



Exploring Hand Therapy

Treatment2go



Volume 12, Issue 3

www.handtherapy.com

July -September 2011

Free EHT Courses

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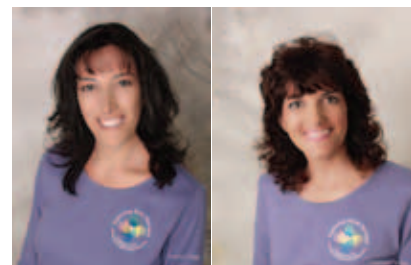
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Drawings monthly until January 2012



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Susan Weiss
OTR, CHT

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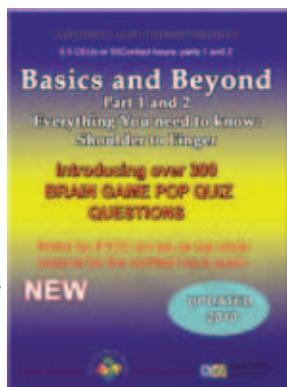
Featured Article

by Nancy Falkenstein OTR/L, CHT

Celebrating 11 years!

Exploring Hand Therapy (EHT) dba Treatment2go (TX2go) thanks you for 11 wonderful years of bringing you excellence in education™. Exploring hand therapy began with a simple concept. **HELP OTHERS STUDY AND PASS THE CHT® EXAM.**

We are proud to say we have helped thousands prepare and pass the hand certification exam. Our most popular course *Basics and Beyond: Shoulder to Finger* is the best preparatory course on the market to study



for the certified hand therapy exam. This course has been updated 8 times in the past 11 years and has doubled in size since 2000. We didn't stop there, we created 6 multiple choice practice exams with answers, references, and explanations to each question. And of course, the founders of EHT are the authors and editors of the most popular study book in the market; **THE PURPLE BOOK** titled: *Hand Rehabilitation: A Quick Reference Guide and Review*.



Our Study guides, practice exams, and courses are rated TOPs for preparatory material by the HTCC survey.

Exploring Hand Therapy recognized the need for a fantastic occupation based **Physical Agent Modality course**. EHT delivered & we are pleased to provide **The most comprehensive, well presented, in-depth Physical Agent Modality Course available in the market**. This course meets most state requirements



**Physical Agent Modalities:
Occupation Based Thermal &
Electrical Agents**

<http://liveconferences.com/package.asp?pid=54>

continued on page 3



3pp Wrist Wrap NP

Adjustable wrap and detachable stay for optimal comfort and support.

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Offer available to health care professionals only.

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- 3pp® ThumSling Long NP
- 3pp® Carpal Lift NP
- 3pp® Wrist Wrap NP
- 3pp® U Wrap



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Contours to the hand for unimpeded function.



3pp ThumSling NP

Supports and cushions the Ulnar carpal bones



3pp Carpal Lift NP

Fully adjustable CMC and wrist support.



3pp ThumSling Long NP

Contoured wrap for the wrist, elbow or arm



3pp U Wrap

In 2001 Exploring Hand Therapy became a proud AOTA approved provider for continuing education. Since then we have become Massage therapy, athletic trainer and Orthotic & Prosthetics approved providers. In 2005 EHT expanded by adding courses other than hand therapy and we quickly realized the need to expand by adding Treatment2go as our company doing business as (dba) name.



When you see either Exploring Hand Therapy or Treatment2go, you know you are receiving excellence in education. We are 1 in the same!



Exploring Hand Therapy dba Treatment2go now has over 100 AOTA approved courses presented by a variety of top notch educators to help solidify your clinical knowledge to assist you in achieving your professional goals. We offer web-based live interactive courses, DVD, and CD. Because of our web-based format, online discussion board, which has 24/7 access, we are considered LIVE and NOT home study by most states. As always check your state regulations. Most of our courses have a preview; to view visit www.handtherapy.com and click courses to read descriptions and see the movie preview. Our courses are hosted

by www.liveconferences.com. We have a partnership with liveconferences.com and when you see liveconferences.com you are guaranteed you are receiving quality education through Exploring Hand Therapy dba Treatment2go.

To thank you for your commitment, or if you are new to our company, we want to offer you the chance to win EHT courses. See below

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Drawings monthly until January 2012



Featured Courses

Exploring Hand Therapy/ Treatment2go will highlight a few of our most recent and/or popular courses in addition to the ones already discussed.

