DARE GREATLY
Enter the Arena

71st Annual Meeting
September 13–16, 2017
Palais des congrès de Montréal
Montreal, Quebec, Canada
Because every parent wants the best for their child.

Doctors and families around the world turn to Nemours/Alfred I. duPont Hospital for Children for the most advanced orthopedic care. Our Gait and Motion Analysis Laboratory helps diagnose and treat children with neuromuscular conditions. By capturing a 3-D image of a child’s movement, we can improve the ability to walk, step and run. It’s part of the Nemours promise to help every child, everywhere reach their full potential.

Nemours International Medicine Program:
InternationalMedicine@Nemours.org
+1 (302) 651-4993 (Monday–Friday, 8 a.m. to 5 p.m. EST)
Welcome to Montreal, Canada!

Our theme this year encourages us to “Dare Greatly—Enter the Arena” in various aspects of our professional and personal lives both at the 71st American Academy for Cerebral Palsy and Developmental Medicine (AACPDM) Annual Meeting and beyond. Each year the annual meeting provides the Academy the opportunity to showcase its mission and to fulfill its vision to be a global leader in the multidisciplinary scientific education of health professionals and researchers dedicated to the well-being of people with and at risk for cerebral palsy and other childhood-onset disabilities.

The Scientific Program Committee, chaired by Dr. Jacques D’Astous and Dr. Susan Sienko, put together an excellent scientific program that represents the state-of-the-science in cerebral palsy and other childhood-onset disabilities. The committee was challenged to choose the 120 scientific papers and 72 scientific posters from the record-breaking number of quality submissions received for this year’s meeting.

This year’s program offers you engaging keynote speakers, learning experiences, and networking opportunities. Our keynote speakers are dynamic leaders in their fields. They will be speaking about important topics including human rights and children with disabilities, neuromuscular spine deformities, epigenetics, changing perspectives in sports media, neuroprotection in the high risk neonate, epidemiology, parents’ perspectives, and pediatric neurology. We have a wide range of topics presented during the 39 Instructional Courses and 30 Breakfast Seminars that promote translation of research into practice. Focused learning experiences are offered through our pre-course program, which includes an all-day epigenetic symposium, all-day hands-on ultrasound symposium, Gait and Clinical Movement Analysis Society (GCMAS) symposium, navigating pain in adults with cerebral palsy, and collaborative developmental monitoring. The interdisciplinary nature of our society makes this meeting an excellent opportunity to brainstorm, discuss clinical challenges, and form future collaborations.

Beyond educational sessions, we invite you to network during the Welcome Reception, Wine & Cheese Poster and Exhibit Review, and numerous breaks in the program. During the meeting, please use our mobile app to navigate the program, access electronic abstracts, ask questions of our speakers, and share your insights throughout the meeting.

We are grateful to the generosity of our sponsors and exhibitors who contribute to the success of our annual meetings. As always, the annual meeting provides a wonderful forum to learn, engage, network, and create new collaborations.

With best wishes,

Sarah Winter, MD
First Vice-President
### Wednesday, September 13

<table>
<thead>
<tr>
<th>Event</th>
<th>Time (AM/PM)</th>
<th>Location</th>
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<tbody>
<tr>
<td>AACPDM Board &amp; Committee Breakfast and Meetings</td>
<td>7:30 AM – 11:15 AM</td>
<td>516C</td>
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<tr>
<td>Epigenetics Symposium</td>
<td>7:30 AM – 5:30 PM</td>
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<tr>
<td>Neuromuscular Ultrasound Workshop</td>
<td>8:00 AM – 5:00 PM</td>
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<tr>
<td>GCMAS Symposium</td>
<td>8:00 AM – 12:00 PM</td>
<td>524AB</td>
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<tr>
<td>AACPDM Board &amp; Committee Luncheon</td>
<td>11:30 AM – 12:45 PM</td>
<td>516C</td>
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<tr>
<td>PC1: Collaborative Developmental Monitoring</td>
<td>1:00 PM – 5:00 PM</td>
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<tr>
<td>PC2: Navigating Pain in Adults with Cerebral Palsy</td>
<td>8:00 AM – 5:00 PM</td>
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<td>AACPDM Board of Directors Meeting</td>
<td>1:00 PM – 5:00 PM</td>
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<tr>
<td>Welcome Reception</td>
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### Thursday, September 14

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<tr>
<td>Get Up and Move</td>
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<td>Advisor Program Meet &amp; Greet</td>
<td>7:00 AM – 8:00 AM</td>
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<tr>
<td>Breakfast Seminars 1-10</td>
<td>7:00 AM – 8:00 AM</td>
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<tr>
<td>General Session</td>
<td>8:15 AM – 10:15 AM</td>
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<tr>
<td>Presidential Guest Lecture</td>
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<td>Sue Swenson</td>
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<td>CPF Update</td>
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<td>Richard Ellenson, CEO</td>
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<td>Lifetime Achievement Award</td>
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<tr>
<td>Marshalyn Yeargin-Allsopp, MD</td>
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<tr>
<td>Session supported by the Cerebral Palsy Foundation</td>
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<td>Free Paper Sessions A-D</td>
<td>1:30 PM – 3:30 PM</td>
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<tr>
<td>A: Ortho-Hip</td>
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<td>B: Etiology, Epidemiology &amp; Neuroimaging</td>
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<td>C: Therapy</td>
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<tr>
<td>D: Upper Limb &amp; Miscellaneous</td>
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<td>AACPDM Membership Business</td>
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<td>Meeting &amp; Boxed Lunch</td>
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<td>Gayle G. Arnold Lecture</td>
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<td>John Lonstein, MD</td>
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<tr>
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<td>Jason Benetti</td>
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<td>EACD Update</td>
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<td>James Rice, MD</td>
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<td>Instructional Courses 14-27</td>
<td>4:00 PM – 6:00 PM</td>
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<td>Networking Dinner</td>
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<td>Get Up and Move</td>
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<tr>
<td>Continental Breakfast</td>
<td>7:00 AM – 8:00 AM</td>
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<td>Breakfast Seminars 11-20</td>
<td>7:00 AM – 8:00 AM</td>
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<td>Gayle G. Arnold Lecture</td>
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<tr>
<td>John Lonstein, MD</td>
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<tr>
<td>Cathleen Lyle Murray Award &amp; Lecture</td>
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<tr>
<td>Jason Benetti</td>
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<tr>
<td>EACD Update</td>
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<tr>
<td>Nana Nina Tatishvili, MD</td>
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<td>AusACPDM Update</td>
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<tr>
<td>James Rice, MD</td>
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<tr>
<td>Instructional Courses 28-39</td>
<td>1:30 PM – 3:30 PM</td>
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### Saturday, September 16

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<td>Breakfast Seminars 21-30</td>
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<td>Presidental Guest Lecture</td>
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<td>Michael Shevell, MD</td>
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<td>Chamber Family Lifespan</td>
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<td>Derrick Chung, James Ferdinand; Frank Gavin</td>
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<td>Best Posters and Mac Keith Press Promising Career Awards</td>
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American Academy for Cerebral Palsy and Developmental Medicine

71st Annual Meeting
September 13-16, 2017
Montreal, Quebec, Canada

Future Annual Meetings
October 9-13, 2018
Cincinnati, Ohio
September 17-21, 2019
Anaheim, California
September 22-26, 2020
New Orleans, Louisiana

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Tracy Burr, CAE – Executive Director

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Tracy Burr, CAE – Executive Director
Amanda Senkbeil, CMP – Senior Meetings Manager
Heather Schrader – Project Coordinator
Jazmine Blakley – Meetings Coordinator

The American Academy for Cerebral Palsy and Developmental Medicine (AACPDM) is an academy of over one thousand people of multiple professional disciplines dedicated to the improvement in the care of people with childhood-onset disabilities, their families and communities. We are pediatricians, neurologists, surgeons, therapists, nurses, special educators, engineers, and scientists from all over the world. Together we strive daily in our quest to perform the highest quality research, offer education opportunities for ourselves and others in the field, and work to elevate society and culture by recognizing the value and dignity of our fellow citizens with disabilities. Each year, about 1,000 medical professionals gather for the AACPDM Annual Meeting to participate in the high-quality dissemination of information in the basic sciences, prevention, diagnosis, treatment, and technical advances as applied to persons with cerebral palsy and other childhood-onset disabilities.

2017 Scientific Program Overview
This year’s program was developed from a submission total of 633 abstracts. All electronically submitted abstracts were independently rated by the multidisciplinary scientific program committee of 18 members (listed above). The committee met in March 2017 to review the abstracts and finalize the program (e.g. Scientific Paper or Poster, Instructional Course/Breakfast Seminars). Scientific papers and posters were rated (masked to authors) on research question/objectives, design, methodology, conclusions and relative impact, relevance and importance to the care and treatment of children with childhood onset disabilities. Instructional Courses and Breakfast Seminars were rated (unmasked) on course objectives, content, presenters and level of impact, relevance and importance to conference attendees and the AACPDM membership at large. The feedback from the previous year’s evaluations are utilized in the process of creating the program with the aim of better meeting the needs of meeting attendees.

The 2017 program includes:
120 Scientific Papers
72 Scientific Posters
39 Demonstration Posters
3 Pre-Conference Sessions
1 All-Day Ultrasound Symposium
1 All-Day Epigenetics Symposium
40 Instructional Courses
30 Breakfast Seminars

Scientific Review Process
• Blinded abstracts submitted electronically
• Abstracts are scored independently by the program committee with scores submitted electronically and then tallied/averaged
• Highest scored abstracts are selected
• Program Committee meets in March to make final decisions about scientific program planning and to ensure that the program is balanced in content.

Free Papers and Posters are rated on:
Research Question/Objectives
Research Design, Methodology
Impact, Relevance & Importance

Instructional Courses and Breakfast Seminars are rated on:
Course Objective
Content/Presenters
Impact, Relevance & Importance

2017 Scientific Program Committee
Susan Sienko, PhD
Jacques D’Astous, MD
Kristan Pierz, MD
Lesley Wiart, PhD, PT
Marek Joziwak, MD, PhD
Steven Couch, MD
Francisco Valencia, MD
Theresa Moulton, DPT, PhD
Theresa Such-Neibar, DO
Allison Oki, MD
Susan V. Duff, EdD, PT, OT/L, CHT
Jean Stansbury, APRN, CPNP, CHPPN
Laura Peace, OTRL
Michael Krueer, MD
Karen Harpster, PhD, OTR/L
Tishya Wren, PhD
Mary Ann Nelin, MD
Hiroko Matsumoto, PhD

2017 Local Hosts
Annette Majnemer, PhD, OT
Maryam Oskoui, MD, MSc, FRCPC, FAAN
Laurie Snider, OT, PhD
Keiko Shikako-Thomas, PhD, OT

Scholarship Recipients
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Instructional Courses and Breakfast Seminars are rated on:
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Content/Presenters
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<table>
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<tr>
<th>AACPDM Past and Future Presidents</th>
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<tr>
<td>Winthrop Phelps, MD</td>
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<td>George G. Deaver, MD</td>
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<td>Earl R. Carlson, MD</td>
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<td>Bronson Crothers, MD</td>
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<td>Leslie B. Homman, MD</td>
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<td>Arnold Gesell, MD</td>
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<td>Lenox D. Baker, MD</td>
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<td>Margaret H. Jones Kanaar, MD</td>
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<td>Nicholson J. Eastman, MD</td>
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<td>William T. Green, MD</td>
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<td>Alvin J. Ingram, MD</td>
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<td>G.W.R. Eggers, MD</td>
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<td>Alfred Healy, MD</td>
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<td>Hank G. Chambers, MD</td>
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<td>Eileen Fowler, PhD PT</td>
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<tr>
<td>Unni Narayanan, MBBS MSc FRCP (C)</td>
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<tr>
<td>Sarah Winter, MD</td>
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<td>Jilda Vargus-Adams, MD, MPH</td>
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**Indication**

Dysport® is indicated for the treatment of lower limb spasticity in pediatric patients 2 years of age and older. The safety and effectiveness of Dysport® injected into upper limb muscles or proximal muscles of the lower limb for the treatment of spasticity in pediatric patients has not been established. Safety and effectiveness in pediatric patients with cervical dystonia or upper limb spasticity have not been established.

Important Safety Information

**Warning: Distant Spread of Toxin Effect**

Postmarketing reports indicate that the effects of Dysport® and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthenia, generalized muscle weakness, diplopia, blurred vision, ptosis, dysphagia, dysphonia, dysarthria, urinary incontinence, and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity, but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have underlying conditions that would predispose them to these symptoms. In unapproved uses, including upper limb spasticity in children, and in approved indications, cases of spread of effect have been reported at doses comparable to lower than the maximum recommended total dose.

Please see additional Important Safety Information and Brief Summary of Full Prescribing Information on following pages.
Dysport® is not approved in Canada for the treatment of lower limb spasticity in pediatric patients 2 years of age and older.

Dysport® provided significant results in both treatment groups vs placebo across co-primary efficacy endpoints¹

- A multicenter, prospective, double-blind, randomized, placebo-controlled study assessing Dysport® (abobotulinumtoxinA) in patients 2 to 17 years of age with lower limb spasticity because of cerebral palsy causing dynamic equinus foot deformity
- Significant improvement in ankle plantar flexor muscle tone as determined by mean change in Modified Ashworth Scale (MAS) at Week 4 (primary endpoint) and Week 12 (P<0.05)
- Significant improvement in response to treatment as determined by mean Physician’s Global Assessment (PGA) at Week 4 (primary endpoint) and Week 12 (P<0.05)

Safety assessed in 160 Dysport® treated pediatric patients¹

- The most commonly observed adverse reactions (≥10% of patients in any group and greater than placebo) were upper respiratory tract infection, nasopharyngitis, influenza, pharyngitis, cough, and pyrexia

Dysport® offers a full complement of support services

Faculty bureau-led live training
- Healthcare professionals sign up for Dysport® injection training by visiting www.Dysport.com

IPSEN CARES®
- Offers a single point of contact for patients and healthcare professionals to help with benefits verification, copay assistance, and more. Visit www.IpsenCares.com to learn more

Important Safety Information (continued)

Contraindications
Dysport® is contraindicated in patients with known hypersensitivity to any botulinum toxin preparation or to any of the components; or in the presence of infection at the proposed injection site(s); or in patients known to be allergic to cow’s milk protein. Hypersensitivity reactions including anaphylaxis have been reported.
Important Safety Information (continued)

Warnings and Precautions

Lack of Interchangeability Between Botulinum Toxin Products

The potency Units of Dysport® are specific to the preparation and assay method utilized. They are not interchangeable with other preparations of botulinum toxin products, and, therefore, units of biological activity of Dysport® cannot be compared to or converted into units of any other botulinum toxin products assessed with any other specific assay method.

Dysphagia and Breathing Difficulties

Treatment with Dysport® and other botulinum toxin products can result in swallowing or breathing difficulties. Patients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. In most cases, this is a consequence of weakening of muscles in the area of injection that are involved in breathing or swallowing. When distant side effects occur, additional respiratory muscles may be involved (see Boxed Warning). Deaths as a complication of severe dysphagia have been reported after treatment with botulinum toxin. Dysphagia may persist for several weeks, and require use of a feeding tube to maintain adequate nutrition and hydration. Aspiration may result from severe dysphagia and is a particular risk when treating patients in whom swallowing or respiratory function is already compromised. Patients treated with botulinum toxin may require immediate medical attention should they develop problems with swallowing, speech, or respiratory disorders. These reactions can occur within hours to weeks after injection with botulinum toxin.

Pre-existing Neuromuscular Disorders

Individuals with peripheral motor neuropathic diseases, amyotrophic lateral sclerosis, or neuromuscular junction disorders (eg, myasthenia gravis or Lambert-Eaton syndrome) should be monitored particularly closely when given botulinum toxin. Patients with neuromuscular disorders may be at increased risk of clinically significant effects including severe dysphagia and respiratory compromise from typical doses of Dysport®.

Human Albumin and Transmission of Viral Diseases

This product contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases and variant Creutzfeldt-Jakob disease (vCJD).

There is a theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD), but if that risk actually exists, the risk of transmission would also be considered extremely remote. No cases of transmission of viral diseases, CJD, or vCJD have ever been identified for licensed albumin or albumin contained in other licensed products.

Intradermal Immune Reaction

The possibility of an immune reaction when injected intradermally is unknown. The safety of Dysport® for the treatment of hyperhidrosis has not been established. Dysport® is approved only for intramuscular injection.

Adverse Reactions

Most common adverse reactions (≥10% in any group and greater than placebo) in pediatric patients with lower limb spasticity for Dysport® 10 Units/kg, 15 Units/kg, 20 Units/kg, or 30 Units/kg; and Placebo, respectively, were: upper respiratory tract infection (9%, 20%, 10%, 10%, 13%), nasopharyngitis (9%, 12%, 16%, 10%, 5%), influenza (0%, 10%, 14%, 3%, 8%), pharyngitis (5%, 0%, 11%, 3%, 8%), cough (7%, 6%, 14%, 10%, 6%), and pyrexia (7%, 12%, 8%, 7%, 5%).

Co-administration of Dysport® and aminoglycosides or other agents interfering with neuromuscular transmission (eg, curare-like agents), or muscle relaxants, should be observed closely because the effect of botulinum toxin may be potentiated. Use of anticholinergic drugs after administration of Dysport® may potentiate systemic anticholinergic effects such as blurred vision. The effect of administering different botulinum neurotoxins at the same time or within several months of each other is unknown. Excessive weakness may be exacerbated by another administration of botulinum toxin prior to the resolution of the effects of a previously administered botulinum toxin. Excessive weakness may also be exaggerated by administration of a muscle relaxant before or after administration of Dysport®.

Use in Pregnancy

Based on animal data Dysport® may cause fetal harm. There are no adequate and well-controlled studies in pregnant women. Dysport® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Pediatric Use

Based on animal data Dysport® may cause atrophy of injected and adjacent muscles; decreased bone growth, length, and mineral content; delayed sexual maturation; and decreased fertility.

Geriatric Use

In general, elderly patients should be observed to evaluate their tolerability of Dysport®, due to the greater frequency of concomitant disease and other drug therapy. Subjects aged 65 years and over who were treated with Dysport® for lower limb spasticity reported a greater percentage of fall and asthenia as compared to those younger (10% versus 6% and 4% versus 2%, respectively).

To report SUSPECTED ADVERSE REACTIONS or product complaints, contact Ipsen at 1-855-463-5127. You may also report SUSPECTED ADVERSE REACTIONS to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Study Design: The efficacy of Dysport® (abobotulinumtoxinA) was evaluated in a double-blind, placebo-controlled multicenter study in patients 2 to 17 years of age treated for lower limb spasticity because of cerebral palsy causing dynamic equinus foot deformity. A total of 235 (158 Dysport® and 77 placebo) toxin-naive or non-naive patients with a MAS of grade 2 or greater at the ankle plantar flexion were enrolled to receive Dysport® 10 Units/kg/leg (n=79), Dysport® 15 Units/kg/leg (n=79), or placebo (n=77) injected into the gastrocnemius and soleus muscles. Forty-one percent of patients (n=66) were treated bilaterally and received a total lower limb Dysport® dose of either 20 Units/kg (n=37) or 30 Units/kg (n=29). The primary efficacy endpoint was the mean change from baseline in MAS ankle plantar flexion at Week 4; a co-primary endpoint was the mean PGA at Week 4.


Please see Brief Summary of Full Prescribing Information, including Boxed Warning, on following pages.
Dysport® (abobotulinumtoxinA) for injection, for intramuscular use
Initial U.S. Approval: 2009
Rx Only
BRIEF SUMMARY: Please see package insert for Full Prescribing Information

1 INDICATIONS AND USAGE
1.4 Lower Limb Spasticity in Pediatric Patients
DYSPORT® is indicated for the treatment of lower limb spasticity in pediatric patients 2 years of age and older.

WARNING: Distant Spread of Toxin Effect
Postmarketing reports indicate that the effects of DYSPORT® and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These may include asthma, generalized muscle weakness, diplopia, blurred vision, ptosis, dysphagia, dysphonia, dyarthria, urinary incontinence and breathing difficulties. These symptoms have been reported during hours to weeks after injection. Swallowing and breathing difficulties can be life-threatening and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have underlying conditions that would predispose them to these symptoms. In unapproved uses, including upper limb spasticity in children, and in approved indications, cases of spread of effect have been reported at doses comparable to or lower than the maximum recommended total dose. [see Warnings and Precautions (5.2)]

4 CONTRAINDICATIONS
DYSPORT® is contraindicated in patients with:
• Known hypersensitivity to any botulinum toxin preparation or to any of the components in the formulation
• Hypersensitivity reactions have been reported, including anaphylaxis.
• This product may contain trace amounts of cow’s milk protein. Patients known to be allergic to cow’s milk protein should not be treated with DYSPORT®.
• Infection at the proposed injection site(s).

5 WARNINGS AND PRECAUTIONS
5.1 Lack of Interchangeability between Botulinum Toxin Products
The potency units of DYSPORT® are specific to the preparation and assay method utilized. They are not interchangeable with other preparations of botulinum toxin products and, therefore, units of biological activity of DYSPORT® cannot be compared to or converted into units of any other botulinum toxin products assessed with any other specific assay method [see Description (11) in the full prescribing information].

5.2 Spread of Toxin Effect
Post-marketing safety data from DYSPORT® and other approved botulinum toxin suggest that botulinum toxin effects may, in some cases, be observed beyond the site of local injection. The symptoms are consistent with the mechanism of action of botulinum toxin and may include asthma, generalized muscle weakness, diplopia, blurred vision, ptosis, dysphagia, dysphonia, dyarthria, urinary incontinence and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life-threatening and there have been reports of death related to spread of toxin effects. The risk of symptoms is probably greatest in children treated for spasticity but symptoms can also occur in adults treated for spasticity and other conditions, particularly in those patients who have underlying conditions that would predispose them to these symptoms. In unapproved uses, including upper limb spasticity in children and approved indications, symptoms consistent with spread of toxin effect have been reported at doses comparable to or lower than the maximum recommended total dose [see Use In Specific Populations (8.4)].

5.3 Dysphagia and Breathing Difficulties
Treatment with DYSPORT® and other botulinum toxin products can result in swallowing or breathing difficulties. Patients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. In most cases, this is a consequence of weakening of muscles in the area of injection that are involved in breathing or swallowing. When distant effects occur, additional respiratory muscles may be involved [see Warnings and Precautions (5.7)]. Deaths as a complication of severe dysphagia have been reported after treatment with botulinum toxin. Dysphagia may persist for several weeks, and require use of a feeding tube to maintain adequate nutrition and hydration. Aspiration may result from severe dysphagia and is a particular risk when treating patients in whom swallowing or respiratory function is already compromised.

Treatment of cervical dystonia with botulinum toxins may weaken neck muscles that serve as accessory muscles of ventilation. This may result in a critical loss of breathing capacity in patients with respiratory disorders who may have become dependent upon these accessory muscles. There have been post-marketing reports of serious breathing difficulties, including respiratory failure.

Patients treated with botulinum toxin may require immediate medical attention should they develop problems with swallowing, speech or respiratory disorders. These reactions can occur within hours to weeks after injection with botulinum toxin [see Warnings and Precautions (5.2)]. Adverse Reactions (6.1). Clinical Pharmacology (12.2) in the full prescribing information.

5.5 Pre-existing Neuromuscular Disorders
Individuals with peripheral motor neuropathic diseases, amyotrophic lateral sclerosis or neuromuscular junction disorders (e.g., myasthenia gravis or Lambert-Eaton syndrome) should be monitored particularly closely when given botulinum toxin. Patients with neuromuscular disorders may be at increased risk of clinically significant effects including severe dysphagia and respiratory compromise from typical doses of DYSPORT® [see Adverse Reactions (6.1)].

5.6 Human Albumin and Transmission of Viral Diseases
This product contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases and variant Creutzfeldt-Jakob disease (vCJD). There is a theoretical risk for transmission of Creutzfeldt-Jakob disease (vCJD), but if that risk actually exists, the risk of transmission would also be considered extremely remote. No cases of transmission of viral diseases, CJD, or vCJD have ever been identified for licensed albumin or albumin contained in other licensed products.

5.7 Intratracheal Immune Reaction
The possibility of an immune reaction when injected intratracheally is unknown. The safety of DYSPORT® for the treatment of hyperhidrosis has not been established. DYSPORT® is approved only for intramuscular injection.

6 ADVERSE REACTIONS
The following serious adverse reactions are discussed below and elsewhere in labeling:
• Distant Spread of Toxin Effect [see Boxed Warning]
• Lack of Interchangeability between Botulinum Toxin Products [see Warnings and Precautions (5.1)]
• Spread of Effects from Toxin [see Warnings and Precautions (5.2)]
• Dysphagia and Breathing Difficulties [see Warnings and Precautions (5.3)]
• Facial Anatomy in the Treatment of Glabellar Lines [see Warnings and Precautions (5.4) in the full prescribing information]
• Pre-existing Neuromuscular Disorders [see Warnings and Precautions (5.5)]
• Human Albumin [see Warnings and Precautions (5.6)]
• Intratracheal Immune Reaction [see Warnings and Precautions (5.7)]

6.1 Clinical Trials Experience
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Lower Limb Spasticity in Pediatric Patients

Table 5 reflects exposure to DYSPORT® in 160 patients, 2 to 17 years of age, who were evaluated in the randomized, placebo-controlled clinical study that assessed the use of DYSPORT® for the treatment of unilateral or bilateral lower limb spasticity in pediatric cerebral palsy patients [see Clinical Studies (14.4) in the full prescribing information]. The most commonly observed adverse reactions (≥10% of patients) are: upper respiratory tract infection, nasopharyngitis, influenza, pharyngitis, cough and pyrexia.

Table 5: Adverse Reactions Observed in ≥4% of Patients Treated in the Double-Blind Trial of Pediatric Patients with Lower Limb Spasticity and Reported More Frequently than with Placebo

<table>
<thead>
<tr>
<th>Adverse Reactions</th>
<th>Placebo (N=79)</th>
<th>DYSPORT® 10 units/kg (N=50)</th>
<th>DYSPORT® 15 units/kg (N=50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infections and infestations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasopharyngitis</td>
<td>5</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Upper respiratory tract infection</td>
<td>13</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td>Influenza</td>
<td>8</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Pharyngitis</td>
<td>8</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rhinitis</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Varicella</td>
<td>1</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Ear infection</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Respiratory tract infection viral</td>
<td>0</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Gastroenteritis viral</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Gastrointestinal disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>5</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Nausea</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Respiratory, thoracic and mediastinal disorders</td>
<td>4 0 3 7 8</td>
<td>8 4 7 8 4</td>
<td></td>
</tr>
<tr>
<td>Oropharyngeal pain</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>General disorders and administration site conditions</td>
<td>5 7 12</td>
<td>12 7 5</td>
<td></td>
</tr>
<tr>
<td>Pyrexia</td>
<td>5</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Musclekeletal and connective tissue disorders</td>
<td>5 0 2</td>
<td>2 0 2</td>
<td></td>
</tr>
<tr>
<td>Pain in extremity</td>
<td>5</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Muscular weakness</td>
<td>1</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>
No formal drug interaction studies have been conducted with DYSPORT®.

7 DRUG INTERACTIONS
No formal drug interaction studies have been conducted with DYSPORT®. Patients treated concomitantly with botulinum toxins and aminoglycosides or other agents interfering with neuromuscular transmission (e.g., curare-like agents) should be observed closely because the effect of the botulinum toxin may be potentiated. Use of anticholinergic drugs after administration of DYSPORT® may potentiate systemic anticholinergic effects such as blurred vision.

The effect of administering different botulinum neurotoxin products at the same time or within several months of each other is unknown. Excessive weakness may be exacerbated by another administration of botulinum toxin prior to the resolution of the effects of a previously administered botulinum toxin.

Excessive weakness may also be exaggerated by administration of a muscle relaxant before or after administration of DYSPORT®.

8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
Risk Summary
There are no adequate and well-controlled clinical studies with DYSPORT® in pregnant women. DYSPORT® should only be used during pregnancy if the potential benefit justifies the potential risk to the fetus.

DYSPORT® produced embryo-fetal toxicity in relation to maternal toxicity when given to pregnant rats and rabbits at doses lower than or similar to the maximum recommended human dose (MRHD) of 1000 Units on a body weight (Units/kg) basis (see Data).

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2%-4% and 15%-20%, respectively. The background risk of major birth defects and miscarriage for the indicated populations is unknown.

Data
In a study in which pregnant rats received daily intramuscular injections of DYSPORT® (2.2, 6.6, or 22 Units/kg on gestation days 6 through 7 and 11-14) during organogenesis, increased early embryonic death was observed with both schedules at the highest tested dose (22 and 44 Units/kg), which was associated with maternal toxicity. The no-effect dose for fetal developmental toxicity was 2.2 Units/kg (less than the maximum recommended human dose [MRHD] on a body weight basis).

In a study in which pregnant rabbits received daily intramuscular injections of DYSPORT® (0.3, 2.5, or 8.7 Units/kg) on gestation days 6 through 8 or intermittently (13.3 Units/kg on gestation days 6 and 13 only) during organogenesis, no embryofetal data were available at the highest dose administered daily (6.7 Units/kg) because of premature death in all doses at that dose. At the lower daily doses or with intermittent dosing, no adverse developmental effects were observed. All doses for which data were available were less than the MRHD on a body weight basis.

In a study in which pregnant rats received 6 weekly intramuscular injections of DYSPORT® (4.4, 11.1, 22.2, or 44 Units/kg) beginning on day 6 of gestation and continuing through parturition to weaning, an increase in stillbirths was observed at the highest dose tested, which was maternally toxic. The no-effect dose for pre- and post-natal developmental toxicity was 22.2 Units/kg (similar to the MRHD).

8.2 Lactation
Risk Summary
There are no data on the presence of DYSPORT® in human or animal milk, the effects on the breastfed child, or the effects on milk production.

