Therapist Category Day
Wednesday, June 26, 2024

07:45 - 08:00
Arrival

08:00 - 08:05
Welcome and Open Remarks
CDR Jamie Kamon-Brancazio
Moderator: CDR Scott McGrew

08:05 - 08:35
State of the Therapist Category
CAPT Ron West
Moderator: CDR Jamie Kamon-Brancazio

The Therapist Category is one of 11 categories under the leadership of the US Surgeon General. Uniformed Service Therapists, including Audiologists, Occupational Therapists, Physical Therapists, Respiratory Therapists, and Speech-Language Pathologists work side-by-side civilian and contracted federal government employees to meet the mission of the US Department of Health and Human Services. These therapists provide clinical, statutory, and programmatic expertise. This presentation will focus on the goals of the administration and the work of the category in accomplishing those goals.

After attending this session, participants will be able to:
1. Identify the US Surgeon General’s initiatives for the Therapist Category.
2. Identify career planning and skill enhancement opportunities.
3. Describe elements of servant leadership.

08:35 - 09:05
Effective Leadership and How to Excel in the Workplace
CAPT Alexander Brenner
Moderator: CDR Joann Sents

How to excel in the workplace comes down to essentially 3 easy to understand tasks. First, do what your boss says. If your boss gives you a task to complete, do it as quickly and to the highest level of performance as possible and give it back to them. Don’t make him come look for you, asking about the task. If you do this you will be in the top 30% of Officers and more importantly you will gain and earn your boss’ confidence. Second, think like your boss. Make your boss’ priorities your priorities. This is completed by active listening. If you can “think like your boss” you will be in the top 15% of your peers but more importantly you will earned your
boss’ trust. Lastly, think LIKE your boss. You do this by getting out in front of your boss, show your innovation, your creativity and bring products to your boss. This is what boss’ want, we want someone that can help us think. Once you do this you will earn your boss’ confidence, trust and loyalty. When you reach this point, your boss will then start putting you in for awards, recognition, and doing their best to put you in the best position for promotion and professional development.

After attending this session, participants will be able to:

1. Describe the importance and timeliness of doing what your boss says.
2. Describe how to think like their boss; showing innovation, creativity and bringing products to their boss.
3. List Brenner’s 3 steps of How to Excel in the Workplace.

09:05 - 09:20
Break

09:20 - 10:05
Fostering Focus: Rehabilitation Providers Expanded Role in Attention/ADHD Management
CDR Joann Sents; LCDR Alyssa Plata; LT Marlise Brown; LT Stephanie Rimroth
Moderator: LCDR Raul Leija

Background:
This presentation will equip rehabilitation providers with the knowledge, strategies, and tools necessary to effectively understand and address attention deficits and ADHD in our diverse patient populations. It will explain the role all providers can take in managing attention and ADHD to maximize outcomes. In addition, the presentation will describe the importance of fostering collaboration among different rehabilitation disciplines to maximize outcomes and provide holistic care to individuals with attention difficulties. Areas of focus will be improving executive function skills, safety during ADLs, self-regulation, sleep, compliance with home exercise programs, and academic/athletic performance.

Methods:
The presentation will be a combination of lecture, Q&A and, if time permits, a small break out portion (5 min) within each table to discuss how participants may generalize information from different disciplines across various patient populations. The presentation will provide a very broad view of how attention deficits and ADHD impact all areas of recovery and can be addressed by any discipline providing care.

Results:
Improve focus/attention will enhance compliance with the therapy plan and specifically lead to greater capability to complete home exercises and tasks outside of treatment sessions.
Conclusions:
Interdisciplinary collaboration is paramount in improving outcomes and providing patient centered care. Encouraging the development of integrated care plans that include all treating disciplines will maximize the overall ability to meet personal and therapy goals. The presentation will address expanded roles clinicians can take to target improved attention/focus and foster generalization of positive behaviors in all therapeutic tasks.

After attending this session, participants will be able to:
1. Describe one example of how attention deficits can impact rehabilitation progress.
2. Identify 2 strategies that patients/clients can adopt to improve symptoms of attention deficits.
3. Define one way that rehabilitation providers can participate in the management of attention/ADHD.

10:05 - 10:30
Commissioned COER
LCDR Kyle Knight
Moderator: LT Stephanie Rimroth

LCDR Kyle Knight is the COER Specialist within Commissioned Corps Headquarters (CCHQ). As the COER Specialist, he works with officers who are not quite sure how to navigate the Commissioned Officer Effectiveness Report (COER) or why efficient, descriptive COERs are important for their career, and what implications and issues arise for officers who do not produce quality COERs. With the upcoming merge of promotion categories, Therapists deserve to know how to stand out among the crowd with excellent showcasing of their abilities. This is also a good opportunity to describe the structure of CCHQ and put faces and responsibilities to names that field officers typically do not think twice about.

