

2022 USPHS Scientific and Training Symposium
Category Day
Wednesday, May 25, 2022

Therapist Agenda

7:30 AM - **Therapist Category Photo Slideshow**
7:45 AM

7:45 AM - **Welcome and Opening Remarks**
8:00 AM *CDR David Engelman, PT, DPT, GCS, WCC – TPAC Chair; LCDR Carla Chase, CCC/SLP.D. – TPAC Category Day Planning Lead*

8:00 AM - **State of the Category**
9:00 AM *CAPT Jeffrey Richardson*

This session will provide an overview of the current state of the Therapist Category. The Chief Professional Officer (CPO) will describe who and where USPHS Therapist officers are and where we service by demographics across nearly 20 agencies, describe accomplishments in the past year for the Therapist Category and our answer to calls for the COVID-19 pandemic, unaccompanied children, and other disaster and emergency missions, and describe the new standardized promotion precepts and how they relate to the Therapist Category.

At the end of this session participants will be able to:

1. Assess the characteristics of the current state of the Therapist category and how an officer fits into the category.
2. Utilize and maximize the culture of the Therapist category in a officer's career.
3. Explain the how the Therapist category functions in the current professional climate.

9:00 AM - **Identifying Clinical Billets Outside of the Traditional OPDIV**
9:30 AM *CDR Carlos Estavez*

Identifying clinical billets outside of the traditional OPDIV's can be challenging. The challenges are further compounded as geographical moves are encouraged for all USPHS Therapist officers. This presentation will shed light on the current status of clinical Physical Therapy billets for the U.S Coast Guard. The audience will receive background information on challenges, current billet expansion efforts and future opportunities.

At the end of this session participants will be able to:

1. Explain the USCG mission and the role of the PT provider
2. Discuss background information regarding the billet expansion effort
3. Describe the current status of current expansion efforts

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9:30 AM - **Implementation of the First Pediatric Neurodevelopmental Clinic in Indian Health Services: Alaska Native Medical Center's Child and Family Developmental Services**

CDR Kathryn Jacques, Ms. Valerie Schmitz, Mr. Daniel Mansberger

Services include creative and innovative therapy programs and provide interdisciplinary assessment teams (IDAT) for Fetal Alcohol Spectrum Disorder (FASD), Autism Spectrum Disorder (ASD), and Neurodevelopmental Disorders (ND), for Alaska Native families. Therapy services include Applied Behavioral Analysis (ABA), Occupational Therapy (OT), Physical Therapy (PT), and Speech and Language Pathology (SLP). This presentation will focus on the process of program development and funding for these services.

At the end of this session participants will be able to:

1. Describe experiences and processes used to successfully open and grow Child and Family Developmental Services
2. Identify ways of collaborating and utilizing interdisciplinary expertise to enhance service delivery
3. Explain the impact the clinic is having on the Alaska Native community and explore further areas of needed services for the Alaska Native Community improving care across the lifespan

10:00 AM - **Personal Protective Equipment (PPE) 101: A Regulatory Perspective: Part 1**

LCDR Jamie Kamon-Brancazio

As presented during the Mentorship Subcommittee's 2020 Mission Critical Town Hall October 27, 2020, several of our TPAC Officers were presented with completing highly critical responsibilities vastly different than their normal everyday roles. Specifically, our Therapists were thrust into COVID-19-related tasks that included acquiring life saving PPE for their facilities. PPE is considered a medical device and is required to abide by strict FDA regulations to ensure its safety and effectiveness. The COVID-19 Public Health Emergency (PHE) changed how the world viewed PPE and how regulatory Agencies coped with the surge of both public need and manufacturer requests. This presentation will provide the regulatory process from development to distribution and beyond during the COVID-19 PHE response.

At the end of this session participants will be able to:

1. Describe how the COVID-19 Public Health Emergency impacted the supply, acquisition, and distribution of PPE.
2. Describe the difference between the supply, acquisition, and distribution of products for the COVID-19 emergency response versus a hurricane response.
3. Define what an Emergency Use Authorization is and how it applies to PPE and other FDA regulated products.

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10:15 AM - **Post-acute sequelae of COVID-19: symptoms, duration, and prevalence among the Arizona CoVHORT**

11:00 AM

Dr. Kristen Pogreba Brown, Mr. Collin Catalfamo

Most patients with COVID-19 go on to recover from the acute illness within a couple weeks. Some, however, develop persistent or recurring symptoms, known as long COVID, or post-acute sequelae of COVID-19 (PASC), that continue for weeks to months following their acute illness. What constitutes as PASC varies among the current literature, and its presentation varies widely among persons with the condition. We conducted a rapid systematic review of primary literature on PASC to identify a consensus among the literature regarding the definition of PASC including symptom duration and the types of symptoms. Then, using data from the Arizona CoVHORT, a diverse population-based cohort of Arizonans, we estimated the prevalence of PASC among non-hospitalized survivors of acute COVID-19 and the prevalence of individual symptoms of PASC. The result of our research provides a greater understanding of PASC, aides in identification of patients suffering from PASC, and highlights the most prevalent symptoms among persons with PASC. This information highlights potential avenues of care to alleviate the most prevalent symptoms for clinicians and associated healthcare professionals.

