



SAVE THE 2021 DATES
SEPT. 9-11 | SEPT. 16-18

#AOPA2021

2021 AOPA National Assembly
Orthotic and Prosthetic Clinical Education Schedule

Updated June 8, 2021

Thursday, September 9, 2021	
7:00 a.m. – 7:00 p.m.	Registration and Information Desks Open
8:00 a.m. – 5:00 p.m.	<p>Manufacturers Workshops’ Choose from over 30 workshops throughout the day featuring the newest products and latest technology, presented by leading manufacturers and suppliers from the O&P profession. Because manufacturers’ workshops are intense and often contain hands on learning experience, participation is limited to 50 participants per workshop. Four tiers of workshops will be offered. Please visit www.AOPAassembly.org for details.</p>
8:00 a.m. – 5:00 p.m.	<p>Business Certificate Programming (B1) <i>University of Hartford</i> Participate in the all new O&P Business Certificate program through AOPA and the University of Hartford. There is no cost to sign up—only for the individual courses. To complete your certificate, you will need to complete a core and elective module in four areas of learning. We are offering the core course for the finance module in conjunction with the Assembly. Learn more at www.AOPAnet.org</p>
6:00 – 7:30 p.m.	<p>Welcome to Boston Celebration Enjoy an evening of networking with your O&P colleagues while enjoying Boston Style refreshments. While we may not be ready for hugs and handshakes – we are all interested in seeing those creative fist and elbow bumps. The celebration is included in your full conference registration—bring a guest for a nominal fee.</p>
Friday, September 10, 2021	
7:00 a.m. – 5:00 p.m.	Registration and Information Desks Open
7:30 – 8:00 a.m.	Breakfast
8:00 – 9:00 a.m.	<p>Opening Remarks and Keynote Presentation (GS1) <i>Former Congressman Erik Paulsen</i> From 2009 to 2019, Paulsen represented Minnesota’s Third Congressional District in the United States House of Representatives where he was a strong supporter of the Orthotics and Prosthetics profession. During his tenure, Paulsen was a leading member on the House Ways and Means Committee, the House’s tax-writing body with broad jurisdiction over healthcare, economic and trade policy. He also served as Chairman of Congress’ Joint Economic Committee, a unique House-Senate panel tasked with working alongside the President’s Council of Economic Advisors and the Federal Reserve Board to identify and address</p>

	<p>macroeconomic trends. Paulsen was co-chair of the bipartisan House Medical Technology Caucus, as well. Prior to his service in Congress, Paulsen was a member of the Minnesota State Legislature, where he served as House Majority Leader. Paulsen has over 16 years of business experience, including working as a business analyst at Target Corporation.</p>
9:00 – 10:15 a.m.	<p>Awareness Drives Change: Recognizing Microaggressions and Biases in O&P (GS2) <i>J. Chad Duncan, PhD, CPO, CRC</i> <i>Karen Edwards</i> <i>Veronica Womack, PhD</i></p> <p>In this session you will learn how to identify biases and microaggressions on both internal and external levels. Our focus will be on learning to recognize, prevent and intervene on these cognitions and behaviors. By being aware of these occurrences and their psychological effects on targets, perpetrators, and observers, attendees will be better positioned to create inclusive and authentic interactions in O&P environments.</p>
10:30 a.m. - 12:00 p.m.	<p>AOPA Funded Research (C1) Hear a sampling of high-level research that your AOPA support has funded.</p>
10:35 – 10:50 a.m.	<p>A Systematic Review on Vacuum-Assisted Socket Suspension Systems for Prosthesis Users (C1A) <i>Sarah Chang, PhD</i></p> <p>Vacuum-assisted socket system (VASS) technology, also known as elevated vacuum, is a form of socket suspension commonly used by prosthesis users to maintain adequate fit between the residual limb and prosthesis. A systematic review will be presented with the latest evidence regarding VASS technology and its impact on prosthesis user function.</p>
10:52 – 11:07 a.m.	<p>Development of the Clinical Outcome Measures Electronic Toolkit: COMET (C1B) <i>Natalie Harold, CPO</i></p> <p>Learn about an electronic toolkit of clinical outcome measures in a mobile application, called COMET, for increased utilization and easy implementation of outcome measures in orthotic and prosthetic (O&P) clinics.</p>
11:09 – 11:24 a.m.	<p>Factors Associated with Health-Related Quality of Life in People Living with Partial Foot or Transtibial Amputation (C1C) <i>Phil Stevens, MEd, CPO</i></p> <p>People living in the community following partial foot or transtibial amputation have very similar health-related quality of life. There are complex interactions between many factors (e.g., depression and fatigue) that explain much of the variation in health-related quality of life. Given that many of the factors that negatively influence health-related quality of life can be addressed, there are opportunities for clinicians to make referrals to appropriate specialists.</p>