After attending this session, participants will be able to:
1. Describe the difference between an Interim and Annual COER.
2. Describe two topics that qualify as quality content within the COER.
3. Identify the correct procedure to combat many frequent mistakes made by officers on their COERs.

10:30 - 11:00
Experiences of a Therapist in the Ready Reserve
LTJG Adam Gilbertson
Moderator: LT Stephanie Rimroth

This presentation will provide a general outline of the Ready Reserve, with a focus on the role and past accomplishments of Therapists in the Ready Reserve. This will provide a better understanding of the role of Therapists in the Ready Reserve, as well as the Ready Reserve as a
whole, to Regular Corps Officers. There will be a brief layout of general requirements for a Therapist in the Ready Reserve to include drill weekends, annual training, etc., while also discussing the role of Ready Reservists in regards to the United States Public Health Service’s mission at large. The presentation will end with highlights of prior deployments of Therapists in the Ready Reserve.

After attending this session, participants will be able to:
1. Identify three key differences between Officers in the Ready Reserve and Active-Duty Components.
2. Describe at least one key role of Therapists in the Ready Reserve.
3. List at least one way how Ready Reserve Therapist Deployments are being utilized to meet the mission of the Public Health Service.

11:00 - 13:00
Exclusive Exhibit Hall Time - Poster Session Review

Please join us in the Exhibit Hall to meet with our event Sponsors and Exhibitors.

13:00 - 14:30
Lunch with Awards, Retirees and Change of Command Ceremony
Moderator: LCDR Kayla Dewitt

During lunch, the TPAC Category Day planning team will honor our awardees and retirees and perform a brief change of command ceremony to honor CAPT Ron West as he transitions into the position of the Therapist Chief Professional Officer.

14:30 - 15:00
Tinnitus, Do You Hear That?
LCDR Rodney Hale
Moderator: LCDR Kayla Dewitt

This session will provide attendees information needed to better understand what tinnitus is and when a healthcare provider should be concerned. Tinnitus is a common ringing or buzzing sound that most of us have experienced either for a few seconds or for a few hours following a loud concert or use of a firearm. However, tinnitus could be a sign of an underlying condition such as Meniere’s disease or an acoustic neuroma, especially when associated with a balance disorder. Chronic tinnitus can be debilitating for many people. Hearing loss, exposure to loud sounds, and some medications, including aspirin, increase a person’s chance of having tinnitus. Due to cognitive similarities between chronic tinnitus and the ‘pain cycle’, some tinnitus treatment plans include cognitive behavioral therapy. Interaction with the audience will include encouraging attendees to respond to questions such as “How do you pronounce this word,
‘TINNITUS’?” and “Can you describe a time you had tinnitus?”. Also, there will be an audible demonstration of the ringing and buzzing sounds tinnitus sufferers hear and sounds used to reduce or mask tinnitus.

After attending this session, participants will be able to:
   1. Define tinnitus and types of tinnitus.
   2. Describe causes of tinnitus and its association with balance disorders.
   3. State two examples of treatments for tinnitus.

15:00 - 15:30
**Therapeutic Possibilities: The Multifaceted Applications of Mental Health Occupational Therapy**
*LT Keagan Carpenter*
*Moderator: LCDR Maria Doran*

This session will provide attendees with strategies to provide trauma informed care and address mental health within treatment sessions to further promote patient wellness and overall function. It will begin with a brief overview of the mental health occupational therapy (OT) programming that is currently being created at FMC Carswell, the only women’s federal medical center. This overview will include current impact of OT on mental health programming and areas for future development, including both OT specific and interprofessional collaborations.

The presentation will transition into a brief overview of the value that OT brings to mental health treatment and its impact on improving care for this underserved population. The scope will be generalized to rehab professionals as a whole and how their skills provide a unique opportunity to consider and address patient mental health during their treatments, with the hope of improving patient outcomes overall. An emphasis will be placed on why this is important due to the patient populations we serve (increased mental health diagnoses prevalent, high rates of trauma history).

The session will conclude with providing tangible action steps and tools to incorporate into all practice settings. This will include:

- Signs/symptoms to screen for during evaluation.
- Trauma Informed Care principles to integrate into daily practice.
- Interventions to address patient mental health that can be incorporated into sessions that are also addressing physical impairments, decreased function, and pain.
- Environmental considerations.
- Examples of various patient populations that these tools are used with at FMC Carswell.

We will conclude by utilizing one of the strategies for nervous system regulation that can be easily implemented into a treatment session or home exercise program.
After attending this session, participants will be able to:

1. Identify at least one example of how you can practice trauma informed rehab in your practice setting.
2. Identify at least one sign during evaluation that may indicate the benefit of addressing mental health during treatment.
3. Reproduce one nervous system regulation strategy.