There is no information regarding the presence or effects of DYSPORT® on milk production.

8.3 Females and Males of Reproductive Potential
Infertility
In rats, DYSPORT® produced adverse effects on mating behavior and fertility [see Nonclinical Toxicology (13.2) in the full prescribing information].

8.4 Pediatric Use
Cervical Dystonia
Safety and effectiveness in pediatric patients have not been established [see Warnings and Precautions (5.2)].

Upper Limb Spasticity
Safety and effectiveness in pediatric patients have not been established [see Warnings and Precautions (5.2)].

Lower Limb Spasticity in Pediatric Patients
The safety and effectiveness of DYSPORT® injected into proximal muscles of the lower limb for the treatment of spasticity in pediatric patients has not been established [see Warnings and Precautions (5.2) and Adverse Reactions (6.1)].

Safety and effectiveness in pediatric patients with lower limb spasticity below 2 years of age have not been evaluated [see Warnings and Precautions (5.2)].

Juvenile Animal Data
In a study in which juvenile rats received a single intramuscular injection of DYSPORT® (1, 3, or 10 Units/animal) on postnatal day 21, decreased growth and bone length (injected and contralateral limbs), delayed sexual maturation, and decreased fertility were observed at the highest dose tested, which was associated with excessive toxicity during the first week after dosing.

In a study in which juvenile rats received weekly intramuscular injections of DYSPORT® (0.1, 0.3, or 1.0 Units/animal) from postnatal day 21 to 13 weeks of age, decreases in bone mineral content in the injected limb, associated with atrophy of injected and adjacent muscles, were observed at the highest dose tested. No adverse effects were observed on neurobehavioural development. However, dose levels were not adjusted for growth of the pups. On a body weight basis, the doses at the end of the dosing period were approximately 15% of those at initiation of dosing. Therefore, the effects of DYSPORT® throughout postnatal development were not adequately evaluated.

10 OVERDOSAGE
Excessive doses of DYSPORT® may be expected to produce neuromuscular weakness with a variety of symptoms. Respiratory support may be required where excessive doses cause paralysis of respiratory muscles. In the event of overdose, the patient should be medically monitored for symptoms of excessive muscle weakness or muscle paralysis [see Warnings and Precautions (5.2)]. Symptomatic treatment may be necessary. Symptoms of overdose are likely not to be present immediately following injection. Should accidental injection or oral ingestion occur, the person should be medically supervised for several weeks for signs and symptoms of excessive muscle weakness or paralysis. There is no significant information regarding overdose from clinical studies.

In the event of overdose, antitoxin raised against botulinum toxin is available from the Centers for Disease Control and Prevention (CDC) in Atlanta, GA. However, the antitoxin will not reverse any botulinum toxin-induced effects already apparent by the time of antitoxin administration. In the event of suspected or actual cases of botulinum toxin poisoning, please contact your local or state Health Department to process a request for antitoxin through the CDC. If you do not receive a response within 30 minutes, please contact the CDC directly at 770-488-7100. More information can be obtained at http://www.cdc.gov/nicod/spdrugs/drug-service.html.

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Distributed by: Ipsen Biopharmaceuticals, Inc. Basking Ridge, NJ 07920 and Galderma Laboratories, L.P. Fort Worth, TX 76177 USA
June 2017 DYS-US-001104

Table 8: Adverse Reactions Observed in ≥ 4% of Patients Treated in the Double-Blind Trial of Pediatric Patients with Lower Limb Spasticity and Reported More Frequently than with Placebo (continued)
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Department of Physical Medicine and Rehabilitation Employment Opportunity

We are seeking a board-certified/board-eligible physical medicine and rehabilitation physician or developmental pediatrician to join our academic group for the following position:

**Pediatric Rehab Physician/Developmental Pediatrician**
(Position # 967518 – Clinical Asst/Assoc Professor)

Provides care on the inpatient CARF-accredited unit, consult service, and outpatient. Clinics include pediatric rehab, spasticity, traumatic brain injury, and baclofen. Joint appointment with Department of Pediatrics would be expected.

**About Greenville, North Carolina**
An ideal town for families, Greenville is located in the heart of North Carolina’s coastal plain. We’re just a short drive from the famous Outer Banks beaches, the Blue Ridge Mountains, and attractions in the Triangle area (Raleigh, Durham, and Chapel Hill). Greenville was recently named Sportstown USA by Sports Illustrated magazine.

Greenville’s housing is affordable, the people are friendly, and the schools are great. The area economy is diversified and includes a major university, a community college, a regional medical center, and a growing manufacturing sector. We also offer restaurants to satisfy any taste and many affordable and challenging golf courses.

**About the Department**
The Department of Physical Medicine and Rehabilitation at the Brody School of Medicine, East Carolina University, serves the rehabilitation needs of the 1.3 million people in a 29-county region of eastern North Carolina and is located within the Vidant Rehabilitation Center at Vidant Medical Center, with spinal cord, brain injury, general rehab, and pediatric rehabilitation units.

The center’s 57-bed inpatient unit is one of few rehabilitation facilities in the United States accredited by the Committee on Accreditation of Rehabilitation Facilities (CARF) in 11 or more specialty areas. The center is also one of the five centers of excellence at Vidant. Vidant Medical Center is a JCAHO-accredited Level I Trauma center with 900+ beds and is one of seven hospitals owned by Vidant Health.

The Brody School of Medicine at East Carolina University is affiliated with Vidant Medical Center (formerly Pitt County Memorial Hospital). Vidant Medical Center is the flagship hospital for Vidant Health and serves as the teaching hospital for the Brody School of Medicine at East Carolina University.

**Instructions for Applying**

 Begin at ECU’s employment opportunities website, ecu.peopleadmin.com/applicants/jsp/shared/Welcome_css.jsp.

1. From the website above, click “EHRA Faculty Position.”
2. Click “Position #” to sort positions, and search for the appropriate position number as noted above.
3. Click “View/Apply,” and click “Apply for This Posting.”

**For more information**, please contact Daniel Moore, MD, department chair, at moored@ecu.edu or 252-847-4310. The department’s website is www.ecu.edu/rehab. Dr. Moore is also available at the conference for an on-site discussion.

East Carolina University prohibits unlawful discrimination based on the following protected classes: race/ethnicity, color, genetic information, national origin, religion, sex (including pregnancy and pregnancy related conditions), sexual orientation, gender identity, age, disability, political affiliation, and veteran status.
Purpose
The educational program of the American Academy for Cerebral Palsy and Developmental Medicine (AACPDM) is designed to provide targeted opportunities for dissemination of information in the basic sciences, prevention, diagnosis, treatment, and technical advances as applied to persons with childhood-onset disabilities. The program provides a forum for discussion of scientific developments and clinical advances in the care of people with these conditions. By presenting forums which foster interdisciplinary communication and interchange among all allied health care professionals concerned with individuals with cerebral palsy and neurodevelopmental disorders, this program’s purpose is to ensure that the qualified personnel have the skills and knowledge derived from practices that have been determined through research and experience to be successful in serving children with disabilities. The purpose is also to encourage teambuilding within organizations and institutions, encourage multicenter studies, develop information for parents, and find a consensus on the optimal care of various conditions.

Objectives
To disseminate information on new developments in applied and translational sciences, prevention, diagnosis, treatment, and technology for individuals with cerebral palsy and other childhood-onset disabilities. Specifically:

• Participants will increase awareness of new and emerging treatments for individuals with cerebral palsy and other developmental disabilities.
• Participants will be able to identify new modalities for the diagnosis of cerebral palsy and developmental disabilities.
• Participants will increase interprofessional collaboration to help coordinate and improve services across the continuum of care for individuals with cerebral palsy and developmental disabilities across the lifespan.

Target Audience
All health care professionals, clinicians, researchers and health administrators who are concerned with the care of patients with cerebral palsy and other childhood-onset disabilities, including: developmental and other pediatricians, neurologists, psychiatrists, orthopedic and neuro-surgeons, physical and occupational therapists, speech and language pathologists, orthotists, dieticians, rehabilitation engineers, kinesthesiologists, nurses, psychologists, special education teachers and educators.

Note: All levels of skill will be addressed.

AACPDM Vision
AACPDM is a global leader in the multidisciplinary scientific education of health professionals and researchers dedicated to the well being of people with and at risk for cerebral palsy and other childhood-onset disabilities.

AACPDM Mission
To provide multidisciplinary scientific education for health professionals and promote excellence in research and services for the benefit of people with and at risk for cerebral palsy and other childhood-onset disabilities.

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After the AACPDM 71ST Annual Meeting, all registrants will receive an instructional email about reporting and printing out their own continuing education certificates. The online self-reporting will be open no later than November 2018. To verify your correct email address, please visit the registration desk before you leave the meeting.

Please note: In self-reporting, if you miss more than 15 minutes of a session/course, it is not considered full attendance, and cannot be claimed.

Certificate of Attendance
All attendees may claim a Certificate of Attendance. Access this form at the Registration Desk.

ACCMCE Accreditation Statement
The American Academy for Cerebral Palsy and Developmental Medicine (AACPDM) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

AMA Credit Designation Statement
The American Academy for Cerebral Palsy and Developmental Medicine (AACPDM) designates this live activity for a maximum of 30.50 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Physical Therapists / Physical Therapy Assistants

- The American Academy for Cerebral Palsy and Developmental Medicine is recognized as an Approval Agency by the Physical Therapy Board of California. http://ptbc.ca.gov/licensees/cc_agency.shtml
- ProCert has awarded certification in the amount of 25 Continuing Competence Units (CCUs) to this activity. CCUs are a unit of relative value of an activity based on its evaluation against a rigorous and comprehensive set of standards representing the quality of an activity. The CCU determination is a valuation applying many factors including, but not limited to, duration of the activity. No conclusion should be drawn that CCUs correlate to time (e.g. hours).

Occupational Therapists / Occupational Therapy Assistants
The American Academy for Cerebral Palsy and Developmental Medicine is an Approved Provider of Continuing Education by the American Occupational Therapy Association (AOTA) #6379. Occupational Therapists and Occupational Therapy Assistants will be able to claim a maximum of 3.05 AOTA CEU's. All sessions during the 71ST Annual Meeting are available for credit.

Note: The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA.

Nursing Credits
The American Academy for Cerebral Palsy and Developmental Medicine (AACPDM) is a Provider approved by the California Board of Registered Nursing, Provider # CEP 14720, for 30.50 Contact Hours.

Orthotist Credits
This program has been approved for up to 20.5 credits through the American Board for Certification (ABC). Full participation in this program is required for the full amount of credits. Must sign-in daily at the registration desk.
How can you benefit from membership in the American Academy for Cerebral Palsy and Developmental Medicine?

**Annual Meeting**
An international forum for the dissemination and exchange of new knowledge, ideas and educational information between participants from all disciplines.

Each year, the Academy offers International Scholarships and Student Scholarships to members to assist with the cost of attending the Annual Meeting. Financial support for the creation of new international meetings that are related to cerebral palsy and developmental medicine is also available through the Development Grant.

**Advisor Support Program**
The AACPDM Membership Committee launched an Advisor Support Program to match veteran AACPDM members with new members to ensure they get everything they can out of their membership. Advisor areas include networking, committee involvement, research and grants, international experience and more!

**eCourses**
The AACPDM Education Committee launched AACPDM eCourses which are 3-4 week online, self-paced educational opportunities to earn continuing education credits (CEUs).

**Networking**
Membership in AACPDM facilitates making contacts with medical professionals and researchers with similar interests. This diverse group of professionals is bound together by a unified interest in improving the lives of people with cerebral palsy and developmental disabilities.

**Publications**
Developmental Medicine and Child Neurology (DMCN) is the official journal of the AACPDM. This peer reviewed journal is recognized internationally as the leader in the field. Fellow Members receive a FREE subscription to DMCN, or they may choose to select from a list of Clinics in Developmental Medicine series books in place of the DMCN Journal.

AACPDM creates a quarterly newsletter and periodic broadcast emails about various events and activities in the industry. Members assist in developing informational materials to keep the public informed about advances in treating cerebral palsy and other developmental disabilities.

**Research**
AACPDM offers the opportunity for members to apply for a Research Planning Grant. The purpose of this grant is to provide financial support to bring together investigators from geographically disparate locations, obtain statistical consultation and develop a multi-center research study plan. The goal is to provide the forum and initial planning to develop a successful grant submission for full funding through some larger agency (e.g., NIH, UCP, NIDRR, CDC, CIHR etc). The grant should focus on an important clinical question relevant to the membership of AACPDM and the involvement of a multidisciplinary team is expected.

**Website**
Members can visit the Members Only section of the AACPDM website for a wide variety of information not available to non-members including Sage Award Videos, membership contact information and other educational opportunities.

**Committees**
The heart of the Academy is our committees. These committees offer networking and opportunities to explore areas of deep interest with a wide range of professionals from the membership.

- Adapted Sports and Recreation
- Advocacy
- Awards
- Communications
- Complex Care
- Education
- International Affairs
- Lifespan Care
- Membership
- Nominating
- Research
- Scientific Program

**Member Events at the Meeting**

<table>
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<tr>
<th>AACPDM Board of Directors Meetings</th>
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<tr>
<td>Wednesday, September 13, 2017</td>
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<tr>
<td>7:30 am – 8:00 am</td>
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<td>8:00 am – 11:15 am</td>
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<th>AACPDM Committee Meetings</th>
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<tr>
<th>AACPDM Annual Membership Business Meeting and Lunch</th>
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<tr>
<td>Current members only. Pre-registration is required.</td>
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<tr>
<td>Thursday, September 14, 2017</td>
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<td>12:45 pm – 2:00 pm</td>
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<th>Saturday, September 16, 2017</th>
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<td>12:00 pm – 5:00 pm</td>
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<td>12:00 pm – 5:00 pm</td>
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2017 Membership Business Meeting Agenda

12:45-12:55 pm  Welcome/Farewell departing Board Members
                Sarah Winter – President

12:55-1:05 pm  Treasurer’s Report
                Sylvia Ounpuu – Treasurer

1:05-1:30 pm  Strategic Plan Update
                - eCourses
                Francisco Valencia – Education Chair
                - Care Pathways
                Darcy Fehlings – Past President

1:30-2:00 pm  Committee Reports
                Sarah Winter – President

COMMITTEE CHAIR(S)
Adapted Sports & Recreation Chair: Talia Collier, MD
Advocacy Co-Chairs: Wendy Pierce, MD
Awards Chair: Marek Jozwiak, MD, PhD
Communications Chair: Steven Couch, MD
Complex Care Chair: Mohan Belthur, MD, FRCS (T&O), FRCSC
Education Chair: Francisco Valencia, MD
International Affairs Chair: Robert Cooper, MD
Lifespan Care Chair: Susan Labhard, MSN, RN
Membership Chair: Mary Ann Nelin, MD
Publications Chair: Hank Chambers, MD
Research Chair: Theresa Moulton, DPT, PhD

Physician Career Opportunities in South Florida
Memorial Healthcare System and Joe DiMaggio Children’s Hospital are continuing to grow and are seeking physicians to fill the following positions:

• Adult Neurology
• Developmental and Behavioral Pediatrics (or Pediatric Neurology sub-specialist)
• Pediatric Neurology
• Pediatric Physical Medicine and Rehabilitation

These are full-time employed opportunities with the multispecialty Memorial Physician Group. The positions offer competitive benefits and compensation packages that are commensurate with training and experience. Professional malpractice and medical liability are covered under sovereign immunity.

About Memorial Healthcare System
Memorial has ranked 11 times since 2008 on nationally recognized lists of great places to work. Memorial’s work environment has been rated by employees and physicians alike as an open-door, inclusive culture that is committed to safety, transparency and, above all, outstanding service to patients and families. Located in the heart of South Florida, Memorial’s quality of life attracts new residents from all over the country and around the world. In addition, Florida has no state income tax.

To see full job descriptions or to submit your CV for consideration, please visit memorialphysician.com. Additional information about Memorial Healthcare System can be found at mhs.net.

visit memorialphysician.com
**Hours at a Glance**

**Registration – Foyer 517**
- Tuesday, September 12
  - 5:00 – 8:00 pm
- Wednesday, September 13
  - 7:00 am – 7:00 pm
- Thursday, September 14
  - 6:30 am - 6:00 pm
- Friday, September 15
  - 6:30 am – 6:00 pm
- Saturday, September 16
  - 6:45 am – 1:00 pm

**Exhibit Hall Hours – 517AB**
- Thursday, September 14
  - 10:15am – 10:45am: Attendee Break in Exhibit Hall
  - 3:30pm – 4:00pm: Attendee Break in Exhibit Hall
  - 6:00pm – 7:00pm: Wine & Cheese Poster and Exhibit Review
- Friday, September 15
  - 9:45am – 10:30am: Attendee Break in Exhibit Hall
  - 3:30pm – 4:00pm: Attendee Break in Exhibit Hall

**Visit & Win Returns!** Have a minimum of 20 exhibitors place a sticker on your card next to their organization. Turn in your completed card to the Meeting Registration desk by 4:00pm Friday, September 15th. The winner of the drawing will receive an electronic tablet.

**Poster Viewing – 517AB**
- Thursday, September 14
  - 10:15am – 10:45am: Attendee Break in Exhibit Hall
  - 3:30pm – 4:00pm: Attendee Break in Exhibit Hall
  - 6:00pm – 7:00pm: Wine & Cheese Poster and Exhibit Review
- Friday, September 15
  - 9:45am – 10:30am: Attendee Break in Exhibit Hall
  - 3:30pm – 4:00pm: Attendee Break in Exhibit Hall
- Saturday, September 16
  - 10:15 am – 10:30 am: Poster Viewing
  - 12:00 pm – 1:00 pm: Poster Viewing

**Speaker Ready Room – 515C**
- Wednesday, September 13
  - 10:00 am - 5:30 pm
- Thursday, September 14
  - 7:00 am – 6:00 pm
- Friday, September 15
  - 7:00 am – 4:00 pm
- Saturday, September 16
  - 6:45 am – 10:30 am

**Ticketed Sessions**
Various sessions and events at the Annual Meeting require a ticket for admission. This aids in controlling room capacity. Pre-registered attendees will find event tickets in their registration envelope. Additional tickets for courses and events may be obtained at the registration desk. For some events or sessions, an additional fee may apply. All tickets are distributed pending availability. Door monitors will be present for ticketed sessions.

**Guest Attendance**
AACPDM asks registered attendees to refrain from taking children, spouses, or guests to any educational sessions or functions offered at the Annual Meeting that are not included in the guest attendance registration. Please urge your guests to wear their name badges at all times.

**E-Poster**
An E-Poster is an electronic version of the traditional paper poster in PowerPoint format, and is displayed on a monitor. In addition to traditional paper posters on bulletin boards, Scientific and Demonstration Poster Presenters were also required to submit their poster as an E-Poster. They will also be posted on the AACPDM website during and 2 months after the meeting. E-Posters increase exposure to the work and allow people to view the poster in the comfort of their hotel room or even at home after the meeting.

**No Smoking**
Smoking is prohibited at all Annual Meeting sessions and events.

**Attire**
Attire for the educational sessions of the meeting is business casual. Please bring a jacket or sweater, as room temperatures may vary.

**Camera/Recording Policy**
It is the policy of AACPDM that no cameras are permitted in the meeting sessions, exhibit hall, or poster sessions. Please refrain from taking any photos in those locations. Audio or videotaping is strictly prohibited.
FDA Disclaimer
Some medical devices or pharmaceuticals not cleared by the FDA or cleared by the FDA for a specific use only may be used “off-label” (i.e., a use not described on the product’s label) if, in the judgment of the treating physician, such use is medically indicated to treat a patient’s condition. “Off-label” uses of a device or pharmaceutical may be described in AACPDM educational programs or publications so long as the lack of FDA clearance for such uses is also disclosed. Results from scientific studies known to the author or presenter relating to the described intended use should be discussed, if doing so will not adversely affect the study or violate some other regulatory requirement. Some drugs or medical devices described or demonstrated in Academy educational materials or programs have not been cleared by the FDA or have been cleared by the FDA for specific use only. The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or device he or she wishes to use in practice.

Americans with Disabilities Act
The AACPDM wishes to ensure that no individual with a disability is excluded, denied services, or otherwise treated differently than other individuals because of the absence of auxiliary aids and services. If you need any auxiliary aids or services identified in the Americans with Disabilities Act, please notify AACPDM at least 14 working days prior to the program to allow time to acquire the support needed.

Session Evaluations
We need your feedback! As a dedicated learner during the 71st Annual Meeting, we truly value your feedback on the individual sessions, general sessions and the overall meeting experience. The future leadership of the AACPDM uses this information to improve on the future educational offerings and to make your experience the most productive and realistic in bringing back practical information to your practice. Please take a moment to provide your feedback on the 71st Annual Meeting in the following ways:
• The Annual Meeting website and mobile app will include access to the online survey tool to complete various session evaluations. You will be able to access the internet on various internet café kiosks OR take time in your hotel room – VISIT: http://www.aacpdm.org/meetings/2017
• Participants will be asked to provide input on the educational program of the 71st Annual Meeting through the online CME / CEU Claim System when claiming credit for participation.

Insurance/Liabilities and Disclaimer
The AACPDM will not be held responsible for injuries or for loss or damage to property incurred by participants or guests at the Annual Meeting, including those participating in social and fitness events. Participants and guests are encouraged to take out insurance to cover loss incurred in the event of cancellation, medical expenses, or damage to or loss of personal effects when traveling outside of their own country. The AACPDM cannot be held liable for any hindrance or disruption of Annual Meeting proceedings arising from natural, political, social or economic events, or other unforeseen incidents beyond its control. Registration of a participant implies acceptance of this condition. The material presented at this continuing medical education activity is made available for education purposes only. The material is not intended to represent the only, nor necessarily the best, methods or procedures appropriate for the medical situations discussed, but rather is intended to present an approach, view, statement, or opinion of the faculty that may be helpful to others who face similar situations.

Disclosure
The presenting authors on the Free Papers and Posters are underlined. All corresponding authors were responsible for querying the co-authors regarding the disclosure of their work. The AACPDM does not view the existence of these disclosed interests or commitments as necessarily implying bias or decreasing the value of the author’s participation in the course. To follow ACCME guidelines the Academy has identified the options to disclose as follows:
A = Research or institutional support has been received
B = Miscellaneous, non-income support (e.g., equipment or services), commercially derived honoraria, or other nonresearch related funding (e.g., paid travel) has been received
C = Royalties have been received
D = Stock or stock options held
E = Consultant or employee
F = Received nothing of value
G = Did not respond or unable to contact
One or more of these letters appears by each author’s name indicating their disclosure. Please see the Disclosure Index at the back of the program.
PRESIDENTIAL GUEST LECTURESHIP
Human Rights and Children with Disabilities

Sue Swenson

Sue Swenson is president-elect of Inclusion International, the WHO-recognized disabled people’s organization that represents children and adults with intellectual and developmental disabilities and their families. She served in the Obama administration for seven years, most recently as acting assistant secretary for special education and rehabilitative services in the US/ED. She also served in the Clinton administration as the commissioner for developmental disabilities programs in the US/DHHS, and as executive director of the Kennedy Foundation. Her middle son lived for 30 years with profound disabilities. In speeches her audiences describe as deeply moving and humane, Sue depends heavily on knowledge she has gained from her policy roles and from talking with people living with disability across the country and around the world, as well as on her liberal arts education from the University of Chicago.

GAYLE G. ARNOLD LECTURESHIP
The History of the Treatment of Neuromuscular Spine Deformities

John Lonstein, MD

John Lonstein graduated from the University of Witwatersrand Medical School in 1964 with an MB BCh. In 1967 he moved to the United States to complete a general surgery residency at Boston University Medical Center. Shortly thereafter, he changed his focus, and entered the orthopaedic residency program at the University of Minnesota. He became a member of the Orthopedic Department of the University of Minnesota and started an electronic collection of spine deformity patients which has developed into a comprehensive spine database.

His research output comprises over 200 publications, with 37 book chapters, and presentations in 40 countries. He is one of the authors of Moe’s textbook of Scoliosis and Other Spine Deformities, with the first edition in 1978 and two subsequent editions. He has served on four AAOS and six SRS committees, served on the SRS board, and served as SRS president in 1991 for the Silver Anniversary meeting in Minneapolis. He is a member of the AACPDM and served as Chairman of the Scientific Program Committee from 1989-91. He helped establish and currently is the Editor-in-Chief of Spine Deformity, the official journal of the Scoliosis Research Society.

MAC KEITH PRESS BASIC SCIENCE LECTURESHIP

Michael Meaney, CM, CQ, FRSC, PhD

Michael J Meaney is a James McGill Professor of Medicine at Douglas Mental Health University Institute of McGill University. He is the Director of the Maternal Adversity, Vulnerability and Neurodevelopment Project. Meaney also joined the Singapore Institute for Clinical Sciences in 2008 as a Senior Investigator and leads the Integrative Neuroscience Program. Meaney was educated at Loyola College of Montreal and received his PhD from Concordia University (Montreal) with post-doctoral training in Cell and Molecular Neurobiology at The Rockefeller University. Meaney’s primary research interest is that of the stable effects of early experience on gene expression and development, focusing on the influence of variations in maternal care. These studies have led to the discovery of novel epigenetic mechanisms for the influence of early experience. Meaney’s research is multidisciplinary and includes studies of behaviour and physiology, to molecular biology and genetics. He has authored over 375 journal articles. Graduates from Meaney’s lab holds faculty appointments across North America, Asia and Europe, including Columbia University, Queen’s University, University of California at Berkley, University of British Columbia, University of Michigan, University of Pennsylvania, the University of Toronto, INSERM (France) and the RIKEN Institute of Japan.

PRESIDENTIAL GUEST LECTURESHIP
Protecting the Newborn Brain - Can Erythropoiesis Stimulating Agents Improve Neurodevelopmental Outcome?

Robin Ohls, MD

Dr. Robin Ohls is Professor of Pediatrics and Chief of Neonatology at the University of New Mexico. She graduated from Stanford University and completed medical training at the University of Utah. Dr. Ohls has performed clinical-translational research for 25 years, focused on the benefits of erythropoiesis stimulating agents in neonates.
Michael Shevell, MD, CM, FRCP, FAAN, FANA
Michael Shevell is a pediatric neurologist who is presently both Chairman of McGill’s Department of Pediatrics and Pediatrician-in-Chief of the Montreal Children’s Hospital. He received the annual Hower Award of the Child Neurology Society in 2014 for his substantial contributions to furthering our understanding of pediatric neurologic disorders through research, teaching, clinical effort and administrative leadership. His career focus has been on neurodevelopmental disabilities.

Maryam Oskoui, MD
Dr. Maryam Oskoui is a pediatric neurologist and epidemiologist. She is an Assistant Professor in the Departments of Pediatrics and Neurology & Neurosurgery at McGill University, Associate Director in the Division of Pediatric Neurology at the Montreal Children’s Hospital and Co-Director of the Canadian Cerebral Palsy Registry. She is the author of Georgian curriculum of pediatric neurology, residency program and 12 protocols and guidelines. She graduated with a Medical Doctorate in Medicine and a Graduate’s degree from Emory University and is board-certified in Pediatrics and Developmental Disabilities. She was Chief of the Developmental Disabilities Branch at CDC from 1999 until 2015.

Hayley Smithers-Sheedy, PhD
Hayley Smithers-Sheedy, PhD, is a research fellow at the Cerebral Palsy Alliance and the Marie Bashir Institute, both at The University of Sydney; and a postdoctoral research fellow with the Australasian Cerebral Palsy Clinical Trials Network. One of her key roles is to generate and support the conduct of research from the Australian Cerebral Palsy Register. She has a particular research interest in congenital cytomegalovirus as a potentially preventable contributing cause of cerebral palsy.

Catherine Arnaud, MD, PhD
Cathrine Arnaud, MD, PhD; graduated from the University of Montpellier in 1992 with a Doctorate in Medicine and a Graduate’s degree in Public Health (Community Health and Social Medicine). Since graduating she has focused her research in a few areas: 1) Children and adolescents with disabilities: determinants of prevalence rates, schooling, inclusion, quality of life, and health inequalities 2) Perinatal complications: determinants and outcomes and 3) Very premature babies: early identification and prevention, evaluation of early interventions. She is currently an Associate Professor in the Department of Epidemiology and Public health for Paul Sabatier University Toulouse III, as well as the Deputy Director of the joint research Unit UMR 1027 Inserm for Toulouse III University. Throughout her career, she has been a part of 141 peer-review publications.

Nana Nino Tatishvili, MD, PhD
Nana Nino Tatishvili professor of Neurology, is a Head of Neuroscience Department M. Iashvili Central Children Hospital, Tbilisi, Georgia, president of Georgian Association of Child Neurology and Neurosurgery. Her research and practice includes pediatric epilepsy, stroke, and neurodevelopmental disorders. Her main interest is early identification of childhood disability, evaluation and early intervention. She authored more than 40 publications on pediatric epilepsy, autism, developmental disorders. She is author of Georgian curriculum of pediatric neurology, residency program and 12 protocols and guidelines. She is the president of EACD 2018, which will take place in the capital of Georgia Tbilisi, May 28-31.

James Rice, MD
Dr. James Rice is the current President/Chair of the Australasian Academy of Cerebral Palsy and Developmental Medicine, whose membership includes 400 clinicians and researchers working in the field of child disability in the Asia-Pacific region. Dr Rice is Head of the Paediatric Rehabilitation Department at the Women’s and Children’s Hospital, Adelaide.

Derrick Chung, James Ferdinand, and Frank Gavin
Derrick Chung is the father of a developmentally delayed young child with a very rare condition of which there is no long-term prognosis. He is a mathematics professor at John Abbott College, an award-winning magician, and a faculty advisor for Google Accelerated Science team with cerebral palsy. The youngest is Kyree, who is 8 years old.

