

STRIVING FOR CLINICAL EXCELLENCE IN AN ERA OF EVIDENCE BASED MEDICINE

CONFERENCE CHAIRMAN

Ron Schenk,
PT, PhD, Cert. MDT

PROGRAM COMMITTEE

Pierre Allard,
PT, Cert. MDT

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Robert Medcalf,
PT, Dip. MDT

John Miller,
PT, Dip. MDT

Dave Pleva,
PT, Dip. MDT

Michelle Spross,
PT, Dip. MDT

INVITED SPEAKERS

Chad Cook,
PT, PhD, MBA, OCS, FAAOMPT

Ron Donelson,
MD, MS

Ted Dreisinger,
PhD, FACSM

Steven Z. George,
PT, PhD

Peter Jarzem,
BSc, MD, FRCS (C)

Audrey Long,
BSc, PT, Dip. MDT

Joel M. Press,
MD

Mark Werneke,
MS, PT, Dip. MDT

F. Todd Wetzel,
MD

The purpose of this conference is to present, discuss and analyze the current evidence regarding musculoskeletal management of the spine and extremities. The conference theme focuses on the current state of research in Mechanical Diagnosis and Therapy™ and where it stands among other approaches in influencing clinical practice. Conference presenters will relate how the evidence can help the clinician strive for clinical excellence. Through a variety of learning experiences to include didactic, interactive groups and hands-on techniques, the conference will present the continuum of the patient assessment process and the progression from conservative care to indications for surgery.

Conference Objectives

At the conclusion of this conference, participants will be able to:

- Differentiate and diagnose reducible, irreducible derangements, as well as, understand treatment options available for these classifications.
- Classify and differentiate pain/symptoms arising from the spine vs. the extremities.
- Analyze the neurophysiological and mechanical effects of therapist generated forces.
- Integrate latest research into clinical practice for treatment of cervical and lumbar spine, SI joint, and peripheral joints.
- Understand and confirm the role of MDT with non-responders in guiding them in the continuum of care from medical and interventional radiology to pre-surgical screening.
- Strengthen the decision making process for determining appropriate surgical candidates.
- Understand why a standardized data and outcomes documentation process during everyday clinical practice plays a key role in determining treatment effectiveness.
- Demonstrate how a variety of research designs can support evidence-based clinical practice.
- Identify the current and new reimbursement models utilized by payers in the health care marketplace and how MDT clinicians can benefit.

Registration Fees

Early Bird Fees (on or BEFORE 5/1/10):

- \$440 MIUSA Member or Group Rate (4+)*
- \$545 Non-Member
- NEW! \$135 Friday afternoon Speakers only (includes Welcome Reception)

Regular Fees (on or AFTER 5/2/10):

- \$545 MIUSA Member or Group Rate (4+)*
- \$610 Non-Member
- NEW! \$150 Friday afternoon Speakers only (includes Welcome Reception)

Due to limited spots, registration cannot be confirmed until full payment is received.

- * Groups of 4 or more must register by fax or mail only; no refunds will be given. Group discounts do not apply to the Friday only Speaker Presentation registrations. All fees in USD. No onsite registration available.

Registration Fee Includes:

Friday welcome reception • Keynote presentations • Workshop • Syllabus & handouts • Exhibitors Saturday / Sunday continental breakfasts, Saturday luncheon and all refreshment breaks

Conference registration cancellation & refund policy:

Cancellation requests received on or before July 9, 2010 will be fully refunded, less a \$75 USD administrative fee. NO refunds will be given for any requests received after July 9, 2010. GROUP RATES are dependent on the required minimum number of four (4) participants. If your group size falls below the required minimum size due to cancellations or failure to register the correct number of people, your rate will be adjusted and each person will be responsible to pay the new difference.