11:26 – 11:41 a.m.	<p>Utilization of Orthotic and Assistive Devices: Preliminary Results from a Cross-Sectional Survey of Lower Limb Orthosis Users in the United States (C1D) <i>Geoffrey Balkman, PhD, CPO</i></p>
10:30 a.m. - 12:00 p.m.	<p>Muscle Tone and Hypertonus - Assessment & Relevance to Ankle-Foot Orthotic Management (C2) <i>Beverly Cusick, PT, MS, COF, BOCO</i></p> <p>In this program you will achieve clarity in understanding the properties of muscle tone- typical, developmental, and pathological. You will learn to apply modified ankle dorsiflexion ROM findings to AFO intervention and design planning, particularly regarding tuning.</p>
12:00 - 1:30 p.m.	<p>25th Anniversary Thranhardt Celebration and Luncheon (C3) Hear the two abstracts selected as the Award-Winning “Best of Show” Thranhardt Lectures. Launched by a gift from J.E. Hanger, in memory of Howard R. Thranhardt, CP, the series recognizes individuals committed to advancing O&P education and research. The Thranhardt Award has become one of the most coveted awards in the O&P profession. (The following sessions run consecutive within this program.)</p>
12:40 – 1:00 p.m.	<p>The Effect of Microprocessor Controlled Exo-Prosthetic Knees on Limited Community Ambulators: Systematic Review and Meta-Analysis (C3A) <i>Andreas Hahn, PhD, MSc</i></p> <p>A meta-analysis shall analyze the currently available evidence regarding the effects of microprocessor controlled prosthetic knee components on low mobility amputees. The results suggest that significant clinical effects can be yield in this specifically vulnerable patient population.</p>
1:05 – 1:25 p.m.	<p>Treatment Parameters for the UCSF Pectus Carinatum Orthosis: A Pilot Study (C3B) <i>Chrysta Irolla, MS, MSPO, CPO</i> <i>Emily Nelson, MSE, MSOP, CP</i></p> <p>Pectus carinatum is a chest wall deformity that is most common in adolescent males. While orthotic treatment is considered a standard intervention, the specific treatment parameters are not well defined in literature. This research is working to determine how orthotic wear time, age at start of treatment, and magnitude of pressure needed to correct the pectus carinatum all impact overall length of treatment with the University of California, San Francisco Pectus Carinatum Orthosis.</p>
1:30 – 5:00 p.m.	<p>Exhibition Take this opportunity to peruse the exhibit hall and see what new innovations have taken place over the past year. Exhibit Hall remains open until 5:00 p.m.</p>