At the end of this session participants will be able to:

1. Describe the research literature consensus definition of PASC, it'd duration and the types of symptoms involved in PASC.
2. Identify the most common symptoms of PASC in a diverse longitudinal cohort of non-hospitalized COVID-19 survivors.
3. Describe potential clinical and public health outcomes resulting from this work in order to guide care and policy recommendations in the future.

11:00 AM - **Break in Exhibit Hall**

1:00 PM

1:00 PM - **Therapist Luncheon**

2:30 PM

2:30 PM - **Personal Protective Equipment (PPE) 101: A Regulatory Perspective: Part 2**

2:45 PM *LCDR Jamie Kamon-Brancazio*

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2:45 PM - **Initiating or Expanding a Rehabilitation Therapy Program in the Health Care System**

3:15 PM

LCDR Michael DuBois, LT Melina Rodriguez Upton

This presentation will provide a brief overview of considerations for therapists tasked with initiating or expanding a rehabilitation therapy program.

At the end of this session participants will be able to:

1. Identify the settings that can benefit from rehabilitation therapy services and types of therapies that can be implemented
2. Describe the basic resource requirements for new programs including policies and procedures, equipment and supplies, staffing, funding and billing, and clinic availability and collaboration
3. Develop and expand specialty and specific programs such as adding a discipline, new interventions, and/or new services.

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3:15 PM - **Implementation and Initial Evaluation of a Falls-Risk Reduction Clinic in an Indian Health Service Clinic**
3:45 PM
LT Kyle Knight

Falls in the elderly community can have high mortality rates as well as hefty healthcare-associated costs. Many healthcare facilities, especially in rural areas, do not have falls reduction resources for their community members most at risk. This presentation illustrates the ins-and-outs of implementing such a resource while using data driven screening and intervention practices.

At the end of this session participants will be able to:

1. Describe the CDC's STEADI model and use it as a guide to create not just falls prevention initiatives but any healthcare initiative.
2. Discuss creative ways to extend falls risk reach beyond the clinic into the community by seeking partnerships with established initiatives.
3. Search for appropriate team members when implementing a new health initiative.

3:45 PM - **Personalized Blood Flow Restriction Therapy for Long COVID**
4:15PM *LCDR Adrienne Thomas, LT Douglas Cordel*

SARS-CoV-2 has presented as a significant and unprecedented global pandemic. As the totality of COVID infections and subsequent recovery remains high, the clinical presentation related to long-COVID has become clearer. A recent retrospective study describes long COVID with estimated incidences of fatigue at 12.82%, abnormal breathing 18.71% and pain at 11.60% among those who recovered from acute COVID. The long-COVID sufferer may only be able to sustain low intensity rehabilitation training due to sequelae of the acute phase of COVID. There is good evidence that personalized blood flow restriction therapy (PBFRT) is effective for improving muscle size, strength and VO₂max at a training intensity and load otherwise insufficient to cause physiologic adaptations. These capabilities make PBFRT an optimal modality in the rehabilitation of individuals diagnosed with long-COVID.

Utilizing previous research and developed protocols, we set out to determine how beneficial PBFRT is for rehabilitation of patients with long COVID and associated outcomes. At the initial exam, patient's base line strength and endurance measures were gathered using the six-minute walk test, thirty-second sit to stand, TUG and post COVID Functional Scale score. The patients then completed a three or six-week program utilizing the PBFRT in conjunction with cardiovascular endurance equipment at a moderate perceived rate of exertion. This presentation will describe our results from treatment of patients with long-COVID who received PBFRT for strength and endurance impairments to improve their rehabilitation from long-COVID.

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At the end of this session participants will be able to:

1. Describe long-COVID common presentations in Rehab practice, and Identify appropriate outcome measures for this specific population.
2. Describe evidence for Personalized Blood Flow Restriction Therapy (BBFRT) and its physiological mechanisms/benefits.
3. Describe protocol for PBFRT, and findings from the use of this protocol, for those presenting with long-COVID.

4:15 PM - **Panel Discussion: Promotion - Preparing for Standardization**

4:45 PM *CAPT Jeffrey Richardson, CAPT Michelle Baker-Bartlett, CAPT Dean Trombley*

The USPHS Therapist Professional Advisory Committee is aimed at developing the next generation of competent and committed Therapists of character as trusted public health service professionals. Therapists develop as leaders over time through deliberate, progressive, and sequential processes incorporating training, education, and experiences across learning domains throughout the Officer's career. This session will focus on the experiences and recommendations of seasoned officer, leaders as all officers prepare for the promotion process.

At the end of this session participants will be able to:

1. Describe the "best qualified" officer for specific grades
2. Develop short and long term goals for career advancement
3. Explain the four promotion precepts, their factors, and benchmarks at each grade.

4:45 PM - **Awards and Retirement Ceremony – TPAC Category Day Awards/Retirement**

5:15 PM **Subcommittee Presentation**

5:15 PM - **Closing Remarks**

5:30 PM