



# AAOMPT 2014 Annual Conference

## Clinical Reasoning: The Science, Skills and Value of OMPT

### San Antonio, TX ~ October 22-26, 2014

**Instructions:** Please type or print and be sure to fill out all three pages. If you have any questions, please contact the AAOMPT Office at [office@aaompt.org](mailto:office@aaompt.org) or 225-360-3124. Website at [www.aaompt.org](http://www.aaompt.org) to register online!

#### Contact Information


Name \_\_\_\_\_ Guest Name (if selected): \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ Email \_\_\_\_\_

 Please tell us about any special needs/accommodations you require to fully participate in this conference:  
\_\_\_\_\_

#### General Questions (circle appropriate)

How did you learn about this conference?

Email Brochure by mail Website PT publication AAOMPT member Other

Is this your first time attending? Yes No

Are you a member of APTA? Yes No

Are you an: Entry-level student Post professional degree program Residency/Fellowship program

How long have you been in practice? Under 3 years 3-5 years 5-8 years 8-12 years over 12 years

#### Practice Setting:

Academy Institution  
Acute Care Hospital  
Health and Wellness Facility  
Hospital-based Outpatient Facility  
Home Care  
Private Practice Office

#### Primary Practice Area:

Acute Care Hospital  
Administrative/Management  
Pediatrics  
Cardiovascular/Pulmonary  
Education  
Geriatrics  
Oncology  
Orthopaedics  
Neurology  
Research  
Sport Physical Therapy  
Veteran Affairs

#### Conference Registration / Categories

**Pre-Conference** includes a one- day or two-day pre-conference course held Wednesday and Thursday, October 22 and 23, 2014.

**Full Conference** includes instructional courses, lecture presentations, breakout sessions, luncheon on Saturday and evening receptions on Thursday, Friday and Saturday.

**Pre-Conference and Full Conference** includes one pre-conference course and full conference registration as described above.

**Guest Registration** includes spouses/significant other only. Must register with conference attendee. Fee covers evening receptions.

#### Conference Registration / Types

**Member** — must be a member of AAOMPT in good standing as of 01/01/2014.

**Non-Member** — practicing PT who is not a member of AAOMPT. To save hundreds of dollars on your conference registration fee, we invite you to become a member of AAOMPT. Go to [www.aaompt.org](http://www.aaompt.org) to join

**Post Professional Graduate Student** — AAOMPT member currently enrolled in a fellowship, PhD, DSe or DPT program.

**PT Student Member** — AAOMPT Student Member currently enrolled in an undergraduate PT program

**PT Student Non-Member** — Student currently enrolled in an undergraduate PT program who is not a member of AAOMPT.

**Cancellation Policy**—Requests for cancellation refunds must be made in writing and be sent to: AAOMPT Annual Conference Registration, 8550 United Plaza Blvd, Ste. 1001, Baton Rouge, LA 70809 or via e-mail to [office@aaompt.org](mailto:office@aaompt.org). Requests postmarked on or before August 6, 2014 will be refunded in full. A 50% cancellation fee will be assessed for cancellation requests post-marked between August 7, 2014 and September 30th. No refunds for cancellations received on or after October 1, 2014.

| <b><i>Please circle the item you would like to purchase:</i></b>   | <b>Member Early Bird</b><br>(on or before September 1) | <b>Member Regular</b><br>(After September 1st) | <b>Non-Member</b> | <b>Post Professional Graduate Student</b> | <b>PT Student Member</b> | <b>PT Student Non-Member</b> |
|--|--|--|-------------------|---|--------------------------|------------------------------|
| <input type="radio"/> Pre Conference ONLY– 2-Day Wed. & Thurs. – Laurie Hartman/Bill O'Grady<br><div style="border: 1px solid red; padding: 2px; display: inline-block; color: red; font-weight: bold;">FULL</div> | <del>\$475</del>                                       | <del>\$500</del>                               | <del>\$700</del>  | <del>\$350</del>                          | n/a                      | n/a                          |
| <input type="radio"/> Pre Conference ONLY– 1-Day Wed. – Michael Shacklock  | \$250  | \$260  | \$350             | \$175                                     | n/a                      | n/a                          |
| <input type="radio"/> Pre Conference ONLY 1-Day Thurs. – Rivett  | \$250  | \$260  | \$350             | \$175                                     | n/a                      | n/a                          |
| <input type="radio"/> Pre Conference ONLY– 1-Day Thurs. – Woodhouse  | \$250  | \$260  | \$350             | \$175                                     | n/a                      | n/a                          |
| <input type="radio"/> Full Conference  | \$495  | \$540  | \$740             | \$425                                     | \$199                    | \$300                        |
| <input type="radio"/> Pre & Full Conference – 2-Day Wed. & Thurs. – Hartman/O'Grady<br><div style="border: 1px solid red; padding: 2px; display: inline-block; color: red; font-weight: bold;">FULL</div>          | <del>\$775</del>                                       | <del>\$820</del>                               | <del>\$1020</del> | <del>\$675</del>                          | n/a                      | n/a                          |
| <input type="radio"/> Pre & Full Conference - 1-Day Wed.- Shacklock  | \$600  | \$650  | \$845             | \$500                                     | n/a                      | n/a                          |
| <input type="radio"/> Pre & Full Conference – 1- Day Thurs. – Rivett   | \$600  | \$650  | \$845             | \$500                                     | n/a                      | n/a                          |
| <input type="radio"/> Pre & Full Conference – 1-Day Thurs.– Woodhouse  | \$600  | \$650  | \$845             | \$500                                     | n/a                      | n/a                          |
| <input type="radio"/> Guest**  | \$150  | \$175  | n/a               | n/a                                       | n/a                      | n/a                          |