James Ferdinand is a Chartered Professional Accountant (CPA) who works in the Finance department at Novartis Pharmaceuticals Canada Inc. Linda Stroude, also a CPA, works in Finance at the Starlight Children’s Foundation. James and Linda have 3 children. Keisha is the oldest at 14 years old. Tre is 12 years old and diagnosed with cerebral palsy. The youngest is Kyree, who is 8 years old.

Frank Gavin is the father of a young adult with autism, the chair of the Citizen Engagement Council of the CIHR CHILD-BRIGHT national research network, the founder of the Canadian Family Advisory Network, and a public member of the Canadian Drug Expert Committee. He taught English at a community college for 30 years.
Cathleen Lyle Murray Award

The Cathleen Lyle Murray Foundation award recipient is selected on the basis of their impact on society through their humanitarian efforts to enhance the lives of persons with severe multiple disabilities. The award recipient demonstrates an effective and unique humanitarian approach through advocacy, legislation, clinical services, life experiences, etc., that can be shared with the AACPDM to help promote better understanding of and advancement in society of persons with disabilities.

**2017 Winner: Jason Benetti, First Impressions and Sports Media**

Jason Benetti is a television sports play-by-play announcer who also has cerebral palsy. He currently does play-by-play locally in Chicago for Major League Baseball’s White Sox. He also is a play-by-play announcer nationally for ESPN, where he’s called Major League Baseball, college football, basketball, baseball and lacrosse and also the Special Olympics World Games. He’s been featured on television on the NBC Nightly News and CNN and in print in the Washington Post, the Chicago Tribune and the Syracuse Post-Standard, among others. He also holds a Juris Doctor from Wake Forest School of Law.

Because of his disability, Jason walks with a limp and one of his eyes drifts. In having a disability, Jason has encountered life from an angle at which most people do not. Perception of Jason has led to his understanding that one trait does not define a person. His speeches include his experiences as a member of the sports media with a disability, and the situations and relationships which stem from his observations.

**Lifetime Achievement Award**

This award is specifically selected by the First Vice President. The recipient of this award has, during their lifetime, made creative contributions of outstanding significance to the field of medicine and for the benefit of patients with cerebral palsy and other childhood-onset disabilities.

**2017 Winner: Marshallyn Yeargin-Allsop**

Marshallyn Yeargin-Allsopp, MD, is a Developmental Pediatrician and Medical Epidemiologist in the Division of Congenital and Developmental Disorders at CDC. She received her medical degree from Emory University and is board-certified in Pediatrics and Neurodevelopmental Disabilities. She was Chief of the Developmental Disabilities Branch at CDC from 1999 until 2015.

Duncan Wyeth Award

This award is named after Duncan Wyeth, who has been both an outstanding athlete and advocate. The award is presented to an individual who has promoted sports and/or recreation in their area for individuals with disabilities. The recipient may be an athlete, coach, or sponsor.

**2017 Winner: Luca Patuelli**

“Adapt, stay positive, and learn to do things your own way.” Luca “Lazylegz” Patuelli has lived by this motto his whole life. Born with Arthrogryposis, he has undergone a total of 16 surgeries since he was 7 months old to support his legs, hips, spine, and shoulders. Despite facing physical challenges, Luca learned at early age about the power of adapting positively to any situation. Always wanting to stay active and join his friends in any activity, he was able to devise creative adaptations to be able to participate in soccer, football, and baseball. He even succeeded in learning how to rock climb, surf, and ski. He found ways to be able to join his high school swim and dive teams. As he explored the full gamut of physical activities, skateboarding developed into a particular passion. Then, at 15 years old, Luca was introduced to breakdancing (Bboy/Bgirl). Immediately, he was attracted to the music, the culture and, of course, to the challenging movements. He slowly began creating a unique style that took advantage of his upper body strength. By using his crutches as extensions of his arms, Bboy Lazylegz was born!

Over the past 13 years, Lazylegz has developed his career as a professional dancer by competing and performing in a wide variety of international dance events. With growing notoriety, he has had opportunities to appear on both Canadian and American media, including appearances on the Ellen DeGeneres Show, So You Think You Can Dance Canada, The Today Show, America’s Got Talent, and many more. Overall, Lazylegz has toured the world, performing and inspiring in over 22 countries. He remains an active presence on the international stage as the current National Youth Dance Ambassador for the Canadian Dance Assembly.

Fred P. Sage Award

The Sage Award is given to the best audio/visual submission presenting clinical, research, or educational material on CDROM, DVD or in a digital format. The award is named after Fred Sage, MD, Past President (1981) and Chairman of the A/V Committee of the AACPDM. Dr. Sage envisioned the great potential of audio-visual use in the Academy. He advocated for ways to popularize this method of teaching, and this interest eventually lead to the Fred P. Sage Award for the best program submitted each year.

**2017 Winner: Stacey D. Miller, MRSc, BScPT**

Mentorship Award

This award recognizes an individual who has demonstrated outstanding leadership for trainees and colleagues in the field of cerebral palsy and other developmental disabilities. The Research Committee considers the breadth and depth of the nominee’s contribution and impact on improving services and care, promoting professional education and research for individuals with disabilities, and the sustainability of the nominee’s mentorship over time. The award recipient must be a current member of the AACPDM.

**2017 Winner: Michael Sussman, MD**
Gayle G. Arnold Best Free Paper
The 2017 Gayle G. Arnold Award is selected from a set of abstracts nominated by the Awards Committee. Then the authors are invited to submit a manuscript for final judging. The award of $2,000 is provided by the Children’s Hospital in Richmond, Virginia. The editors of Developmental Medicine and Child Neurology Journal request to have first option on publication of this winning paper, as long as the authors comply with the publishing requirements of Mac Keith Press.

2017 Winner: Alicia Spittle, PhD
A randomised controlled trial of an early preventative care program for infants born very preterm: the role of social risk on cognitive outcomes throughout early childhood

Corbett Ryan Pathways Pioneer Award
The recipient of the award will represent excellence in the pursuit of and quality of life who also happens to live with a personal physical challenge. The recipient will have the following:
• Motivation and achievement in pursuing and accomplishing personal and vocational/professional goals
• A creative approach to their pursuit of education and participation in their vocation/profession
• A positive approach to life. The recipient serves as a role model to persons in their sphere of influence and demonstrates sensitivity to others and respect for self.

2017 Winner: Kathleen Friel, PhD

Mac Keith Press Promising Career Award
Mac Keith Press sponsors this award for the best Free Paper or Scientific Poster by an author who is within four years of completion of training and commencement of current career. The award recipient must be a member of the AACPDM or have an application pending. The recipient is selected by the Awards Committee on site and awarded after the Annual Meeting.

2017 Winner: To Be Announced

Best Scientific Poster Award
Each year, AACPDM awards the Best Scientific Poster Award. The award recipient is selected as the highest rated poster from all committee member ratings.

2017 Winner: To Be Announced

Best Demonstration Poster Award
The AACPDM awards the Best Demonstration Poster Award. The award recipient is selected by popular vote during the Annual Meeting.

2017 Winner: To Be Announced

Pedal-with-Pete Foundation Grant
Multi-morbidity risk assessment and prevention through health-promoting behaviours (physical activity, nutrition and sleep) in adolescents and adults with cerebral palsy
PI: Jan Willem Gorter, MD, PhD, FRCP(C)

Biomarkers for cerebral palsy
PI: Robert E. Akins, Jr., PhD

CP Alliance Grant
Computerized assessment of spontaneous motor activity in infants: towards an objective biomarker of cerebral palsy
PI: Andrea Guzzetta, MD, PhD

AACPDM Research Grant
WOW! Welcome Orientation Workshops: New ideas for parenting a child with an early onset neurodisability in the 21st Century
PI: Laura Miller, PhD
"Wearing the suit meant I could become more independent and I feel that I have more control over my condition. I can achieve what I want to now. My condition doesn’t dominate my life - it doesn’t define who I am."

CHLOE SHARLAND

DM Orthotics is a world-leading provider of dynamic elastomeric fabric orthoses. Our patented Dynamic Movement Orthoses are specifically designed for the management of neurological and musculoskeletal conditions.

We are dedicated to the research, development and evolution of our products, with the overall aim to improve function and independence for the user.

**dmo postural scoliosis suit**

- > 98% patient compliance
- > Significant cost savings vs surgical intervention
- > Spinal curve reduction by up to 50%
- > Corrective spinal curve re-alignment
- > Sensory feedback
- > Encourages correct muscle function
- > Pain relief
- > Comfortable and discreet

The DMO Postural Scoliosis Suit has been designed to correct spinal curvature and improve posture. Strategically placed panelling re-aligns the pelvis and shoulders to provide improved balance and proximal core stability. Unlike traditional rigid splinting, this design improves balance and stability whilst allowing range of movement.

For more information on our full product range please visit [www.dmorthotics.com](http://www.dmorthotics.com) or phone +44 (0) 1209 219205
Scholarships

The American Academy for Cerebral Palsy and Developmental Medicine Scholarship Program supports the mission of the AACPDM to improve the health and general status of children and adults with cerebral palsy, developmental disorders and childhood acquired disabilities. The Academy seeks international applicants who are highly motivated, currently in clinical practice, and who are in a position which will enable them to disseminate knowledge acquired at the meeting to others in their home country once they return. Particular emphasis is placed on assisting those from areas with under supported medical systems and limited financial resources. The AACPDM also awards scholarships to students each year so that they may attend the Annual Meeting.

2017 International Scholarship Winners
Christine Tusiime, PT
Oyebukola O. Oyinloye, BMR (Physiotherapy)
Mohammad Muhit, MBBS, MSc, PhD
Egmar Longo, PhD
Arushi Gahlot Saini, MD, DM
Ecaterina Gincota, MD
Diiani Gopi, BA
Klayton Galante Sousa, PhD
Oleksandra Kalandyak, PT
Eva T. Haspels, BSc
Ricardo R. Sousa, Jr., PT
Stephanie Libzon, BPT
Maria del Consuelo Ibarra-Rodriquez, MD
Tasneem Karim, MBBS, MPH
Bulent Elbasan, PhD
Ahmed A. Omran, MD
Bo Young Hong, MD, PhD

2017 Student Scholarship Winners
Ariel Schwartz, MSOT, OTR/L
Alex Pagnozzi
Marie Alsamour, PhD student
Rachel Tsovey, PT, MPHTM
Tara L. FitzGerald, BPhys (Hons)
Sarah E. Reedman, BPhy (Hons)
Malgorzata Szmurlo, MD
Tonya Rich, PhD, MA, OTR/L
Hortensia Gimeno, MSc(OT)
Joanne M. George, PT
Tanya Tripathi, PT
Elaine Meehan
Joyce Benner, MSc
Chun Wai Hung
Maria Franzén
Alicia J. Hilderley
Anuprita Kanitkar, BPT, MSc
Ryan Davenport
Megan Flanagan, MD
Ishaan Swarup, MD
Zachary M. Boychuck, OT, PhDc
Daniel G. Whitney
Sara Iazdinajafabadi, PhD

2017 OrthoPediatrics Travel Scholarship Winners
Claire E. Willis, PhD
Pavankumar Pelluru, MD
Atilola O. Adebambo, MSc, PT
Georgina L. Clutterbuck, BPhty
Hsing-Ching Cherie Kuo, PhD, PT
Bartosz Jan Musielak, MD

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— Moss H., CPO

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Wednesday, September 13, 2017

7:30 AM - 5:30 PM
ENVIRONMENTAL AND GENOMIC FACTORS IN NEURODEVELOPMENTAL DISABILITIES
H Bjornsson, MD, PhD; S Desai, MGC; A Fatemi, MD; M Gentner, BS; E Gordon-Lipkin, MD; E Graham, MD; H Gwynn, MD; A Hoon, MD, MPh; M Johnston, MD; M Leppert, MBch; E Levey, MD; E Stashinko, PhD, RN; A Wilms Floet, MD

Location: 524C

Learning Objectives:
1. Learn the principles of genomic medicine and the application to neurodevelopmental disabilities
2. Develop a basic understanding of mechanisms of epigenetics
3. Understand how environmental risk factors affect gene expression
4. Understand the Developmental Origins of Health and Disease (DOHaD) paradigm
5. Integrate genetic, epigenetic, teratology and developmental origins of health and disease concepts into clinical practice of neurodevelopmental disabilities

8:00 AM – 5:00 PM
US: NEUROMUSCULAR ULTRASOUND: HANDS ON ULTRASOUND TRAINING COURSE FOR CHEMODENERVATION PROCEDURES
Katharine E. Alter, MD; Steffen Berweck, MD; Sebastian Schroeder, MD; Florian Heinen, MD; Heakyung Kim, MD; Rita Ayyanger; Robert Cooper; Steven Nichols, MD, FAAP, FAAPMR; Joline Brandenburg, MD; Simon Kappl, MD

Location: 519

Learning Objectives:
1. Participants will be proficient in the basic physics and scanning techniques of ultrasound
2. Participants will be proficient with the basics of US imaging
3. Upon completion of this course participants will identify clinical applications of US for procedural guidance and in Neuromuscular medicine
4. Identify key muscles in the neck, upper/lower limbs, parotid/submandibular glands. Identify sonoacoustic properties of relevant tissues and the benefits and limitations of incorporating US into clinical practice

8:00 AM – 12:00 PM
GCMAS - QUANTITATIVE TECHNIQUES FOR ASSESSMENT OF UPPER EXTREMITY MOVEMENT DYSFUNCTION
Susan V. Duff, EdD, PT, OT/L, CHT; Kathleen Friel, PhD; Elena Gutierrez Farewik, PhD; Ellen Jaspers, PT, MSc, PhD; Cristina Simon-Martinez, PT, MSc; Eva Pontén, MD, PhD; Jean Stout, MS, PT; Aviva Wolff, OTR, CHT, EdD

Location: 524AB

Learning Objectives:
1. Discuss the various methods used to collect motion data and how it can be used to describe and assess UE motion and function
2. Identify indications for motion analysis of hand and arm function in clinical practice
3. Read and interpret basic graphs representing kinematic and muscle function data
4. Identify indications for cortical measures of hand and arm function in clinical practice

1:00 PM – 5:00 PM
PC 1: COLLABORATIVE DEVELOPMENTAL MONITORING TO PROVIDE OPTIMAL INDIVIDUALIZED SERVICES FOR CHILDREN WITH CEREBRAL PALSY
Doreen Bartlett, BSc, PhD, Professor Emerita; Sarah Westcott McCoy, PhD; Lisa Chiarello, PT, PhD, FAPTA; Barb Galuppi, BA

Location: 518AB

Learning Objectives:
1. Understand how enablement frameworks, family priorities, family centredness and collaborative approaches contribute to optimal care
2. Understand the comprehensive tool-box of measures that are brief, clinically feasible, reliable and valid and the conceptual model that were developed and tested in the Move & PLAY study
3. Develop skill in using the reference percentile curves developed in the On Track Study to identify individual strengths and weaknesses
4. Discuss a variety of collaborative clinical decisions based on individual characteristics and family priorities

PC 2: A MULTIDISCIPLINARY ROADMAP TO NAVIGATING PAIN IN ADULTS WITH CEREBRAL PALSY
Wilma van der Slot, MD, PhD; Ronna Linroth, OT, PhD; Reidun Jahnson, PT, PhD; Chantel Barney, PhD; Scott Schwantes, MD; Laura Vogtle, PhD, OTR/L; Laura Pizer Gueron, PT, MPH; Ellen Snoxell, PS, PhD

Location: 524AB

Learning Objectives:
1. Identify characteristics and potential causes of pain in adults with CP
2. Learn effective means of assessing pain in all levels of GMFCS
3. Understand different treatment approaches from a multidisciplinary viewpoint
4. Understand different aspects of living with chronic pain in adults with CP

6:30 pm - 8:30 pm Welcome Reception - Location 710
Connect with AACPDM meeting attendees at the AACPDM’s evening reception, allowing you to experience the 7th floor of the Palais des congres de Montreal during the official Welcome Reception of the AACPDM 71st Annual Meeting.
Thursday, September 14, 2017
6:00 am - 7:00 am  Get Up and Move
Meet the Adaptive Sports and Recreation Committee for a guided morning walk or run (both options available). This is a great opportunity for those who are trying to make sure they complete their steps for September!

7:00 am – 8:00 am  Continental Breakfast - 516C
7:00 am – 8:00 am  Breakfast Seminars 1-10

BRK01: A PRACTICAL APPROACH TO GENETIC TESTING FOR CHILDREN WITH NEURODEVELOPMENTAL DISORDERS
Melissa Carter, MD
Location: 514AB

Learning Objectives:
1. Have a “bird’s eye view” of the current state of knowledge regarding the genetic etiologies of neurodevelopmental disorders
2. Understand how and when to order genetic testing to maximize diagnostic yield and minimize cost to the family and/or health care system
3. Understand the different types of genetic tests that are currently available, and the benefits and drawbacks to each
4. Feel more confident ordering genetic investigations for their patients

BRK02: A PROGRAM TO MEASURE WALKING ACTIVITY PRE AND POST SURGERY IN YOUTH WITH CEREBRAL PALSY
Nancy Lennon, MS, PT; Julieanne Sees, DO, FAOAO
Location: 515AB

Learning Objectives:
1. Gain an understanding of typical walking activity (WA) levels in children and youth with cerebral palsy
2. Describe differences in WA for youth with CP by age groups, disability levels, and pre / post surgery
3. Develop knowledge-based skills in methods to measure and interpret (WA) for children and youth with cerebral palsy
4. Understand the practical considerations of implementing a program to measure walking activity in a clinical setting

BRK03: COMPETENCE IN COMPLEX CARE: EDUCATIONAL APPROACHES TO EMPOWER FUTURE HEALTHCARE TEAMS
Kathleen Huth, MD; Anne Marie Sbrocchi, MD; Hema Patel, MD, MSc
Location: 518C

Learning Objectives:
1. Describe a six-step approach to curriculum development in complex care for pediatric residents in Canada
2. Discuss innovative yet practical educational strategies that enhance learning, motivation and transfer of skills to clinical practice
3. Reflect on opportunities and challenges of implementing and evaluating a national educational initiative in complex care
4. Develop action plans for curriculum development to meet educational needs in their own discipline and institution

BRK04: MORE THAN “JUST DATA”: GETTING THE MOST OUT OF A CEREBRAL PALSY REGISTER
Susan Reid, PhD; Elaine Meehan, BSc; Dinah Reddihough, MBBS
Location: 516A

Learning Objectives:
1. Understand how CP registers can be used for knowledge generation in the field of CP, beyond epidemiological research
2. Recognize the potential for CP registers to improve health outcomes for individuals with CP
3. Identify important research questions that may be answered by using CP registers in novel ways
4. Discuss strategies for increasing the utility of CP registers

BRK05: READY TO EAT? CAN TRAINING CAREGIVERS IMPROVE PARTICIPATION IN FEEDING FOR CHILDREN WITH CEREBRAL PALSY
Gina Rempel, MD, FRCP; Marianne Gellert-Jones, MA, CCC-SLP; Barb Borton, OT; Cynthia Dodds, PT, PhD
Location: 521 BC

Learning Objectives:
1. List the benefits of participation in feeding for all children regardless of their feeding abilities
2. Elucidate the pros and cons of balancing risk and fostering participation in feeding
3. Articulate the importance of engaging caregivers in feeding training across environments in order to promote safe feeding participation for children with CP
4. Identify important elements of caregiver training and resource development in a variety of care settings

BRK06: SLEEP PROBLEMS IN THE CHILD WITH PHYSICAL DISABILITIES
Golda Milo-Manson, MD
Location: 524C

Learning Objectives:
1. Gain knowledge of current evidence related to management of sleep problems in children with physical disabilities
2. Understand when to use medication intervention to assist with sleep challenges
3. Articulate to families the sleep hygiene issues that contribute to sleep difficulties
4. Rule out other medical issues that may contribute or mask behavioral sleep difficulties

BRK07: SO YOU WANT TO BUILD A ROBOT FOR REHABILITATION....
Sarah Evans, MD; Kevin Cleary, PhD; Catherine Coley, PT
Location: 514C

Learning Objectives:
1. Understand the benefits of incorporating robots into pediatric rehabilitation
2. State the problem to be addressed with a rehabilitation robot in terms that make the problem understood by clinicians and engineers
3. Describe the steps required to develop a rehabilitation robot
4. Define participatory design and describe the significance of the same
BRK08: UNDERSTANDING THE SPEED OF AGING IN ADULTS WITH CEREBRAL PALSY
Mark Peterson, PhD; Edward Hurvitz, MD

Location: 516D

Learning Objectives:
1. Develop an approach to clinical screening of the adult with cerebral palsy that includes greater attention to aging-related chronic disease risk
2. Describe the risk of chronic disease clustering (i.e., multimorbidity) in adults with cerebral palsy and risk factors that contribute to increased risk
3. Understand the need for surveillance of health risks in adults with cerebral palsy, with a priority focus on metabolic and musculoskeletal systems
4. Identify and discuss relevant risk factors for chronic conditions in CP, and offer guidance for lifestyle interventions to prevent losses of function and disease, and to improve quality of life

BRK09: WHEN A PICTURE PAINTS A THOUSAND WORDS: ACCURATE DESCRIPTION AND APPLICATION OF THE GROSS MOTOR FUNCTION CLASSIFICATION SYSTEM
Kate Willoughby, B Physio, D Physio; Pamela Thomason, MPT; Brenda Agnew, BA

Location: 516B

Learning Objectives:
1. Understand the development of the GMFCS, its clinical utility, and how it is underpinned by gross motor curves
2. Understand and confidently apply the distinctions between each of the levels of the GMFCS
3. Engage parents and caregivers in positive discussion about the GMFCS and its relevance to their child’s function
4. Understand the relationship between GMFCS and the effectiveness of interventions, and apply that knowledge in goal-setting and the selection of interventions

BRK10: YES, CLINICAL RESEARCH CAN BE DONE IN YOUR BUSY PRACTICE!
Lynnette Rasmussen, OTR/L; Virginia Nelson, MD, MPH; Kate Wan-Chu Chang, MA, MS

Location: 522B

Learning Objectives:
1. State the importance and benefits of evidence-based practice
2. Identify the tools and resources that address the challenges faced in setting up a research project in a busy clinical practice
3. Develop a research question based on clinical observations
4. State how to incorporate research into a busy clinic

8:15 am – 10:15 am Thursday Morning General Session - 517CD

Welcome and Exchange of Gavel - Unni Narayanan, MBBS, MSc, FRCS(C); Sarah Winter, MD
Cerebral Palsy Foundation Update - Richard Ellenson, CEO
Presidential Guest Lecture - Sue Swenson
Human Rights and Children with Disabilities
Lifetime Achievement Award - Marshallyn Yeargin-Allsopp, MD

10:15 am – 10:45 am Coffee Break - Exhibits & Posters - 517AB

Expanded breaks throughout the AM and PM sessions will give you a chance to visit the exhibits and posters. Plan to meet a friend during one of these times and just catch up!

10:45 am – 12:45 pm Free Paper Sessions A-D

Free Papers A: Ortho - Hip

Location: 517CD

10:50 AM – 10:57 AM
A1: HIP SURVEILLANCE IN ACTION: PARENT EXPERIENCES AND PERSPECTIVES OF ENGAGING IN SURVEILLANCE
Rachel Toovey, MPHTM, PT; Kate Willoughby, B Physio, D Physio; H Kerr Graham, MD, FRCS(Ed), FRACS; Dinah Reddihough, MBBS

10:58 AM – 11:05 AM
A2: OUTCOMES FROM TEN YEARS OF HIP SURVEILLANCE OF QUEENSLAND CHILDREN WITH CEREBRAL PALSY
Meredith Wynter, PT; Nicola Snape, BS, MHS; Megan Kentish, PT

11:06 AM – 11:13 AM
A3: HIP SURVEILLANCE FOR CHILDREN WITH CEREBRAL PALSY: GMFCS I AND WGH TYPE IV GAIT PATTERN
Meredith Wynter, PT; Megan Kentish, PT; Nicola Snape, BS, MHS

11:14 AM – 11:21 AM
A4: THE ODDS OF REQUIRED FURTHER TREATMENT AFTER INTERVENTION FOR HIP SUBLUXATION IN PEDIATRIC CEREBRAL PALSY: A META-ANALYSIS
Kunal Agarwal, MS; Cynthia Chen, BA; David Scher, MD; Emily Dodwell, MD, MPH

11:22 AM – 11:29 AM
A5: EVALUATING THE USE OF AN ELECTRONIC INCLINOMETER IN CORRECTING ROTATIONAL DISORDERS
Ishaan Swarup, MD; Christine Goodbody, MD; Elizabeth Gausden, MD; David Scher, MD; Roger Widmann, MD

11:30 AM – 11:45 AM QUESTIONS AND ANSWERS

11:46 AM – 11:53 AM
A6: THE LONG-TERM OUTCOME OF PELVIC ASYMMETRY DURING GAIT IN CHILDREN WITH CEREBRAL PALSY FOLLOWING UNILATERAL FEMORAL DEROTATION OSTEOTOMY
Lucio Perotti, MD; Chris Church, MPT; Robert Dina, BS; Nancy Lennon, MS, PT; John Henley, PhD; Juliane Sees, DO, FAOAO; Freeman Miller, MD

11:54 AM – 12:01 PM
A7: MINIMALLY INVASIVE DEGA ACETABULOPLASTY FOR NEUROMUSCULAR HIP DYSPLASIA
Jason Kappa, MD; Nicholas Fletcher, MD; Benjamin Shore, MD, MPH, FRCS; Benjamin Allar, BA; Robert Bruce, MD

12:02 PM – 12:09 PM
A8: SAN DIEGO PELVIC OSTEOTOMY IN PATIENTS WITH CLOSED TRIRADIATE CARTILAGE
Josue Murar, MD; Stephanie Ihnow, MD; Luciano Dias, MD; Vineeta Swaroop, MD

12:10 PM – 12:17 PM
A9: HIP STATUS AND LONG-TERM FUNCTIONAL OUTCOMES IN MYELOMENINGOCELE
Rachel Thompson, MD; Joanna Foley, MSN; Vineeta Swaroop, MD; Luciano Dias, MD
**PROGRAM & EVENTS**

**THURSDAY, SEPTEMBER 14**

71st Annual Meeting • Palais des congres de Montreal • Montreal, Quebec, Canada

**Free Papers B: Etiology, Epidemiology & Neuroimaging**

**Location**: 518AB

10:50 AM – 10:57 AM

**B1: PROFILE OF CHILDREN WITH CEREBRAL PALSY AND CONGENITAL MALFORMATIONS IN CANADA**

Marcel Severo, MD; Pamela Ng, MSc; Maryam Oskoui, MD, MSc, PhD; Darcy Fehlings, MD, MSc, FRCPC; Margot Simona Fiori, MD; Jurgen Fripp, PhD; Kerstin Karestinos, PT, PhD student; Julie Paradis, OT, PhD student; Gordon AN FMRI STUDY.