CONFERENCE PROGRAM

Friday August 6

- 10:30am - 12:30pm Registration / Exhibitors
- 12:30pm - 12:35pm **Welcome:** Ron Schenk
The Role of MDT in Musculoskeletal Management

General Sessions: "Letting the Evidence Speak"

- | | | |
|------------------|---|---------------------------------|
| 12:35pm - 1:10pm | Clinical Implications for Tests, Measures and Classification | Chad Cook |
| 1:10pm - 1:45pm | Don't Get Lost. Use MDT-GPS
Directional Preference, the Second Exit on the Map | Audrey Long |
| 1:45pm - 2:20pm | Spinal Manipulation for Low Back Pain: A Brief Review of Responder Subgroups and Potential Mechanisms | Steven George |
| 2:20pm - 2:45pm | Identifying Common Threads in Musculoskeletal Management
Panel: Chad Cook, Steven George, Audrey Long | Moderator:
Ron Schenk |

2:45pm - 3:15pm Break

- | | | |
|-----------------|--|---------------------------------------|
| 3:15pm - 3:50pm | Non-Responders to MDT: Evidence Based Options | Joel Press |
| 3:50pm - 4:25pm | Surgical Decision Making in Degenerative Lumbar Spine Conditions | Peter Jarzem |
| 4:25pm - 5:00pm | The Role of MDT in Diagnostic and Surgical Decision Making | Todd Wetzel |
| 5:00pm - 5:30pm | MDT Roles and Relationships
Panel: Joel Press, Peter Jarzem, Todd Wetzel | Moderator:
Richard Rosedale |

5:45pm - 6:45pm Welcome Reception (sponsored by OPTP)

CONFERENCE PROGRAM

**Saturday
August 7**

7:30am - 8:30am Continental Breakfast / Exhibitors

Workshops

8:30am - 10:30am Clinical Clues to Diagnosing and Treating Lumbar and Lower Extremity Symptoms Yellow Team

8:30am - 10:30am Peripheral or Peripheralizer: That is the Subclassification Red Team

8:30am - 10:30am Give Me Reducible or Give Me Options Blue Team

8:30am - 10:30am MDT Management of Sacroiliac Joint Disorders Green Team

10:30am - 11:00am Break / Exhibitors

11:00am - 1:00pm Clinical Clues to Diagnosing and Treating Lumbar and Lower Extremity Symptoms Red Team

11:00am - 1:00pm Peripheral or Peripheralizer: That is the Subclassification Blue Team

11:00am - 1:00pm Give Me Reducible or Give Me Options Green Team

11:00am - 1:00pm MDT Management of Sacroiliac Joint Disorders Yellow Team

1:00pm - 2:00pm Luncheon

2:15pm - 4:15pm Clinical Clues to Diagnosing and Treating Lumbar and Lower Extremity Symptoms Green Team

2:15pm - 4:15pm Peripheral or Peripheralizer: That is the Subclassification Yellow Team

2:15pm - 4:15pm Give Me Reducible or Give Me Options Red Team

2:15pm - 4:15pm MDT Management of Sacroiliac Joint Disorders Blue Team

4:15pm - Enjoy the Charms of "Charm City"

7:30am - 8:30am Continental Breakfast / Exhibitors

**Sunday
August 8**

Workshops

8:30am - 10:30am Clinical Clues to Diagnosing and Treating Lumbar and Lower Extremity Symptoms Blue Team

8:30am - 10:30am Peripheral or Peripheralizer: That is the Subclassification Green Team

8:30am - 10:30am Give Me Reducible or Give Me Options Yellow Team

8:30am - 10:30am MDT Management of Sacroiliac Joint Disorders Red Team

10:30am - 11:00am Break / Exhibitors

General Sessions: "Outcomes — The Door to Improve Clinical Effectiveness and Higher Reimbursement"

11:00am - 11:30am Treatment Effectiveness and Clinical Outcomes: Ongoing Research Mark Werneke

11:30am - 12:00pm Clinical Outcomes - Like it or Not! Ted Dreisinger

12:00pm - 12:30pm MDT Outcomes in a Pay-for-Performance Model Ron Donelson

12:30pm - 1:00pm **Panel:** Ron Donelson, Ted Dreisinger, Mark Werneke **Moderator:** Ron Schenk

Clinical Implications for Tests, Measures and Classification

Chad Cook, PT, PhD, MBA, OCS, FAAOMPT

To discuss the inherent value of test, measures, and classification methods during the patient management process and to discuss a test's (or grouping of tests') ability as a diagnostic, prognostic or disability assessment.

