcomes?He will also bring several types of BFR bands for attendees to try on and experience as desired.
- **Objectives:**
 - Attendees will recall where BFR began.
 - Attendees will compare the different types of BFR bands.
 - Attendees will explain why BFR is advantageous for the rehabilitative setting.
 - Attendees will create an example BFR session for a patient.

Treating Chronic Back Pain with Functional Nerve Mobilizations: Don't Be Nerve-ous

- **Speakers:** Nick Weber PT, DPT, OCS, FAAOMPT
- **Keywords:** Back pain, nerve mobilization
- **Course Description:** Understanding the peripheral neural anatomy of the body can be daunting for all clinicians and is one area that brings simultaneous feelings of dread or curiosity. Likewise, neural tension tests and neurodynamic mobilization treatments can often be difficult to understand, process, and implement into clinical practice. Participants will be guided through clinically meaningful methods of neurodynamic testing and various neurodynamic treatment ideas to improve functional mobility for patients with chronic back pain. This session will conclude with discussion of a case study to demonstrate the importance of test, treat, and retest concepts using the assessment and treatment techniques covered in this session.
- **Objectives:**
 - Review peripheral neural anatomy and its role in the lower extremity.
 - Compare neural tension tests for individuals with chronic low back pain.
 - Identify evidence-based evaluation skills of neurodynamic mobility.
 - Design a functional treatment approach for the individual with neurodynamic mobility limitations.

Thinking About Cognition, Neurodegenerative Diseases, & Communication

- **Speakers:** Rashelle Hoffman PT, DPT, PhD, GCS; Vaishali Phatak PhD, American Board of Professional Psychology-Clinical Neuropsychology
- **Keywords:** Cognition, Neurodegenerative Diseases, Communication
- **Course Description:** Many physical therapists working with older adults treat patients with cognitive impairment. Unfortunately, many of these patient encounters result in providers concluding that patients are non-adherent with medical recommendations. However, cognitive testing results are rarely utilized to optimize therapist-patient encounters for individuals with neurocognitive impairment. Global cognitive screening identifies possible neurocognitive domain deficits. A better understanding of the level and specific neurocognitive domain impairment can be vital for improved

adherence and a key contributor to current and future functional status. The neurocognitive domains can be further tested outside neurology-specialty settings by medical providers (e.g., rehabilitation professionals) to guide approaches to enhance patient-centered care and to understand specific disease processes. We specifically provide recommendations based on disease and associated domain impairments for enhancing communication with patients, care partner training, a strength-based patient approach, and exercise/physical activity recommendations to optimize well-being.

- Objectives:
 - Describe the importance of early cognitive decline detection
 - Compare and contrast the different neurocognitive domains and how they present in common neurodegenerative diseases
 - Analyze the typical cognitive impairments found in various diagnoses commonly seen by physical therapists and physical therapy assistants.
 - Discuss and practice the tests and measures commonly used to determine the affected domains
 - Compare and contrast different evidence informed interventions and adaptations to assist with improving or slowing progression of the impairments and optimize treatment sessions

Primary Care Physical Therapy: Implications, Implementation, and Advocacy

- Speakers: Amber Herrington, PT, DPT
- Keywords: Primary Care Physical Therapy, Advocacy
- Course Description: There is a critical shortage of primary care providers in the US and Nebraska, that is only expected to worsen in coming years. Rural Nebraska is especially affected by these shortages. Not only can physical therapists help fill this gap, but there is increasing amounts of data demonstrating that primary care presents a huge opportunity for physical therapists and the health system to produce better outcomes, ensure optimal utilization of resources, and decrease costs. Physical therapists have served in a primary care role in the military for decades. We are beginning to see wider integration across the country, but obstacles remain. This course is designed for practicing and student physical therapy professionals to learn more about the current state of physical therapy in primary care and how we can continue to advocate for the ability to practice at the top of our scope to meet the needs of the patients in our communities.
- Objectives:
 - Differentiate between the philosophy of primary care physical therapy and direct access
 - Engage in a discussion about the needs and current state of primary care in physical therapy and other professions.
 - Identify the key arguments and factors that are either supportive of or barriers to primary care physical therapy
 - Understand current implementation strategies for primary care physical therapy
 - Recognize advocacy opportunities related to primary care physical therapy