3:00 - 4:30 p.m.	<p>Outcomes, Outcomes, Outcomes: The Times are Here! (C4) <i>Cassandra Delgado, MSPO, CPO</i> <i>Chad Duncan, PhD, CPO, CRC</i> <i>Kenton Kaufman, PhD, PE</i> <i>Danielle Melton, MD</i></p> <p>Outcomes measures are not a luxury but a necessity in P&O. Knowing the application of outcome measures is important to guiding one's practice. This symposium will provide you with a medical, clinical, and research perspective of how outcome measures can be utilized and strengthen the P&O practice and profession.</p>
3:00 - 6:00 p.m.	<p>Orthotic/Pedorthic Management of the Diabetic Foot (P2/C5) Orthotists and Pedorthists alike will appreciate an afternoon of deep discussion while we cover all aspects of treating the Diabetic Foot. Topics include:</p> <ul style="list-style-type: none"> • Diabetes and Its Impact on the Foot • Diabetes and Obesity in the U.S. • Pedorthic Management of the Partial Foot • The Charcot Foot • The Total Package: A Diabetic Shoe is Only as Good as... • Navigating the TSPD Benefit
3:00 - 3:30 p.m.	<p>Diabetes and Its Impact on the Foot (P2/C5A) <i>Erick Janisse, CPed, CO</i></p> <p>We all know that diabetes one of, if not the, leading cause of peripheral neuropathy, foot ulcers and lower extremity amputations in the U.S. But why? What is it about diabetes that affects the feet the way it does. In this session, we'll examine the pathogenesis of the so-called diabetic foot.</p>
3:30 - 4:00 p.m.	<p>Diabetes and Obesity in the U.S. (P2/C5B) <i>Erick Janisse, CPed, CO</i></p> <p>The dual epidemics of diabetes mellitus and obesity are wreaking havoc on our population and we're paying the price in health care dollars, loss of productivity, quality of life ,and, ultimately, early deaths. To make matters worse, both of these conditions are largely preventable – and fairly simply so – yet, as a society, we seem to be okay with the status quo.</p>
4:00 - 4:30 p.m.	<p>Orthotic/Pedorthic Management of the Partial Foot (P2/C5C) <i>Dennis Janisse, CPed</i></p> <p>Learn to contribute to foot restoration and reduce shear while maintaining foot position inside the shoe. Contribute to restoration of normal gait while accommodate a partial foot prosthesis, foot orthosis, or AFO.</p>
4:30 - 5:00 p.m.	<p>The Charcot Foot (P2/C5D) <i>Dennis Janisse, CPed</i></p> <p>Charcot foot develops as a result of neuropathy, which decreases sensation and the ability to feel temperature, pain or trauma. Because of diminished sensation, the patient may continue to walk—making the</p>

	<p>injury worse. People with neuropathy (especially those who have had it for a long time) are at risk for developing Charcot foot. In addition, neuropathic patients with a tight Achilles tendon have been shown to have a tendency to develop Charcot foot. Learn non surgical methods to manage the Charcot Foot.</p>
5:00 - 5:30 p.m.	<p>The Total Package: A Diabetic Shoe is Only as Good as... (P2/C5E) <i>Brian Lane, CPed</i> Providing Diabetic Shoes is only part of the Therapeutic Shoe Program and assisting to reduce the chances of complications associated with Diabetes. Through proper fit, education, footwear selection, and ancillary products, we can truly make this a reason why the ulceration and amputation rates continue to decline.</p>
5:30 - 6:00 p.m.	<p>Navigating the TSPD Benefit (P2/C5F) <i>Brian Lane, CPed</i> The Therapeutic Shoe Program for Diabetes (TSPD) was created to help prevent lower limb amputations. When offering this benefit to your patients with diabetes — while maintaining profitability, it is important to have a simple and efficient process in place to ensure you are compliant and prepared to avoid the headaches of a Medicare audit gone bad.</p>
3:00 - 4:30 p.m.	<p>DOD Informational Workshop for O&P Researchers (C6) <i>Akua Roach, PhD</i> This workshop will provide attendees an opportunity to learn and discuss the goals of the DOD's Orthotics and Prosthetics Outcomes Research Program (OPORP), review the FY20 OPORP funding opportunity announcements and outcomes of that announcement, discuss application requirements and the review process, and provide some strategies for successful applications. The workshop will also include a 30 minute Q&A session.</p>
4:30 - 6:00 p.m.	<p>Prosthetic Symposium: The State of Adjustable-Volume Sockets: Disruptive Technology Overview (C7) <i>Timothy Dillingham, MD</i> <i>Jason Kahle, MSMS, CPO, FAAOP</i> <i>Andreas Kannenberg, MD (GER), PhD</i> <i>Tyler Klenow, MS, MBA, LCPO, FAAOP</i> <i>Joshua Mullins</i> Adjustable-volume Sockets have made an impact on the prosthetic market in recent years with new products being introduced and established players reinventing themselves in response. But why the increase in popularity and where does the market go from here. This presentation will answer all these questions by providing the clinical rationale for adjustable-volume sockets and an exploration of the literature by expert researchers. Stakeholders representing various manufacturers will then present internal data driving their products and give a glimpse into the future of this disruptive technology.</p>

