

## **Instructor**

*John Kenney  
Certified Orthotist*

John Kenney, BOCO, specializes in the treatment of contractures due to immobility and neurological dysfunction. He currently holds 7 US patents for orthotic devices and orthotics with electro-therapy to effectively treat contractures. Mr. Kenney also co-developed the NeuroStretch Technique, an alternative to traditional passive stretching techniques for contracture assessment and PROM for patients with spasticity. He is also the developer of the Palpation Method of Orthotic Fitting which uses orthotic braces to initiate a “stress – relaxation” lengthening of shortened tissue to comfortably reverse contractures with orthotic therapy. He has also spoken and published on the topic of rehabilitative lower extremity orthotic therapy. Mr.

Kenney has spoken nation wide on the issue of contracture management for the past 10 years. He is also the Past Chairman of the Region D Medicare Advisory Committee and a member of the Board of Directors for the Board of Certification for Orthotics and Prosthetics.

## **Clinical Pathways for Successful Orthotic Contracture Management Therapy**

**Saturday, April 16<sup>th</sup>, 2011  
Rehab Synergies/AHS Classroom  
2225 E. Randol Mill Rd.  
Arlington, TX 76011**

Sponsored by:

**Rehab Synergies**

Presented by:

**John Kenney, BOCO**

## 6.0 Hours Continuing Education

### Course Description

Prefabricated orthotics have been used by clinicians to reverse or maintain lost range of motion due to contractures for many years. Traditionally, braces for contracture treatment are fit so that the brace maintains the joint at a comfortable end range stretch. Unfortunately, this widely used fitting method does little more than to maintain lost range of motion. This course will introduce participants to various alternative methods of orthotic fitting, including progressive extension orthotic fitting and the use of dynamic or static-dynamic braces to maximize patient rehabilitation. Clinical pathways will be discussed matching the type of orthotic therapy which may be most appropriate to select based upon the underlying joint pathology. The NeuroStretch™ Passive Range of Motion and Joint Assessment Technique will be taught during the course for assessing the potential of joint rehabilitation. The Palpation Method of Brace Fitting will be taught to allow participants to evaluate the stretch provided by a brace to ensure optimal therapeutic stretching is provided by the brace. Lecture, case study presentations, and hand-on lab experiences are implemented to enhance the learning process.

### Course Objectives

Upon completion of this course, participants will be able to:

1. Distinguish between contracture types.
2. Perform NeuroStretch™ - a manual technique designed to diminish abnormal tone and to assess contracture qualities.
3. Select the most appropriate type of orthotic brace depending on types of prefabricated limb orthoses used to treat contractures and understand the therapy options available by type of orthotic.
4. Learn the Palpation Technique of brace fitting evaluation.
5. Select the most appropriate type of prefabricated orthotic technology based upon joint pathology and the desired rehabilitation objective.

Course Participation: recommended for PT, OT, PTA, and COTA's.

Level of Experience Recommended: Intermediate

### Course Agenda

8:45am course Registration

4:00pm conclusion

Lunch provided by Hangar Texas Market Leader.

**Tuition** – No charge for employees of Rehab Synergies.  
Pre-registration is required as course space is limited.

*Enrollment is limited. Early registration is suggested.*

### Registration Form

To register for this workshop, please send a completed form to Paige Wolk , FAX: 817-640-5229

**Rehab Synergies  
Att'n: Paige Wolk  
2225 E. Randol Mill Rd.  
Arlington, TX 76011**

### Contact Information

(Please print clearly. Your name should reflect how you wish it to appear on the certificate.)

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

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Profession: \_\_\_\_\_ License #: \_\_\_\_\_