Orthotics: Creative Mobilization Splinting-Dynamic & SPS:

This 9 contact hour movie course is a mixed learning level ranging from intermediate to an advanced splinting workshop. This course features mobilization splints of the upper extremity, including dynamic, static progressive designs and more. This course is a **one of a kind, must have course**, Instructed by



Debby Schwartz OTD, OTR/L, CHT. The course format includes a didactic lecture on DVD to include PowerPoint® presentation on the principles of mobilization, up close splinting examples, followed by splint fabrication demonstrations from beginning to end, a splint critique session, and follow along lab times for participants to fabricate splints. Participant manual (112 full color pages) includes splint patterns, FAQ, photos, glossary, and occupation based principles relating to mobilization splinting. Participants will be introduced to the concepts of Evidence Based Practice, Low Load Prolonged Stress (LLPS), Total End Range Time (TERT), torque, and force. Participants will learn several methods for making clinical decisions regarding the use of appropriate mobilization splints for the upper extremity with their clients based on the occupation based approach and will have the opportunity to watch and fabricate mobilization splints incorporating outriggers from turnbuckles, wires, coils, accessories, and Orfitubes. Participants will have the opportunity to learn and identify a variety of marketplace orthotics and how they apply to the clinic.

View details at:

<http://liveconferences.com/product.asp?cid=224>

Orthotics: Creative Static Splinting Made Simple

This is 7.0 contact hour mixed level learning course up to intermediate and Advanced level splinting featuring immobilization splints (static) for the upper extremity. The instructional format includes a didactic lecture to include PowerPoint® presentation on the principles of immobilization, up close and personal splint examples, followed by detailed splint fabrications, splint

continued page 4

critique and allotted follow along lab time for participants to fabricate splints. Participants will also become familiar with market-place splints to compliment their customized splints. Participants manual (over 125 pages in full color) will include splint patterns, photos, FAQ, and occupation based principles relating to immobilization splinting. Participants will be introduced to the knowledge requirements of splint fabrication, including upper extremity anatomy, stages of wound healing, and the characteristics of a variety of different splinting materials. Participants will gain knowledge in making clinical decisions regarding the use of appropriate materials for immobilization splints with their clients and how splinting is used in the occupation based approach. Participants will have the opportunity to watch and fabricate immobilization splints for the elbow, wrist, forearm, thumb, and fingers.



For details view:
<http://liveconferences.com/product.asp?cid=223>

Cumulative Trauma Disorders: An Evidenced Based Approach

This must have 12 contact hour interactive movie course is an intermediate to advanced course for therapists to learn evaluation and treatment techniques for a wide array of cumulative trauma disorders (peripheral nerve compressions and tendonopathies). Instructional methods include PowerPoint® presentations, demonstrations, lecture and surgical & therapeutic video's.



Review Laser Applications, Soft Tissue Treatments, Splinting Techniques, and MUCH MORE!

For details view:
<http://liveconferences.com/product.asp?cid=228>

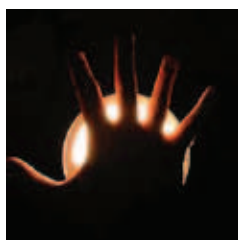
Hand Therapy Boot Camp

This 10 contact hour DVD course is in movie format. This fantastic interactive movie course is excellent for occupational and physical therapists, COTA's and PTAs. This course is a mixed learning level geared towards basic to intermediate learning level. Hand Therapy Boot Camp is an excellent course if you want to begin an exciting career in hand therapy or if you need a refresher.

For details view:
<http://liveconferences.com/product.asp?cid=228>

Therapeutic Exercises: An Upper Extremity Regime

Therapeutic Exercises is a mixed level learning course ranging from basic exercises to complex shoulder, elbow, and hand exercises. This 6 contact hour interactive movie course is available in DVD and streaming online format. George LaCour LOTR, CHT is an excellent instructor and presents this course in an occupation based approach to therapeutic exercises, physiology and takes you through a step by step approach to implementing



exercises into your clinical setting as well as for home exercises. This course comes with an online color manual with of 70 pages & an online exam to help solidify your knowledge.

For details view:
<http://liveconferences.com/product.asp?cid=227>

Clinical Activities: Clinic, Bedside, Home

Excellent 4.0 contact hour interactive movie course demonstrates a variety of exercises that can be incorporated into your clinical setting (Clinic, Bedside, Home). Exercises range from table top exercises, fitness, balance to interactive technology to enhance your plan of care. Learning methods: Demonstration, lecture, written manual, PowerPoint, and exam. Learning level mixed ranging from beginner to intermediate.