15:30 - 15:45
Networking Break

15:45 - 16:15
Hand Rehabilitation of a Complex “Fight Bite” Injury in the Bureau of Prisons: A Case Study
LT Andrew Benford
Moderator: LCDR Maria Doran

Background:
“Fight Bites” are closed-fist injuries that occur when the hand strikes the teeth of another person. These injuries have high rates of costly medical complications and can lead to permanent disability without proper management. The prison population is at increased risk for fight bites due to high rates of violence in prison. The case presented involved an adult in custody (AIC) in the BOP who incurred a fight bite injury during a physical altercation. Rehabilitation efforts were complicated by infection, prolonged wound healing, and limited rehab access due to remaining in secured housing status throughout the course of treatment.

Methods:
Occupational therapy (OT) intervention initially focused on edema management in coordination with wound care and orthopedic teams. Clinical progress was assessed and documented via wound photos and circumferential edema measurements. Upon wound closure, range-of-motion (ROM) was then aggressively pursued via therapeutic exercises and static progressive splinting. Ultrasound and electrical stimulation (e-stim) were also incorporated as preparatory physical agent modalities to maximize gains with therapeutic exercises and functional activities. ROM and grip strength were objectively assessed with goniometry and dynamometry at regular intervals and these data were correlated with skilled observations of functional hand use as treatment progressed.

Results:
Gains in hand ROM and grip strength resulted in the restoration of hand functioning necessary for independence with all activities of daily living (ADLs). In turn, this resulted in the AIC declining elective hand surgery while in BOP custody.
Conclusions:
This case underscores the importance of strong interdisciplinary collaboration among the primary care, wound care, orthopedic, and hand rehabilitation teams in the medical management of a complex “fight bite” injury. The correctional setting presents unique environmental, behavioral, administrative, and logistical challenges that demand flexibility and creative problem-solving to optimize clinical outcomes. OTs possess extensive knowledge of upper extremity rehabilitation techniques and psychosocial factors that impact patient adherence to treatment plans. OTs are therefore well-suited to serve as leaders in the rehabilitation of complex “fight bite” injuries to prevent long-term disability and reduce associated costs.

After attending this session, participants will be able to:
1. Identify two factors that increase the risk of complication and infection from a closed-fist fight bite injury.
2. Describe two precautionary measures that should be taken as soon as possible after a fight bite injury to the reduce risk of infection.
3. Describe three evidence-based interventions for managing hand edema and stiffness.

16:15 - 16:45
“What is a Consumer Safety Officer AKA FDA Investigator?”
LCDR Daniel Bordt; LCDR Steven Brown; LCDR Ana Sandee; LCDR Ulysses Singleton
Moderator: LT Chris Carreiro

Inclusivity:
Consumer safety officers are part of the front-line team monitoring, investigating, and evaluating the FDA regulated industries to ensure short and long term public health program goals and objectives. They ensure all members of the public have access to safe and effective drugs, food, devices, vaccines, and many other public health commodities. They serve as the eyes and ears of the FDA for monitoring the public health in communities across the nation and across the globe to reduce disparities in health.

Consumer Safety Officers are made up of a variety of individuals from various science backgrounds and cultures. FDA actively promotes inclusivity with programs such as Pride Mentoring Program, Multilingual Communication Services, Women of Color in Science Technology Engineering and Mathematics (STEM), and many others. This diverse collection of minds allows FDA to view public health problems from multiple facets to best address impact and implementation for programs.

Abstract:
This session will provide attendees with information on nontraditional career opportunities within the FDA as a Consumer Safety Officer (CSO), also known as FDA investigator. The session will describe the duties, roles, and responsibilities of a Consumer Safety Officer with examples of daily tasks and overarching goals of the position. The session will also discuss the public
health impact of the Office of Regulatory Affairs (ORA) within FDA and how the FDA Investigator advances the agency’s public health missions in the frontlines of Public Health, inspecting, investigating and sampling FDA regulated products that includes human and animal foods, drugs, medical devices, radiation-emitting products, vaccines, blood products, biologics, veterinary drugs-devices, cosmetics, and tobacco products to protect the public’s health: ensuring safety, efficacy, and security of consumer products. A CSO’s various career paths and opportunities both domestically and internationally will be described with information on job locations, job advancement, and professional development resources.

After attending this session, participants will be able to:
1. Describe the duties of a Consumer Safety Officer.
2. Describe how work as a Consumer Safety Officer impacts public health to reduce discrepancies in health both nationally and globally.
3. Describe opportunities for career advancement and enrichment as a Consumer Safety Officer with differing backgrounds and culture.

16:45 - 16:55
Networking Break

16:55 - 17:25
Cultivating Workplace Wellness for the Brain: Best Practices for Identifying and Managing Cognitive Fatigue
LCDR Courtney Wood
Moderator: LCDR Whitney Huryta

After attending this session, participants will be able to:
1. State at least one way the brain fuels for cognitive activities.
2. List at least one activity that can cause cognitive fatigue.
3. Recognize at least one sign of cognitive fatigue for improved regulation of cognitive energy.

17:25 - 17:30
Closing Remarks
CDR Scott McGrew