6:00 PM	PAC Event Join your colleagues for a reception in support of the O&P PAC. <i>All 2021 Donors welcome.</i>
Saturday, September 11, 2021	
7:00 a.m. – 5:00 p.m.	Registration and Information Desks Open
7:30 – 8:00 a.m.	Breakfast
8:00 – 9:00 a.m.	AOPA Membership Meeting and Awards Ceremony (GS3) The Annual AOPA Membership Meeting and Awards Program is the perfect time to learn what’s happening with AOPA and the profession. Receive an update on the accomplishments AOPA has made over the past year. An awards program will follow – join us to honor the following: <ul style="list-style-type: none"> • Lifetime Achievement Award Winner • Legislative Advocacy Award Winner • The Otto and Lucille Becker Orthotic Award • Edwin and Kathryn Arbogast Prosthetic Award • Introduction of AOPA Leadership
9:15 a.m. - 12:00 p.m.	Justifying Medical Necessity and Documentation (C8/B6) <i>Linda Collins, MS</i> <i>Andreas Kannenberg, MD (GER), PhD</i> <i>Danielle Melton, MD</i> <i>Harry Schwartz, MD</i> The purpose of this symposium is to discuss how medical necessity for advanced prosthetic and orthotic devices has to be documented in the physician’s and CPO’s records. Unfortunately, the language in the policies stresses that the patient has to meet certain criteria to be eligible for advanced technology. However, from a physician’s perspective, it’s all about identifying safety and/or mobility needs of the patient that are unmet by the current prosthesis/orthosis. If a patient meets the policy criteria but doesn’t have least one unmet need, then he/she is basically eligible for advanced technology but doesn’t demonstrate the medical necessity (need) for it. For instance, if a patient does all the activities listed in MPK policies with a NMPK without any problems, what would be the justification to fit a MPK that is five times as expensive? Take home message: A patient who is doing great doesn’t qualify for an upgrade! Creating the record is like walking a fine line – you have to make sure that the patient meets all the criteria in the policy to demonstrate eligibility for advanced technology but still needs to demonstrate at least one unmet safety and/or mobility need. So, the patient must be doing good with the current prosthesis/orthosis, but not as good as he/she wants or needs to be. The symposium will be all about how to document that.
9:15 a.m. - 12:00 p.m.	Orthotic Symposium: Non-Operative Management of Infantile Idiopathic Scoliosis (C9)

	<p><i>Lori Dolan, PhD</i> <i>Lauren Houle, DPT, PT, CPO</i> <i>Timothy Hresko, MD (invited)</i> <i>James Wynne, CPO, FAAOP</i></p> <p>This session will introduce Infantile idiopathic scoliosis, differentiate it from other types of early onset scoliosis and discuss non-operative management options. In an effort to mitigate the risks of multiple anesthesia exposure and to improve family satisfaction, bracing is being considered as an alternative to Mehta casting.</p>
Noon – 1:00 p.m.	<p>Lunch Join your colleagues in the exhibit hall for lunch and networking.</p>
12:00 – 5:00 p.m.	<p>Exhibition Take advantage of the final day of the exhibition. There is so much to see.</p>
3:00 - 4:30 p.m.	<p>Prosthetic Symposium: Innovating Prosthetic Foot Performance: A Multidisciplinary Approach to Technology Translation From the Ivory Tower to the Clinic (C10) <i>Alex Albury, CPO</i> <i>Kate Allyn, CPO</i> <i>Kevin Cain, PhD</i> <i>Don Fogelberg, PhD, OTR/L</i> <i>Murray Maitland, PhD, PT</i> <i>Matthew Wernke, PhD</i></p> <p>The path from theory to commercialization for an innovative idea to become new product can be nebulous for many clinicians. In this session, a multidisciplinary team from academia and industry experts will describe challenges and facilitators to this process. The team, comprised of a physical therapist, engineer, CPOs, and a statistician, will describe the approach from concept creation, prototype fabrication / evaluation / validation, translation to the market, and outcomes data collection. The University of Washington and WillowWood have corresponding mandates: to transform ideas into societal impact. Clinicians and innovators in the audience may have this same mandate.</p>
3:00 - 4:30 p.m.	<p>Orthotic Symposium: Advancements in AFO Technology (C11) <i>Thomas DiBello, LO, CO, FAAOP</i> <i>Ted Friedman, CO</i> <i>Andreas Kannenberg, MD (GER), PhD</i> <i>Géza Kogler, PhD, CO</i> <i>Nicholas LeCursi, CO</i> <i>Thomas Schmalz, PhD</i> <i>Gerald Stark, PhD, MSEM, CPO/L, FAAOP(D)</i></p> <p>Orthotists commonly employ componentry that either locks, blocks, or resists movement. While it provides a great deal of safety it sacrifices possible dynamic movement during gait. New componentry of the ankle</p>

