

This Agreement is executed and delivered by Consultant and Sponsor effective as of the last date of signature below:

<p>CONSULTANT:</p> <p>DSD PT CONSULTING PLLC</p> <p><i>Dawn Sandalcidi</i></p> <p>Name: Dawn Sandalcidi PT, RCMT, BCB-PMD Title: Owner Date: February 4, 2021</p>	<p>SPONSOR:</p> <p>Israeli Physiotherapy Society</p> <p>By: _____ Name: Title: Date:</p>
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Addendum A

SEMINAR PREREQUISITES

This Seminar is a beginning level course. No prerequisite courses are required, but the pre-work described below may be helpful to support learning.

Pelvic Floor Anatomy

1. An in-depth video of the PFM anatomy
Pelvic Floor Anatomy- 5:52 min
<https://www.youtube.com/watch?v=wOjo5tBWoZo> -
2. Pelvic Floor Part 1 - The Pelvic Diaphragm - 3D Anatomy Tutorial 10:26 min
<https://www.youtube.com/watch?v=P3BBAMWm2Eo>
3. Pelvic Floor Part 2 - Perineal Membrane and Deep Perineal Pouch - 3D Anatomy Tutorial 7:17 min
<https://www.youtube.com/watch?v=q0Ax3rLfc6M&t=64s>

Pediatric Bowel and Bladder Disorders – A comprehensive course to evaluate and treat dysfunctional voiding, bedwetting and constipation (Peds 1)

Course Description

According to the International Children's Continence Society (ICCS) children should have daytime and nighttime bladder control by age 5 for a typically developing child¹. The frustration, anxiety, lack of self-esteem as well as the development of internalizing and externalizing psychological behaviors of these families who have not achieved this milestone is significant and needs to be dealt with^{2,3}.

The most common pelvic floor dysfunctions in the pediatric population are dysfunctional elimination syndrome, withholding, UTI's and bedwetting. Constipation is also a contributor to urinary leakage or urgency and bedwetting and with nearly 5% of pediatric office visits occurring for constipation, the need to address these issues is great⁴.

The pediatric population is greatly underserved causing undo stress for the child and family. This course focuses on the treatment of children with day or nighttime incontinence, fecal incontinence, and/or dysfunctional voiding habits. Children with special needs, Sensory Processing disorders or musculoskeletal asymmetries frequently develop poor bowel and bladder habits including constipation⁵.

As pediatric bladder and bowel dysfunction can persist into adulthood, pelvic rehabilitation providers must direct attention to the pediatric population to improve the health in our patient populations.

This course begins with instruction in anatomy, physiology, and in development of normal voiding reflexes and urinary control. Common causes of incontinence in the pediatric patient will be covered. The participant will learn medical and therapy evaluation concepts for bowel and bladder dysfunction, bedwetting and constipation.

A comprehensive approach to evaluation will be instructed including video examinations of the pelvic floor using surface electromyography (SEMG) biofeedback, rehabilitative ultrasound imaging, as well as pediatric pelvic floor external manual techniques to teach proper evacuation. Case studies will be presented to compliment the course with evaluation, treatment examples based on diagnosis and progressions through discharge.

References:

1. Austin PF, Bauer SB, Bower W, et al. The standardization of terminology of lower urinary tract function in children and adolescents: Update report from the standardization committee of the International Children's Continence Society. *Neurourol Urodyn*. 2016;35:471–81
2. Thibodeau, B. A., Metcalfe, P., Koop, P., & Moore, K. (2013). Urinary incontinence and quality of life in children. *Journal of pediatric urology*, 9(1), 78-83.
3. Chase J, Bower W, Susan Gibb S. et al. Diagnostic scores, questionnaires, quality of life, and outcome measures in pediatric continence: A review of available tools from the International Children's Continence Society. *J Ped Urol* (2018) 14, 98e107
4. Constipation in Children. (2013).
5. Little LM, Ben Senspryton K, Manuel-Rubio M, Saps M, Fishbein M Contribution of Sensory Processing to Chronic Constipation in Preschool Children. *J Peds*. 2019

This course is appropriate for physical therapists, occupational therapists, pediatric nurse practitioners and medical doctors and other health care professionals interested in expanding their practice in pediatric bowel and bladder disorders.

Content is not intended for use outside the scope of the learner's license or regulation. Physical therapy continuing education courses should not be taken by individuals who are not licensed or otherwise regulated, except, as they are involved in a specific plan of care.

Course Objectives

Upon completion of this continuing education seminar, participants will be able to:

- ~List 2 muscles groups and describe 3 functions of the pelvic floor
- ~Understand the development of normal urinary control in pediatrics
- ~Understand medical red flags for abnormal voiding and when to refer to medical doctor
- ~List the 4 phases of defecation and describe the rectal anal inhibitory reflex
- ~Identify common causes of constipation and its' relationship to bladder dysfunction
- ~Observe soft tissue techniques for constipation via video
- ~Describe the pelvic floor relationship to voiding reflexes.
- ~Understand pediatric urology terminology and investigative tools used for testing the pediatric patient for differential diagnosis
- ~Discuss education and treatment about diet including bladder health and bladder retraining
- ~Understand pediatric pelvic floor dysfunctions on SEMG as it relates to bowel and bladder function