Session Three

Holistic Assessment and Intervention Program for Chronic Lower Extremity Conditions

- Speakers: Abbis Jaffri PT, MS, PhD; Nick Weber PT, DPT, OCS, FAAOMPT
- Keywords: chronic pain, chronic injury, lower extremity, psychological profiling, ankle instability

- **Course Description:** Individuals with chronic lower extremity problems, such as Patellofemoral Pain and Chronic Ankle Instability, often have poorer long-term outcomes. One reason could be that physical therapists are often unaware of psychological factors and focus solely on biological constraints. However, chronic injuries typically present with psychological factors in addition to biological issues. It is crucial to perform psychological assessments alongside physical assessments to better optimize treatment. This course will equip participants to understand basic, short movement-related psychological assessments that can be easily used in a clinical setting and are strong predictors of recovery. The second part of this course will focus on improving physical therapy interventions by developing psychologically informed practices. Dr. Jaffri has developed an excellent program that integrates psychological components with physical therapy, which can greatly benefit the participants. Moreover, Dr. Weber with his immense musculoskeletal experience would further elaborate on the best practices for treating chronic musculoskeletal injuries and how these strategies can all be lumped together to improve the functional outcomes. Conclusively, this is a very unique and novel course that would be of great significance and value for participants to enhance their clinical practice.
- **Objectives:**
 - Recognizing psychological impairments in chronic musculoskeletal conditions
 - Identifying best psychological predictors of recovery to be used in clinic
 - Identifying evidence base psychologically informed practices for chronic lower extremity injuries

4-Element Movement System Model

- **Speakers:** Elizabeth Wellsandt, PT, DPT, PhD, OCS; Sara Bills, PT, DPT, GCS; Stacie Christensen, PT, DPT, NCS
- **Keywords:** movement analysis, examination, clinical education, clinical reasoning
- **Course Description:** The 4-Element Movement System Model is a newly developed, innovative framework to understand and manage movement dysfunction across a wide variety of patient conditions in different practice settings across the lifespan. The overall goal of this session is to 1) equip novice clinicians with the cognitive skills to guide visual assessment of movement that can be used to develop movement hypotheses that serve to identify more quantitative tests and measures within physical therapist examination, and 2) equip clinical instructors and educators with a framework to guide student clinical reasoning of movement dysfunction. The learner will develop skills to qualitatively observe movement using targets of control, amount, symmetry, speed, and symptoms. The learner will then apply these movement observations to the four essential elements to all movement: motion, force, energy and control. The 4-element model incorporates environmental contexts and personal factors, so its integration within the International Classification of Functioning, Disability and Health (ICF) and the Patient/Client Management Model will be discussed. Finally, the learner will be provided with examples to guide the use of the 4-element model within clinical education to enhance the ability of students and novice clinicians to complete complex reasoning using movement in physical therapy practice.
- **Objectives:**
 - Explain the integration of movement analysis within the Patient/Client Management Model and International Classification of Functioning, Disability and Health (ICF).
 - Describe the observation targets and elements that form the 4-Element Movement System Model.
 - Apply the 4-Element Movement System Model to patient examples of movement across various body systems and practice settings.

- Describe strategies to implement the 4-Element Movement System Model into clinical education.