11:06 PM – 11:13 AM

**B3: MATERNAL BODY-MASS INDEX IN EARLY PREGNANCY AND RISK OF CEREBRAL PALSY**

Eduardo Villamor, MD, MPH; Kristina Tedroff, MD, PhD; Mark Peterson, PhD; Stefan Johansson, MD, PhD; Martin Neovius, PhD, MSc; Gunnar Petersson; Sven Cnattingius, MD, PhD

11:14 AM – 11:21 AM

**B4: BIRTH COMPLICATIONS ASSOCIATED WITH CEREBRAL PALSY: ARE PROLONGED RUPTURES OF MEMBRANES A RISK FACTOR IN CHILDREN BORN AT TERM?**

Maren Mynarek, Stud.Med; Solveig Bjellmo, MD; Jan Egil Afset, MD, PhD; Stian Lydersen, Siv.Ing, Dr.Ing; Guro Andersen, MD, PhD; Torstein Vik, MD, PhD

11:22 AM – 11:29 AM

**B5: SYSTEMATIC REVIEW OF NEUROMOTOR IMPAIRMENTS IN INFANCY FOLLOWING CONGENITAL ZIKA VIRUS INFECTION**

Maureen Durkin, PhD, DrPH

11:30 AM – 11:45 AM QUESTIONS AND ANSWERS

**Free Papers C: Therapy**

**Location**: 519AB

10:50 AM – 10:57 AM

**C1: NEUROPLASTICITY IN A RANDOMISED CLINICAL TRIAL OF MULTI-MODAL TRAINING OF CHILDREN WITH UNILATERAL CEREBRAL PALSY**

Lee Reid, BS; Leanne Sakzewski, PhD, OT; Stephen Rose, PhD; Roslyn Boyd, PhD, PT

11:08 PM – 11:15 PM

**C2: OUTCOMES OF A MOTOR LEARNING-BASED INTERVENTION FOR CHILDREN WITH DIPLEGIC CEREBRAL PALSY: AN FMRI FEASIBILITY STUDY**

Alicia Hilderley, MSc; Darcy Fehlings, MD, MSc, FRCPC; Margot Taylor, PhD; Joyce Chen, PhD; Virginia Wright, PhD, PT

11:06 AM – 11:13 AM

**C3: EFFECT OF REHABILITATION ON MOTOR OUTCOMES AND BRAIN STRUCTURE CONNECTIVITY OF CHILDREN WITH DEVELOPMENTAL COORDINATION DISORDER**

Sara Izadinajafabadi, PhD

11:14 AM – 11:21 AM

**C4: LOSSES OF BALANCE DURING THERAPY EXPLAIN SOME OF THE VARIABILITY IN REHABILITATION OUTCOMES FOR TODDLERS WITH CEREBRAL PALSY**

Julie Skorup, PT, DPT, PCS; Samuel Pierce, PT, PhD, NCS; Meghan Bochnak, PT, DPT; Laura Williams, MS; Laura Prosser, PT, PhD

11:46 AM – 11:53 AM

**B6: ANALYSIS OF NEAR-TERM WHITE MATTER MICROSTRUCTURE TO PREDICT GAIT IN PRETERM TODDLERS: A MULTIVARIATE LINEAR REGRESSION MODEL USING FORWARD FEATURE SELECTION OPTIMIZED WITH CROSS VALIDATION**

Katelyn Cahill-Rowley, PhD; Kornél Schaadl, MS4; Rachel Vassar, MD; Kristen Yeom, MD; Jessica Rose, PhD
11:22 AM – 11:29 AM
**C5: WHAT DO WE KNOW ABOUT PHYSICAL THERAPY POST SELECTIVE DORSAL RHIZOTOMY?**
Renata D’Agostini Nicolini-Panisson, PhD; Ana Paula Tedesco, MSc; Maira Rech Folle, MSc; Márcio Vinicius Fagundes Fagundes Donadio, PhD

11:30 AM - 11:45 AM QUESTIONS AND ANSWERS

11:46 AM – 11:53 PM
**C6: EFFECT OF SHORT-BURST INTERVAL TREADMILL TRAINING ON MUSCLE ARCHITECTURE AND GAIT SPEED IN CEREBRAL PALSY**
Noelle Moreau, PT, PhD; Kristie Bjornson, PT, PhD, MS; Amy Badkin, PT, PhD, PCS; Sandra Poliachik, PhD

11:54 AM – 12:01 PM
**C7: EFFICACY OF A PARTICIPATION-FOCUSED THERAPY INTERVENTION ON PARTICIPATION IN PHYSICAL ACTIVITIES, HEALTH-RELATED QUALITY OF LIFE, AND BEHAVIOURAL BARRIERS TO PARTICIPATION IN CHILDREN WITH CEREBRAL PALSY**
Sarah Reedman, BPhty (Hons); Roslyn Boyd, PhD, PT; Leanne Sakzewski, PhD, OT

12:02 PM – 12:09 PM
**C8: MIYOGA – A RANDOMIZED CONTROLLED TRIAL OF A NOVEL MINDFULNESS YOGA PROGRAM TO ENHANCE ATTENTION FOR CHILD-PARENT DYADS WITH UNILATERAL AND BILATERAL CEREBRAL PALSY**
Catherine Mak, BS; Koa Whittingham, PhD; Roslyn Boyd, PhD, PT; Ross Cunningham, PhD

12:10 PM – 12:17 PM
**C9: “THERE IS POWER IN MOBILITY”: A QUALITATIVE STUDY EXPLORING HOW CHILDREN LEARN TO USE POWER MOBILITY**
Lisa Kenyon, PT, DPT, PhD, PCS; W. Ben Mortensen, PhD, OT(C); William Miller, PhD, FCAOT

12:18 PM – 12:25 PM
**C10: GOAL SETTING IN CHILDREN WITH UNILATERAL CEREBRAL PALSY PARTICIPATING IN AN INTENSIVE MOTOR LEARNING AND BRAIN STIMULATION TRIAL: CHARACTERISTICS AND ASSOCIATIONS WITH OUTCOME**
Eva Haspeils, BA; Laura Brunton, PhD, MPT; Lesley Pritchard-Wiart, PhD, PT; John Andersen, MD; Mia Herrero, OT; Jacquie Hodge, MS; Adam Kirton, MD, MSc, FRCPC

12:26 PM - 12:45 PM QUESTIONS AND ANSWERS

**Free Papers D: Upper Limb & Miscellaneous**

**Location:** 524AB

**10:50 AM – 10:57 AM**
**D1: SELF-CARE IN CHILDREN WITH CEREBRAL PALSY AND ITS RELATIONSHIP TO MANUAL ABILITY: A LONGITUDINAL STUDY.**
Andrea Burgess, OT; Jenny Ziviani, PhD, MEd, BA, OT; Roslyn Boyd, PhD, PT; Leanne Sakzewski, PhD, OT

**10:58 AM – 11:05 AM**
**D2: BIMANUAL UPPER LIMB ACTIVITY IN CHILDREN WITH TYPICAL DEVELOPMENT AND UNILATERAL CEREBRAL PALSY: VALIDATION OF A TRIAXIAL ACCELEROMETER APPROACH**
Giuseppina Gsandurra, PhD; Martina Maselli, Eng; Elena Beani, PT; Ilaria Baloldi, Eng; Irene Braito, MD; Francesca Cecchi, Eng, PhD; Paolo Dario, MD; Silvia Perazzu, MD; Elisa Sicola, PT; Roslyn Boyd, PhD, PT; Giovanni Cioni, MD

**11:06 AM – 11:13 AM**
**D3: THE PREDICTIVE VALUE OF DISTURBANCES IN NEUROMUSCULAR FUNCTIONS ON ACTIVITY OF UPPER LIMB IN CHILDREN WITH UNILATERAL CEREBRAL PALSY**
Malgorzata Szmurlo, MD; Marek Jozwiak, MD, PhD; Anna Krzyzanska; Paulina Nowak

**11:14 AM – 11:21 AM**
**D4: USE OF MARKERLESS MOTION CAPTURE TO EVALUATE PROPRIOTECPTION IMPAIRMENTS IN CHILDREN WITH UNILATERAL SPASTIC CEREBRAL PALSY: A FEASIBILITY TRIAL**
Karen Chin, MS; Lindsey Soles, BS; David Putrino, PhD, PT; Behdad Dehbandi, PhD; Victor Nwankwo, MD; Andrew Gordon, PhD; Kathleen Friel, PhD

**11:22 AM – 11:29 AM**
**D5: ADVANTAGES AND COSTS OF ADAPTATION TO CORTICOSPINAL INJURY IN NEONATAL RATS**
Tong Wen, PhD; Corey Pagnotta; Sophia Lall, BS; James Markward, BS; Disha Gupta, PhD; Jeremy Hill, PhD; Shivakeshavan Ratnadarai-Girdharan, PhD; Jason Carmel, MD, PhD

**11:30 AM - 11:45 AM QUESTIONS AND ANSWERS**

**11:46 AM – 11:53 AM**
**D6: EFFECT OF CELL DOSE IN AUTOLOGOUS CORD BLOOD INFUSIONS FOR CHILDREN WITH CEREBRAL PALSY**
Jessica Sun, MD; Mohamad Mikati, MD; Jesse Troy, PhD, MPH; Kathryn Gustafson, PhD; Ricki Goldstein, MD; Colleen McLaughlin, DNP; Laura Case, PT, DPT, MS, PCS, C/NDT; Gordon Worley, MD; Alten Song, PhD; Joanne Kurtzberg, MD

**11:54 AM – 12:01 PM**
**D7: CHILDREN WITH CEREBRAL PALSY DISPLAY UNCHARACTERISTIC SOMATOSENSORY CORTICAL GATING FOR PERIPHERAL STIMULATIONS APPLIED TO THE FOOT**
Max Kurz, PhD; Alex Wiesman, MS; Elizabeth Heinrichs-Graham, PhD; Tony Wilson, PhD

**12:02 PM – 12:09 PM**
**D8: EVALUATING ACCESSIBILITY DESIGN FEATURES IN PATIENT REPORTED OUTCOME MEASURES OF FUNCTIONAL PERFORMANCE FOR USE BY YOUTH WITH NEURODEVELOPMENTAL DISABILITIES**
Ariel Schwartz, OT; Jessica Kramer, PhD
THURSDAY, SEPTEMBER 14

12:10 PM – 12:17 PM
D9: NOVEL METHOD TO MEASURE SPATIAL VISION IN BRAIN-INJURED CHILDREN
Melis Suner, MD; Glen Prusky, PhD; Jeremy Hill, PhD; Jason Carmel, MD, PhD

12:18 PM – 12:25 PM
D10: VALIDATION OF A SECONDARY SCREENING TOOL FOR AUTISM SPECTRUM DISORDER IN TODDLERS TO IMPROVE PATIENT CARE AND WORKFLOW
Scott McLeod, MD; Parthiv Amin, MSc; Meredith Yohemas, MSc; Shauna Langenberger, MN; Jean-Francois Lemay, MD

12:26 PM - 12:45 PM QUESTIONS AND ANSWERS

12:45 pm – 2:00 pm
AACPDM Membership Business Meeting and Boxed Lunch
See page 19 for an agenda

2:00 pm – 3:30 pm General Session - 517CD
Gayle G. Arnold Lecture - John Lonstein, MD
The History of the Treatment of Neuromuscular Spine Deformities
Cathleen Lyle Murray Award and Lecture - Jason Benetti
First Impressions and Sports Media
EACD Update - Nana Nino Tatishvili, MD
AusACPDM Update - James Rice, MD

3:30 pm - 4:00 pm Coffee Break - Exhibits and Posters - 517AB

4:00 pm – 6:00 pm Instructional Courses 1 – 13

IC01: A MULTI-DISCIPLINARY APPROACH TO SURGERY FOR TREATING HIP DISPLACEMENT: A PERI-OPERATIVE JOURNEY FROM PLANNING TO OUTCOMES
Wade Shrader, MD; Benjamin Shore, MD, MPH, FRCSC; Abhay Khot, FRACS; Giuliana Antolovich, BS, PhD, MBBS, FRACP; Kate Willoughby, B Physio, B Physio
Location: 516D
Learning Objectives:
1. Describe the causes and prevalence of hip displacement in children with CP
2. Recognise the scope and complexity of care required in the surgical planning process
3. Understand the indications for hip reconstruction in children with CP and describe the technical steps involved in the surgical technique of a VDRO
4. Navigate the post-operative recovery period after surgery and minimize peri-operative risks

IC02: APPLICATION OF MIYOGA, A NOVEL EMBODIED MINDFULNESS MOVEMENT PROGRAM, FOR CHILDREN WITH CEREBRAL PALSY
Catherine Mak, BS; Roslyn Boyd, PhD, PT
Location: 522AB
Learning Objectives:
1. Understand the benefits of mindfulness and yoga for children and how this may be relevant for children with cerebral palsy
2. Understand and practice how mindfulness and yoga can be applied in therapy to facilitate embodied movements and to enhance children’s attention outcomes
3. Apply MiYoga strategies for children with cerebral palsy in an individual, group and in home settings where families can integrate strategies from this lifestyle intervention into their everyday lives
4. Practice and apply simple mindful movement routines for stretching, strengthening, body awareness and calming the neurological system

IC03: DIFFERENTIATING BETWEEN PRIMARY, SECONDARY AND COMPENSATORY MECHANISMS IN GAIT IN PERSONS WITH CEREBRAL PALSY
Sylvia Ounpuu, MSc; Kristan Pierz, MD
Location: 524AB
Learning Objectives:
1. Define primary and secondary deviations and compensations seen in gait
2. Differentiate between primary deviations that need to be treated and other gait deviations that will resolve if the primary problem is addressed
3. Understand common multi-level gait patterns in CP
4. Describe how motion analysis can help us understand primary vs. secondary gait deviations

IC04: FUNCTIONAL NEAR-INFRARED SPECTROSCOPY (fNIRS): A NOVEL EMERGING MOBILE BRAIN IMAGING TECHNOLOGY FOR INVESTIGATION OF CORTICAL ACTIVATION DURING FUNCTIONAL MOTOR TASKS IN INDIVIDUALS WITH CEREBRAL PALSY
Ana Carolina de Campos, PT, PhD; Theresa Moulton, PhD, DPT; Diane Damiano, PhD; Ryota Nishiyori, PhD
Location: 516B
Learning Objectives:
1. Demonstrate a general understanding about the use of fNIRS to study brain activity;
2. Critically discuss the challenges of using the technology with brains that have lesions and advantages of this technology for CP
4. Appreciate relationship of brain activity to muscle activity and selectivity
IC05: HYPERTONIA MANAGEMENT IN CEREBRAL PALSY: PAST IDEAS AND LESSONS, CURRENT PRACTICE AND OUTCOMES, FUTURE INNOVATIONS AND POSSIBILITIES
Marcie Ward, MD; Mark Gormley, MD; Timothy Feyma, MD
Location: 519
Learning Objectives:
1. Summarize the available tools for tone management, their potential limitations and benefits
2. Examine the current literature regarding the use of tone management modalities
3. Explore less common uses of surgical techniques for symptom relief in cerebral palsy
4. Review current efforts with deep brain stimulation therapy in cerebral palsy and learn early patient results

IC06: MAXIMIZE NEUROPLASTICITY AND MINIMIZE MALADAPTIVE HABITS IN CHILDREN AND TEENAGERS WITH CEREBRAL PALSY
Karen Pape, MD, FRCPC; Pia Stampe, PT, DPT; Suzanne Davis Bombria, PT
Location: 514AB
Learning Objectives:
1. Understand the peak periods of pediatric neuroplasticity and the interaction of brain changes with periods of peak body growth velocity
2. Develop skills in uncovering evidence of brain recovery marked by maladaptive habits
3. Discuss neuroplasticity based treatment plans incorporating evidence-based intensive protocols for skill and strength training
4. Understand ways to incorporate intensive practice into a pediatric service model

IC07: PATIENT REPORTED OUTCOMES: STATE OF THE SCIENCE 2017
Carole Tucker, PhD; Katherine Bevans, PhD
Location: 521BC
Learning Objectives:
1. Understand the relative merits of multiple PRO assessment systems for use in pediatric rehabilitation
2. Understand technological innovations that may enhance PRO measurement in pediatric rehabilitation
3. Discuss ways of improving the interpretability and impact of PRO scores in clinical care contexts
4. Identify facilitators and barriers to using PRO measures in real-world pediatric rehabilitation settings

IC08: PRINCIPLES AND BASICS OF CLINICAL RESEARCH FOR CLINICIANS
Hiroko Matsumoto, MA, PhD; Brian Snyder, MD, PhD
Location: 514C
Learning Objectives:
1. Develop a testable research hypothesis
2. Understand basic study design that tests a research hypothesis
3. Define variables to measure in their proposed studies
4. Interpret results appropriately

IC09: STEPPING INTO PHYSICAL THERAPY MANAGEMENT FOR INDIVIDUALS WITH CEREBRAL PALSY FOLLOWING SINGLE EVENT MULTI-LEVEL SURGERY
Kelly Greve, DPT; Michelle Menner, DPT
Location: 518C
Learning Objectives:
1. Outline evidence-based recommendations for physical therapists evaluating and treating individuals with cerebral palsy undergoing SEMLs
2. Explain an evidence-based physical therapy algorithm for individuals with cerebral palsy undergoing SEMLs
3. Examine case studies across Gross Motor Function Classification System levels for physical therapy management in individuals with cerebral palsy undergoing SEMLs using evidence-based recommendations and an algorithm
4. Discuss gaps in the literature and future research for physical therapy management of individuals with cerebral palsy undergoing SEMLs

IC10: THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS) AND AMERICAN ACADEMY OF CEREBRAL PALSY AND DEVELOPMENTAL MEDICINE (AACPDM) CEREBRAL PALSY COMMON DATA ELEMENTS (CDE) RECOMMENDATIONS
Joline Brandenburg, MD; Eileen Fowler, PhD, PT; Robin Feldman, BS, MBA; Sherita Alai, MS; Joy Esterlitz, MS
Location: 516A
Learning Objectives:
1. Define CP CDEs
2. Describe the process for development of the CP CDEs
3. Demonstrate how to navigate the NINDS CDE website
4. Demonstrate how to use CP CDEs and case report forms in a research study

IC11: THE SINGLE EVENT MULTI-LEVEL SURGERY (SEMLS) WENT WELL, NOW WHAT? AN EVIDENCED-BASED GUIDE TO MANAGEMENT IN THE FIRST YEAR AFTER SURGERY TO IMPROVE GAIT
Vedant Kulkarni, MD; Jon Davids, MD; Karen Howes, RN, FNP; Suzanne Bratkovich, PT
Location: 515AB
Learning Objectives:
1. Upon completion, participants will be able to define the priorities of the four phases of recovery after SEMLS surgery – inpatient, early post-operative, early rehabilitation, and late rehabilitation phases
2. Upon completion, participants will be able to apply multi-modal protocols for post-operative management of pain following SEMLS
3. Upon completion, participants will be able to tailor a child’s post-operative cast and orthotics based on the gait optimization goals
4. Upon completion, participants will be able to apply principles of rehabilitation appropriate for each phase of recovery
IC12: THE YEAR’S TOP TEN ARTICLES ON DEVELOPMENTAL DISABILITIES
Nancy Murphy, MD; Richard Adams, MD
Location: 518AB
Learning Objectives:
1. Summarize the major conclusions of each of the ten articles presented.
2. Identify areas in which additional research is needed
3. Evaluate the utility of each of the articles for their own clinical practice
4. Be inspired by the presentations to seek articles on their own

IC13: USING COGNITIVE TRAINING (CO-OP APPROACH) AS A REHABILITATIVE TOOL FOR CHILDREN WITH NEURODEVELOPMENTAL DISORDERS INCLUDING CEREBRAL PALSY
Hortensia Gimeno, MSc, OT; Iona Novak, PhD; Helene Polatajko, BOT, MEd, PhD; Ann-Marie Ohrvall, PhD; Marie Peny-Dahlstrand, PhD
Location: 524C
Learning Objectives:
1. Recognise the key principles and ingredients for CO-OP
2. Outline emerging research evidence-base for CO-OP in children and young people/adults with cerebral palsy and other developmental disorders
3. Present new data on the effectiveness of the CO-OP Approach in populations other than developmental coordination disorder
4. Explore knowledge translation implications for the implementation of CO-OP

6:00 pm - 7:00 pm Wine & Cheese Poster and Exhibit Review - 517AB
Always popular and well attended. Enjoy a glass of wine and light hors d’oeuvres in the Exhibit Hall while visiting our Exhibitors and viewing the Scientific and Demonstration Posters. Posters will be displayed on both bulletin boards and at E-Poster kiosks. This is an opportunity to meet with the 2017 exhibiting participants who are key contributors to the success of our meeting. Don’t forget your Visit and Win Card!
Friday, September 15, 2017

6:00 am - 7:00 am  Get Up and Move
Meet the Adaptive Sports and Recreation Committee for a guided morning walk or run (both options available). This is a great opportunity for those who are trying to make sure they complete their steps for Steptember!

7:00 am – 8:00 am  Continental Breakfast - 516C
7:00 am – 8:00 am  Breakfast Seminars 11-20

BRK11: A MODEL FOR CARE COORDINATION IN A PRIMARY MEDICAL & ORTHOPEDIC CEREBRAL PALSY CENTER
Kirk Dabney, MD; Margaret Salzbrenner Hoopes, MSN, CPNP-AC; Laura Owens, MD; Nancy Lennon, MS, PT

Location: 516B
Learning Objectives:
1. Articulate the definitions of care coordination according to the newest national healthcare research and quality agencies
2. Understand the rationale for care coordination in reference to quality care, family experience, costs, and patient outcomes
3. Take home specific care coordination techniques and practices that can be tailored to their own clinical setting
4. Appropriate program evaluation tools to examine care coordination practices in their own clinical settings

BRK12: BOTULINUM TOXIN A AND SPASTIC EQUINUS – WHEN TO START, HOW OFTEN AND WHEN TO STOP: A ROAD MAP FOR MANAGEMENT
Tandy Hastings-Ison, PhD; Abhay Khot, FRACS

Location: 524C
Learning Objectives:
1. Review current literature regarding the use of BoNT-A in spastic muscle, in children with CP and animal models, with specific emphasis on objective measures of efficacy and frequency
2. Determine effective and ineffective clinical outcomes for BoNT-A treatment in spastic equinus
3. Identify factors which establish the balance between ‘too much’ and ‘not enough’ BoNT-A in the management of spastic equinus
4. Recognize stages within active BoNT-A management for appropriate planning towards surgical intervention

BRK13: CEREBRAL VISUAL IMPAIRMENT IN INFANCY: FROM NEUROPLASTICITY TO INTERVENTION
Giovanni Cioni, MD, PhD; Andrea Guzzetta, MD, PhD

Location: 514AB
Learning Objectives:
1. Understand the causes and epidemiology of cerebral visual impairment in children with congenital brain damage
2. Understand how the young visual brain reacts to damage with specific mechanisms of neuroplastic reorganization
3. Describe the best assessment tools available for early characterization of visual functions and early detection of cerebral visual impairment
4. Illustrate possible early therapeutic strategies based on underlying mechanisms and initial evidence of efficacy

BRK14: COMPLEX CARE MEETS BIOMEDICAL ENGINEERING: A PARTNERSHIP THAT WORKS
James Plews-Ogan, MD, MS; Christopher Lunsford, MD; David Chen, MS, MBA

Location: 518C
Learning Objectives:
1. Understand the significance of novel partnerships to advance the clinical care of children with significant disability and medical complexity
2. Learn about the range of applications available through an undergraduate biomedical engineering laboratory
3. Understand the impact of highly personalized devices for children with medical complexity and disability
4. Understand the scope and mission of this project, and the ways it promotes learning and outcomes for students, professors, clinicians, therapists, patients and families

BRK15: DARE GREATLY: INVOLVING YOUTH WITH NEURODEVELOPMENTAL DISABILITIES AS CO-RESEARCHERS
Jessica Kramer, PhD; Ariel Schwartz, MSOT

Location: 521BC
Learning Objectives:
1. Define participatory action research and explain how involvement of youth with NDD enhances the validity and relevance of research
2. Describe four theory-based strategies to facilitate the involvement of youth with NDD as co-researchers
3. Identify how to involve youth with NDD in their own research
4. Discuss potential challenges and solutions to collaborating with youth with NDD in rehabilitation research

BRK16: INTERPRETING HIP SURVEILLANCE X-RAYS WITH THE HIPSCREEN APP: A PRIMER FOR THE RADIOLOGY NOVICE
Vedant Kulkarni, MD; Jon Davids, MD; Kate Willoughby, B Physio, D Physio; Pamela Thomason, MPT

Location: 516D
Learning Objectives:
1. Use the HipScreen App to measure a hip’s migration percentage
2. Identify important landmarks on a hip surveillance radiograph used for quantifying hip displacement
3. Recognize features of poor patient positioning for radiographs that could cause inaccuracy of the migration percentage measurement
4. Understand protocols for proper positioning of children to obtain accurate hip surveillance radiographs
BRK17: MEET ME IN THE ARENA: FIGHTING FOR RECREATIONAL OPPORTUNITIES FOR CHILDREN AND YOUTH WITH DISABILITIES
Keiko Shikako-Thomas, PhD, PT; Gavin Colquitt, EdD; Jessica Camilleri, DO; Nienke Dosa, MD, MPH

Location: 514C

Learning Objectives:
1. Appreciate the scope of opportunities for accessing sports, recreation, and wellness activities and programs for children and youth with disabilities in the community and clinical settings.
2. Understand the variety of policies at the local, regional, national, and international levels that can influence physical activity and leisure programs for children and youth with disabilities.
3. Identify specific strategies for leveraging local assets to create inclusive school- and community-based programs.
4. Illustrate concrete actionable ways clinicians can support patients and families identifying and promoting engagement in physical and other leisure activities outside the clinical context.

This presentation contains results from a project funded by a Pedal-With-Pete Foundation Research Grant.

BRK18: QUALITY IMPROVEMENT THROUGH THE CEREBRAL PALSY RESEARCH NETWORK
Paul Gross, BA; Robert Bolla, MD, MS

Location: 522AB

Learning Objectives:
1. Participants will be able to describe how quality improvement methodology can be applied to cerebral palsy to rapidly change outcomes.
2. Participants will be able to understand how the CPRN clinical registry and other CPRN infrastructure can be used not only for clinical research but also for quality improvement initiatives.
3. Participants will be able to see how the first CPRN quality improvement protocol is being used to reduce infection rates for intrathecal Baclofen pumps.
4. Participants will be able to provide preliminary infrastructure suggestions to their institution to participate in the ITB pump infection quality improvement protocol.

BRK19: READING BETWEEN THE LINES: USING METABOLIC AND GENETIC TESTING TO FURTHER ASSESS PATIENTS WITH CEREBRAL PALSY
Aloysia Schwabe, MD; Shannon DiCarlo, MD

Location: 515AB

Learning Objectives:
1. Recognize patients with a diagnosis of cerebral palsy that would benefit from further clinical investigations.
2. Understand the types of investigations that are available and when they should be used.
3. Utilize a cost effective, step-wise assessment of such patients.
4. Discuss with families the significant of test results and next steps.

BRK20: SPINA BIFIDA: MANAGEMENT TOWARDS AN OPTIMAL UPRIGHT STANDING AND WALKING
Eva Pontén, MD, PhD; Åsa Bartonek, PT, PhD; Marie Eriksson, CPO, PhD; Elena Gutierrez Farewik, PhD

Location: 516A

Learning Objectives:
1. Grade the child into muscle function class MFC I-V, i.e. Sacral, Low lumbar, Mid-lumbar and High lumbar/Thoracic level and identify additional ambulation-related factors, e.g. contractures, spasticity, balance problems and hypotonia.
2. With the help of the MFC, choose the most optimal balanced and stable orthotics that will have the child standing and walking at about the same age as their peers.
3. Choose the appropriate orthopaedic intervention for each MFC that will prevent deformities and help the child keep an upright and balanced standing and walking and an optimal sitting.
4. Achieve optimal gait with the body aligned by keeping the hips contained, preventing deformities and using stable orthoses that reduce the need for crutches.
10:59 AM – 11:06 AM
E6: INFLUENCE OF BOTULINUM TOXIN INJECTIONS AND PHENOL NEUROLYTIC BLOCKS ON HIP DYSPLASIA IN CHILDREN WITH CEREBRAL PALSY
Jona Bakke, Mark Gormley, MD; Supreet Deshpande, MD; Mary Partington, BA; Ciara Hupp, BS; Emily Partington, OTD

11:07 AM – 11:14 AM
E7: TIME TO RETREATMENT AFTER ABOBOTULINUMTOXINA INJECTIONS IN CHILDREN WITH DYNAMIC EQUINUS FOOT DEFORMITY
Mauricio Delgado, MD; Ann Tilton, MD; Nigar Dursun, MD; Jorge Carranza-del Rio, MD; Resa Aydin, MD; Ece Unlu, MD; Belgin Erhan, MD; Maria Luisa Rodriguez, MD; Philippe Picaud, PharmD

11:15 AM – 11:30 AM QUESTIONS AND ANSWERS

11:31 AM – 11:38 AM
E8: BOTULINUM TOXIN INJECTIONS FOR SPASTIC EQUINUS IN AMBULANT CHILDREN WITH CEREBRAL PALSY: LONG-TERM FOLLOW-UP AND TIME TO SURGERY
Tandy Hastings-Ison, PhD; Morgan Sangeux, PhD; H Kerr Graham, MD, FRCS, FRACS

11:39 AM – 11:46 AM
E9: INTEGRATED MANAGEMENT WITH BRAIN STIMULATION AND HYBRID TRAINING ENHANCES FUNCTIONAL GAINS IN CHILDREN WITH UNILATERAL CEREBRAL PALSY TREATED BY BOTULINUM TOXIN-A
Nigar Dursun, MD; Cigdem Cekmecce, PhD; Merve Akyuz, MD; Begum Capa Tayyare, PhD; Erbil Dursun, MD

12:03 PM – 12:10 PM
E10: EFFECTIVENESS OF INTERMITTENT SERIAL CASTING ON SPASTIC WRIST FLEXION DEFORMITY IN CHILDREN WITH CEREBRAL PALSY TREATED BY BOTULINUM TOXIN-A
Nigar Dursun, MD; Melike Akarsu, BA; Marcin Bonikowski, MD, PhD; Weronika Pyrzanska, PhD; Erbil Dursun, MD

12:11 PM – 12:30 PM QUESTIONS AND ANSWERS

Free Papers F: Population-Based, Mental Health & Adult Issues
Location: 518AB
10:35 AM – 10:42 AM
F1: THE CEREBRAL PALSY RESEARCH NETWORK: INITIAL DATA COLLECTION
Garey Noritz, MD; Donnie Clark, BA; Natalie Miller, PT, DPT; Paul Gross, BA; Jacob Kean, PhD; Linda Lowes, PhD, PT

10:43 PM – 10:50 AM
F2: USING MACHINE LEARNING TO IDENTIFY DIAGNOSTIC PROFILES FOR CHILDREN WITH CEREBRAL PALSY AND OTHER DEVELOPMENTAL DISABILITIES IN THE 2011-2012 NATIONAL SURVEY OF CHILDREN’S HEALTH
Robert Reynolds, MPH, PhD; Scott Kush, MD, JD, MPH; Steven Day, MS, PhD

10:51 AM – 10:58 AM
F3: FACTORS RELATED TO SYMPTOMS OF SOCIAL ANXIETY IN YOUTH WITH CEREBRAL PALSY
Janette McDougall, PhD; Virginia Wright, PhD, PT

10:59 AM – 11:06 AM
F4: MENTAL HEALTH IN CEREBRAL PALSY – ARE WE DOING ALL WE CAN TO DIAGNOSE AND TREAT PSYCHIATRIC CONDITIONS?
Daniel Linhares, MD; Chun Wai Hung, MEng; Hiroko Matsumoto, MA, PhDc; June Ha; Fay Callejo, MPH; Heakyung Kim, MD; Joshua Hyman, MD; David Roye, MD; Joseph Dutkowsky, MD

11:07 AM – 11:14 AM
F5: SLEEP DISORDERS IN CHILDREN WITH A MOTOR DISABILITY: A COMPARATIVE POPULATION-BASED STUDY
David Jacquier, MD; Christopher Newman, MD

11:15 AM – 11:30 AM QUESTIONS AND ANSWERS

11:31 AM – 11:38 AM
F6: TRENDS IN CARDIOMETABOLIC DISEASE RISK FACTORS AMONG ADULTS WITH CEREBRAL PALSY IN THE UNITED STATES.
Mark Peterson, PhD; Neil Kamdar, MS; Edward Hurvitz, MD

11:39 AM – 11:46 AM
F7: THE RELATIONSHIP BETWEEN COMMON METABOLIC MARKERS AND FUNCTIONAL LEVEL IN ADULTS WITH CEREBRAL PALSY
Patricia Heyn, PhD, FGSA, FACRM; Alex Tagawa, BS; James Carollo, PhD, PE