Objectives and Goals:

1. Identify the methodology of tests and measures assessment.
2. Identify the current value of most clinical tests and measures.
3. Recognize limitations to the use of a pathognomonic diagnosis method.
4. Recognize the use of the patient response system toward classification and prognosis.

Don't Get Lost: Use MDT GPS - Directional Preference, the Second Exit on the Map

Audrey Long, BSc, PT, Dip. MDT

The current "map" to effective treatment for Low Back Pain (LBP) can lead to a maze of varying diagnoses and associated treatment interchanges. It's easy to get lost on this highway littered with false positive detours and theoretical models. This presentation will summarize the evidence from over 75 clinical publications pertaining to Directional Preference (DP) and/or Centralization Phenomenon (CP) and explore the variability in prevalence rates reported. Knowledge of prevalence rates can help minimize "wrong turns" on the LBP classification and treatment highway. A case will be made for centralization "screening" early in the triage process, in fact, it appears to be the second crucial exit ramp.

Objectives and Goals:

1. Review the literature pertaining to DP and CP, with emphasis on the variability in prevalence rates reported.
2. Understand the clinical implications of prevalence rates in diagnostic maps (algorithms).
3. Discuss possible explanations for the variance in prevalence rates reported.
4. Consider the evidence supporting a diagnostic triage map with DP and CP as the second crucial exit.
5. Understand how identification of centralizers and non-centralizers can improve the effectiveness of treatment in "other" classifications ("stabilization" exercises, SIJ, surgery, manipulation, etc.).

Spinal Manipulation for LBP: A Brief Review of Responder Subgroups and Potential Mechanisms

Steven Z. George, PT, PhD

Recent clinical research strongly suggests that spinal manipulation is an effective treatment for certain patients with low back pain. Despite this realization, we still know very little about the mechanisms of its effectiveness. This presentation will provide an update on the clinical evidence for identifying responders to spinal manipulation. Then, potential mechanisms of spinal manipulation will be reviewed, eventually focusing on pain inhibition. The mechanistic part of the presentation will emphasize recent translational research from our labs that offer a potential explanation for why spinal manipulation inhibits pain.

Objectives and Goals:

1. Identify key clinical findings indicative of patients likely to respond favorably to spinal manipulation.
2. Understand why the effectiveness of spinal manipulation is not likely attributed to "correction" of postural or biomechanical faults.
3. Describe temporal summation as a potential source for the development of chronic pain syndromes.
4. Identify inhibition of temporal summation as a potential explanation for how spinal manipulation decreases pain.
5. Discuss current research findings demonstrating inhibition of temporal summation following spinal manipulation.

Non-Responders to MDT: Evidence Based Options

Joel M. Press, MD

This lecture will discuss how patients are evaluated and classified in a general musculoskeletal spine and sports rehabilitation program. The lecture will outline many of the non-surgical options that are available for spine patients and what level of evidence supports their use. These will include, but are not limited to, medications and injections.

Objectives and Goals:

1. Discuss the appropriate use and evidence for spinal injections in the care of patients with low back pain.
2. Outline the role of medications for low back pain.
3. Understand the use and effectiveness of chronic pain management programs for patients with non-responsive low back pain to all other treatment modalities.

Surgical Decision Making in Degenerative Lumbar Spine Conditions

Peter Jarzem, BSc, MD, FRCS (C)

Spinal stenosis, lumbar disc hernias and low back pain occasionally require surgical interventions. The decision to operate or not is dictated by the clinical findings and the patient's response to conservative treatment. Several recent randomized trials have demonstrated the utility of surgery in these conditions, but these trials also highlight the advantage of physical rehabilitation modalities in certain patient groups. When physical rehabilitation fails, surgery can sometimes be considered to improve patient outcome. The indications and contraindications for surgical treatment will be discussed in relation to case examples, developments in surgical technology, patient preference and recent clinical trials.