Pre-prosthetic therapy, prosthetic training, gait training

- Speakers: Jason Meints PT, DPT; Darren Stoop PT, DPT
- Keywords: Pre-prosthetic therapy, prosthetic training, gait training
- Course Description: There are many advantages to early post-operative care to optimize patient outcomes. This session will take you through a sample pre-prosthetic rehabilitation program plan, including residual limb care and outcomes assessment, to help with preparing your patients as they progress through this early phase in their care. Additionally, this session will take you through a sample post-prosthetic rehabilitation program plan, including gait assessment and balance techniques, with the overall goal of providing you with a comprehensive plan that can be customized based on real patient profiles and overall mobility goals
- Objectives:
 - Identify the unique care needs of each patient that best prepares them for prosthetic rehabilitation and restored mobility
 - Describe options for residual limb care based on the presentation of the patient
 - Assess musculoskeletal movement strategies of patients with amputations and formulate unique rehabilitation protocols
 - Analyze gait and employ balance techniques to support patient outcomes

Speaker Biographies

Sara Bills, PT, DPT, GCS

- University of Nebraska Medical Center
- Omaha, NE

Dr. Bills is an Assistant Professor and Associate Director in the Division of Physical Therapy Education at the University of Nebraska Medical Center (UNMC). She is a Board-Certified Clinical Specialist in Geriatric Physical Therapy. She coordinates a two-course sequence in which students learn how movement is affected by and impacts cardiopulmonary and integumentary systems. She has been an active collaborator on the DPT program's curricular revision, which included greater integration of the movement system and clinical reasoning models. She has also been involved in developing the curriculum for a new Master's in Rehabilitation Science program. In 2019, Dr. Bills received both the College of Allied Health Professions Excellence in Teaching award and the UNMC Outstanding Teacher award. Dr. Bills is a member of the Cardiovascular and Pulmonary, Education and Geriatric Academies of the APTA.

Brett Burton, PT, DPT, SCS, ATC, CSCS

- One Harmonic Motion and Somavive
- McCook, NE

Brett has been teaching blood flow restriction (BFR) to health and fitness professionals since 2019 across the United States as well as internationally. Brett has worked for St. Luke's Health System in Boise, ID, EXOS in Phoenix, AZ, and started One Harmonic Motion and Somavive in Arizona prior to returning home to Nebraska in 2022 to live in his hometown of McCook.

Stacie Christensen, PT, DPT, NCS

- University of Nebraska Medical Center
- Kearney, NE

Stacie ML Christensen, PT, DPT, is an Assistant Professor with the Physical Therapy Program at the University of Nebraska Medical Center (UNMC) in Kearney, NE. Christensen received her Doctor of Physical Therapy in 2008 from UNMC and became a Board-Certified Clinical Specialist in Neurologic Physical Therapy in 2020. She is an active member of the Academy of Neurologic Physical Therapy including the Stroke Special and Assistive Technology/Wheeled Mobility Interest Groups. She is a Certified Brain Injury Specialist and Certified Stroke Rehabilitation Specialist. Her clinical specialties include neurologic rehab, specifically stroke and brain injury practicing in inpatient rehab and acute care settings.

Brad Dexter, PT, DPT

- University of Nebraska Medical Center
- Omaha, NE

Brad Dexter, PT, DPT, is an Assistant Professor with the Physical Therapy Program at the University of Nebraska Medical Center (UNMC) in Omaha, NE. Dexter received his Doctor of Physical Therapy in 2011 from UNMC. Dexter is an active Board member for the Academy of Spinal Cord Injury Professionals and is a recognized expert in his field of neurologic physical therapy and the evolving practice of physical therapy within a telehealth platform, as evidenced by his contributions to presentations and publications. Prior to joining the core faculty at UNMC, he regularly explored and utilized new technologies for rehabilitation, and was a member of the Research and Development team at QLI in Omaha, NE. His clinical specialties include neurologic rehab and telehealth physical therapy.