For details view:
<http://liveconferences.com/product.asp?cid=217>

Extensor Tendon Management

Excellent 10 contact hour AOTA (NBCOT) approved digital online text course with FLASH videos. Extensor tendon injuries are commonly treated by therapists but they are often overlooked in terms of research and education by the flexor tendons. The purpose of this course is to provide a more thorough understanding of the extensor mechanism beginning with a strong basis in anatomy and biomechanics and



continued on page 5

ending with extensive discussion on treatment. The most successful therapists are the ones who take the time to understand the concept of treatment interventions and not just simply memorize a set protocol. Understanding unlocks the door to success.

For details view:
<http://liveconferences.com/product.asp?cid=226>

Flexor Tendons: Get a Grip

This interactive digital online text course with FLASH movie demonstrations is for every therapist who has searched for a more thorough understanding of flexor tendon injury, surgery, and rehab. Flexor tendon rehab is one of the most complicated and demanding conditions to treat in the upper extremity and it can quickly test the skills of any therapist. It has been said that knowledge is power and in the treatment of flexor tendons this is definitely true. This course will cover topics from anatomy, to surgical technique, to rehab protocols and will equip therapists with the tools necessary for success in flexor tendon management. Instructional methods: Video clips, PowerPoint, on-line text format, test your knowledge course labs, discussion forum, and online exam. We recommend high speed internet access to open and navigate this course at its maximum. benefits/speed.



For details view:
<http://liveconferences.com/product.asp?cid=210>



Arthritis Unloaded: Osteoarthritis

This 8 contact hour interactive digital online text course with flash movie demonstrations will enhance the therapist's comprehension of osteoarthritis. ARTHRITIS Unloaded is an excellent course which covers pathophysiology, biomechanics, therapy implementation, joint protection and more. You will love this fantastic way to learn with our proprietary E-book. Included are 20 interactive flash movie clips to help solidify your understanding of the content. George LaCour OTR, CHT presents in an easy to follow style making this course interesting, interactive and clinically relevant.



Mixed learning level from basic to intermediate. Presentation styles include: online text learning, video clips, PowerPoint, and online exam.

For details view:
<http://liveconferences.com/product.asp?cid=213>

Arthritis Unloaded: Rheumatoid

This 8 contact hour interactive online e-book (text) learning style enhances the therapist's comprehension of the course content. ARTHRITIS Unloaded: Rheumatoid. This is an excellent course which covers pathophysiology, biomechanics, therapy implementation, joint protection, modalities with



documentation suggestions, adaptive equipment, and more. You will love this fantastic way to learn with our proprietary E-book. Included are 24 interactive movie FLASH clips to enhance your understanding of the content. George LaCour OTR, CHT presents in an easy to follow style making the this course interesting, interactive and clinically relevant. This course is a mixed learning level from basic discussion about anatomy to intermediate and beyond. Text learning, video Flash clips, PowerPoint, and online exam.



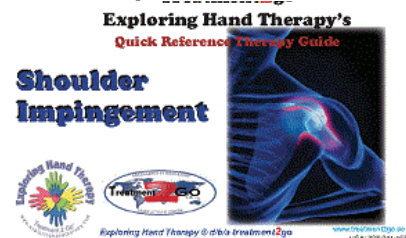
For details view:
<http://liveconferences.com/product.asp?cid=216>

Exploring Hand Therapy also creates Quick Reference Treatment booklets. These are printed booklets on durable coated paper. You can share them with your customers or they can purchase one for home use. Excellent reference booklets.

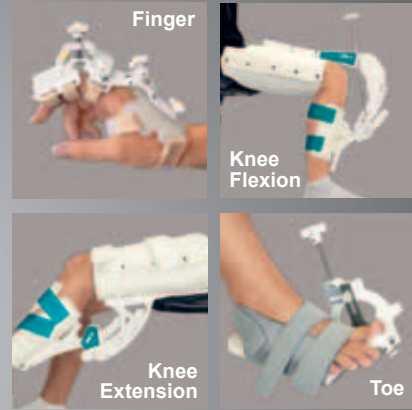
Shoulder Impingement Therapy Guide:

- 8 X 5 full color booklet with spiral bound durable gloss 14 pages
- Excellent instructional tool
- Loaded with tips and tricks
- Every page is full color to enhance learning
- Easy to read, beautifully presented

<http://www.liveconferences.com/product.asp?cid=219>



continued on page 10



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Test Your EHT Newsletter Knowledge

1. EHT is celebrating how many years of bringing you Excellence in Education™?



2. What is the dba of Exploring Hand Therapy?

3. Creative Mobilization Splinting course is geared to what learning level & features what type of splints?

4. EHT is an AOTA approved provider. What format of courses does EHT/Tx2go offer?



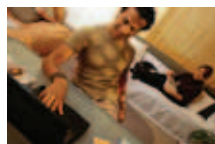
5. Name two online EBOOKS mentioned in this newsletter.

6. According to the Americans with Disabilities Act, if you work in a hospital you may refuse to care for a patient with an infectious disease. True or False.

7. According to HIPAA ruling, when can a healthcare provider share information with family members?

8. In regards to the HIPPA ruling; a healthcare provider may disclose protected health information for treatment without patient authorization. True or False

9. In order to receive EHT's quarterly newsletter and/or to stay on EHT's email list, you must register online. True or False.



10. What does HIPAA stand for?

11. EHT's Physical Agent Modality course is how many contact hours?



12. What popular book did the founders of EHT coauthor and edit?

2012 PHILADELPHIA MEETING

Surgery & Rehabilitation of the Hand:

With Emphasis on
Best Practice

March 3-6, 2012

1-day pediatric pre-course
on Friday, 3/2/2012

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Donald H. Lalonde, MD

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Jane M. Fedorczyk, PT, PhD, CHT, ATC
Jenifer M. Haines, MS, OTR/L, CHT
A. Lee Osterman, MD

**Pediatric Upper Extremity Pre-Course 2012
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Course Directors: Joshua Abzug, MD; Scott Kozin, MD
and Dan Zlotolow, MD

*A one day course of pediatric upper extremity surgery
and therapy including trauma, congenital disorders,
brachial plexus palsy, tetraplegia and more.*

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ASSH | American Society for
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A.A.H.S. | American Association
of Hand Surgery



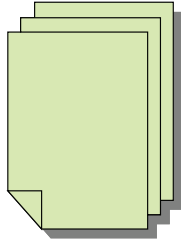
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Did You Know?

The top three myths about HIPAA



Implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security requirements

has been a challenging endeavor for healthcare organizations. Many years later, the task is still complicated by myths and misinterpretations about the law and its related regulations. The source of the myths and confusion isn't always clear, but it seems to come from zealous privacy advocates, providers' legal advisors who warn of legal consequences and lawsuits, and vendors eager to sell their "HIPAA-compliant" products. Today, the myths may persist because case law and precedent have been hard to come by: There simply hasn't been a lot of actual legal enforcement of the HIPAA regulations.

Here are three of the most common HIPAA myths.

Myth #1: A healthcare provider may not discuss a patient's condition or care with a family member.

Myth dispelled: Not true. In fact, the HIPAA Privacy Rule at 45 CFR 164.510(b) specifically permits a healthcare provider to share information that's directly relevant to the involvement of a spouse, family members, friends, or other persons identified by a patient, in the patient's care or payment for healthcare.

- if the patient agrees
- or, when given the



- opportunity, doesn't object.
- if the provider can reasonably infer, based on professional judgment, that the patient doesn't object.

This means that, for example, if the patient is incapacitated, a provider may share this information with the person when, in exercising professional judgment, they determine that doing so would be in the best interest of the patient.

Myth #2: A healthcare provider can't disclose a patient's data to another healthcare provider without a patient authorization.



Myth dispelled: Not true. A healthcare provider may disclose protected health information for treatment activities of a healthcare provider without an authorization.

- The provider is required to verify the identity of the person requesting information
- If the identity of the person isn't known to the healthcare provider, then they must ascertain the authority of such person to have access to the information.

A provider may rely on documentation, statement, or representation that meets the requirement if it's reasonable.

Myth #3: Your patients must sign the HIPAA Notice of Privacy Practices.



Myth dispelled: A provider must provide the notice and make a good faith effort to obtain a written acknowledgment of the patient's receipt of the notice. If the acknowledgment isn't obtained, the provider must document his or her efforts to obtain it.