***Please continue to next page***

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

Please select one breakout session you would like to attend for each time slot.

| Session 1:<br>Sat., 1:00 - 1:55 pm                                  | Session 2:<br>Sat., 2:00 - 2:55 pm                                  | Session 3:<br>Sat., 3:00 - 3:55 pm                                  | Session 4:<br>Sun., 8:00 - 8:55 am                                       | Session 5:<br>Sun., 9:00- 9:55 am                         | Session 6:<br>Sun., 10:00 - 10:55 am                            | Session 7:<br>Sun., 11:00 am - 11:55 am                          | Session 8:<br>Sun., 12:00 pm - 1:00 pm                                    |
|---|---|---|--|---|---|--|---|
| __ Session 1A:<br>Clinical Reasoning in Manipulation                | __ Session 2A:<br>Clinical Reasoning in Manipulation                | __ Session 3A:<br>Clinical Reasoning and Evidence-Based Practice    | __ Session 4A:<br>To Needle or to Not Needle: That is the Question       | __ Session 5A:<br>Dry Needling and Clinical Reasoning     | __ Session 6A:<br>Clinical Reasoning: Integrating Trigger-Point | __ Session 7A:<br>Clinical Reasoning in Mechanical Diagnosis     | __ Session 8A: A<br>Functional Approach to the Treatment of TFCC Problems |
| __ Session 1B:<br>Clinical Reasoning for Manual Physical Therapists | __ Session 2B:<br>Clinical Reasoning for Manual Physical Therapists | __ Session 3B:<br>Clinical Reasoning and Neurodynamic Testing       | __ Session 4B:<br>Clinical Reasoning & Treatment of the Overhead Athlete | __ Session 5B:<br>Development Characteristics             | __ Session 6B:<br>Merging your OMPT toolbox and sports skills   | __ Session 7B:<br>Communication as the Key to Clinical Reasoning | __ Session 8B:<br>Differential Diagnosis Between Pain of Lumbar Origin... |
| __ Session 1C:<br>PTs as First Contact MSK Providers                | __ Session 2C:<br>PTs as First Contact MSK Providers                | __ Session 3C:<br>Clinical Reasoning for the Manual Therapy Student | __ Session 4C:<br>Clinical Reasoning as a Foundation in Mgmt             | __ Session 5C:<br>The Lateral Column Compression Syndrome | __ Session 6C:<br>Musculoskeletal Imaging & Clinical Reasoning  | __ Session 7C:<br>Putting it All Together                        | __ Session 8C:<br>The M.I.P. Algorithm                                    |
| __ Session 1D:<br>Differential Diagnosis of the Cervical Spine      | __ Session 2D:<br>Clinical Reasoning: Must It Be An Enigma?         | __ Session 3D:<br>Immediate Influence of Psychosocial Variables     |  |   |   |  |   |
| __ Session 1E:<br>Fostering Orthopedic Clinical Reasoning Skills    | __ Session 2E:<br>Evaluation and Mgmt of Recurrent Tempo. Disorders | __ Session 3E:<br>Manual Therapy Dosage?                            |  |   |   |  |   |
| __ Session 1F:<br>Making Correct Decisions                          | __ Session 2F:<br>Prediction-Enhanced Clinical Reasoning            | __ Session 3F:<br>Medical Screening for the Spine                   |  |   |   |  |   |
| __ Session 1G:<br>Neuropathic or Peripheral Nerve Pain              | __ Session 2G:<br>Shaping Clinical Reasoning                        | __ Session 3G:<br>Script Concordance Testing                        |  |   |   |  |   |
|   | __ Session 2H:<br>The Role of Manual Therapy                        | __ Session 3H:<br>When Clinical Decision Making Overrules           |  |   |   |  |   |

**Payment:** Make checks payable to AAOMPT and mail with registration form to: AAOMPT: Conference Registration, 8550 United Plaza Blvd. Suite 1001, Baton Rouge, LA 70809. Credit card registrations may be faxed to (225) 408-4422 or completed online at [www.aaompt.org](http://www.aaompt.org). **Please do not email credit card payments.**

**Deadline for Early Bird registration is September 1, 2014.**

Total Amount to Be Charged: \_\_\_\_\_

Check made payable to AAOMPT

American Express      MasterCard      Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Any questions you may have, please contact the AAOMPT office at 225-360-3124 or [office@aaompt.org](mailto:office@aaompt.org).

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You can also register online at [www.aaompt.org](http://www.aaompt.org)