Suzanne Wing Dougherty, PT, DPT, Board Certified Clinical Specialist in Pediatric Physical Therapy

- Children's Nebraska
- Omaha, NE

Suzanne graduated from the Nebraska Medical Center with a Doctorate of Physical Therapy in 2010. She has spent her career in outpatient pediatrics and became a board-certified specialist in pediatric physical therapy in 2014. She has held volunteer advocacy roles within the Academy of Pediatric Physical Therapy and is the founder and director of an adaptive dance non-profit. She has experience working in the Children's Nebraska Helmet and NICU follow-up clinics, fostering her passion for access to pediatric care across the state. As an outpatient therapist, Suzanne treats children from birth to 21, with a special interest in oncology. Suzanne led

annual Development Days in 2023 and 2024 for the Children's Nebraska physical therapy team. She was a teaching assistant for Mary Massery in 2023.

Megan Frazee, PT, DPT, OCS, FAAOMPT

- University of Nebraska Medical Center
- Omaha, NE

Megan Frazee is a board-certified orthopedic specialist and a fellow of the American Academy of Orthopedic Physical Therapists. She has over 15 years of clinical experience and is an assistant professor at UNMC, teaching content related to chronic pain and musculoskeletal physical therapy of the lumbopelvic region and lower extremities. Dr. Frazee also serves as the Residency Director for UNMC's Orthopedic Physical Therapy Residency, and is an active member of the APTA, currently serving as APTA Nebraska's Eastern District Chair.

Amber Herrington, PT, DPT, NCS

- University of Nebraska Medical Center and Southeast Community College
- Omaha, NE

Amber earned her Doctor of Physical Therapy from the University of Nebraska Medical Center and is a board-certified clinical specialist in neurologic physical therapy. Amber has experience in multidisciplinary complex patient care in the inpatient, long-term care, skilled nursing, and outpatient therapy setting. She has served in program development roles for persons with strokes, brain injuries, and amputations. Amber currently has her own practice and serves as an adjunct instructor for the Southeast Community College Physical Therapist Assistant Program as well as the University of Nebraska Medical Center Physical Therapy Program including teaching in the area of practice management.

Rashelle Hoffman PT, DPT, PhD, Board-Certified Geriatric Clinical Specialist

- Creighton University
- Omaha, NE

Dr. Hoffman is an assistant professor at Creighton University's Omaha Campus. Following her DPT at the University of Nebraska Medical Center, she went on to complete the Geriatric Physical Therapy Residency Program at Creighton University and is a Board Certified Geriatric Clinical Specialist. Additionally, she obtained a PhD at the University of Nebraska Medical Center, followed by a Postdoctoral Fellowship at the University of Colorado Anschutz Medical Campus. She has clinical experience in skilled nursing, outpatient, long-term care, and home health care settings. Her research and scholarly activities are focused on neuroimaging and behavioral outcomes to understand the brain activity underlying movement and cognition and to promote physical activity with a particular interest in older adults with cognitive decline.

Kellie S Gossman PT, DPT, Board Certified Clinical Specialist in Pediatric Physical Therapy

- University of Nebraska Medical Center
- Kearney, NE

Kellie S. Gossman PT, DPT, PCS is an assistant professor in the Physical Therapy Program at the University of Nebraska Medical Center (UNMC) in Kearney, NE. She became a board-certified specialist in pediatric physical therapy in 2018 and has been active in various roles with the American Board of Physical Therapy Specialties (ABPTS) since 2020 as an item writer and as a member of the Committee of Content Experts. In addition to her teaching at UNMC, Dr. Gossman provides free developmental assessments for children in the Nebraska Tracking Infant Progress Statewide (TIPS) program in Kearney at TreeTop Family Physical Therapy.

Abbis Jaffri PT, MS, PhD

- Creighton University
- Omaha, Nebraska

Dr. Jaffri is a Fulbright Scholar, licensed physical therapist, and Assistant Professor of Physical Therapy at Creighton University. He has been teaching content related to movement science, diagnostic imaging, and the psychological aspects of pain in the DPT curriculum at Creighton. Dr. Jaffri is an expert researcher in foot and ankle rehabilitation and currently serves as the research chair for the Foot and Ankle Special Interest Group of the APTA. He has published over 20 research papers at Creighton, secured several grants, and received the Scholarly Achievement Award in 2024. Currently, he is leading multiple projects on the psychological aspects of chronic injury and optimizing physical therapy rehabilitation with psychological enhancements. He is passionate about sharing these new advancements in physical therapy interventions to improve clinical and functional outcomes in individuals with chronic lower extremity problems.