	<p>and knee promises to provided dynamic assist as well as modular adjustment that can provide increased movement during gait. This new dynamic componentry requires a change in clinical approaches to enhance and increase freedom of movement. Clinicians interested in the benefits of more dynamic movement for orthotic wearers as well as learning the clinical support from research. Cross-platform discussion will elicit questions and gather contributions from attendees as to the effectiveness of these alternative components.</p>
<p>4:30 - 6:00 p.m.</p>	<p>Prosthetic Symposium: The Four Es to Successful Upper Limb Prosthetic Rehabilitation (C12) <i>Chris Baschuck, MPO, CPO, FAAOP(D)</i> <i>Amy Ginsburg, CPO</i> <i>Debra Latour, OTD, MEd, OTR/L</i> <i>Fanny Schulte, MS, MEd, CPO/L, FAAOP</i></p> <p>Upper limb prosthesis abandonment is anywhere between 25-65% depending on the study sited. To address this issue, historically, the focus has been on improving the prosthetic technology. Millions of dollars have been spent developing new advanced technology. Groups outside of the prosthetics profession have entered into the marketplace in increasing numbers suggesting that additive manufacturing and direct to consumer sales models will reduce costs and increase access to upper limb prosthetic technology. Even with advances in the prosthetic technology available, including advanced control strategies and improved robustness and durability, and more accessibility through lower costs, the abandonment levels have not appreciably decreased. This suggests that the prosthetic technology is not the primary factor influencing this high level of abandonment. Insufficiencies in clinician and patient education and engagement are more likely the root cause.</p> <p>Many individuals who experience acquired limb loss report that they were given little to no information from medical professionals (Amputee Coalition, n.d.). Recently, Sheehan and Gondo (2014) reported on the effect of limb loss in the United States, recognizing that each well-trained member of the specialized amputee rehabilitation team has a specific and important role in the care and recovery of people with limb loss. They cited the need for interventions to address secondary conditions affecting physical and mental health, since current standard medical treatments often exclude psychosocial interventions. The authors emphasized that “those with limb loss in America have been forgotten in the health care system”, because there is no active medical surveillance. Individuals of all ages and presentations of upper limb absence and their families will likely benefit from a program that educates, encourages, engages, and ultimately empowers them. Unlimbited Wellness was developed to accomplish this goal as it directly applies to all of the sub-populations of individuals with upper limb absence.</p> <p>This panel disussion will review the current state of education related to upper limb prosthetic rehabilitation for both clinicians and patients and</p>

	discuss the four Es that will help lead to successful rehabilitation outcomes.
4:30 - 6:00 p.m.	<p>The Cephalic Index Throughout the Ages (C13) <i>Sarah Chaikind, MS, CO, BECP</i> <i>Deanna Fish, MS, CPO</i> <i>Tiffany Graham, MSPO, CPO, LPO, FAAOP</i> <i>Steven Slawinski, CO, LO, FAAOP</i></p> <p>The Cephalic Index measures the proportionality of the skull and is often used to determine if an infant needs treatment for a deformational head shape. However, there is a significant debate as to what is a “normal” measurement because cultural traditions, genetic traits, and parental habits have been shown to influence this measurement. In this session, the history of the cephalic index will be discussed, and studies will be presented which examine modern cranial growth patterns and cephalic index measurements. There will also be an open discussion about current measurement techniques, if or when infants should be treated for brachycephaly/scaphocephaly, and the current standard of practice.</p>