By Lisa A. Gallagher, BSEE, CISM, CPHIMS. Originally published in the April 2010 issue of Nursing Management. References available upon request <http://www.hpso.com/>

A Question of Refusing to Care for a Patient



There may be a time in your career when, for personal reasons, you don't want to care for a particular patient who has AIDS, TB, or other infectious diseases. But can you legally refuse to treat that patient? The answer depends on several factors.



If you work for a walk-in clinic, home health agency, or hospital, you—and you employer—generally lack the legal backing to deny

care to such a patient. That's because the Americans with Disabilities Act prohibits public accommodations from discriminating against people with [continued on page 9](#)

Did You Know? Continued

infectious diseases. And the Rehabilitation Act imposes the same duty on healthcare facilities that receive Medicare and other federal funds. Refusing to care for such a patient could result in a charge of insubordination or outright dismissal. You can always ask for a different assignment, although your employer is not obligated to honor your request. The employer may be obligated, however, if your facility has a policy that allows healthcare providers to be reassigned in certain circumstances, such as when an immunosuppressed staffer requests that she not be assigned to infected patients.

Be aware, though, that once you start treating a patient, you're legally responsible for him until he has been placed in the care of someone else. If you refuse to continue treatment, you could be endangering the patient and face an abandonment charge. What's more,



in an emergency on the job, you must provide treatment, regardless of any personal objections you may have. <http://www.hpso.com/resources/article/76.jsp>

Always check with you state practice acts for specifics relating to HIPAA and follow your facilities policy & procedres.

It is recommended healthcare professionals, to include OTs & PTs to carry insurance. Insurance companies offer non medical insurance as well if you teach, train or speak at seminars. There are many companies to choose from and we have HPSO.



URGENT
if you received this newsletter other than from EHT's email, you MUST register
See Ad BELOW

Register to Win

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EHT has another LEARN & EARN opportunity by reading this jam packed publication!

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Course title:
Learn & Earn Vol. 21
11years
 Course available until September 2011

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Answers to Quiz (from page 6)



1. 11 years

and not home study. We also offer preparatory CHT© practice exams and quick reference booklets.

9. True

2. Treatment2go;
www.treatment2go.com



3. Intermediate to advanced and features a variety of dynamic and static progressive splints.

5. EHT has a number of proprietary online E-books. This article discussed; a) Arthritis Unloaded; Osteoarthritis b) Arthritis Unloaded: Rheumatoid c) Extensor Tendon Management d) Flexor Tendons: Get a Grip on Rehab.

10. Health Insurance Portability and Accountability Act of 1996

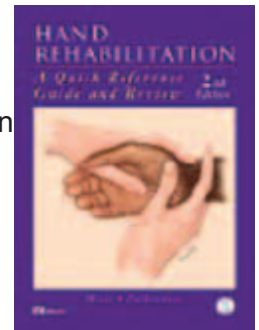
4. Interactive online courses and interactive DVD/CD. Most of our courses are considered interactive

6. False. You may not refuse care if you work in a public accommodation such as a hospital, walk-in clinic, or home health agency.

11. AOTA approved PAMS is a two part course totally 45 contact hours. Physical Agent Modalities Occupation Based Thermal is 20 contact hours
Physical Agent Modalities Occupation Based Electrical is 25 contact hours

7. There are multiple situations allowing shared information. Some specifics are: a) if the patient agrees b) or when given the opportunity patient does not object.

12. Hand Rehabilitation: A Quick Reference Guide and Review by Susan Weiss & Nancy Falkenstein



8. True

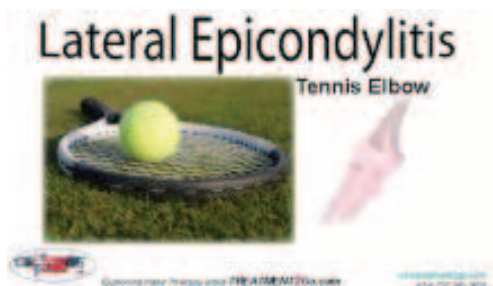
Featured article continued from page 5

Lateral Epicondylitis Therapy Guide:

- 8 X 5 full color booklet with spiral bound durable gloss 14 pages
- Excellent instructional tool
- Loaded with tips, tricks and trivia
- Every page is full color to enhance learning
- Variety of treatment approaches discussed
- Photos demonstrating technique in full color

For details visit:

<http://www.liveconferences.com/product.asp?cid=202>



Exploring Hand Therapy/ Treatment2go is dedicated to developing, designing, and presenting quality education at an affordable price. **In order to receive or continue to receive** our weekly email specials & this quarterly newsletter you must register online. **IMPORTANT:** Once you register you will receive a confirmation link. **You must click the link to stay on our email list. Even if you have signed up in the past you must sign up again & click the confirmation link to stay active.** Remember we are drawing monthly winners for EHT **FREE COURSES** by signing up for the newsletter.