Jason Meints, DPT

- Hanger Clinic
- Omaha, NE

Jason Meints is a physical therapist specializing in lower limb loss rehabilitation. Since joining Hanger Clinic in 2014, he has been committed to enhancing rehabilitation strategies for individuals with limb loss. His journey in serving the amputee community began in 2013, and he has since been dedicated to improving the quality of life for those with limb differences. In 2012, Jason obtained his Doctorate of Physical Therapy from Des Moines University, laying the groundwork for his career in healthcare. Beyond clinical practice, Jason is actively involved in educational initiatives. He shares his expertise as a guest lecturer at Des Moines University and the University of Nebraska Medical Center, where he educates aspiring physical therapists and healthcare professionals on prosthetics and amputee rehabilitation. Jason also plays an integral role in Hanger Clinic's educational programs, where he leads courses on limb loss rehabilitation. His commitment to advancing care for individuals with limb loss is evident in his efforts to educate, innovate, and empower both patients and colleagues within the field.

Vaishali Phatak PhD, American Board of Professional Psychology-Clinical Neuropsychology (ABPP-CN)

- University of Nebraska Medical Center
- Omaha, NE

Dr. Phatak is an associate professor in the Department of Neurological Sciences at University of Nebraska Medical Center. She earned her PhD from University of Wisconsin-Milwaukee. She completed a clinical psychology internship at Long Island Jewish Medical Center and postdoctoral fellowship at Mayo Clinic. For the past 17 years, she has worked as a clinical neuropsychologist at academic medical centers with clinical, research, and teaching responsibilities. Her research has focused on behavioral interventions in neurodegenerative diseases such as Alzheimer's disease.

Darren Stoop, DPT

- Hanger Clinic
- Omaha, NE

Darren Stoop is a physical therapist at Hanger Clinic in Omaha, Nebraska. He received his Bachelor of Science in Exercise Science and his Doctorate of Physical Therapy from Creighton University. His area of specialty is in amputee rehabilitation which comprises the majority of his clinical caseload. He is an adjunct faculty member at Creighton University's School of Pharmacy and Health Professions and teaches the Amputations and Prosthetics course in the Doctor of Physical Therapy program. Dr. Stoop is involved in teaching continuing education courses in the area of prosthetics and amputee rehab with the goal of helping physical therapists and other allied health professionals better serve and treat the amputee population.

Nick Weber PT, DPT, OCS, FAAOMPT

- Creighton University
- Omaha, NE

Nick Weber is a board-certified clinical specialist in orthopedic physical therapy and fellow of the American Academy of Orthopedic Manual Therapists. Dr. Weber is an assistant professor in the Department of Physical Therapy at Creighton University teaching content in advanced imaging, gait, and management of musculoskeletal disorders of the spine and lower extremity. He also serves as coordinator of Creighton University's orthopedic residency program. With a decade of experience in outpatient physical therapy, his clinical practice focuses on the management of adults with spine and sports related injuries. Dr. Weber is also passionate about service and promoting our profession. Currently, he serves as President of the Nebraska Chapter of the American Physical Therapy Association.

Elizabeth Wellsandt, PT, DPT, PhD, OCS

- University of Nebraska Medical Center
- Omaha, NE

Dr. Wellsandt is an Associate Professor in the Physical Therapy Program of the College of Allied Health Professions and Director of the Clinical Movement Analysis Lab at the University of Nebraska Medical Center.

