

What's New?

04/16/18	<i>NEW PROTOCOL - 4/16/18 SPONDYLOLYSIS AND SPONDYLOLISTHESIS</i> Notable Features <ul style="list-style-type: none">- A review of key history and clinical examination findings related to lumbar spondylolysis and spondylolisthesis- Guidance for use of diagnostic imaging studies in the assessment of lumbar spondylolysis and spondylolisthesis- Evidence-informed management strategies including rehabilitation and self-care options- Diagrammatic explanation of criteria for radiographic instability (Appendix 1)- Quick reference summary table (Appendix 2)
12/11/17	<i>NEW PROTOCOL - 12/08/17 BENIGN PAROXYSMAL POSITIONAL VERTIGO (BPPV)</i> Notable Features <ul style="list-style-type: none">- A table summarizing differential diagnosis for vertigo- A table offering a categorization of vertigo to help in differentiating causes.- Detailed description of the Dix Halpike maneuver, supine roll test, Epley's maneuver, and Lempert's maneuver.- A summary of the key recommendations from the 2017 Clinical Guidelines, American Academy of Otolaryngology-Head and Neck Surgery- An appendix that can serve as a patient hand out listing tips to prevent falls at home.- Note that there is a companion video in the CSPE video section.

10/04/17	UPDATED/REVISED CARE PATHWAY - 09/21/17 SINUS PAIN AND RHINOSINUSITIS
	<p data-bbox="352 602 594 630">Notable Features</p> <ul data-bbox="352 711 1948 1047" style="list-style-type: none"> - Clarification of the misnomer “endonasal” in reference to the pharyngeal manipulation of the Eustachian tube - Change in name from sinusitis to <i>Rhinosinusitis</i> - Major change in the criteria for making the diagnosis (less emphasis on the distinction between major and minor signs) - Distinction between rhinosinusitis with and without nasal polyps - Addition of information on surgery and balloon dilation - Addition of information on Sinupret ©, Bromelain, Pelargonium sidoides, N-acetylcysteine (NAC) - Addition of the ear popper as a treatment option - Updates on nasal lavage and intranasal steroids and the role of pharmaceutical interventions - Rapid Diagnosis Reference chart - Inclusion of the SNOT 20 outcome measure
	NEW PROTOCOL - 09/22/17 ALCOHOL MISUSE

	<ul style="list-style-type: none"> - Discussion of the epidemiology and health impact of alcohol consumption and misuse - A variety of screening tools including a two question preliminary screen as well as the CAGE questions and AUDIT and AUDIT-C questions. - Advice as to when to conduct an alcohol related physical examination and what blood test might be appropriate. - Intervention steps are outlined for alcohol misuse ranging from risky behaviors to alcohol use disorder (AUD). - Indications for referral are also provided.
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12/16/16	NEW PROTOCOL - 01/15 Cervical Rehabilitation	
	Notable Features Some key features of the protocol	
	Strategy 1: Evaluate and Train Deep Neck Stabilizers <ul style="list-style-type: none"> - Assessment: history, observation, Jull's test, craniocervical test - Cervical mobilization / manipulation - Chin retraction - Craniocervical flexion exercises - Isometric progression (chin tuck, ball squeeze, ball roll) - Neck extensors: prone/quadruped progression (Jull) - Quadruped track (Murphy) 	Strategy 3: Address Muscle Imbalance of Large Torque Producers <ul style="list-style-type: none"> - Assessment: upper cross syndrome - Stretching long and short extensor muscles and general home stretches - Re-train scapular stabilizers: wall angels, serratus punch, push-up plus - Pec major stretches - Strengthen large torque muscles of the neck (resistance training)
	Strategy 2: Assess and Treat Posture and Respiration <ul style="list-style-type: none"> - Assessment: posture 	Strategy 4: Retrain Sensory Motor Response Loop <ul style="list-style-type: none"> - Assessment: Sensory motor response loop

	<ul style="list-style-type: none"> - Anterior head carriage - fixed, habitual, dynamic - Thoracic kyphosis exercises - Respiration assessments: upright, supine, prone - Basic abdominal breathing - Abdominal breathing with bracing exercises 	(Revel's and oculomotor testing) <ul style="list-style-type: none"> - Cervical PNF cross patterns - Rhythmic stabilization - Head repositioning - Oculomotor training - Balance Training
	Whom does it impact? This protocol is intended to be a key resource for the Introductory and Advanced Rehabilitation courses, Clinical Training Phase 2 and 3 labs, Cervical Case Practice and the CSAs and patient care in the clinics.	
12/05/16	<i>NEW PROTOCOL - 12/16 Gastroesophageal Reflux Disease (GERD): Assessment & Management</i>	
	Notable Features <ul style="list-style-type: none"> • Risk factors for GERD and for Barrett's esophagus • Typical and atypical symptoms and a scoring questionnaire • Non-pharmaceutical treatments including behavioral changes, weight loss, dietary management, and various supplements. • OTCs including dosage, side effects, prescription schedule and strategies to ween patients off of medications 	
	Whom does it impact? This protocol is intended to be a key resource for the Cardioresp course, Pharmacology, and Clinical Nutrition as well as the CSAs and patient care in the clinics	
8/18/16	Rapid Screen for the Diabetic Foot	
	This protocol outlines the steps for doing a 5-minute basic assessment of the diabetic foot	
7/16/16	Ankle Sprain Management	
	Key features of the protocol:	
	Outline the steps of acute care Provides extensive details on a multi-phase rehabilitation program for lateral ankle sprains Offers return to play criteria and optional functional questionnaires Discusses prognosis and indications for surgery Offers insights to special cases such as high ankle sprains, deltoid sprains, and chronic instability Includes a sample injury prevention program Append B reviews manipulation and mobilization techniques	

	Appendix E offers a details approach to training the short foot
7/16/16	Chest/Suspected Cardias Symptoms: Immediate Care
	Key features of the protocol:
	When to administer aspirin
	When not to encourage a patient to take their nitroglycerine
	When to administer oxygen and when not to administer it