Objectives and Goals:

1. To be able to differentiate the various lumbar syndromes, and recognize those that are associated with risk to life and health.
2. Understand the evidence comparing operative and non-operative for the various clinical syndromes.
3. Understand the indications and contraindications to operative management of patients with common lumbar pathologies.
4. To highlight this information with a series of cases.

The Role of Mechanical Diagnosis and Therapy™ (MDT) in Diagnostic and Surgical Decision Making

Todd Wetzel, MD

The role of MDT in decision making for interventional diagnostic and therapeutic procedures, with special consideration of discography, will be reviewed. Surgical options, including intradiscal therapies, arthroplasty and arthrodesis will be discussed and critically reviewed in terms of efficacy. Level I and II studies will be reviewed.

Objectives and Goals:

1. Understand the Level I and II evidence supporting surgical therapies.
2. Understand the importance of precise subgroup diagnosis to facilitate appropriate diagnostics.
3. Understand the therapeutic decision tree.

Treatment Effectiveness and Clinical Outcomes: Ongoing Research

Mark Werneke, MS, PT, Dip. MDT

Clinical evidence is determined by many research methodologies and outcome analyses. Randomized control trial (RCT) design is considered the gold standard for determining best evidence for guiding medical care and intervention. However, RCTs cannot determine if efficacious treatments are effective or generalizable when implemented by clinicians during everyday practice across a broad mix of patients in diverse practice settings. An alternative research method to examine MDT treatment effectiveness is Practice-Based Evidence Clinical Practice Improvement (PBE). A detailed description of steps taken to implement an ongoing PBE project in the US and preliminary descriptive data on over 1,000 patients with neck and or back pain will be presented. In addition, a large ongoing study being conducted in Israel (i.e. 75 physical therapists evaluating 1,200 consecutive patients) to determine the minimal level of training required to use the McKenzie classification system with acceptable reliability for patients with spinal impairment will be reviewed.

Objectives and Goals:

1. Appreciate that a variety of research designs can support evidence-based clinical practice.
2. Review the evidence, both published and ongoing research, examining MDT's reliability and effectiveness.
3. Identify key steps to conduct Practice-Based Evidence Clinical Practice improvement research project.
4. Understand why a standardized data and outcomes documentation process during everyday clinical practice plays a key role for determining treatment effectiveness.

Clinical Outcomes — Like It or Not!

Ted Dreisinger, PhD, FACSM

Clinical outcomes have been discussed and promoted since the very early 1990s. Early on it was taken seriously by some providers only to find out third party payers would not reimburse at a better rate for positive outcomes. A number of guideline groups have emerged, systematic reviews have been done and recommendations made. The difficulty has been lack of consistency across assessment and treatment paradigms leading to confusion amongst those treating this complicated clinical problem. In addition, many professional groups treating back and neck patients come from different orientations, different vocabularies and different treatment methodologies. While health care professionals have been arguing about which model is best, third party payers have found themselves unable to discern which approach is better while health care costs are increasing at unprecedented rates. With changes in health care in this country, it is now more important than ever to be able to demonstrate clinical efficacy and a quality patient centered product. Clinical outcomes are becoming a simple fact of life. There is, however, a gorilla in the room of clinical outcomes acquisition. It is the cost to the practitioner. Gathering outcomes is an attractive idea, and getting initial data on patient populations is not particularly difficult. The 'gorilla in the room' is what it costs in resources – both man-hours and money – to gather follow-up data. In addition, what is the direct benefit to the practitioner? Is the possibility of increased revenues enough to compensate for the costs of gathering the data. This presentation will focus on a model that enhances follow-up data acquisition.