She is a Board-Certified Clinical Specialist in Orthopaedic Physical Therapy. Her PhD is in Biomechanics and Movement Science from the University of Delaware. Prior to that she received her DPT from the University of Nebraska Medical Center. Her current research is focused on how physical activity and movement patterns of the knee contribute to early knee osteoarthritis and other outcomes after ACL injury. Her work has been funded by the National Institutes of Health, Arthritis Foundation, Rheumatology Research Foundation, and Foundation for Physical Therapy Research. She currently holds multiple leadership positions, including positions on the Scientific Advisory Council of the Rheumatology Research Foundation and the Steering Committee of the Rehabilitation Discussion Group of the Osteoarthritis Research Society International (OARSI).

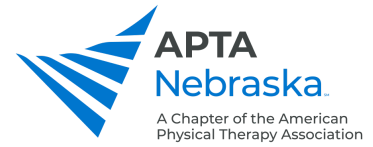
Michael Wellsandt, PT, DPT, OCS

- University of Nebraska Medical Center
- Omaha, NE

Michael Wellsandt, PT, DPT, OCS, is an Assistant Professor in the University of Nebraska Physical Therapy Program. He is a board certified orthopedic specialist, practicing in an outpatient setting at Nebraska Medicine. He has coordinated and taught in multiple courses within the physical therapy curriculum with extensive experience in the orthopedic and sports settings. Along with his teaching and clinical roles he assists with Omaha Central high school sports coverage and serves as the lead physical therapist for Union Omaha soccer club.

2025 Education Conference

Poster Abstracts



01. Inpatient Rehabilitation of a Patient Status Post Primary Brain Tumor Removal: A Case Report

Alex Eilers

Madonna Rehabilitation Hospital, Omaha, Nebraska.

Background: Brain tumors and tumor removal can cause significant functional mobility impairments. Physical therapy can address these impairments with task specific training, but special consideration should be made when prognostic information is unknown or unavailable. This case study demonstrated a flexible plan of care in inpatient rehabilitation with an uncertain prognosis.

Purpose: This case was selected to demonstrate the clinical expertise utilized to treat a medically complex patient with an uncertain prognosis. The extrapolation of neurological research in combination with supportive and palliative interventions exemplifies the decision making and flexibility of the clinician utilizing current research. Despite a poor prognosis following the provision of biopsy results, the patient with a primary brain tumor and his family were prepared for a community discharge following a short inpatient rehabilitation stay with a multimodal approach.

Case description: The patient was a 42-year-old male post craniotomy following primary brain tumor removal with symptom clusters similar to a right hemisphere stroke. For example, he had unilateral weakness, impulsivity, impaired functional mobility and needed two-person assistance for all activities of daily living. Interventions included ambulation tasks for recovery, equipment referrals to maintain independence and family training for reduced caregiver burden.

Outcomes: The patient demonstrated significant improvements in Berg Balance Test, Six Minute Walk Test, Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRFPAI) scores and The Functional Assessment of Chronic Illness Therapy-Fatigue Scale (FACIT-F). Then, he received pathology results of a grade IV glioblastoma. Due to a poor prognostic diagnosis and patient goals, the rehabilitation team shifted their goals to palliative rehabilitation and reduced the length of stay.

Discussion: This specialized care addressed multiple scenarios simultaneously from the start of inpatient rehabilitation. Aspects of recovery, supportive intervention and palliative care were incorporated to provide patient centered care and demonstrated specialist knowledge specific to oncology practice.

02. An Embodied Cognitive Approach in Teaching Spinal Tract Pathways: A Case Study Report

Monica Dial, Janet Kneiss

College of Saint Mary, Omaha, Nebraska.

Background and Purpose: Embodied cognition techniques immerse students in an activity that requires integration of motor and sensory perceptions via body movement and the environment. Experiences are then processed in the mind to create knowledge. This retrospective case report described the application of embodied cognition when teaching spinal tract pathways.