11:47 AM – 11:54 AM
F8: EVIDENCE OF NEUROPHYSIOLOGICAL CONSEQUENCES OF PREMATURE BIRTH IN EARLY ADULTHOOD: A LESSON THAT INTERVENTIONS IN EARLY CHILDHOOD TO REWIRE THE BRAIN MIGHT BE BENEFICIAL IN THE LONG RUN
Véronique Flamand, PhD, OT; Annabelle Denis, BPsy; Fannie Allen Demers, MPht; Monica Lavoie, MSc; Réjean Tessier, PhD; Cyril Schneider, PhD

11:55 AM – 12:02 PM
F9: COMPARISON OF YOUNG ADULTS WITH CEREBRAL PALSY IN NORWAY WITH AND WITHOUT EPILEPSY
Sandra Hollung, MSc

11:47 AM – 11:54 AM
F10: CEREBRAL PALSY DOESN’T END WITH CHILDHOOD: INCIDENCE AND TYPES OF ORTHOPEDIC SURGERIES FOR ADULT PATIENTS
Chun Wai Hung, MEng; Hiroko Matsumoto, MA, PhDc; Fay Callejo, MPH; Jodie Shea, BS; Brian Snyder, MD, PhD; Joshua Hyman, MD; Joseph Dutkowsky, MD; David Roye, MD

12:11 PM – 12:30 PM QUESTIONS AND ANSWERS
**Free Papers G: Cost/Disparity Referral Patterns**

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<thead>
<tr>
<th>Location: 524AB</th>
<th>10:35 AM – 10:42 AM</th>
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<tbody>
<tr>
<td><strong>G1: HEALTH INEQUITY IN CHILDREN WITH CEREBRAL PALSY (CP) - COMPARING BANGLADESH CP REGISTER (BCPR) DATA WITH NATIONAL POPULATION AND HOUSING CENSUS</strong></td>
<td>Tasneem Karim, MBBS, MPH; Mohammad Muhit, MBBS, MSc, PhD; Hayley Smithers-Sheedy, PhD; Cheryl Jones, PhD, FRACP; Nadia Badawi, PhD, FRACP; Gulam Khandaker, PhD, FAFPHM</td>
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<td><strong>G2: THE BURDEN OF CEREBRAL PALSY (CP) AMONG CHILDREN IN RURAL BANGLADESH – RESULTS FROM THE BANGLADESH CP REGISTER (BCPR) STUDY</strong></td>
<td>Gulam Khandaker, PhD, FAFPHM; Mohammad Muhit, MBBS, MSc, PhD; Hayley Smithers-Sheedy, PhD; Tasneem Karim, MBBS, MPH; Iona Novak, PhD; Robert Booy, MD, FRACP; Cheryl Jones, PhD, FRACP; Nadia Badawi, PhD, FRACP</td>
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<td><strong>G3: COSTS FOR THE PEDIATRIC CEREBRAL PALSY POPULATION ENROLLED IN MANAGED MEDICAID IN THE UNITED STATES</strong></td>
<td>Savreet Bains; Sonia Pulgar; Tia Sawhney, DrPH; Bruce Pyenson; Christine Ferro; Judy Gooch, MD; Garey Noritz, MD, Edward Wright, MD; Henry Chambers, MD</td>
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<td><strong>G4: A PRELIMINARY EXAMINATION OF RACIAL DISPARITIES IN CHILDREN WITH CEREBRAL PALSY: AN INTERGENE CORRELATIONAL ANALYSIS</strong></td>
<td>Jaime Slaughter-Acey, PhD; Robert Podolsky, PhD; Steven Korzeniowski, PhD; Sok Kean Kho, PhD; Madeleine Lenski, MSPH; Robert Sokol, MD; Robert Palisano, PT, ScD, FAPTA; Mary Jo Hidecker, PhD, CCC-A/SLP; Nigel Paneth, MD MPH</td>
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<td><strong>G6: ASSOCIATION BETWEEN TIME OF PERMANENCE AT EARLY EDUCATION PROGRAM (ESTANCIAS INFANTILES DIF/SEDESOL) AND DEVELOPMENTAL LEVEL FOR CHILDREN IN SITUATION OF POVERTY</strong></td>
<td>Antonio Rizzoli Cordoba, PhD; Jorge Vasquez Rios, MD; Tortensia Reyes Morales, PhD; Miguel Angel Villasis Keever, PhD</td>
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<td><strong>G7: EXAMINING REFERRAL PATTERNS AND DIAGNOSTIC RATES IN THE BRITISH COLUMBIA AUTISM ASSESSMENT NETWORK</strong></td>
<td>Angie Ip, MHSc, MDCM; Whitney Weikum, PhD; Nancy Lanphear, MD</td>
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<td><strong>G8: EMERGENCY SERVICE USE AMONG CHILDREN WITH CEREBRAL PALSY</strong></td>
<td>Elaine Meehan, BSc; Katrina Williams, PhD, MD; Susan Reid, PhD; Gary Freed, MD, MPH; Franz Babi, MD; Jill Sewell, MBBS; Suzanna Vidmar, BSc; Susan Donath, MA; Dinah Reddihough, MBBS</td>
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<td><strong>G9: BMI DOES NOT CAPTURE THE HIGH FAT MASS INDEX AND LOW FAT-FREE MASS INDEX IN CHILDREN WITH CEREBRAL PALSY AND PROPOSED STATISTICAL MODELS THAT IMPROVE THIS ACCURACY</strong></td>
<td>Daniel Whitney, BS; Christopher Modlesky, PhD; Freeman Miller, MD</td>
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<td><strong>G10: COURSE OF EMPLOYMENT IN ADULTS WITH CEREBRAL PALSY OVER A 14-YEAR PERIOD</strong></td>
<td>Joyce Benner, MSc; Sander Hilberink, PhD; Thessa Veenis, MD; Wilma van der Slot, MD, PhD; Marij Roebroeck, PhD</td>
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**Free Papers H: Muscle Architecture & Strength**

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<tr>
<th>Location: 519AB</th>
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<tr>
<td><strong>H1: GAIT ANALYSIS PARAMETERS AND PHYSICAL ACTIVITY MEASURES PRE AND POST SURGERY IN YOUTH WITH CP</strong></td>
<td>Nancy Lennon, MS, PT; Kristen Nicholson, PhD; Chris Church, MPT; Julieanne Sees, DO, FAOAO; Freeman Miller, MD</td>
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<td><strong>H2: THE EFFECT OF PROGRESSIVE RESISTANCE EXERCISE TRAINING AND STRETCHING OF THE HAMSTRINGS MUSCLE IN AMBULANT CHILDREN WITH CEREBRAL PALSY – A RANDOMIZED CONTROLLED TRIAL</strong></td>
<td>Merete Fosdahl, MSc; Inger Holm, PhD; Reidun Jahnsen, PT, PhD</td>
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<td><strong>H3: CAMP LEG POWER: INTENSIVE TRAINING OF LOWER EXTREMITY MOTOR CONTROL FOR CHILDREN WITH SPASTIC CEREBRAL PALSY</strong></td>
<td>Eileen Fowler, PhD, PT; Loretta Staude, MS, PT; Marcia Greenberg, MS, PT, KEMG; Carolyn Kelley, DPT; Christy Skura, PT, DPT, PCS; Andy Vuong, BS</td>
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<td><strong>H4: EFFECTIVENESS OF FUNCTIONAL POWER-TRAINING ON INDIVIDUAL GOALS AND PARENT-REPORTED OUTCOMES IN YOUNG CHILDREN WITH CEREBRAL PALSY: A DOUBLE-BASELINE CONTROLLED TRIAL</strong></td>
<td>Liesbeth van Vulpen, PT, MSc; Sonja de Groot, PhD; Eugene Rameckers, PT, PhD; Jules Becher, PhD, MD; Annet Dallmeijer, PhD</td>
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<td><strong>H5: IS PROGRESSIVE RESISTANCE TRAINING FEASIBLE AND SAFE FOR YOUNG PEOPLE WITH PRADER WILLI SYNDROME? A PHASE I RANDOMIZED CONTROLLED TRIAL</strong></td>
<td>Nora Shields, PhD; Nicholas Taylor, PhD; Kim Bennell, PhD</td>
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<tr>
<td><strong>H6: BICYCLING IN CHILDREN WITH MOVEMENT-DISORDERS: POSTURAL CONTROL CHANGES</strong></td>
<td>Jennifer Angeli, DPT, PhD; Ellen Foster, BS</td>
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<td><strong>H7: MUSCLE WEAKNESS IMPACTS NEGATIVELY UPPER LIMB MOVEMENT PATTERNS IN CHILDREN WITH UNILATERAL CEREBRAL PALSY</strong></td>
<td>Cristina Simon-Martinez, PT, MSc; Ellen Jaspers, PT, MSc, PhD; Lisa Mailleux, PT, MSc; Kaat Desloovere, PT, MSc, PhD; Els Ortibus, MD, PhD; Katrijn Klingels, PT, MSc, PhD; Hilde Feyes, PT, PhD</td>
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<td>11:47 AM – 11:54 AM</td>
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<td><strong>H8: MUSCLE FIBER TYPE PROPORTIONS ARE NOT ALTERED IN INDEPENDENTLY AMBULATORY CHILDREN WITH CEREBRAL PALSY</strong></td>
<td>Samuel Lapp; Andrew Zogby, BA; Henry Chambers, MD; Richard Lieber, PhD; Sudarshan Dayanidhi, PhD</td>
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11:55 AM – 12:02 PM
H9: QUANTITATIVE 3D ULTRASOUND OF MUSCLE IN CHILDREN WITH UNILATERAL CEREBRAL PALSY
Steven Obst, PhD, PT, BExSc BMHS; Roslyn Boyd, PhD, PT; Felicity Read, PT; Lee Barber, PhD, MPT

12:03 PM – 12:10 PM
H10: AN INTENSIVE HYBRID TRAINING FOR CHILDREN WITH UNILATERAL CEREBRAL PALSY: A SIGNIFICANT NEW REALITY
Marilyn Cohen-Holzer, MSc; Gilad Sorek, MSc; Michal Katz-Leurer, PT, PhD

12:11 PM – 12:30 PM QUESTIONS AND ANSWERS

12:00 pm – 1:30 pm Pediatric ITB - 518C
New Pediatric ITB Network with the goal of sharing ideas, building policy, and improving approach to care/troubleshooting for the child with an ITB pump. All are welcome!

12:30 pm – 1:30 pm Non CME Luncheon Options

12:00 pm – 1:30 pm International Networking Luncheon - 516C

A Hands-On Training in Adult Spasticity and Pediatric Lower Limb Spasticity
Ann Henderson Tilton, MD; Michael Saulino, MD, PhD

1:30 pm – 3:30 pm General Session - 517CD
Corbett Ryan Pathways Pioneer Award - Kathleen Friel, PhD
Presidential Guest Lecture - Catherine Arnaud, MD, PhD; Maryam Oskoui, MD, MSc; Hayley Smithers-Sheedy, PhD; Marshalyn Yeargin-Allsopp, MD

Duncan Wyeth Award: Video Acceptance - Luca “Lazylegz” Patuelli
Gayle G. Arnold Best Free Paper Award - Alicia Spittle, PhD
A randomised controlled trial of an early preventative care program for infants born very preterm: the role of social risk on cognitive outcomes throughout early childhood
Mentorship Award - Michael Sussman, MD
Research Grant Awards & Announcements

3:30 pm – 4:30 pm Coffee Break - Exhibits and Posters - 517AB

4:00 pm – 6:00 pm Instructional Courses 14 - 27

IC14: A MULTIDISCIPLINARY APPROACH TO IMPROVING GAIT IN CHILDREN WITH CEREBRAL PALSY WITH RHIZOTOMY: PATIENT SELECTION, SHORT TERM OUTCOMES AND LONG TERM OUTCOMES
Marcie Ward, MD; Peter Kim, MD, PhD; Tom Novacheck, MD
Location: 518AB

Learning Objectives:
1. Describe patient selection for selective dorsal rhizotomy that uses a multidisciplinary approach which predicts a favorable outcome
2. Examine the various approaches to performing a rhizotomy and consider the benefits to utilizing a selective approach
3. Summarize the benefits of a coordinated rehabilitation program following SDR
4. Explain the short and long term outcome data available following selective dorsal rhizotomy

IC15: AN OVERVIEW AND UPDATE OF EVALUATION AND MANAGEMENT OF PAIN IN PEOPLE WITH CEREBRAL PALSY
Hiroko Matsumoto, MA, PhDc; Heakyung Kim, MD; Daniel Linhares, MD; Wade Shrader, MD; David Roye, MD; Darcy Fehlings, MD, MSc, FRCP
Location: 524C

Learning Objectives:
1. Discuss the current state of pain assessment in verbal and non-verbal patients and to have a general understanding of the ongoing research in improving pain evaluation
2. Describe the available modalities for operative, conservative, and pharmacological management of pain for both pediatric and adult patients with cerebral palsy
3. More accurately recognize the symptoms of pain in patients with cerebral palsy and to be able to form a comprehensive differential for the cause of pain
4. Identify commonly utilized and validated instruments for evaluating pain

IC16: BRAIN STRUCTURE AND FUNCTION IN CHILDREN WITH CEREBRAL PALSY: STATE OF THE CLINICAL SCIENCE
Roslyn Boyd, PhD, PT; Andrea Guzzetta, PhD, MD; Alex Pagnozzi, BEng
Location: 519

Learning Objectives:
1. Describe current methods for classification/evaluation of structural MRI images using the Fiori Semi-Quantitative scale and Krageloh-Mann aetiological pathogenic classification for brain lesion severity in children with CP
2. Understand use of the Fiori Semi-Quantitative scale to measure brain lesion severity in children with both unilateral and bilateral cerebral palsy
3. Understand the relationship between brain structure using the Fiori Semi-Quantitative scale to measure brain lesion severity and the relationship to function (Motor, manual ability, school readiness) in CP
4. Identify and understand the current state of the science of Advanced techniques including automated analysis to analyses brain micro and macro structure in children with CP
IC17: ETHICAL ISSUES IN NEURODEVELOPMENTAL DISABILITY: AN OPEN FORUM ON PROCESSES TO ADDRESS THEM
Peter Rosenbaum, MD, FRCP; Gabriel Ronen, MD, FRCP; Eric Racine, PhD; Jennifer Johannesen, MS; Bernard Dan, MD, PhD
Location: 514C
Learning Objectives:
1. Bring to people’s attention the reality that ethical issues and dilemmas abound all around us in everyday clinical practice
2. Reflect on the challenges we all experience as clinicians when faced with these issues
3. Model approaches to a process to articulate the clinical and personal aspects of these issues and to consider them in the safety of a collegial group discussion.
4. Offer frameworks by which ethical dilemmas can be framed and addressed.

IC18: EVALUATION OF ORTHOSIS FUNCTION IN CHILDREN WITH NEUROMUSCULAR DISORDERS USING MOTION ANALYSIS OUTCOMES
Sylvia Ounpuu, MSc; Kristan Pierz, MD
Location: 516B
Learning Objectives:
1. Be familiar with basic tools needed to interpret joint kinematic and kinetic data
2. Be familiar with typical and atypical joint kinematic and kinetic patterns
3. Be familiar with the goals of orthosis function in terms of joint kinematics and kinetics
4. Understand the clinical utility of incorporating joint kinetic concepts in orthosis prescription and decision-making

IC19: GAIT ANALYSIS AT YOUR FINGERTIPS: ENHANCING OBSERVATIONAL GAIT ANALYSIS USING MOBILE DEVICE TECHNOLOGY AND THE EDINBURGH VISUAL GAIT SCALE
Jon Davids, MD; Vedant Kulkarni, MD; Suzanne Bratkovich, PT
Location: 524AB
Learning Objectives:
1. Understand the phases and sub-phases of the normal gait cycle in the sagittal and coronal planes
2. Identify the most common gait deviations seen in children with neuromuscular disorders
3. Understand the principles of accurate video acquisition of gait in the sagittal and coronal planes using a mobile device
4. Participate in hands on learning using your own mobile device to systematically analyze gait videos and classify gait deviations using the Edinburgh Gait Visual Scale

IC20: HOW TO INCORPORATE MOTOR LEARNING STRATEGIES INTO MOTOR SKILLS-BASED INTERVENTIONS FOR CHILDREN WITH CEREBRAL PALSY
Jennifer Ryan, PT; Virginia Wright, PhD, PT
Location: 514AB
Learning Objectives:
1. Understand how to incorporate motor learning principles into their clinical practice when teaching motor skills to children with CP
2. Describe 20 different MLS and understand how each is operationalized
3. Explain how a therapy session can be organized to promote motor learning through the use of MLS
4. Identify the MLS used by therapists, as viewed from videos of treatment sessions

IC21: INTRODUCTION TO THE NEW AACPDM HIP SURVEILLANCE CARE PATHWAY FOR CHILDREN WITH CEREBRAL PALSY: WHAT’S THE CONSENSUS? HOW CAN IT BE IMPLEMENTED?
Maureen O’Donnell, MD, MSc, FRCP; Stacey Miller, PT; Kate Willoughby, B Physio, D Physio; Pamela Thomason, MPT; Benjamin Shore, MD, MPH, FRCSO
Location: 515AB
Learning Objectives:
1. Describe the evidence in support of hip surveillance and the clinical components of hip surveillance
2. Understand the evidence behind, process for development of and content of the new international pathway
3. List additional “hip health” adjunctive tips that were created by the international consensus group and may be useful to clinicians
4. Describe practical “tips” for implementing hip surveillance from the perspectives of a variety of disciplines, a variety of practice settings, including clinic, community, and state/province, and various health systems

IC22: MEASURING THE QUALITY OF LIFE (QOL) OF CHILDREN WITH CEREBRAL PALSY: CHOOSING THE BEST INSTRUMENTS
Elise Davis, PhD; Elena Swift, MRes; Dinah Reddihough, MBBS
Location: 516A
Learning Objectives:
1. Understand the measurement challenges inherent in the area of children’s QOL, with a focus on children with a disability
2. Critically appraise existing generic instruments for children with cerebral palsy, examining criteria important for researchers, clinicians and service providers
3. Critically appraise existing condition-specific instruments for children with cerebral palsy, examining criteria important for researchers, clinicians and service providers
4. List the important areas of life for children with cerebral palsy and their parents and understand how these areas have changed over the last 10 years
IC23: ORTHOPAEDIC SURGERY FOR THE SPINE AND LOWER LIMB IN CHILDREN WITH CEREBRAL PALSY
Robert Kay, MD; Lindsay Andras, MD
Location: 516D

Learning Objectives:
1. Accurately identify the most common spine and lower extremity problems in children with CP
2. Identify common pitfalls in surgical and non-surgical care of these children
3. Define one or more ways to avoid common treatment errors
4. Gain perspective on the complexity of surgical planning for children with CP

IC24: PEARLS AND PITFALLS OF PARTICIPATION-FOCUSED INTERVENTIONS FOR CHILDREN WITH PHYSICAL DISABILITIES
Leanne Sakzewski, PhD, OT; Sarah Reedman, PT; Catherine Elliott, PhD, OT; Claire Willis, BExSc
Location: 522AB

Learning Objectives:
1. Understand consumer needs/preferences for participation focused interventions for children with physical disabilities
2. Understand the processes and challenges of delivering participation focused interventions for children with physical disabilities
3. Develop a participation focused intervention plan, including framing participation goals, exploring barriers and enablers to participation and linking intervention strategies to modifiable barriers
4. Have an understanding of a new paediatric self-report tool to explore a child’s participation in home, school and community settings

IC25: PROVIDING POWER MOBILITY FOR CHILDREN WITH MULTIPLE, SEVERE DISABILITIES: TRAINING METHODS AND OUTCOMES
Lisa Kenyon, PT, DPT, PhD, PCS; John Farris, PhD
Location: 518C

Learning Objectives:
1. Describe the components of power mobility interventions designed to meet the individual needs of children with multiple, severe disabilities
2. Discuss potential outcomes of power mobility use in children with multiple, severe disabilities
3. List 3 means by which to evaluate outcomes of power mobility interventions in this unique population
4. Discuss the potential impact of power mobility training on the spectrum of electroencephalography (EEG) activity in children with multiple, severe disabilities

IC26: TRANSFORMING HEALTHCARE FOR WOMEN WITH DISABILITIES: EDUCATIONAL TOOLS TO PROMOTE SEXUAL AND reproductive HEALTH FOR YOUNG WOMEN WITH CEREBRAL PALSY
Laurie Glader, MD; Susan Gray, MD
Location: 521BC

Learning Objectives:
1. Identify data from the literature documenting need for improved education about sexual health for young women with CP
2. List high priority areas for sexual and reproductive health care discussion for young women with cerebral palsy
3. Identify resources for both patients and providers that expand upon sexual health topics broached at a health visit
4. Develop skills to use the SMART mnemonic to facilitate conversations with young women with CP about sexual and reproductive health concerns

IC27: TROUBLESHOOTING FOR CAREGIVERS OF CHILDREN WITH TRACHEOSTOMIES OR HOME CARE VENTILATORS IN THE OUTPATIENT SETTING
Beverly Lullo, MS RRT-NPS; Luanda Rodriguez, RN
Location: 522C

Learning Objectives:
1. Understand appropriate applications for different types of tracheostomy tubes as well as basic tracheostomy care including the use of various tracheostomy adjuncts
2. Understand of the basics of mechanical ventilation in the home setting and perform ventilator troubleshooting skills
3. Demonstrate ability to use troubleshooting algorithms to determine the cause of device-related respiratory emergencies
4. Describe respiratory-related safety issues as related to the Child with a Tracheostomy and preventative measures to avoid them

7:00 pm – Midnight Networking Dinner
Enjoy an amazing evening at Cirque Eloize while strengthening your network with AACPDM meeting attendees! Limited number of tickets available. Transportation will be provided from the Palais des congres de Montreal.
Saturday, September 16, 2017
7:00 am – 8:00 am  Continental Breakfast – 517AB
7:00 am – 8:00 am  Breakfast Seminars 21-30

BRK21: BRIDGING THE GAP BETWEEN NEUROSCIENCE AND CLINICAL RESEARCH IN UNILATERAL CEREBRAL PALSY
Ellen Jaspers, PT, MSc, PhD; Katrijn Klingels, PT, MSc, PhD; Cristina Simon-Martinez, PT, MSc; Adam Kirton, MD, MSc, FRCPC
Location: 516D
Learning Objectives:
1. Understand the role of mirror movements in typically developing children and unilateral cerebral palsy
2. Describe different ways of probing the motor system, based on behavioural, neurophysiological and neuroimaging assessments
3. Understand how the different behavioural, neurophysiological and neuroimaging assessments can be implemented in clinical practice
4. Understand the added value of non-invasive brain stimulation in upper limb rehabilitation

BRK22: CHALLENGING CLINICAL SCENARIOS WHERE RETINAL SCANNING FOR COMMUNICATION CAN BE SUCCESSFUL
Aloysia Schwabe, MD; Betsy Furler, MS, CCC-LP; Rochelle Dy, MD
Location: 518C
Learning Objectives:
1. Identify atypical clients who are candidates for augmentative communication devices
2. Categorize barriers to successful use of augmentative communication
3. Recognize the importance of adaptations and training to ensure success
4. Utilize resources to facilitate acquiring a device

BRK23: DYSTONIA, SPASTICITY AND CHOREOATHETOSIS: HOW TO RECOGNIZE, DISCRIMINATE AND MEASURE THEM IN CEREBRAL PALSY?
Elegast Monbaliu, PhD; Josse Decat, MSc; Bernard Dan, MD, PhD
Location: 524C
Learning Objectives:
1. Describe definitions and classification of Dystonia/Spasticity/Choreoathetosis
2. Understand the pathophysiology of Dystonia/Spasticity/Choreoathetosis
3. Recognize clinical characteristics of Dystonia/Spasticity/Choreoathetosis
4. Acquire a practical framework for discriminating and evaluating Dystonia/Spasticity/Choreoathetosis

BRK24: FACILITATING PARENT PARTICIPATION IN INTENSIVE THERAPIES: THE PARENTS AS PARTNERS APPROACH
Amy Darragh, PhD, OTR/L, FAOTA; Elizabeth Koss, MOT; Sharon Ramey, PhD; Stephanie DeLuca, PhD
Location: 522AB
Learning Objectives:
1. Articulate the supports for and challenges of parent participation in home therapy programs
2. Define the essential elements of parent-therapist partnerships
3. Apply strategies for enhancing the parent-therapist partnership to their clinical practice
4. Discuss benefits and challenges of parent and/or family responsibility for implementing complex therapies outside therapy visits

BRK25: INCORPORATING RESISTANCE TRAINING INTO EPISODIC CARE IMPROVES FUNCTION AND PARTICIPATION IN YOUTH WITH CEREBRAL PALSY
James Hedgecock, PT, DPT, PCS; Nicole Harris, PT, PCS, BOCO
Location: 516B
Learning Objectives:
1. Demonstrate understanding of the role of muscular strength in determining functional independence in youth with cerebral palsy
2. Complete a clinical assessment to select the most ideal training parameters to achieve a patient’s specific functional goals
3. Design a resistance and functional skill training program using appropriate dosing and outcomes assessment to address individualized goals for youth with cerebral palsy
4. Develop a plan to initiate a resistance training program for youth with cerebral palsy at their institution

BRK26: MOTOR LEARNING IN PEDIATRIC REHABILITATION: THEORY, RESEARCH AND PRACTICE
Rachel Toovey, MPHTM, PT; Jennifer Ryan, PT; Virginia Wright, PhD, PT
Location: 514AB
Learning Objectives:
1. Understand motor learning theory
2. Become up-to-date on motor learning evidence and current motor learning research in pediatric rehabilitation
3. Reflect on ways to increase the application of motor learning strategies in their own clinical practice
4. Access resources to improve their literacy in motor learning terminology
BRK27: NEUROPATHIC PAIN IN CHILDREN WITH CEREBRAL PALSY
Deepak Sharan, MD; Shyam Kishan, MD
Location: 515AB
Learning Objectives:
1. Understand the causes and predisposing factors for neuropathic pain in children with cerebral palsy
2. Learn the diagnostic features of neuropathic pain in children with cerebral palsy
3. Know the preventive measures for neuropathic pain in children with cerebral palsy and the factors affecting the prognosis
4. Appreciate the role of a multidisciplinary team and the management strategies for neuropathic pain in children with cerebral palsy

BRK28: STEP INTO THEIR SHOES: BURNOUT WITHIN FAMILIES CARING FOR CHILDREN WITH SPECIAL NEEDS
Mackenzie Brown, DO; Sarah Evans, MD; Morozova Olga, MD
Location: 514C
Learning Objectives:
1. Describe the features of burnout within the family unit of children with special needs
2. Recognize the importance of burnout prevention to protect both the child and the family from associated risks
3. Describe currently available tools to screen, intervene and provide support to the families caring for children with special needs
4. Understand what can be done in the future to improve support for families caring for children with special needs in the clinical setting

BRK29: TACTILE INTERVENTION FOR CHILDREN WITH CEREBRAL PALSY: A FRAMEWORK TO GUIDE CLINICAL REASONING AND FUTURE RESEARCH
Megan Auld, PhD, PT; Leanne Johnston, PhD, PT
Location: 521BC
Learning Objectives:
1. Describe a simple framework for treating tactile deficits (Apartment Block Theory) based on thorough assessment
2. Share ideas for tactile treatment based on current literature and practice
3. Work through a series of cases and develop appropriate treatment plans for tactile impairment according to evidence-based frameworks for assessment and treatment
4. Utilise a toolbox of systematic tactile treatment ideas based on discussion of the framework and current literature

BRK30: TRANSITIONING ADOLESCENTS AND YOUNG ADULTS WITH CEREBRAL PALSY INTO THE ADULT MILIEU OF HEALTH CARE AND THE WORLD BEYOND
Amy West, MD, EdM; Donna Nimec, MD
Location: 516A
Learning Objectives:
1. Identify the challenges from transitioning from high school to college-level work and acquiring academic accommodations
2. Identify beneficial opportunities to optimize success for integration into the workforce, school, and social groups
3. Identify the benefits of work and volunteering for young adults with cerebral palsy
4. Understand what young adults with cerebral palsy value when discussing and planning transition of care

8:15 am – 10:15 am Complex Care SIG - 525
Please join the Complex Care SIG as we discuss research, education, clinical, and advocacy initiatives in Complex Care. The progress of the last year will be reviewed, and priorities for the coming year discussed. All are welcome to come and provide input!