- ~Identify the need for referral based on SEMG findings and visual PFM assessment
- ~Observe and assess the effects of posture and positioning on pelvic floor muscle recruitment and relaxation.
- ~Understand the psychological effects of bedwetting, daytime urinary incontinence and fecal incontinence and know when to refer to appropriate practitioners.
- ~Describe behavioral treatments or Urotherapy for pediatric pelvic floor dysfunctions.
- ~Understand the use of surface electromyography (SEMG) in the pediatric patient.
- ~Develop treatment progressions for children with pediatric bowel and bladder dysfunction.
- ~Perform verbal instruction of pelvic floor activation
- ~Perform 3 different diaphragmatic breathing techniques for pediatric patients including diastasis rectus abdominis assessment with examples of core activation.
- ~Discuss the effects of toileting postures on pelvic floor muscle recruitment and relaxation

Addendum B
Equipment and Supplies
Peds 1 Course Preparation

Welcome to the online version of the Peds 1 course!!

It will be a lot of sitting at the computer, but I have many little mini labs to do to give your bottom a break!

******Below I have listed some things to have handy for our labs******

Be sure to have a comfortable chair, pillows, glass of wine, caffeine, snacks or whatever suits you!

Home Lab Preparation

To participate in lab activities, it would be helpful to have the following accessible

Setting

- Room for Yoga mat for floor or treatment table
- Hard surface to sit on
- Stool or squatty potty to put feet on

Supplies to have on hand

- Pillow
- Balloons
 - One filled with cold water
 - One to blow into
- Rolled up towels (4) or yoga blocks
- Washcloth
- 10-pound cuff weight or equivalent
- 4-foot TheraBand of medium resistance

In an effort to provide better learning in a virtual environment I have added many videos to this course. Parents and children have been gracious and supportive of your learning to help others. That being said, it is my sincere hope that you will respect the wishes of my families do not record **ANY** part of this class.

I know it's not conventional but in the unconventional world we live in now I am finding many positives and blessings!!

I can't wait to "see" all of you and learn and share together!!

Dawn

Addendum C
RELEASE OF LIABILITY
Online Courses Offered by DSD PT Consulting PLLC

DSD PT Consulting PLLC ("DSD") offers online virtual courses ("DSD Courses") which are designed for licensed physical and occupational therapists and other professionals which provide training and instruction on physical therapy, rehabilitative and manual therapy, exercise and strength training, and such other topics relating to pediatric incontinence and pelvic floor dysfunction, as DSD may determine from time to time.

By enrolling in this DSD Course, I hereby represent, acknowledge and agree to the following:

I represent that I am a qualified participant in this DSD Course which is designed for licensed physical and occupational therapists, physical therapist assistants or certified occupational therapist assistants.

This DSD Course is for educational and informational purposes only and does not constitute medical advice. Content in this DSD Course is not intended to be a substitute for professional medical advice, diagnosis, or treatment.

In consideration for receiving the instruction provided by this DSD Course, I hereby waive and release DSD, its owners, agents, employees, and contractors, and agree to reimburse and hold such parties harmless, from any and all liability, claims, damages, actions and causes of action whatsoever, for loss, damages, or injury to person or property, irrespective of how arising and however caused, including but not limited to all kinds, degrees, and extents of negligence (other than willful or gross negligence) of DSD, its owners, agents, employees, and contractors, whether directly or indirectly related to such training and instruction presented through this DSD Course, or the facilities and equipment used by me to access the DSD Course.

I UNDERSTAND AND AGREE THAT THIS RELEASE AND WAIVER OF LIABILITY CONSTITUTES A COMPLETE WAIVER OF MY RIGHT TO SUE AND COLLECT DAMAGES FROM DSD PT CONSULTING PLLC, AND ITS OWNERS, AGENTS, EMPLOYEES, AND CONTRACTORS, REGARDLESS OF WHETHER ANY OF SUCH PARTIES ACTED NEGLIGENTLY.

I hereby acknowledge and agree that this Release of Liability and all other aspects of my relationship with DSD, whether contractual or otherwise, are all governed by the laws of the State of Colorado, without application of the conflict laws provisions thereof. I hereby consent to the jurisdiction of the courts of the State of Colorado located in Arapahoe County, Colorado as the sole forum for resolving issues relating to this Release of Liability. If any portion of this Release of Liability is found by a court of competent jurisdiction to be invalid or unenforceable, then I acknowledge and agree that the remaining terms and conditions of this Release of Liability shall remain in full force and effect to the fullest extent permitted by applicable law.

I recognize that the instruction I will receive through this DSD Course does not constitute essential services and that I could obtain similar services elsewhere. I represent that no special relationship exists between me and DSD and that I am under no physical, economical, or other compulsion to sign this Release of Liability. I acknowledge that the instruction that I will receive from DSD through this DSD Course is sufficient consideration for signing this Release of Liability.

I UNDERSTAND AND AGREE THAT THIS RELEASE OF LIABILITY RELEASES DSD PT CONSULTING PLLC, AND ITS OWNERS, AGENTS, EMPLOYEES, AND CONTRACTORS FROM ANY LIABILITY FOR ANY FAILURE BY ANY SUCH PARTY TO USE REASONABLE CARE IN ANY WAY. I RECOGNIZE AND UNDERSTAND THAT THIS IS A RELEASE OF ALL CURRENT AND PROSPECTIVE CLAIMS, AND I HAVE READ THIS RELEASE OF LIABILITY BEFORE INDICATING MY AGREEMENT BELOW.