Case Description: One cohort of physical therapist students who had participated in an embodied learning activity were included. Mean values on perceptions of the learning experience and student feedback on the impacts and drawbacks of the activity were collected via survey following the experience.

Outcomes: Students provided high favorability ratings (scored on a 5 point Likert scale and averaged) for the learning experience (4.76) and had high agreement levels for feeling like the activity increased their knowledge of the neuroanatomy (4.41) and result of lesions (4.35), as well as increased confidence with answering questions related to spinal cord tracts on the final exam (4.18). However, they scored lower on agreement with the embodied activity being more beneficial than drawing spinal tracts out (3.76). Thematic analysis discovered students liked walking the spinal pathways and felt like it helped them determine the impact of lesions, however disliked the larger group size and felt confused on the site of synapses.

Discussion: Using embodied cognition in physical therapy education can improve understanding of difficult topics for courses traditionally taught using abstract methods. Future research should focus on short- and long-term outcomes in student performance and critical thinking skills when using this teaching method.

03. Squat Biofeedback After Anterior Cruciate Ligament Injury: A Randomized Controlled Trial

Elizabeth Wellsandt¹, Lauren Vatter¹, David Werner¹, Matthew McManigal¹, Mike Rosenthal¹, Mike Wellsandt¹, Alyx Jorgensen¹, Christopher Johnson², Ashley Baker³, Zach Specht³, Christopher Wichman¹, Brian Knarr¹, Matthew Tao¹
¹University of Nebraska Medical Center, Omaha, Nebraska. ²Creighton University, Omaha, Nebraska. ³Nebraska Medicine, Omaha, Nebraska.

Purpose/Hypothesis: The purpose of this randomized controlled trial (RCT) was to evaluate the efficacy of an 8-week squat visual biofeedback program implemented after ACLR to improve movement symmetry.

Subjects: 32

Materials/methods: This is a prospective, parallel, double-blinded RCT with 1:1 allocation into the visual biofeedback or standard-of-care group (NCT05363683) after ACLR. In addition to evidence-based rehabilitation, participants completed an 8-week bilateral squat protocol (2x/week; 16 total sessions) initiated within 2 weeks of surgeon allowance for 50% weightbearing. Participants stood on 2 force plates and were provided either real-time visual feedback on a screen or verbal instructions without visual biofeedback. Three-dimensional movement analysis during bilateral squats was completed at pre- and post-intervention. The limb symmetry index of the knee flexion moment (KFM) and vertical GRF (vGRF) during 3 sets of 5 bilateral were calculated. ANCOVAs were used to compare group biomechanical differences at post-intervention, with pre-intervention values as a covariate.

Results: Participants were 20.0±5.5 years old and 46.9% female. After controlling for the KFM at pre-intervention, there was no significant difference in KFM impulse (p: 0.293; Biofeedback–Pre: 20.8±16.9%, Post: 54.2±27.9%; Control–Pre: 25.7±16.2%, Post: 50.0±21.4%) at post-intervention. However, the squat biofeedback group demonstrated better symmetry than the control group in vGRF impulse (p: 0.017.; Biofeedback–Pre: 71.5±10.9%, Post: 90.6±8.4%; Control–Pre: 72.2±11.6%, Post: 83.6±10.6%).

Conclusions: Visual biofeedback during bilateral squats initiated early after ACLR improved global lower extremity loading symmetry (vGRF) but not knee-specific loading symmetry (KFM).

Clinical relevance: Visual biofeedback during functional movement shows promise in facilitating symmetric lower limb loading after ACLR.

04. Exploring Opportunities for Physical Therapists to Support Fall Risk Management of Rural Older Adults

Yao Yao, Grace Duncan, Emma Plucknett, Jordyn Brester, Victoria Kennel, Dawn M. Venema
University of Nebraska Medical Center, Omaha, Nebraska.