8:15 am – 10:15 am Free Paper Sessions I - L
Free Papers I: Ortho- Foot, Knee & Spine
Location: 519AB
8:20 AM – 8:27 AM
I1: EFFECTS OF CALCANEAL LENGTHENING OSTEOTOMY ON FOOT PROGRESSION ANGLE IN CHILDREN WITH CEREBRAL PALSY
Ryan Davenport, BS; Alesia Blanchard, BS; Claire Palmer, MS; Dennis Matthews, MD; Jason Rhodes, MD
8:28 AM – 8:35 AM
I2: GRADUAL SERIAL EXTENSION WEIGHT BEARING CASTING PROTOCOL IMPROVES KNEE RANGE OF MOTION AND SAGITTAL PLANE KINEMATICS IN CHILDREN WITH CEREBRAL PALSY, CROUCH GAIT AND KNEE FLEXION CONTRACTURES
Verena Schreiber, MD; Leah Cobb, MD; Jason Long, PhD; James McCarthy, MD
8:36 AM – 8:43 AM
I3: IS GUIDED HEMIEPIPHYSIODESIS WITH ‘8 PLATE’ EFFECTIVE FOR TREATMENT OF FIXED KNEE FLEXION CONTRACTURE IN PATIENTS WITH CEREBRAL PALSY?
Cemil Yildiz, MD; Serkan Akpancar, MD; Kenan Koca, MD
8:44 AM – 8:51 AM
I4: EFFECT OF MULTILEVEL SURGERY WITH HAMSTRING LENGTHENING IN AMBULATORY CHILDREN WITH CEREBRAL PALSY
Brian Po-Jung Chen, PT, MD; John Henley, PhD; Julieanne Sees, DO, FAOAO; Kenneth Rogers, PhD, ATC; Mutlu Cobanoglu, MD; Chris Church, MPT; Nancy Lennon, MS, PT; Freeman Miller, MD
8:52 AM – 8:59 AM
I5: LONG-TERM OUTCOMES AFTER DISTAL FEMORAL EXTENSION OSTEOTOMY AND PATELLAR TENDON ADVANCEMENT IN INDIVIDUALS WITH CEREBRAL PALSY
Elizabeth Boyer, PhD; Jean Stout, MS, PT; Jennifer Laine, MD; Sarah Gutknecht, DNP; Lucas Henrique Araujo de Oliveira, MD; Meghan Munger, MPH, CCRC; Michael Schwartz, PhD; Tom Novacheck, MD

9:00 AM – 9:15 AM QUESTIONS AND ANSWERS

9:16 AM – 9:23 AM
I6: WHAT ARE ORTHOPEDIC SURGEONS DOING FOR CHILDREN WITH CEREBRAL PALSY? A UNITED STATES PERSPECTIVE
Chun Wai Hung, MEng; Hiroko Matsumoto, MA, PhDc; Fay Callejo, MPH; Jodie Shea, BS; Brian Snyder, MD, PhD; Joshua Hyman, MD; Joseph Dutkowsky, MD; Meghan Munger, MPH, CCRC; Michael Schwartz, PhD; Tom Novacheck, MD

9:24 AM – 9:31 AM
I7: THE VALUE OF MOTION LAB TRAINING IN THE ORTHOPAEDIC RESIDENCY CURRICULUM
Jason Malone, DO; Jessica Burns, MD; Mohan Belthur, MD, FRCSC, FRCS; Judson Karlen, MD

9:32 AM – 9:39 AM
I8: THE VALIDITY OF PLUG-IN-GAIT MODEL IN MEASURING SEGMENTAL LENGTH
Barry Danino, MD; Sam Khamis, PT

9:40 AM – 9:47 AM
I9: A NOVEL RISK SEVERITY SCORE TO PREDICT PEDIATRIC SPINE SURGICAL SITE INFECTION IN PATIENTS WITH CEREBRAL PALSY RANGES FROM 0.88% TO 23.3%
Hiroko Matsumoto, MA, PhDc; Chun Wai Hung, MEng; Jeannine Franzone, MD; Michael Troy, BS; Brendan Striano, BA; John Flynn, MD; David Skaggs, MD, MMM; Michael Glotzbecker, MD; Michael Vitale, MD, MPH; David Roye, MD

9:48 AM – 9:55 AM
I10: THE EFFECT OF A CO-SURGEON ON OUTCOMES & COST IN CP SPINE SURGERY
Rachel Thompson, MD; Oussama Abousamra, MD; Meryl Ludwig, MD; Freeman Miller, MD; Kirk Dabney, MD; Julieanne Sees, DO, FAOAO

9:56 AM - 10:15 AM QUESTIONS AND ANSWERS

Free Papers J: Early Intervention & Early Motor Assessment
Location: 517CD
8:20 AM – 8:27 AM
J1: FUNCTIONAL CONNECTIVITY OF NEONATAL SOMATOSENSORY EEG NETWORKS PREDICTS TACTILE REACTIVITY AND FINE MOTOR FUNCTION IN EARLY CHILDHOOD
Hemang Shrivastava, PhD; Olena Chorna, MM, MT-BC, CCRP; Nathalie Maitre, MD, PhD

8:28 AM – 8:35 AM
J2: ORAL SENSORIMOTOR INTERVENTION IMPROVES BREASTFEEDING ESTABLISHMENT IN PRETERM INFANTS
Sandra Fucile, PhD; Miona Milutinov, MD; Kimberly Dow, MD, FRCPC

8:36 AM – 8:43 AM
J3: EARLY AMPLITUDE-INTEGRATED ELECTROENCEPHALOGRAPHY IN INFANTS TREATED FOR HYPOXIC-ISCHEMIC ENCEPHALOPATHY IS ASSOCIATED WITH OUTCOME AT 18 TO 24 MONTHS OF AGE
Mohamed Elboraee, MBCh, MSc, PhD; Mosarrat Qureshi, MBBS, FRCP; Ernest Phillips, MBBS, FRCP; Dalal Abdelgadir, MD, FRCP; Amber Reichert, MD, FRCP; Matthew Hicks, MD, PhD, FRCP

8:44 AM – 8:51 AM
J4: NEURO-SENSORY MOTOR DEVELOPMENTAL ASSESSMENT AT 18-24 MONTHS PREDICTS QUALITY OF LIFE AT 3-1/2 TO 5 YEARS
Lynn Boswell, PT, MS; Mary Weck, BS; Mary Kay Santella, BS; Cheryl Patrick, PT, MBA; Annamarie Russow, M. Ed., CCRP; Raye-Ann deRegnier, MD

8:52 AM – 8:59 AM
J5: IMPROVEMENTS FOLLOWING A DAILY INTENSIVE MOTOR LEARNING PROGRAM FOR YOUNG CHILDREN WITH CEREBRAL PALSY
Sarah Hendershot, DPT; Rachel Ferrante, PT, DPT, PCS; Kathy Baranet, DPT; Helen Carey, PT, DHSc, PCS; Jill Heathcock, PhD

9:00 AM - 9:15 AM QUESTIONS AND ANSWERS

9:16 AM – 9:23 AM
J6: THE UTILITY OF THE GENERAL MOVEMENTS ASSESSMENT IN PREDICTING OUTCOMES IN THE NEONATAL SURGICAL POPULATION AT 12 MONTHS OF AGE
Cathryn Crowle, OT; Karen Walker, PhD; Iona Novak, PhD; Claire Galea; Nadia Badawi, PhD, FRACP

9:24 AM – 9:31 AM
J7: GENERAL MOVEMENTS ASSESSMENTS IN THE NEONATAL INTENSIVE CARE UNIT IMPROVES TARGETED NEUROIMAGING AND FOLLOW-UP OF INFANTS AT HIGH-RISK FOR MOVEMENT DISORDERS
Nathalie Maitre, MD, PhD; Mary Ann Nelin, MD; Garey Noritz, MD; Olena Chorna, MM, MT-BC, CCRP; Jennifer Williams, CCRP; Helen Carey, PT, DHSc, PCS; Rachel Petras, PT; Leah Lumbaca, PT; Andrea Guzzetta, PhD, MD

9:32 AM – 9:39 AM
J8: DETAILED SCORING OF GENERAL MOVEMENTS IN HIGH-RISK PRETERM INFANTS IS RELATED TO EARLY BRAIN STRUCTURE AND 2 YEAR OUTCOMES
Colleen Peyton, DPT, PT, PCS; Michael Msall, MD; Michael Schreiber, MD; Christa Einspieler, PhD; Alexander Drobyshevsky, PhD
9:48 AM – 9:55 AM
J10: THE SPECIFIC TEST OF EARLY INFANT MOTOR PERFORMANCE (STEP) PREDICTS BAYLEY OUTCOMES
Patty Coker-Bolt, PhD; Laurell Gower, BS; Hunter Moss; Truman Brown, PhD; Viswanathan Ramakrishnan, PhD; Dorothea Jenkins, PhD

Free Papers K: Upper Extremity
Location: 524AB

K1: BRAIN ACTIVATION DURING UNI- AND BIMANUAL TASKS IN UNILATERAL CEREBRAL PALSY: AN FNIRS STUDY.
Ana Carolina de Campos, PhD; Theresa Moulton, PhD, DPT; Katharine E. Alter, BA, MD; Theodore Huppert, PhD; Diane Damiano, MD
8:28 AM – 8:35 AM

K2: COMBINED TRANSCRANIAL DIRECT CURRENT STIMULATION AND CONSTRAINT-INDUCED MOVEMENT THERAPY INTERVENTION IN CHILDREN WITH UNILATERAL CEREBRAL PALSY: BEHAVIORAL AND NEUROPHYSIOLOGICAL FINDINGS FROM A RANDOMIZED CLINICAL TRIAL.
Bernadette Gillick, PhD, MSPT, PT; Tonya Rich, PhDc, MA, OTR/L; Chao-Ying Chen, PhD; Samuel Nemanich, PhD; Kyle Rudser, PhD; Jeremiah Menk, MS; Marcia Ward, MD; Gregg Meekins, MD; Linda Krach, MD; Timothy Feyma, MD
8:36 AM – 8:43 AM

K3: CLINICAL FACTORS ASSOCIATED WITH RESPONSE TO CONSTRAINT AND/OR BRAIN STIMULATION IN CHILDREN WITH STROKE-INDUCED HEMIPARETIC CEREBRAL PALSY
Jennifer Litzenberger, MD; Hsing-Ching Kuo, PhD, MSc, PT; Alberto Nettel-Aguirre, PhD, PStat; Ephrem Zewdie, PhD; Adam Kirton, MD, MSc, FRCP
8:44 AM – 8:51 AM

K4: SAFETY AND FEASIBILITY OF A SYNERGISTIC NON-INVASIVE BRAIN STIMULATION AND CONSTRAINT-INDUCED MOVEMENT THERAPY CLINICAL TRIAL IN CHILDREN WITH UNILATERAL CEREBRAL PALSY.
Tonya Rich, PhDc, MA, OTR/L; Linda Krach, MD; Chao-Ying Chen, PhD; Samuel Nemanich, PhD; Gregg Meekins, MD; Marcie Ward, MD; Timothy Feyma, MD; Bernadette Gillick, PhD, MSPT, PT
8:52 AM – 8:59 AM

K5: PHYSIOLOGICAL PREDICTORS OF RESPONSE TO CONSTRAINT AND BRAIN STIMULATION IN CHILDREN WITH HEMIPARETIC CEREBRAL PALSY
Hsing-Ching Kuo, PhD, MSc, PT; Jennifer Litzenberger, MD; Alberto Nettel-Aguirre, PhD, PStat; Ephrem Zewdie, PhD; Adam Kirton, MD, MSc, FRCP
9:00 AM – 9:15 AM

9:16 AM – 9:23 AM
K6: UPPER LIMB FUNCTION IN CHILDREN WITH UNILATERAL CEREBRAL PALSY: A FIVE-YEAR FOLLOW-UP STUDY
Klingels Katrinn, PT, MSc, PhD; Sarah Meyer, PT, PhD; Elegast Monbaliu, PhD; Lisa Mailieux, PT, MSc; Cristina Simon-Martinez, PT, MSc; Geert Verbecke, PhD; Guy Molenaers, MD, PhD; Hilde Feys, PT, PhD

9:24 AM – 9:31 AM
K7: FULL-DAY ARM MOVEMENT ACTIVITY ACROSS EARLY INFANCY: UNILATERAL VS. BILATERAL ACTIVITY.
Beth Smith, PT, DPT, PhD; Ivan Trujillo-Priego, MS; Christianne Lane, PhD

9:32 AM – 9:39 AM
K8: CAN INTENSIVE UNIMANUAL AND BIMANUAL MOTOR INTERVENTIONS IMPROVE VISUOSPATIAL PERFORMANCE IN CHILDREN WITH UNILATERAL SPASTIC CEREBRAL PALSY? A RANDOMIZED CONTROLLED TRIAL.
Yannick Bleyenheuff, PhD; Gaetan Ickx, PhD student; Daniela Ebner-Karestinos, PT, PhD student; Julie Paradis, OT, PhD student; Marina Brandao, PhD; Andrew Gordon, PhD; Samar M. Hatem, MD, PhD
9:40 AM – 9:47 AM

K9: DEVELOPMENT OF BIMANUAL PERFORMANCE IN A POPULATION OF YOUNG CHILDREN WITH UNILATERAL OR BILATERAL CEREBRAL PALSY
Gunver Klevberg, OTR/L, MA; Ann-Kristin Elvrum, OTR/L, PhD; Manuela K. Zucknick, PhD; Sonja Elkjær, OTR/L, MA; Sigrid Østensjø, PhD; Lena Krumlinde-Sundholm, OTR/L, PhD; Ingvild Kjeken, OTR/L, PhD; Reidun Jahnson, PT, PhD
9:48 AM – 9:55 AM

K10: THE EFFECTS OF HAND-ARM BIMANUAL INTENSIVE TRAINING (HABIT) IN CHILDREN WITH BILATERAL CEREBRAL PALSY: PRELIMINARY RESULTS OF A RANDOMIZED CONTROLLED TRIAL
Priscilla Figueiredo, MSc; Aline Feitosa, OT, PT; Claudia Teixeira, MSc; Vanessa Guerzoni, OT; Maria Paula Emediata, OT; Marisa Mancini, PhD; Andrew Gordon, PhD; Marina Brandao, PhD
9:56 AM - 10:15 AM QUESTIONS AND ANSWERS

Free Papers L: Movement Disorder, Robotics & Technology
Location: 518AB

L1: A 30-YEAR FOLLOW-UP STUDY AFTER SELECTIVE DORSAL RHIZOTOMY: NEUROMUSCULAR AND FUNCTIONAL STATUS OF ADULTS WITH CEREBRAL PALSY AND BILATERAL LOWER LIMB SPASTICITY
Nelleke Langerak, MSc, PhD; Shane Brassell, BSc; Berendina Egbertine (Nienke) Veerbeek, MSc; Christopher Vaughan, BSc, PhD, DSc; Graham Fieggen, MD FCS; Warwick Peacock, MD, FRCS; Robert Lamberts, PhD
8:28AM-8:35AM

L2: OUTCOME OF CAUDAL LUMBOSACRAL SELECTIVE POSTERIOR RHIZOTOMY IN THE MANAGEMENT OF SPASTIC DIPLEGIA DUE TO CEREBRAL PALSY (A PROSPECTIVE COHORT STUDY IN 35 CHILDREN)
Aniruddh Purohit, MD; Pavan Pelluru, Neurosurgery
8:36 AM – 8:43 AM

L3: AUGMENTING DEEP BRAIN STIMULATION (DBS) WITH A COGNITIVELY BASED APPROACH USING AN N-OF-1 TRIAL WITH REPLICATIONS ACROSS CHILDREN WITH HYPERKINETIC MOVEMENT DISORDERS (HMD)
Hortensia Gimeno, MSc, OT; Richard Brown, PhD; Jean-Pierre Lin, MB ChB, MRCP(UK), PhD; Victoria Cornelius, BSc, PhD; Helene Polatajko, BOT, Med, PhD
9:48 AM – 9:55 AM
10:30 am - 12:00 pm  General Session - 517CD
  Presidential Guest Lecturer - Michael Shevell, MD, CM, FRCP, FAAN, FANA
  If Medicine is a Team Sport, What is the Pediatric Neurologist's Role?
  Chambers Family Lifespan Lecture - Derrick Chung, James Ferdinand, and Frank Gavin
  Parent Panel
  Best Poster Awards - TBA

Mac Keith Press Promising Career Award - TBA

12:00 pm – 1:30 pm  Lunch on your own
12:00 pm – 1:30 pm  Committee Lunch Meetings - 520BCEF
1:30 pm – 5:00 pm  Board of Directors Meeting - 523A
1:30 pm – 3:30 pm  Instructional Courses 28-39

IC28: ADAPTIVE SPORTS AND ACTIVITY TRACKING FOR INDIVIDUALS WITH CEREBRAL PALSY (CP)
  Jennifer Miros, MPT; Sarah Hickey, PT, DPT
  Location: 521BC
  Learning Objectives:
  1. Demonstrate an understanding of how to adapt sports for individuals with CP or other childhood-onset disabilities (COD)
  2. Describe resources and equipment needed to assist with making sports accessible to individuals with CP or other COD
  3. List ways to objectively measure physical activity in participants of an adaptive sports program
  4. Differentiate between the role individual one on one physical therapy, group exercise classes and adaptive sports play as well as identify the role of the therapist, patient, and parent

Location: 522C
  Learning Objectives:
  1. Properly assess patients for depression and utilize validated screening tools
  2. Understand the prevalence of depression in the adult population with CP and potential risk factors
  3. Understand the prevalence of different psychotropic medications being used for adult patients with CP
  4. Understand the difference between multiple antidepressant medications and how to use their individual properties to more precisely target the depressive symptoms of each individual patient

IC30: BEYOND RCTS: PRODUCING HIGH LEVEL EVIDENCE USING SINGLE CASE EXPERIMENTAL DESIGN TRIALS
  Peter Rosenbaum, MD, FRCP; Helene Polatajko, BOT, MEd, PhD; Lynne Romeiser-Logan, PT, PCS, PhD; Hortensia Gimeno, MSc, OT
  Location: 514AB
  Learning Objectives:
  1. Identify the limitations of RCTs
  2. Understand the basics of SCED methodology
  3. Encourage audience participation and discussion
  4. Leave participants with a toolkit to apply SCED
IC31: CLINICAL TOOLS FOR ASSESSMENT OF SELECTIVE VOLUNTARY MOTOR CONTROL IN PATIENTS WITH SPASTIC CEREBRAL PALSY: SELECTIVE CONTROL ASSESSMENT OF THE LOWER EXTREMITY (SCALE) AND TEST OF ARM SELECTIVE CONTROL (TASC)
Marcia Greenberg, MS, PT; Loretta Staudt, MS, PT; Theresa Moulton, PhD, DPT; Kristin Krosschell, PT, DPT, PCS
Location: 514C
Learning Objectives:
1. Become familiar with the purpose, content and administration of SCALE and TASC clinical tools for evaluation of SVMC
2. Develop skill in scoring of SCALE and TASC
3. Increase knowledge of the literature, clinical relevance and research regarding SVMC
4. Understand the role of SVMC assessment in clinical decision-making, research and evidence-based practice

IC32: HIP SURVEILLANCE AND MANAGEMENT IN PRACTICE: FROM INITIATION OF SURVEILLANCE TO SURGERY AND BEYOND
Pamela Thomason, MPT; Kate Willoughby, B Physio, D Physio; Maureen O’Donnell, MD, MSc, FRCPC; Vedant Kulkarni, MD; Abhay Moulton, PhD, DPT; Kristin Krosschell, PT, DPT, PCS
Location: 516A
Learning Objectives:
1. Describe the epidemiology of hip displacement and its relation to gross motor function
2. Be familiar with the evidence for hip surveillance and with the clinical guidelines available to support its implementation, including the newly developed AACPDM Care Pathway
3. Become aware of potential barriers to hip surveillance and strategies to overcome such barriers, and develop confidence in applying guidelines for hip surveillance in clinical practice
4. Describe the evidence for non-surgical and surgical approaches to managing hip displacement

IC33: NEURO-ORTHOPAEDIC JOURNAL CLUB: TOP 10 ARTICLES IN THE LAST YEAR RELATING TO THE ORTHOPAEDIC MANAGEMENT OF CHILDREN WITH NEUROMUSCULAR DISORDERS
Benjamin Shore, MD, MPH, FRCSC; Jon Davids, MD; Jill Larson, MD
Location: 516D
Learning Objectives:
1. Introduction to a standardized format for the critical analysis of scientific articles from the medical literature
2. Be familiar with the most significant recent advances in the orthopaedic management of children with neuromuscular disorders
3. Incorporate new techniques and technologies into clinical practice
4. Appreciate current research trends in this area and be inspired to make a contribution to the body of knowledge

IC34: PAIN ASSESSMENT WITHOUT BORDERS: KEEPING CHRONIC PAIN ASSESSMENT AT THE FOREFRONT OF CARE FOR CHILDREN WITH CEREBRAL PALSY
Ashleigh Townley, MA; Chantel Barney, PhD; Jean Stout, MS, PT; Jean Stansbury, APRN, CNP, CHPPN; Meagan Crary, APRN, FNP
Location: 522AB
Learning Objectives:
1. Be familiar with the Chronic Pain Assessment Toolbox for Children with Disabilities and understand how it can be tailored to new settings
2. Understand the process of integrating a new practice into a clinical setting using the train-the-trainer model and the knowledge-to-action cycle
3. Understand the clinical impact and feasibility of conducting thorough and systematic chronic pain assessments
4. Understand the benefits of streamlining knowledge translation, patient care, and research efforts while also maximizing collaborations between hospitals

IC35: STEPPING INTO THE ARENA: NEUROPLASTICITY IN CHILDREN AND ADULTS WITH CEREBRAL PALSY
Kathleen Friel, PhD; Bernadette Gillick, PhD, MSPT, PT; Yannick Bleyenheuft, PhD; Andrew Gordon, PhD
Location: 524C
Learning Objectives:
1. Define the main factors that drive neuroplasticity in people with cerebral palsy (CP)
2. Recognize the main methods, feasibility, and limitations of measuring neuroplasticity in people with CP
3. Understand how neuroplasticity impacts function in people with CP
4. Demonstrate understanding of the key elements for designing a study that examines neuroplasticity

This presentation contains results from a project funded by a Cerebral Palsy Alliance Research Grant.

IC36: SUPPORTING THE MENTAL HEALTH OF MOTHERS OF CHILDREN WITH A DISABILITY: BUILDING THE CAPACITY OF HEALTH PROFESSIONALS AND EARLY INTERVENTION SERVICES
Elise Davis, PhD; Dinah Reddihough, MBBS; Kim-Michelle Gilson, MPsych, PhD; Susan Brunton
Location: 518C
Learning Objectives:
1. Understand the mental health care needs of mothers of children and young people with a disability along with their preferences for support
2. Understand and discuss the challenges for health professionals to support the mental health and wellbeing of mothers of children with a disability
3. Describe a range of strategies to build the capacity of health professionals and service providers to better support mothers’ mental health
4. Examine the feasibility of implementing strategies to support mothers’ mental health in the participants’ own settings
IC37: TREADMILL PROTOCOLS ACROSS AGES AND STAGES: A FRESH LOOK AT DOSAGE
Katrin Mattern-Baxter, PT, DPT, PCS; Julia Looper, PhD, PT; Kristie Bjornson, PT, PhD, MS; Noelle Moreau, PT, PhD

Location: 516B

Learning Objectives:
1. Describe the theoretical and neuroplastic mechanisms behind infant treadmill protocols
2. Describe the available evidence on treadmill training in pre-ambulatory children with CP and neuromotor impairment
3. Describe muscle performance impairments in children with CP and the implications for treadmill training
4. Describe implementation and outcomes of short-burst interval treadmill training in ambulatory children with CP

IC38: ULTRASOUND GUIDED INJECTIONS USING ALCOHOL AND PHENOL IN SPASTICITY MANAGEMENT
David Cancel, MD; Monika Desai, MD; Kyle Menze, DO

Location: 515AB

Learning Objectives:
1. Provide an evidence based background on the use of Ultrasound guided imagery in spasticity management
2. Discuss the evidence based benefits of alcohol/phenol in spasticity management
3. Demonstrate Ultrasound guided injection localization techniques for selected muscles and nerves
4. Employ these techniques in their spasticity management practice with improved patient care, function and quality of life

IC39: WHEN SPASTICITY AND DYSTONIA CO-EXIST: RE-THINKING CP MOTOR CLASSIFICATION AND MEASUREMENT
James Rice, MD; Adrienne Harvey, PhD; Felicity Baker, BPhty; Kirsty Stewart, OT, DHSc

Location: 518AB

Learning Objectives:
1. Understand the current range of tools used to classify motor type and measure dystonia in CP in clinical and CP register settings
2. Identify gaps in motor classification in CP related to the picture of mixed tone and strategies to account for this
3. Be familiar with the use of the Hypertonia Assessment Tool (HAT) as part of a toolkit in identifying different tone patterns in clinical settings
4. Participate in discussion on the pros and cons for changes to motor classification systems in CP
SP 1: DURATION AND EFFICACY OF REPEAT SALIVARY GLAND ONABOTULINUM TOXIN-A INJECTION: A RETROSPECTIVE COHORT STUDY
Hannah Shoyal, MD; Jared Levin, MD; Kathleen Friel, PhD; Heakyung Kim, MD

SP 2: EFFICACY AND NEGATIVE OUTCOME PROFILE OF SINGLE EVENT MULTILEVEL ONABOTULINUMTOXIN A INJECTIONS FOR SIALORRHEA AND SPASTICITY IN PEDIATRIC PATIENTS WITH CEREBRAL PALSY
Hannah Shoyal, MD; Jared Levin, MD; Kathleen Friel, PhD; Heakyung Kim, MD

SP 3: SEVERITY OF CEREBRAL PALSY AND INCIDENCE OF ADVERSE EVENTS FOLLOWING BOTULINUM TOXIN A INJECTIONS
Karen Bau, PT; Caitlyn Swinney, BSc; Karen Burton, PhD, BPsych; Stephen O’Flaherty, MB, ChB, FRACP, FAFRM; Simon Paget, MAMBB

SP 4: ABOBOTULINUMTOXINA INJECTION IN MUSCLES OUTSIDE THE GASTROCNEUMIUS-SOLEUS COMPLEX IN PEDIATRIC PATIENTS WITH LOWER LIMB SPASTICITY
Mauricio Delgado, MD; Ann Tilton, MD; Mark Gormley, MD; Philippe Picaut, PharmD; Daniel Snyder, PhD

SP 5: TREATMENT OF PEDIATRIC IDIOPATHIC TOE WALKING WITH AND WITHOUT BOTULINUM TOXIN AND ANKLE FOOT ORTHOSIS.
Shamiln Jadhav; Supreet Deshpande, MD; Mark Gormley, MD

SP 6: UPPER LIMB THREE-DIMENSIONAL MOTION ANALYSIS: A COMPARISON BETWEEN CHILDREN WITH UNILATERAL CEREBRAL PALSY AND TYPICALLY DEVELOPING CHILDREN USING STATISTICAL PARAMETRIC MAPPING
Cristina Simon-Martinez, PT, MSc; Lisa Mailleux, PT, MSc; Ellen Jaspers, PT, MSc, PhD; Els Ortibus, MB, ChB, PhD; Kaat Desloovere, PT, MSc, PhD; Hilde Feys, PT, PhD; Katrijn Klingels, PT, MSc, PhD

SP 7: BALANCE EVALUATION SYSTEMS TEST (BESTEST) AND THE MINI-BESTEST: REPRODUCIBILITY IN SCHOOL-AGED CHILDREN
Rosalee Dewar, BA; Leanne Johnston, PhD, PT; Andrew Claus, PhD; Kylie Tucker, PhD; Robert Ware, PhD

SP 8: HOW DOES HEMISPHERECTOMY AFFECT GAIT?
Amy Bodkin, PT, PhD, PCS; Alexis Gerk, BS; Richard Pimentel, MS; Zhaoying, MB, PhD; James Carollo, PhD, PE; Frank Chang, MD

SP 9: ACCURACY OF ACTIVITY MONITORS FOR MEASURING WALKING ACTIVITY IN AMBULATORY CHILDREN WITH CEREBRAL PALSY
Debra Sala, MS, PT; Helyn Grissom, BA; Edward DelSole, MD; Mary Lynn Chu, MD; David Godfried, MD; Mara Karamitopolou, MD; Surjya Bhattacharya, MS; Alice Chu, MD

SP 10: INTERACTION BETWEEN CLINICAL ASSESSMENT OF HAMSTRING SPASTICITY AND ADAPTATIONS IN WALKING KINEMATICS IN CHILDREN WITH DIPLEGIC CEREBRAL PALSY
Gregor Kuntze, PhD; Gina Ursulak, PT; Ion Robu, MSc; Nicole Bowal; Amanda Beaudin, BScPT, BScKin; Simon Goldstein, MD, FRCS, CCPE; Carolyn Emery, PT, PhD

SP 11: A PRELIMINARY EVALUATION OF GAIT CHANGES AFTER ORTHOPAEDIC SURGERY IN ADOLESCENTS WITH CHARCOT-MARIE-TOOTH
Kristan Pierz, MD; Kelly Pogemiller, PT, DPT; Gyula Acsadi, MD, PhD; Sylvia Ounpuu, MSc

SP 12: THE GAIT OUTCOMES ASSESSMENT LIST (GOAL): RESPONSIVENESS TO CHANGE IN GAIT FUNCTION FOR CHILDREN WITH CEREBRAL PALSY.
Pamela Thomason, MPT; H Kerr Graham, MD, FRCS(Ed), FRACS

SP 13: ‘TRAVELS’ IMPAIRMENTS PREDICT GROSS MOTOR FUNCTION AND PARTICIPATION OF SCHOOL-AGED CHILDREN WITH ACHONDROPLASIA
Charlotte Kiemann, PT; Leanne Johnston, PhD, PT; Claire Topfer, PT; Penny Ireland, PhD, PT

SP 14: BODY STRUCTURE, FUNCTION, ACTIVITY AND PARTICIPATION IN PRESCHOOL AGED CHILDREN BORN PRETERM. A SYSTEMATIC REVIEW AND META-ANALYSIS USING THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH FRAMEWORK.
Tara Fitzgerald, PT; Amanda Kwong, PT; Jeannie Cheong, MD; Jennifer McGinley, PhD, PT; Lex Doyle, MD, BS, MSc, FRACP; Alicia Spittle, PhD

SP 15: MEASURING NEUROPLASTICITY IN CEREBRAL PALSY: WHAT COHORT SIZES ARE NEEDED FOR MR IMAGING?
Alex Pagnozzi, BEng; Lee Reid, BSc; Roslyn Boyd, PhD, PT; Stephen Rose, PhD

SP 16: OUTCOME OF SELECTIVE MOTOR FASICULOTOMY IN THE MANAGEMENT OF LOWER LIMB SPASTICITY DUE TO CEREBRAL PALSY (A PROSPECTIVE COHORT STUDY IN 23 CHILDREN)
Pavan Pellaru, MD; Aniruddh Purohit, MD

SP 17: BRAINSTEM AND PERI-ROLANDIC INJURY AFFECTS THE PRACTICAL WAY OF FEEDING AMONG THE CHILDREN WITH CEREBRAL PALSY DUE TO BASAL GANGLIA AND THALAMIC INJURY
Yukihiro Kitai, MD; Hiroshi Arai, MD; Satori Hirai, MD; Kayo Ohmura, MD; Kaeko Ogura, MD