Also, [Handtherapy.com](http://www.handtherapy.com) is loaded with information ranging from FAQ, to news, to the quiz corner, to the video tip of the month.

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Drawings monthly until January 2012



Visit www.handtherapy.com for fun interactive learning.

We also stay connected via facebook. We offer special facebook promotions so don't forget to frequently visit and LIKE us at: [facebook.com/handtherapy](https://www.facebook.com/handtherapy)



Question & Answer Section

This is just a fun page of hodgepodge hand therapy Q & A.

Q) What is the goal of a black/low exudate wound?

A) Rehydrate and loosen eschar. Enhance autolytic debridement.

Q) A patient diagnosed with lateral epicondylitis did not respond to cortisone injection, ice or rest. What are you thinking?

A) Patient's lateral epicondylitis has progressed to a degenerative tendonosis state.

Q) What is one of the most important clinical interventions following a proximal median nerve decompression (pronator tunnel).

A) Median nerve gliding techniques

Q) What is the treatment for early signs of AIN impingement

A) Munster splint, activity modification and rest

Q)The level of the carpal tunnel is at the level of what anatomical landmarks?

A)Between the two eminences: hypothenar and thenar

Q) In regards to CTS clinical evaluation, why is manual muscle testing important?

A)Because manual muscle testing is going to give you the determination of weakness in the APB muscle.

Q)What are the common compression sites of the ulnar nerve in the arm?

A) Cubital tunnel & Guyon's canal

Q) Flexor pollicis longus muscle is a secondary adductor of the thumb and becomes an active or primary adductor in the absence of the adductor pollicis muscle resulting in what clinical sign?

A) Froment's sign

Q) In regards to electrical stimulation for tissue healing; what is the polarity and waveform when treating in the proliferation phase of a non-infected wound?

A) Polarity is Negative; Waveform is HVPC

Q) In regards to water aerobics for orthopedic neurological problems what are a few rehab. goals?

A) Improve overall cardiac fitness, improve overall balance, and improve proprioceptive input. Actually there are many goals for this answer but these are the ones I feel are most important.

Q) Name the four typical operative procedures for the cubital tunnel.

- A) 1. Simple decompression
2. Sub cutaneous transposition
3. Sub muscular transposition
4. Medial epicondylectomy

Q) In regards to low level laser light therapy, light can stimulate what structures within the cell?

A) ATP and RNA. The primary function of the mitochondria is to produce or generate ATP.

Q) In reference to myofascial pain caused by trigger points, the term "trigger point pressure release" has replaced the previous term named what?

A) "Ischemic compression" due to lack of uniformity of pressure used by the therapists resulting in unnecessarily excessive force which can be counterproductive and painful to the patient. Also, there is no experimental evidence substantiating ischemia as the primary mechanism for the effectiveness of this technique.

Q) What is referred pain?

A) Referred pain is felt at a remote site of its origin. Referred pain can occur together with local pain (at the lesion site) or in isolation.

Q) What is radiating pain?

A) Radiating pain is pain that is referred from the origin of pain site to multiple remote sites.

Q) Patients primary complaint is pain, numbness or tingling of the forearm. This is indicative of what?

A) Neck pain. Pain is coming from the neck. Forearm involvement is always T1 dermatome. It is either a radicular pain in the C8 -T1 distribution, a Brachial Plexus pain, or TOS, but it is NOT compression at the elbow.

Q) Name a few precautions for the use of cryotherapy.

- A) Answers for precautions of cryotherapy:
- Superficial branches of nerves
 - Elderly and toddlers and younger
 - Wounds
 - HTN
 - Poor sensation

Q) In reference to ulnar nerve compression when you clinically see a weak "claw" what does this tell you?

A) A proximal compression presents with a "weak" claw. When the weak claw is present the amount of motor loss is greater vs. the distal (stronger distal claw) but the muscle imbalance is less because the intrinsic and the proximal muscles are out. So it is opposite of what you would think because with greater muscle loss there is a weaker or a less "claw" appearance.

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