Purpose/Significance: Fall Risk Management (FRM) is important in geriatric primary care. Factors such as gaps in knowledge, time and financial constraints, and lack of patient engagement can limit FRM implementation, but this is less studied in rural primary care settings such as rural health clinics (RHCs). Physical therapists (PTs) possess knowledge and skills that could support RHCs with FRM. In this study, we explored opportunities for PTs to support FRM in rural Nebraska.

Subjects: We surveyed 126 RHCs from the Nebraska Department of Health and Human Services RHC Roster.

Materials/Methods: We developed an online survey based on the Centers for Disease Control's Stopping Elderly Accidents, Deaths, and Injuries (STEADI) toolkit. Topics included screening, assessment, and intervention, as well as perceived facilitators and barriers for FRM. Target respondents were clinic managers who answered on behalf of their RHC. Each RHC received up to 2 letters via U.S. mail. We also recruited via word of mouth, professional conferences, and newsletters.

Results: We received 33 responses (response rate 27%). Eighty-seven percent of RHCs completed fall risk screening, with 81% screening > 50% of older adult patients. For risk factors featured in the STEADI toolkit, the percent of RHCs that conducted the following assessments for > 50% of their at-risk patients were: home environment (70%), comorbidities (45%), gait/strength/balance (40%), vitamin D (34%), orthostatic hypotension (21%), medication (17%), and feet/footwear (17%). Over 80% of patients identified with gait/strength/balance impairments and/or home environment hazards were referred to PT. Other common interventions for these risk factors included patient education, assistive device or durable medical equipment prescription, and occupational therapy referral. RHCs more frequently identified availability of PTs in the community as a facilitator vs. a barrier, and more frequently identified patients' receptivity to FRM assessment and intervention as a barrier vs. a facilitator.

Conclusions/Clinical Relevance: RHCs frequently screened for fall risk and assessed home safety with older adult patients, but less frequently assessed other risk factors recommended by the STEADI toolkit, including gait/strength/balance, orthostatic hypotension, medications, and feet/footwear. PTs are well trained to address gait/strength/balance and can provide support in other areas of the STEADI toolkit such as assessment of orthostatic hypotension, medications, and feet/footwear. PTs are also knowledgeable about motivational interviewing and health behavior change, which could enhance patients' receptivity to FRM assessment and intervention. RHCs perceived the availability of PTs in their communities as a facilitator for FRM, positioning PTs to serve a supportive primary care role to RHCs in their communities.

05. A Model for Advocacy: Advancing Policy Change in Support for Patients with Medicaid

Betsy Jane Becker¹, Jenae Pope²

¹University of Nebraska Medical Center, Omaha, Nebraska. ²University of Nebraska Medical Center, Kearney, Nebraska.

Theory/body: Differences in utilization of care exist for patients with Medicaid. When patients cannot access timely therapeutic care, the outcomes are often poor. The purpose of our study is to present a model that describes Medicaid authorization services for physical therapy (PT), occupational therapy (OT), and speech-language pathology (SLP), serving as a guide for policy change.

We collaborated with reference librarians at an Academic Health Science Center and searched two databases using 29 search terms. Of the 22 articles discovered, 14 were selected, reviewed, and summarized in a literature table. The research team independently developed themes based on the findings and then jointly discussed, prioritized, and defined themes.

The final model is grounded in six themes that emerged from the literature: 1) Why patients need PT, OT and SLP (utilization), 2) Optimal number of PT visits/access to care, 3) Administrative cost/burden, 4) Disparities in care based on

sociodemographic status, 5) Private vs. public insurance; coverage policies; common billing codes; authorization; delay of care, and 6) Facilitators/barriers to policy change and advocacy. Visualized as a Venn diagram, the model illustrates the optimal number of therapy visits before requiring pre-authorization, overlapping with three key factors: reducing administrative burden, aligning with policy facilitators, and promoting care for all sociodemographic groups.

Our model is a first step for creating an effective tool to serve as a guide for policy change. With patient-centered policies that recognize all themes of our proposed model, PTs can advocate for timely, accessible care for all patients.