SP 18: THE SEQUENCE OF SURGICAL MANAGEMENT OF CONCOMITANT SCOLIOSIS AND HIP DYSPLASIA IN CHILDREN WITH CEREBRAL PALSY: A DELPHI EXPERT OPINION SURVEY
Jill Larson, MD; Vineeta Swaroop, MD; John Grayhack, MD

SP 19: BIOMECHANICAL COMPARISON OF TWO DIFFERENT BLADE PLATE DESIGNS IN SIMULATED PROXIMAL FEMORAL VARUS OSTEOTOMIES
Joseph Ruzbarsky, MD; Ishaan Swarup, MD; Matthew Garner, BS, MD; Kathleen Meyers, MS; Folorunsho Edobor-Osula, MD; Roger Widmann, MD; David Scher, MD

SP 20: CERVICAL SPINAL STENOSIS IN ADULTS WITH CEREBRAL PALSY – A HIDDEN EPIDEMIC?
Chun Wai Hung, MEng; Daniel Linhares, MD; Hiroko Matsumoto, MA, PhDc; Daniel Linhares, MD; Hiroko Matsumoto, MD; Kaeko Ogura, MD

SP 21: EFFECT OF A MINIMALLY INVASIVE, LOW COST, SINGLE EVENT MULTILEVEL MUSCULOSKELETAL SURGERY ON GROSS MOTOR FUNCTION AND MOBILITY IN CHILDREN WITH DYSKINETIC CEREBRAL PALSY
Deepak Sharan, MD; Joshua Samuel Rajkumar, BPT, MPT; Rajarajeshwari Balakrishnan, BPT, MPT
SP 22: RADIATION PROPHYLAXIS FOR HIP SALVAGE SURGERY IN CEREBRAL PALSY – CAN WE REDUCE THE INCIDENCE OF HETEROTOPIC OSSIFICATION?
Eric Davis, BS; Kathryn Williams, MS; Travis Matheney, MD; Karen Marcus, MD; Brian Snyder, MD, PhD; Benjamin Shore, MD, MPH, FRCSC

SP 23: POSTURAL MANAGEMENT TO REDUCE OR PREVENT HIP MIGRATION IN CHILDREN WITH CEREBRAL PALSY: A SYSTEMATIC REVIEW
Christiaan Gmelig Meyling, MSc; Marjolijn Ketelaar, PhD; Marie-Anne Kuiper, MD; Jeanine Voorman, MD, PhD; Annemieke Buizer, MD, PhD

SP 24: FACTORS INFLUENCING OUTCOMES AFTER MEDIAL HAMSTRING LENGTHENING WITH SEMITENDINOSUS TRANSFER IN PATIENTS WITH CEREBRAL PALSY
Hyun Choi, MD; Ki Hyuk Sung, MD; Chin Youb Chung, MD; Kyoung Min Lee, MD; Jaeyoung Kim, MD; Sangyeop Shin, MD; Sungjin Kim, MD; Moon Seok Park, MD

SP 25: IMPLEMENTATION OF A HIP SURVEILLANCE CARE ALGORITHM FOR CEREBRAL PALSY: A QUALITY IMPROVEMENT PROJECT
Jilda Vargus-Adams, MD, MSc; Sean Jameson, BA; Doug Kinnett, MD

SP 26: LONG-TERM GAIT OUTCOMES FOLLOWING CONSERVATIVE MANAGEMENT OF IDIOPATHIC TOE WALKING
Karen Davies, BA, BHSc, MSc; Lisa Holsti, BSR, PhD; Michael Hunt, BHK, MPT, MSc, PhD; Christine Alvarez, BSc, MSc, MD; Richard Beauchamp, MD; Alec Black, MSc

SP 27: LONG-TERM OUTCOME FOR >10 YEARS AFTER FEMORAL DEROTATION OSTEOTOMY IN AMBULATORY PATIENTS WITH CEREBRAL PALSY
Ki Hyuk Sung, MD; Soon-Sun Kwon, PhD; Chin Youb Chung, MD; Kyoung Min Lee, MD; Jaeyoung Kim, MD; Sangyeop Shin, MD; Hyun Choi, MD; Sungjin Kim, MD; Moon Seok Park, MD

SP 28: DEVELOPMENT AND APPLICATION OF A MOBILE APPLICATION FOR THREE-DIMENSIONAL RECONSTRUCTION OF FEMUR IMAGES FROM TWO UNCALIBRATED RADIOGRAPHS
Kiboom Youn, BS; Jehee Lee, PhD; Jaeyoung Kim, MD; Sangyeop Shin, MD; Moon Seok Park, MD

SP 29: THE INCREASE OF ANTERIOR PELVIC TILT AFTER CROUCH GAIT TREATMENT IN CEREBRAL PALSY
Mauro Morais Filho, MD, MSc; Francesco Blumetti, MD, MSc, PhD; Catia Kawamura, PT; Jaqueline Leite, MD; Marcelo Fujino, MD; José Augusto Lopes, MSc; Daniella Neves, MD

SP 30: REDUCTION OF INTERNAL HIP Rotation DURING GAIT IN CEREBRAL PALSY AFTER SEMLS – IS IT POSSIBLE WITHOUT THE USE OF FEMORAL DEROTATIONAL OSTEOTOMY?
Mauro Morais Filho, MD, MSc; Francesco Blumetti, MD, MSc, PhD; Catia Kawamura, PT; José Augusto Lopes, MSc; Cassio Luis Ferreira Junior, MD; Marcelo Fujino, MD; Daniella Neves, MD

SP 31: LONG-TERM OUTCOMES FOLLOWING HIP RECONSTRUCTIVE SURGERY IN CHILDREN WITH CEREBRAL PALSY
Reggie Hamdy, MD; Noemi Dahan-Oliel, PhD, MSc, OT; Souad Rhalmi, MSc; Kathleen Montpetit, MSc, OT; Alexandra de Almeida Vicente, MSc; Sylvie Thibault, BSc

SP 32: FATE OF STABLE HIP AFTER PROPHYLACTIC FEMORAL VARIZATION OSTEOTOMY IN PATIENTS WITH CEREBRAL PALSY
Sangyeop Shin, MD; Ki Hyuk Sung, MD; Chin Youb Chung, MD; Kyoung Min Lee, MD; Jaeyoung Kim, MD; Hyun Choi, MD; Sungjin Kim, MD; Moon Seok Park, MD

SP 33: A PROSPECTIVE STUDY OF PAIN PRE- AND POST-INTRATHecal BACLOFEN PUMP IMPLANT IN CHILDREN WITH CEREBRAL PALSY
Chantel Barney, PhD; Alyssa Mermber, MA; Kristin Frenn, MPH; Jean Stansbury, APRN, CNP, CHPPN; Linda Krach, MD; Michael Partington, MD; Patrick Graupman, MD; Peter Kim, MD, PhD; Debbie Song, MD; Frank Symons, PhD

SP 34: ENHANCED PERIOPERATIVE PAIN MANAGEMENT IN CHILDREN WITH DISABILITIES UNDERGOING LOWER EXTREMITY ORTHOPEDIC SURGERY: DOES THE ADDITION OF STEROIDS PROLONG THE EFFECTIVENESS OF REGIONAL BLOCKS?
Francisco Valencia, MD; Peter Lichtenthal, MD; Helen Chan, MD

SP 35: STANDARDIZED CLINICAL ASSESSMENT OF CHRONIC PAIN IN CHILDREN AND ADULTS WITH INTRATHECAL BACLOFEN PUMPS
Jean Stansbury, APRN, CNP, CHPPN; Meagan Crary, APRN, FNP; Linda Bangert, RN; Jill Root, APRN, CNP; Kelly Bolf, APRN, CNP; Krissa Jefferis, APRN, CPNP; Steven Koop, MD; Chantel Barney, PhD

SP 36: USE OF A PAIN-COPING ASSESSMENT TO ENHANCE UNDERSTANDING OF PAIN IN INDIVIDUALS WITH DISABILITIES
Jean Stout, MS, PT; Rocio Riveros-Charry, PT; Sue Sohrweide, PT; Katie Walt, PT, DPT; Tom Novacheck, MD; Steven Koop, MD; Chantel Barney, PhD

SP 37: CORRELATION OF SPASTICITY AND PAIN IN ADULTS AND ADOLESCENTS WITH CEREBRAL PALSY
Megan Flanigan, MD; Deborah Gaebler-Spira, MD; Christina Marciniak, MD; Masha Kocherginsky, PhD

SP 38: PARTICIPATION AND GOAL-ORIENTED METACOGNITIVE INTERVENTION AND SELF-EFFICACY IN CHILDREN AND YOUTH WITH DYSTONIA AND OTHER HYPERKINETIC MOVEMENT DISORDERS
Adity Roy, OT; Simran Mann, OT; Helene Polatajko, OT, MEd, PhD; Hortensia Gimeno, OT

SP 40: EAT, SLEEP, PLAY, CONNECT - PARTICIPATION OUTCOME MEASURES FOR INFANTS BIRTH TO TWO YEARS: A SYSTEMATIC REVIEW.
Chelsea Mobbs, PT; Alicia Spittle, PhD; Leanne Johnston, PhD, PT

SP 41: ENABLING PHYSICAL ACTIVITY PARTICIPATION FOR CHILDREN AND YOUTH WITH DISABILITIES: A KNOWLEDGE-TO-ACTION APPROACH
Claire Willis, BExSc; Sonya Girdler, PhD; Siobhan Reid, PhD; Astrid Nyquist, PhD; Reidun Jahnsen, PT, PhD; Michael Rosenberg, PhD; Catherine Elliott, PhD

SP 42: THE IMPACT OF INITIAL POWER MOBILITY ON FUNCTIONAL INDEPENDENCE AND PARTICIPATION
Doreen Novax, AS; Molly Beslin, BS; Michael Sussman, MD

SP 43: EXERCISE INTERVENTIONS IMPROVE GROSS MOTOR FUNCTION IN SCHOOL-AGED CHILDREN WITH CEREBRAL PALSY: A SYSTEMATIC REVIEW.
Georgina Clutterbuck, PT; Leanne Johnston, PhD, PT; Megan Auld, PhD, PT
SP 44: INVESTIGATION OF SENSORY PROCESSING SKILLS IN PRETERM AND TERM INFANTS
Halil Ibrahim Çelik, MSc; Bülent Elbasan, PhD; Kivlicim Gucuyener, MD; Hulya Kayihan, MD; Meral Huri, PhD

SP 45: WHAT DOES THE FINISH LINE LOOK LIKE? A THEMATIC ANALYSIS OF DESIRED END-OF-TREATMENT SCENARIOS IN CLIENT-IDENTIFIED GOALS
Jennifer Angeli, DPT, PhD; Karen Harpster, PhD, OTR/L; Elizabeth Hanson, SPT; Sarah Schwab, SPT

SP 46: CHANGES IN PROBLEM SOLVING, READINESS FOR ADVOCACY, AND PARTICIPATION: COMPARING AN ENVIRONMENT-FOCUSED INTERVENTION WITH GOAL SETTING ONLY FOR TRANSITION AGE YOUTH WITH DEVELOPMENTAL DISABILITIES.
Jessica Kramer, PhD; I-Ting Hwang, MSOT; Christine Helfrich, PhD; Preethy Samuel, PhD; Melissa Levin, MSW; Ann Carrellas, LMSW; Aleksandrina Goeva, MA; Su Yang, MS

SP 47: THE USE OF TENS WITH ADOLESCENTS AND ADULTS WITH CHILDHOOD-ONSET CONDITIONS
Laura Gueron, DPT

SP 48: THE HAMMERSMITH INFANT NEUROLOGICAL EXAMINATION (HINE) ASYMMETRY SCORE IMPROVES DETECTION OF HEMIPLEGIC CEREBRAL PALSY (CP) IN INFANTS UNDER 2
Mary Ann Nelin, MD; Olena Chorna, MM, MT-BC, CCRP; Krystal Hay, DPT; Domenico Romeo, PhD; Nathalie Maître, MD, PhD

SP 49: EFFECTIVENESS OF AQUATIC THERAPY INTERVENTIONS IN THE MANAGEMENT OF CHILDREN WITH CEREBRAL PALSY: A SYSTEMATIC REVIEW
Melanie Valle, DPT; Andrea Vo, DPT; Howe Liu, MPT, PhD, MS, MD; Yasser Salem, PT, MS, PhD, NCS, PCS

SP 50: MUSCLE TONE MEASURES FOR CHILDREN AGED 0 TO 12 YEARS: A SYSTEMATIC REVIEW
Miran Goo, BS; Kylie Tucker, PhD; Leanne Johnston, PhD, PT

SP 51: TASK-SPECIFIC GROSS MOTOR SKILLS TRAINING FOR AMBULANT SCHOOL AGED CHILDREN WITH CEREBRAL PALSY: A SYSTEMATIC REVIEW
Rachel Tovey, MPH, PT; Charmaine Bernie, OT; Adrienne Harvey, PhD; Jennifer McGinley, PhD, PT; Alicia Spittle, PhD

SP 52: THE EFFECTS OF TREADMILL TRAINING IN CHILDREN WITH CEREBRAL PALSY: A SYSTEMATIC REVIEW
Ricardo Rodrigues de Sousa, PT; Priscilla Figueiredo, MSc; Claudia Teixeira, MSc; Ludmila Venturi França, PT undergraduate student; Marina Brandao, PhD

SP 53: EVALUATION OF AGE-RELATED CHANGES AND NORMATIVE VALUES OF MEASURES OF PHYSICAL EXAMINATION FOR ASSESSING ADOLESCENTS AND ADULTS WITH CEREBRAL PALSY
Sangyeop Shin, MD; Ki Hyuk Sung, MD; Chin Youb Chung, MD; Kyoung Min Lee, MD; Seung Jun Moon, MD; Hyun Choi, MD; Sungjiun Kim, MD; Moon Seok Park, MD

SP 54: DIFFERENCES IN BODY COMPOSITION ACCORDING TO GROSS MOTOR FUNCTION IN CHILDREN WITH CEREBRAL PALSY
Sungjiun Kim, MD; Ki Hyuk Sung, MD; Chin Youb Chung, MD; Kyoung Min Lee, MD; Seung Jun Moon, MD; Sangyeop Shin, MD; Hyun Choi, MD; Moon Seok Park, MD

SP 55: IS OXYGEN COST STABLE ACROSS THREE SELF-SELECTED WALKING SPEEDS IN AMBULANT YOUTH WITH CEREBRAL PALSY AT GMFCS LEVELS I, II AND III?
Margaret O’Neil, PhD, PT; Nancy Lennon, MS, PT; Maria Fragala-Pinkham, PT, DPT; Stewart Trost, PhD

SP 56: PEDI-CAT: CROSS-CULTURAL VALIDATION FOR CHILDREN IN THE NETHERLANDS
Marijlin Ketelaar, PhD; Nynke Bos, MSc; John Stins, PhD; Annet Dallmeijer, PhD

SP 57: CONCURRENT VALIDITY OF THE BAYLEY COGNITIVE SUBTEST AND EARLY PROBLEM SOLVING INDICATOR IN INFANTS WITH NEUROMOTOR IMPAIRMENTS
Tanya Tripathi, PT; Lin Ya Hsu, PhD; Natalie Koziol, PhD; Gullnar Syed, BS; Stacey Dusing, PhD, PT, PCS

SP 58: OCCUPATIONAL AND PHYSICAL THERAPY INTERVENTIONS FOR CHILDREN WITH CENTRAL HYPOTONIA
Ginny Paleg, DScPT; Roslyn Livingstone, MSc(RS) OT; Mark Ramnass, MD

SP 59: CORTICAL/CEREBRAL VISUAL IMPAIRMENT (CVI) IS ASSOCIATED WITH LOCALIZED PATTERNS OF DECREASED CORTICAL GYRIFICATION
Corrina Bauer, PhD; Emma Bailin; D. Luisa Mayer, PhD; Darick Wright, CLVT/COMS, MS; Barry Kran, OD, FAAO; Lotfi Merabet, OD, PhD, MPH

SP 60: VISUAL IMPAIRMENT IN INFANTS WITH BRAIN LESIONS: FROM EARLY DETECTION TO EARLY INTERVENTION
Daniela Ricci, MD; Giovanni Baranello, MD; Francesca Gallini, MD; Domenico Romeo, PhD; Maria Petrianni, Ort; Sabrina Crisafulli, Ort; Lorenzo Orazi, MD; Filippo Maria Amore, MD; Eugenio Mercuri, MD

SP 61: SIBLING UMBILICAL CORD BLOOD INFUSION IS SAFE IN CHILDREN WITH CEREBRAL PALSY
Jessica Sun, MD; Mohammad Mikati, MD; Jesse Troy, PhD, MPH; Colleen McLaughlin, DNP; Joan Jasien, MD; Laura Case, PT, DPT, MS, PCS, C/NDT; Gordon Worley, MD; Joanne Kurtzberg, MD

SP 62: VALIDATING RISK ASSESSMENTS THAT DETERMINE VULNERABILITY FOR CHOKING AND PNEUMONIA IN ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITY
Justine Sheppard, PhD, CCC-SLP, BCS-S; Michelle Troche, PhD, CCC-SLP; Avinash Mishra, PhD, CCC-SLP; Georgia Malandraki, PhD, CCC-SLP, BCS-S

SP 63: PROMPT REFERRAL FOR DIAGNOSIS OF CEREBRAL PALSY: FROM CURRENT-PRACTICES TO BEST-PRACTICES.
Zachary Boychuck, OT, MSc; John Andersen, MD; André Bussieres, DC, FCCS (C), PhD; Darcy Fehlings, MD, MSc, FRCPC; Adam Kirton, MD, MSc, FRCPC; Maryam Oskoui, MD, MSc, FRCPC, FAAN; Charo Rodriguez, MD, PhD; Michael Shevell, MD, CM; Laurie Snider, PhD, MA, OT; Annette Majnemer, PhD, OT

SP 64: COMPARISON OF VIDEOFUOROSCOPIC SWALLOWING STUDY AND RADIONUCLIDE SALIVAGRAM FOR ASPIRATION PNEUMONIA IN CHILDREN WITH SWALLOWING DIFFICULTY
Eun Jee Ke, MD; Go Eun Kim, MD; In Young Sung, MD, PhD; Eui Soo Joeng, MD
SP 65: ASSOCIATED IMPAIRMENTS AMONG CHILDREN WITH CEREBRAL PALSY IN RURAL BANGLADESH: FINDINGS FROM THE BANGLADESH CEREBRAL PALSY REGISTER (BCPR)
Gulam Khandaker, PhD, FAFPHM; Tasneem Karim, MBBS, MPH; Mohammad Muhit, MBBS, MSc, PhD; Hayley Smithers-Sheedy, PhD; Cheryl Jones, PhD, FRACP; Iona Novak, PhD; Nadia Badawi, PhD, FRACP

SP 66: KEYS TO EFFECTIVE JOB MATCHING FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES
Andrew Persch, PhD, OTR/L, BCP; Amy Darragh, PhD, OTR/L, FAOTA; Dennis Cleary, OTD, MS, OTR/L

SP 67: ONLINE PEER MENTORSHIP PROGRAMS FOR CHILDREN AND YOUTH WITH NEURODEVELOPMENTAL DISABILITIES AND THEIR CAREGIVERS: A SCOPING REVIEW
Keiko Shikako-Thomas, PhD, OT; Annette Majnemer, PhD, OT; Annahita Ehsan, MSc; Christina Sooklall, BS; Katrina Cherney, BA, MSW

SP 68: CONNECTING: THE PARENTING EXPERIENCES OF FATHERS OF CHILDREN WITH NEURODISABILITIES
Aline Bogossian, MSW; Lucyna Lach, MSW, PhD; David Nicholas, RSW, PhD; Ted McNeill, RSW, PhD

SP 69: THE ‘TRUE’ PREVALENCE AND RISK FACTORS OF DEPRESSION IN ADULTS WITH CEREBRAL PALSY
Daniel Linhares, MD; Chun Wai Hung, MEng; Hiroko Matsumoto, MA, PhDc; Justin Kung; Fay Callejo, MPH; Heakyung Kim, MD; Joshua Hyman, MD; David Roye, MD; Joseph Dutkowsky, MD

SP 70: THE ASSOCIATION BETWEEN THE ADAPTIVE BEHAVIOURS, PERSONAL FACTORS AND PARTICIPATION OF CHILDREN WITH AND WITHOUT A HISTORY OF PRETERM BIRTH
Hazel Killeen, PhD; Agnes Shiel, PhD; Mary Law, PhD; Dana Anaby, PhD

SP 71: ON THE NATURE OF SPACE PERCEPTION IN CHILDREN WITH CEREBRAL PALSY: A DEFICIT OF HEMINEGLECT OR EXECUTIVE FUNCTION?
Marie Aisamour, MSc; Vincenza Montedoro, MSc; Anne Renders

SP 72: DEVELOPMENT AND SENSIBILITY EVALUATION OF THE MUSCULAR DYSTROPHY CHILD HEALTH INDEX OF LIFE WITH DISABILITIES QUESTIONNAIRE
Roni Propp, BSc; Shannon Weir, BSc, MSc; Clarissa Encisa, BSc; Aileen Davis, PhD; Laura McAdam, MD, MSc, FRCPC; Nancy Salbach, PT, PhD; Unni Narayanan, MBBS, MSc, FRCS(C)
DP 1: ACUTE FLACCID PARALYSIS: A NEW CHALLENGE IN CHILDHOOD DISABILITY
Hana Azizi, MD; Kyle Menze, DO; Renat Sukhov, MD, FAAPMR, PRM; Joan Gold, MD

DP 2: RISK FACTORS ASSOCIATED WITH CEREBRAL PALSY IN A MEXICAN COMMUNITY
Fabiola Barrón, MD; Francisco Guzman, MD; Hector Riquelme, MD; Mario Coronado; Consuelo Ibara; Guadalupe Limón

DP 3: SAFE ADMINISTRATION OF ORAL BACLOFEN IN PATIENTS WITH CEREBRAL PALSY
Lucia Bastianelli, MSN; David Fogelman, MD

DP 5: INTEGRATING ETHICS IN PAEDIATRIC TO ADULT TRANSITIONAL CARE PROGRAMS FOR YOUTH WITH NEURODISABILITIES: EXPLORING THE NEED FOR A CLINICAL GUIDANCE TOOL
Aline Bogossian, MSW; Jan Willem Gorter, MD, PhD, FRCPC; Eric Racine, PhD

DP 6: THE ENDURING EFFECTS OF CONGENITAL HEART DEFECT ON STRUCTURAL BRAIN DEVELOPMENT: A SYSTEMATIC REVIEW.
Marie-Eve Bolduc, MSc; Jill Boruff, MLIS; Sylviya Ganeshamoorthy, BSc student; Marie Brossard-Racine, PhD

DP 7: DESIGN AND COLLABORATION: BUILDING THE BOT FAMILY
Mackenzie Brown, DO; Morozova Olga, MD; Sarah Evans, MD

DP 8: DEVELOPMENT OF A PEDIATRIC UPPER LIMB SPASTICITY HOME EXERCISE PROGRAM FOR USE IN A PHASE III STUDY OF ABOBOTULINUMTOXINA
Heather Roberts, OTR, PhD; Angela Shierk, OTR PhD; Mauricio Delgado, MD; Claire Vilain, MD

DP 9: THE COST OF A BETTER LIFE FOR CHILDREN WITH CEREBRAL PALSY IN SOUTH KOREA
Joohee Cho, PhD

DP 10: ACCESS TO PLAY THROUGH COMMUNITY-BUILT CARDBOARD CO-DESIGN SOLUTIONS
Lisa Neville, MS, OTR/L; James Fathers, PhD; Don Carr, MFA; Monica Weber, Associates Degree; Peyton Sefick, BA; Jesse Evesnky, BS; Nienke Dosa, MD, MPH

DP 11: MAPPING INCLUSION: NEIGHBORHOOD DISABILITY RATES AND ACCESSIBILITY OF MUNICIPAL PARKS IN SYRACUSE, NEW YORK
Jesse Evesnky, BS; Lynn Anderson, PhD; Geoffrey Peppel, MS; Peyton Sefick, BA; Anne Downes, MS; Christopher Abbot, MA; Nienke Dosa, MD, MPH

DP 12: INSTRUMENTED MOVEMENT ANALYSIS TO QUANTIFY GAIT IN CEREBRAL PALSY USING WEARABLE INERTIAL SENSORS
Mahmoud El-Gohary, PhD; Sean Pearson, BS; Paul Vasilyev, BS; James McNames, PhD; Richard Pimentel, MS; Colton Sauer, BS; James Carollo, PhD, PE

DP 13: USING TELEHEALTH TO EXPAND AND ENHANCE THE PATIENT-CENTERED MEDICAL HOME FOR CHILDREN WITH MEDICAL COMPLEXITY
Eduardo Fox, MD; Cara Biddle, MD, MPH; Daniel Felten, MD, MPH; Karen Fratantoni, MD, MPH

DP 14: CONSTRAINT-INDUCED MOVEMENT THERAPY IN A BOX: READY, SET, GO!
Krista Fraser, OT; Rankyn Campbell, BA

DP 15: OUTPATIENT PEDIATRIC REHABILITATION SERVICES: TRANSITIONING SERVICES FROM A TRADITIONAL SERVICE DELIVERY MODEL TO INTENSIVE THERAPY PROGRAMS.
Marc Gilgannon, PT; Christopher Lunsford, MD

DP 16: APPLYING THE COMMON BRIEF ICF CORE SET FOR CP AS A FAMILY-CENTERED TOOL IN SPAIN
Juan Gómez, MHSc; Marta Badia, PhD; M Begoña Orgaz; Veronica Schiariti, MD, MHS, PhD

This poster contains results from a project funded by an AACPDM Research Grant.

DP 17: HOME-BASED VIDEO APPLICATION TO QUANTIFY INFANT POSTURAL CONTROL AND MOVEMENT
Regina T. Harbourne, PhD, PT; Jaclyn Stankus, M.S.Ed.; Nathaniel Cochran, BS, BA; Hui-Ju Chang, PhD

DP 18: MEETING THE NEEDS OF FAMILIES USING AN INNOVATIVE NETWORK MODEL CHILDREN’S TREATMENT CENTRE
Kim Hesketh, PT; Mary C, Riggin Springstead, M.Ci.Sc., CCC-SLP, Reg. CASLPO; Louise A, Paul

DP 19: GAITASSIST: A NOVEL ORTHOSIS TO IMPROVE GAIT IN CHILDREN WITH DIPLEGIC CEREBRAL PALSY
Brittany Hornby, DPT; Tara Johnson, MD; Yu Xu, BS; Alexander Hoon, MD, MPH; Elaine Stashinko, PhD, RN; Jacob Schick, BS; Alexander de la Vega, BS; Kevin Xin, BS; Ana Ainechi; Andy Seabrooke; Micheal Ruiz, BS; Najwa Faqih; Pooja Nair

DP 20: OUTCOMES OF EXTREMELY PRETERM INFANTS AT 18 MONTHS: CONTRAST BETWEEN MEDICAL CATEGORIZATION AND PARENTAL PERSPECTIVES
Magdalena Jaworski, MD, FRCPC; Thuy Mai Luu, MD, FRCPC, MSc; Francine Lefebvre, MD, FRCPC, Annie Janvier, MD, FRCPC, PhD

DP 21: PERSPECTIVES ON REHABILITATION FOR CHILDREN WITH CEREBRAL PALSY: EXPLORING A CROSS-CULTURAL VIEW OF PARENTS FROM INDIA AND CANADA USING THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH
Pranay Jindal, MPT; Joy MacDermid, PT, PhD; Peter Rosenbaum, MD, FRCPC; Brian Mi Rezze, PhD; Amitesh Narayan, PT, PhD

DP 22: DEVELOPMENT OF A VIDEO LIBRARY FOR TRAINING AND RELIABILITY ASSESSMENT OF EVALUATORS IN SPINAL MUSCULAR ATROPHY TRIALS
Kristin Krosschell, PT, DPT, PCS; Amy Bartlett, BA, CCRC; Stephen Kolb, MD, PhD
DP 23: FROM PATERNALISM TO PARTNERSHIP: DISSEMINATING RESOURCES TO EMPOWER THERAPY PRACTITIONERS TO PROVIDE SUCCESSFUL FAMILY-CENTERED, EPISODIC TREATMENT SERVICES
Susan Lennan, BS, OTR/L; Robert Ibrahim, MPH, MOT, OTR/L; Kaitlin Smith, OTD, OTR/L

DP 24: IMPROVEMENT OF PHYSICAL FUNCTION IN A CHILD WITH STROKE-INDUCED HEMIPLEGIA IN THE CHRONIC PHASE AFTER BOTULINUM TOXIN INJECTION AND HAND-ARM BIMANUAL INTENSIVE THERAPY WITH AN EXOSKELETON SUIT
Yoko Matsumoto, MD, PhD; Mariko Yagi, MD, PhD; Mio Nishimura, MD; Yoko Kawasaki, MD

DP 25: EARLY MOBILIZATION IN CHILDREN WITH CHRONIC MEDICAL CONDITIONS ADMITTED TO THE PEDIATRIC INTENSIVE CARE UNIT
Kristen McCormick, DO, MS; Gadi Revivo, DO

DP 26: SUCCESSFUL QUALITY IMPROVEMENT PROGRAM TO ELIMINATE RISK OF WITHDRAWAL ASSOCIATED WITH MISSED BACLOFEN PUMP REFILLS
Ann Morgan, MS, RN, CPNP; Kristin Buxton, MSN, RN, CPNP AC/PC; Sangeeta Mauskar, MD

DP 27: SIMULTANEOUS ISOMETRIC TORQUE MEASUREMENT AT MULTIPLE JOINTS IN THE LOWER EXTREMITIES OF CHILDREN AND ADULTS
Theresa Moulton, PhD, DPT; Natalia Sanchez, PhD; Julius Dewald, PT, PhD

DP 28: ADAPTED VIDEO GAMES AND LIFE SATISFACTION IN ADOLESCENTS WITH CHILDHOOD ONSET DISABILITIES
Laura Oldford, MA; Marla Calder, OT

DP 29: CLINICAL GUIDELINES FOR STANDING DEVICES
Ginny Paleg, DScPT; Laura Money, PT

DP 30: THE DEVELOPMENT OF A MULTI-DISCIPLINARY MULTI-CENTRE TRANSITION CLINIC FOR YOUTH WITH PHYSICAL DISABILITIES: A PILOT PROJECT
Tara Previl, OT; Jordan Sheriko, BSc, MD; Micheline Savage, RN

DP 31: THERAPEUTIC POWERED MOBILITY ‘SUMMER CAMP’ FOR CHILDREN WITH CEREBRAL PALSY AND OTHER COMPLEX DISABILITIES
Lori Rosenberg, MSc; Yafit Gilboa, PhD

DP 32: “MOVEMENT FOR LIFE” INTERABILITA – PEDIATRIC NEUROFUNCTIONAL PHYSIOTHERAPY AND SOCIAL SERVICE – FECI (FOUNDATION FOR EDUCATION AND CULTURE OF SPORT CLUB INTERNACIONAL)
Elida Santos, PT; Raquel Garcia; Drucila dos Santos Vieira; Roberta Irigaray Brasil

DP 33: DO WE KNOW HOW TO TREAT FEEDING DIFFICULTIES AND DYSPHAGIA IN INFANTS AT RISK OF CEREBRAL PALSY?
Amanda Spirit-Jones, B App Sc; Iona Novak, PhD; Catherine Morgan, PhD; Jane Pettigrew, B App Sc, MA; Gloria Tzannes, B App Sc; Jeanette Cowell, LRCSLT, MA, MPH; Nadia Badawi, PhD, FRACP

DP 34: TESTING NOVEL MEASURES OF COMMUNITY INTEGRATION FOR ADULTS WITH CEREBRAL PALSY WITHIN THE UNITED STATES AND AUSTRALIA.
Deborah Thorpe, PT, PhD; Dara Chan, ScD; Nancy Bagatell, PhD; Richard Faldowski, PhD; Stewart Trost, PhD; Lee Barber, PhD, MPT; Glen Lichtwark, BSc, PhD; Roslyn Boyd, PT, PhD

DP 35: A COLLABORATIVE QUALITY IMPROVEMENT INITIATIVE: SERIAL CASTING SERVICE DELIVERY FOR CHILDREN AND YOUTH WITH CEREBRAL PALSY
Caroline Turner, BS; Erin Miskin, PT; Mary Ellen Gilbert, PT

DP 36: IMPROVING UNDERSTANDING OF GAIT ANALYSIS DATA IN CLINICAL-DECISION-MAKING: USING MODELED MUSCLE-TENDON LENGTH AND VELOCITY
Gina Ursulak, PT; Ion Robu, MSc; Amanda Beaudin, BScPT, BScKin; Simon Goldstein, MD, FRSC, CCPE

DP 37: DOES PARTICIPATING IN A SUPERVISED FITNESS PROGRAM EXTEND THE BENEFITS OF EPISODIC PHYSICAL THERAPY MORE THAN A HOME EXERCISE PROGRAM FOR ADULTS WITH CEREBRAL PALSY?
Christina Withers, PT, DPT, PCS; Stacey Dusing, PhD, PT, PCS; Anne Chan, PT, DPT, NCS, MBA

DP 38: SCOOTERING FOR CHILDREN IS MORE THAN FUN; AN APPEALING APPROACH TO IMPROVE FUNCTION AND PROMOTE FITNESS
Marilyn Wright, MSc; Donna Twose, BSc; Jan Willem Gorter, MD, PhD, FRCP

DP 39: THE GROSS MOTOR FUNCTION MEASURE: WHAT’S APP?
Marilyn Wright, MSc; Dianne Russell, PhD; Nathan Nash, MA; Peter Rosenbaum, MD, FRCP
Premier

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Our strategy has been thought out with a specific goal in mind: to allow the Group to establish commercial models and means of operating which differ between the entities in order to best meet the challenges we face. Our ethos: innovation for patient care.

Gold

Children’s Hospital Foundation
Children’s Hospital Foundation is dedicated to funding and advocating for pediatric initiatives that improve the status of health care and the quality of life for children in our region. The Foundation provides support for the programs and initiatives of Children’s Hospital of Richmond at VCU and the children it serves each year, as well as other pediatric health care programs in the community.

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Through innovation and collaboration, Medtronic improves the lives and health of millions of people each year. Visit the Medtronic booth to learn more about our targeted drug delivery therapy that may help your patients with severe spasticity due to cerebral palsy. Explore our technology, services and solutions at professional.medtronic.com.

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Silver

Mac Keith Press
Mac Keith Press provides information to advance treatment and care of children with disability. Primarily for a health-oriented audience of therapists, doctors, nurses and health workers, MKP’s publications are also of interest to psychologists, special teachers and others involved in the care of children with disabilities.

Bronze

Cerebral Palsy Foundation
The Cerebral Palsy Foundation (formerly Cerebral Palsy International Research Foundation) works to transform the lives of people with cerebral palsy today through research, innovation and collaboration. We achieve this by identifying key moments of impact and the defining appropriate areas of study and research which can have an effect on them. By collaborating with academic and industry researchers alike, we develop innovative strategies and protocols to accelerate the delivery of new diagnostics, treatments, interventions and practices to individuals, clinicians, and families. Founded in 1955, CPF has contributed more than $40 million in research grants.

Holland Bloorview
Holland Bloorview Kids Rehabilitation Hospital is Canada’s largest children’s rehabilitation hospital. We pioneer treatments, technologies, therapies and programs that give children with disabilities the tools to participate fully in life. Holland Bloorview is a global leader that serves about 7,000 children yearly. Holland Bloorview is a global world-class teaching hospital affiliated with the University of Toronto, training future health-care specialists in the field of childhood disability. We are also home to the Bloorview Research Institute, allowing us to integrate leading research and teaching with front-line care to improve quality of life.

We see children with cerebral palsy, acquired brain injury, muscular dystrophy, amputation, epilepsy, spina bifida, arthritis, cleft-lip and palate, autism, and other developmental disabilities. A small number of our clients have complex chronic diseases that require round-the-clock medical care.

Weinberg Cerebral Palsy Center at Columbia University
The Weinberg Family Cerebral Palsy Center is the first program dedicated to transitional care for cerebral palsy (CP) on the East Coast. It provides integrated, coordinated, and multidisciplinary health care that includes pediatric, transitional, and adult care.

Through education, research, and advocacy, our growing network of cerebral palsy experts aim to expand knowledge of CP and access to care across the life span. We collaborate with our patients and their families to help people with CP of all ages to manage their symptoms and reach their full potential – building a bridge for lifetime care together.

Essential

Cathleen Lyle Murray Foundation
Chambers Family
Pathways.org
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American Association for Pediatric Ophthalmology and Strabismus (AAPOS)
AAPOS is the American for Pediatric Ophthalmology and Strabismus. The organization’s goals are to advance the quality of children’s eye care, support the training of pediatric ophthalmologists support research activities in pediatric ophthalmology and advance the care of adults with strabismus.
www.aapos.org

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Aretech’s ZeroG Gait and Balance System is used for improving functional outcomes in children and adults with neurological disabilities. Dynamic body-weight support compensates for weakness and poor coordination, while balance programs and games are fun yet cognitively challenging. With no fear of falling, patients have confidence to stretch their limits.
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BTS Bioengineering
BTS Bioengineering launched its technology for gait analysis more than 30 years ago. Today BTS continuously innovates the way clinical gait analysis is performed, providing completely integrated motion labs where all the components are designed to work seamlessly together. Gait analysis has never been so productive and easy to use.
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Booth 507
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Cerebral Palsy Foundation- leading research, innovation and collaboration that changes lives for people with cerebral palsy- today.
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GAITRite: An array of portable, pressure sensitive walkways. SURFACE, GAITRite-RE and CLASSIC GAITRite allow quick setup, measuring temporal spatial parameters. Available in various lengths. Record and analyze multiple gait cycles in a single walk, allowing quick, accurate testing. Reconfigurable SURFACE allows WIFI, unlimited width and format, turns and elevation changes.
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Cook Children’s, in Fort Worth, Texas, is the first independent pediatric health care system to offer a comprehensive movement disorder program that includes Deep Brain Stimulation. The 60x30 sq ft, state-of-the art motion lab helps evaluate and treat all function related to neuromuscular disorders. Cook Children’s, in Fort Worth, Texas, is the first independent pediatric health care system to offer a comprehensive movement disorder program that includes Deep Brain Stimulation. The 60x30 sq ft, state-of-the art motion lab helps our team evaluate and treat all function related to neuromuscular disorders.
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Ipsen Biopharmaceuticals, Inc. is the US affiliate of Ipsen, a global specialty-driven pharmaceutical group. At Ipsen Biopharmaceuticals, we focus our resources, investments, and energy on discovering, developing, and commercializing new therapeutic options for oncologic, neurologic, and endocrine diseases. For more information on Ipsen in North America, please visit www.ipsenus.com or www.ipsen.ca

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Booth 201
Restorative Therapies, Inc
Restorative Therapies is the leader in Functional Electrical Stimulation systems for arms, legs and trunk muscles. FES manage tone and enables muscles to work even though muscles may be compromised from neurological impairment. Our cycling, stepping and elliptical systems are available for pediatrics and adults in the clinic or home.
www.restorative-therapies.com

Booth 205
Piramal Critical Care
Gablofen® is the only FDA-approved Intrathecal Baclofen in Prefilled syringes and factory-sealed vials. It offers a customized treatment for severe spasticity in patients 4 years of age and older that do not see relief or have side effects from oral baclofen. Do not suddenly stop using Gablofen®. See full PI.
www.piramalcriticalcare.com

Booth 202
Prentke Romich Company
For over 50 years, PRC has been leading the way in giving a voice to those who cannot speak for themselves. Since 1996, PRC has paved the way in the development of speech-generating devices and continues to innovate in the field of language development. We believe “Everyone deserves a voice.”
www.prentrom.com

Booth 504
Phoenix Children’s Hospital
Phoenix Children’s Hospital has provided hope, healing and the best healthcare for children since it was born in 1983, and has grown to become one of the largest children’s hospitals in the country. With a Medical Staff of nearly 1,000 pediatric specialists, Phoenix Children’s provides inpatient, outpatient, trauma and emergency care across more than 70 pediatric subspecialties, the most comprehensive pediatric care available in the state.
www.phoenixchildrens.org

Booth 201
Restorative Therapies, Inc
Restorative Therapies is the leader in Functional Electrical Stimulation systems for arms, legs and trunk muscles. FES manage tone and enables muscles to work even though muscles may be compromised from neurological impairment. Our cycling, stepping and elliptical systems are available for pediatrics and adults in the clinic or home.
www.restorative-therapies.com

Booth 404/406
Saol Therapeutics
Saol Therapeutics (pronounced “Sail”) is a privately held specialty pharmaceutical company focused on providing therapies to patients with rare diseases. The company currently markets a therapy for the treatment of severe spasticity and has a strategic growth emphasis on the neurologic therapeutic area. For more information, visit www.saolrx.com.

Booth 408
Tekscan, Inc.
Tekscan’s unique pressure measurement systems use thin, flexible, high-resolution sensors to help you measure gait asymmetries, determine efficacy of offloading devices and assess balance and sway.
www.tekscan.com

Booth 409
Timocco, Inc.
Timocco is a motion based skill development platform that works on any PC/Mac. We make therapy more fun and engaging through play.
www.timocco.com

Booth 509
Ultraflex Systems, Inc.
Ultraflex is committed to supporting our patient communities, their caregivers, and their healthcare professionals in the mutual goal of improving patient quality of life. Ultraflex’s areas of specialty include the following: therapeutic/stretching bracing with precise dynamic stimulus and proper posturing for neurological and congenital presentations; functional/daytime bracing with Adjustable Dynamic Response (TM) for managing gait dysfunction; post-surgical protection/structural LOM bracing for orthopedic rehabilitation. The rehabilitation team’s clinical assessment values and treatment goals drive Ultraflex’s individual brace design, making the orthotic intervention a patient inspired solution. For education for you and your team, please call, 800-220-6670.
www.ultraflexsystems.com

Booth 204
Wiley
Wiley is a global provider of knowledge and knowledge-enabled services in research, professional practice and education. Developing digital education, learning, assessment and certification, partnering with societies and supporter researchers to communicate discoveries.
www.wiley.com
AACPDM
September 13-16, 2017
Please see page 20 for detailed hours.
DISCLOSURE INDEX

A = Consultant/Advisory Board
B = Employment
C = Other Research Support includes receipt of drugs, supplies, equipment or other in-kind support
D = Ownership Interest includes stock, stock options, patent or other intellectual property
E = Research Grant includes principal investigator, collaborator or consultant and pending grants as well as grants already received
F = Speaker/Honoraria includes speakers bureau, symposia, and expert witness
G = Other Financial or Material Support
H = Other Research Support
I = Royalties
J = Stock Shareholder (excluding mutual funds)
K = Stockholder/Ownership Interest (excluding diversified mutual funds)
L = Nothing to Disclose

Breakfast Seminar
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BRK02 Lennon, N (L), Sees, J (L)
BRK03 Huth, K (L), Sbrocchi, A (L), Patel, H (L)
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BRK06 Milo-Manson, G (L)
BRK07 Evans, S (L), Cleary, K (L), Coley, C (L)
BRK08 Peterson, M (L), Hurvitz, E (L)
BRK09 Willoughby, K (L), Thompson, P (L), Agnew, B (L)
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BRK11 Dabney, K (L), Salzbrenner Hoopes, M (L), Owens, L (L), Lennon, N (L)
BRK12 Hastings-Ison, T (L), Khot, A (L)
BRK13 Cioni, G (L), Guzzetta, A (General Movements Trust: F)
BRK14 Plews-Ogan, J (L), Lunsford, C (L), Chen, D (L)
BRK15 Kramer, J (L), Schwartz, A (L)
BRK16 Kulkarni, V (L), Wright, M (CanChild: A), Russell, D (CanChild: A), Nash, L (L), Russell, L (L), Russell, S (L)
BRK17 Shikako-Thomas, K (L), Colquitt, G (L), Camilleri, J (L), Dabney, K (L), Salzbrenner Hoopes, M (L), Owens, L (L), Lennon, N (L)
BRK18 Gross, P (L), Bollo, R (L)
BRK19 Schwabe, A (L), DiCarlo, S (L)
BRK20 Ponten, E (L), Bartonek, Â (L), Eriksson, M (L), Gutierrez Farewik, E (L)
BRK21 Jaspers, E (L), Klingels, K (L), Simon-Martinez, C (L), Kirton, A (L)
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BRK23 Monbaliu, E (L), Decat, J (L), Dan, B (Mac Keith Press: I)
BRK24 Hearne, E (L), Harris, N (L)
BRK25 Hedgecock, J (L), Kishan, S (L)
BRK26 Brown, M (L), Evans, S (L), Oliver, M (L)
BRK29 Auld, M (L), Johnston, L (L)
BRK30 West, A (L), Nimec, D (L)

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DP 2 Barron, F (L), Guzman, F (L), Riquetme, H (L), Coronado, M (L), Ibarra, C (L), Limon, G (L)
DP 3 Bastianelli, L (L), Fogelman, D (L)
DP 4 Bennett, J (L), Christiansen, A (Bristol-Meyers Squibb PTC Therapeutics, Medtronic, Sarepta Therapeutics: B), Hooper, E (Medtronic: B), Fuentes, M (L), Apkon, S (L)
DP 5 Bogossian, A (L), Gorter, J (L), Racine, E (Mac Keith Press: I)
DP 6 Bolduc, M (L), Boruff, J (L), Ganeshaamoorthy, S (L), Brossard-Racine, M (L)
DP 7 Brown, M (L), Olga, M (L), Evans, S (L)
DP 8 Roberts, H (Ipsen: A), Shierk, A (Ipsen: A), Delgado, M (L), Vilaín, C (Ipsen: B)
DP 9 Cho, J (Seoul National University Bundang Hospital: B, E, G)
DP 10 Neville, L (L), Fathers, J (L), Carr, D (L), Weber, M (L), Sefick, P (L), Evensky, J (L), Dosa, N (L)
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DP 12 El-Gohary, M (APDM Inc.: B, D, E), Pearson, S (APDM Inc.: B, D), Vasilyev, P (APDM Inc.: B), McNames, J (APDM Inc.: B, D, E), Pimentel, R (APDM Inc.: E)
DP 13 Fox, E (L), Biddle, C (L), Gerwin, D (L), Fratantoni, K (L)
DP 14 Fraser, K (L), Campbell, R (L)
DP 15 Gilgannon, M (L), Lunsford, C (L)
DP 16 Gomez, J (L), Badia, M (L), Orgaz, M (L), Schiariti, V (L)
DP 17 T. Harbourne, R (L), Stankus, J (L), Cochran, N (L), Chang, H (L), Consortium, S (L)
DP 18 Heske, K (L), Riggin Springstead, M (L), Paul, L (L)
DP 19 Hornby, B (L), Johnson, T (L), Xu, Y (L), Hoon, A (L), Stashinko, E (L), Saff, J (L), de la Vega, A (L), Xin, K (L), Ainechi, A (L), Seabrooke, A (L), Ruiz, M (L), Faqih, N (L), Nair, P (L)
DP 20 Jaworski, M (L), Loo, T (L), Lefebvre, F (L), Janvier, A (L)
DP 21 Jindal, P (L), MacDermid, J (L), Rosenbaum, P (L), Di Rezze, B (L), Narayan, A (L)
DP 22 Krosschell, K (Biogen Pharmaceuticals: A Muscular Dystrophy Association: E), Bartlett, A (L), Kolb, S (Avexis: A Biogen: A Novartis: A)
DP 23 Lennan, S (L), Ibrahim, R (L), Smith, K (L)
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DP 25 McCormick, K (L), Revivo, G (L)
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DP 35 Turner, C (L), Miskin, E (L), Gilbert, M (L)
DP 36 Ursulak, G (L), Robu, I (L), Beaudin, A (L), Goldstein, S (L)
DP 37 Withers, C (L), Dusing, S (L), Chan, A (L)
DP 38 Wright, M (CanChild: A), Twose, D (L), Gorter, J (L)
DP 39 Wright, M (CanChild: A), Russel, D (CanChild: A), Nash, N (L), Rosenbaum, P (L)
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| IC01 | Shrader, W (Orthopediatrics: A), Shore, B (L), Khot, A (L), Antolovich, G (L), Willoughby, K (L) |
| IC02 | Mak, C (L), Boyd, R (L) |
| IC03 | Ounpuu, S (L), Pierz, K (L) |
| IC04 | de Campos, A (L), Moulton, T (L), Damiano, D (L), Nishiyori, R (L) |
| IC05 | Ward, M (L), Gormley, M (Allergan: E Ipse: E Ipse: F), Feyma, T (L) |
| IC06 | Pape, K (L), Stampe, P (L), Davis Bombria, S (L) |
| IC07 | Tucker, C (L), Bevans, K (L) |
| IC08 | Matsumoto, H (L), Snyder, B (Biogen: A Orthopediatric: A), Jo, C (L) |
| IC09 | Greve, K (L), Menner, M (L) |
| IC10 | Brandenburg, J (L), Fowler, E (L), Feldman, R (L), Alai, S (L), Esterlitz, J (L) |
| IC11 | Kulkarni, V (L), Davids, J (L), Howes, K (L), Bratkovich, S (L) |
| IC12 | Murphy, N (L), Adams, R (L) |
| IC13 | Gimeno, H (L), Novak, I (L), Polatajko, H (L), Ohrvall, A (L), Peny-Dahlstrand, M (L) |
| IC14 | Ward, M (L), Kim, P (L), Novacheck, T (L) |
| IC15 | Matsumoto, H (L), Kim, H (Allergan: A, E Ipsum: E Johns Hopkins CME: Steering committee member of annual CME Course of Johns Hopkins Dystonia and Spasticity: Practical and Update), Linhares, D (L), Shadrer, W (Orthopediatrics: A), Roye, D (Cerebral Palsy Foundation: B Weinberg Family Cerebral Palsy Center: B), Fehlings, D (L) |
| IC16 | Boyd, R (L), Guzzetta, A (General Movements Trust: F), Pagnozzi, A (L) |
| IC18 | Ounpuu, S (L), Pierz, K (L) |
| IC19 | Davids, J (L), Kulkarni, V (L), Bratkovich, S (L) |
| IC20 | Ryan, J (L), Wright, V (L) |
| IC21 | O'Donnell, M (L), Mayson, T (L), Miller, S (L), Willoughby, K (L), Thomason, P (L), Shore, B (L) |
| IC22 | Davis, E (L), Swift, E (L), Reddihough, D (L) |
| IC24 | Sakzewski, L (L), Reedman, S (L), Elliott, C (L), Willis, C (L) |
| IC25 | Kenyon, L (L), Farris, J (L) |
| IC26 | Glader, L (L), Gray, S (L) |
| IC27 | Lullo, B (L), Rodriguez, L (L) |
| IC28 | Miro, J (L), Hickey, S (L) |
| IC29 | Linhares, D (L), Matsumoto, H (L) |
| IC30 | Rosenbaum, P (L), Polatajko, H (L), Rameiser-Logan, L (L), Gormley, M (L) |
| IC31 | Greenberg, M (L), Staudt, L (L), Moulton, T (L), Krosschell, K (Biogen Pharmaceuticals: A Muscular Dystrophy Association: E) |
| IC32 | Thomason, P (L), Willoughby, K (L), O’Donnell, M (L), Kulkarni, V (L), Khot, A (L) |
| IC33 | Shore, B (L), Davids, J (L), Larson, J (L) |
| IC34 | Townley, A (L), Barney, C (L), Stout, J (L), Stansbury, J (L), Crary, M (L) |
| IC35 | Friel, K (L), Gillick, B (L), Bleyenheuff, Y (L), Gordon, A (L) |
| IC36 | Davis, E (L), Reddihough, D (L), Gilson, K (L), Brunton, S (L) |
| IC37 | Mattern-Baxter, K (L), Looper, J (L), Bjornson, K (L), Moreau, N (L) |
| IC38 | Cancel, D (L), Desai, M (L), Menze, K (L) |
| IC39 | Rice, J (L), Harvey, A (L), Baker, F (L), Stewart, K (L) |
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| A2 | Wynter, M (L), Kentish, M (L), Snape, N (L) |
| A3 | Wynter, M (L), Snape, N (L), Kentish, M (L) |
| A4 | Agarwal, K (L), Chen, C (L), Scher, D (Orthopediatrics: C), Dodwell, E (L) |
| A5 | Swarup, I (L), Goodbody, C (L), Gausden, E (L), Scher, D (Orthopediatrics: C), Widmann, R (L) |
| A6 | Perotti, L (L), Church, C (L), Dina, R (L), Lennon, N (L), Henley, J (L), Sees, J (L), Miller, F (L) |
| A7 | Kappa, J (L), Fletcher, N (L), Shore, B (L), Allar, B (L), Bruce, R (L) |
| A8 | Murak, J (L), Ihnow, S (L), Dias, L (L), Svaroop, V (L) |
| A9 | Thompson, R (L), Foley, J (L), Svaroop, V (L), Dias, L (L) |
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| B2 | Fehlings, D (L), Zarre, M (L), Mwewa, K (L), Switzer, L (L), Thruvivandrapuram, B (L), Walker, S (L), Merico, D (Deep Genomics Inc: B Casalio, G (L), Uddin, M (L), MacDonald, J (L), Gazzellone, M (L), Higginbotham, E (L), Campbell, C (L), deVeber, G (L), Frid, P (L), Gorter, J (L), Hunt, C (L), Kawamura, A (L), Kim, M (L), McCormick, A (L), Mesterman, R (L), Samdup, D (L), Marshall, C (L), Stavropoulos, D (L), Wintle, R (L), Scherer, S (L) |
| B3 | Villamor, E (L), Tedroff, K (L), Petersen, M (L), Johansson, S (L), Neovius, M (L), Petersson, G (L), Cranigtnius, S (L) |
| B4 | Mynarek, M (L), Bjellmo, S (L), Afset, J (L), Lydersen, S (L), Andersen, G (L), Vik, T (L) |
| B5 | Durkin, M (L) |
| B6 | Cahill-Rowley, K (L), Schadl, K (L), Vassar, R (L), Yeom, K (L), Rose, R (L) |
| B7 | George, J (L), Fiori, S (L), Frripp, J (L), Pannek, K (L), Bursle, J (L), Moldrich, R (L), Guzzetta, A (General Movements Trust: F), Coulthard, A (L), Ware, R (L), Rose, S (L), Colditz, P (L), Boyd, R (L) |
| B8 | Pagnozzi, A (L), Dowson, N (L), Doeke, J (L), Fiori, S (L), Boyd, R (L), Rose, S (L) |
| B9 | Araneda, R (L), Dricot, L (L), Ebner-Karestinos, D (L), Paradis, J (L), Gordon, A (L), Friel, K (L), Bleyenheuff, Y (L) |
| B10 | Reid, L (L), Sakzewski, L (L), Rose, S (L), Boyd, R (L) |
| B11 | Hilderley, A (L), Fehlings, D (L), Taylor, M (L), Chen, J (L), Wright, V (L) |
| B12 | Izadinajafabadi, S (L), Zwick, J (L) |
| B13 | Skorup, J (L), Pierce, S (L), Bochnak, M (L), Williams, L (L), Prosser, L (L) |
| B14 | Nicollini-Panissson, R (L), Tedesco, A (L), Folle, M (L), Fagundes Donadio, M (L) |
| B15 | Moreau, N (L), Bjornson, K (L), Bodkin, A (L), Poliachik, S (L) |
| B16 | Reedman, S (L), Boyd, R (L), Sakzewski, L (L) |
| B17 | Mak, C (L), Whittingham, K (L), Boyd, R (L), Cunnington, R (L) |
| B18 | Kenyon, L (L), Mortenson, W (L), Miller, W (L) |
| B19 | Burgess, A (L), Ziviani, J (L), Boyd, R (L), Sakzewski, L (L) |
| J9 | Matsumoto, H (L), Hung, C (L), Franzone, J (L), Troy, M (L), Striano, B (L), Flynn, J (Zimmer/Biomet: I), Skaggs, D (Growing Spine Study Group, Scoliosis Research Society, Growing Spine Foundation: A Medtronic & ZimmerBiomet: patent Orthobullets: Editor in Chief Orthobullets: D Pediatric Orthopaedic Society of North America & Scoliosis Research Society, Paid to Columbia University, Ellipse Co-Pi, Paid to GSF) | L1 | Langerak, N (L), Brassell, S (L), Veerbeek, B (L), Vaughan, C (L), Fieggen, G (L), Peacock, W (L), Lamberts, R (L) |
| J8 | Shirvastava, H (L), Chorna, O (L), Maitre, N (L) | A10 | Davis, E (L), Miller, P (L), Matheney, T (L), Marcus, K (L), Shea, J (L), Snyder, B (Biogen: A Orthopediatric: AI, Shore, B (L) |
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| J6 | Elbornae, M (L), Qureshi, M (L), Phillipos, E (L), Abdelgadir, D (L), Reichert, A (L), Hicks, M (L) | B10 | Haspels, E (L), Brunton, L (L), Pritchard-Wiart, L (L), Andersen, J (L), Herrero, M (L), Hodge, J (L), Kirton, A (L) |
| J5 | Boswell, L (L), Weck, M (L), Santalla, M (L), Patrick, C (L), Russová, A (L), deRegnier, R (L) | C10 | McLeod, S (L), Amin, P (L), Yokem, M (L), Langenberger, S (L), Lemay, J (L) |
| J3 | Crowle, C (L), Walker, K (L), Novak, I (L), Galea, C (L), Badawi, N (L) | E10 | Hung, C (L), Matsumoto, H (L), Callejo, F (L), Shea, J (L), Snyder, B (Biogen: A Orthopediatric: AI, Shore, B (L) |
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SP 71  Alsamour, M (L), Montedoro, V (L), Renders, A (L), Lejeune, T (L), Stouquet, G (L), Edwards, M (L)

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PC2
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Board of Directors
Narayanan, U (L), Winter, S (L), Vargus-Adams, J (L), Öunpuu, S (L), Givon, U (Ipsen: E), Fowler, E (L), Fehlings, D (L), DeLuca, S (L), Maltais, D (L), Monasterio, E (L), Novacheck, N (L), Romness, M (L), Samson-Fang, L (L), Shrader, W (OrthoPediatrics, Depuy Spine: A), Zebracki, K (L), Scherzer, A (L), Dan, B (Mac Keith Press-I), Burr, T (L), Whalen, K (Executive Director, Inc. (D)

Scientific Program Committee
Sienko, S (L), D’Astous, J (L), Pierz, K (L), Wiart, L (L), Jozwiak, M (L), Couch, S (L), Valencia, F (L), Moulton, T (L), Such-Neibar, T (L), Oki, A (L), Duff, S (L), Stansbury, J (L), Peace, L (L), Kruer, M (L), Harpster, K (L), Wren, T (L), Nelin, M (Matrix Medical Communications: F), Matsumoto, H (L), Senkbeil, A (L), Blakley, J (L)
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<td>Zogby, Andrew</td>
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<td>Zucknick, Manuela K.</td>
<td>K9</td>
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<td>Zwicker, Jill G.</td>
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Effectively treating severe spasticity may¹:

- Improve gait, ease of care, and activities of daily living
- Decrease spasm pain and frequency
- Reduce tone, which may complement rehab therapies

Reveal the possibilities.

Learn more by visiting our booth.

Access resources for people living with severe spasticity at: www.treatyourspasticity.com

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