Objectives and Goals:

1. Understand the importance of gathering clinical outcomes.
2. Identify third party payers interests.
3. Recognize the real difficulties of acquiring clinical outcomes.
4. Understand why clinical outcomes need to be a part of day to day clinical practice.

MDT Outcomes in a Pay-for-Performance Model

Ron Donelson, MD, MS

Reducing the high and still rising cost of spine care is a substantial focus amongst health care plans and employers. Innovative reimbursement models such as “pay-for-performance” reflect payers’ new willingness to reward clinicians for excellence in treating back pain and reducing costs. New outcome data generated by Mechanical Diagnosis and Therapy™ (MDT) clinics show both considerable savings and high quality outcomes. These data correlate with payers’ claims’ data reflecting substantial reduction in both the cost of direct care and preventing post-discharge patients from needing further care. These remarkable savings data motivate payers to substantially increase their reimbursement for these outcomes.

To access such reimbursement, MDT clinicians must first produce these superior outcomes, document them, and then use those data to motivate payers to examine their own claims data to validate their actual cost savings. Unfortunately, our current reimbursement model rewards greater, not fewer, services and provides no incentive for recurrence prevention, one of the greatest strengths of the MDT paradigm and the source of greatest savings for payers. Well-trained MDT clinicians have the training and skills to thrive within a pay-for-performance model, but many need to re-orient their practice focus toward providing cost-effective care. MDT clinical networks have formed to attract pay-for-performance reimbursement from payers, to assist individual MDT practices with the necessary transition in their clinical focus and outcome collection, and to establish relationships with payers willing to reward such excellent outcomes .

Objectives:

1. Review the state of rising spine care costs.
2. Describe current and new reimbursement models utilized by payers in the health care marketplace.
3. Review the excellent fit of MDT care within a pay-for-performance reimbursement model.
4. Describe the necessary steps for MDT clinicians to realize financial recognition for developing cost-effective goals added to their evidenced-based patient management training and skills.



NEW Features for 2010!

☆ *Friday Afternoon Speakers Only Registration (Seats are limited)*

With only general sessions on Friday to start the conference, it provides an opportunity for local participants to encourage peers to attend and learn more about MDT, hear nationally renown speakers, and network at the reception.

Poster Presentations

Deadline for Abstract Submission: March 1, 2010

Poster submissions must be received by deadline date to be considered for review.

Posters will be displayed in Exhibit Area Friday - Sunday. Corkboards will be provided.

Conference registration required for person(s) accompanying poster; a special rate will apply.

http://www.mckenziemdt.org/conf2010_poster.cfm

WORKSHOPS

Clinical Clues to Diagnosing and Treating Lumbar and Lower Extremity Symptoms

One of the challenges we face as clinicians is determining if the pain generator is the lumbar spine or from a peripheral joint. Often patients are diagnosed more by the location of their pain rather than looking to other pain generators. Through the use of case studies, participants will interact with each other to work through the subjective and objective portions of the evaluations to classify the various case studies, with assistance from the facilitators. From this classification, a treatment plan can be devised.

Following attentive participation and completion, the attendee will be able to:

Objectives:

1. Differentiate pain/symptoms arising from the lumbar spine versus lower extremity.
2. Classify using the McKenzie system (*derangements, contractile dysfunction, articular dysfunction, posture*).
3. Assess and develop a treatment plan for each classification.
4. Understand what the evidence says and correlate it with what we see clinically.



Peripheral or Peripheralizer: That is the Subclassification

The importance of subclassification is continuing to gain support in the current literature. We are often faced with a pathoanatomical diagnosis, which is of minimal value when treating patients. This workshop is designed to be an interactive opportunity, with the McKenzie Institute faculty, to facilitate the participant's ability to differentially diagnose patients with pain arising from the cervical spine, thoracic spine or the peripheral joints in the upper extremity. The participants will work in groups utilizing case studies to problem solve and determine the appropriate subclassification according to the MDT system. Then, an effective treatment plan will be developed and appropriate loading strategies and force progressions will be discussed.

Following attentive participation and completion, the attendee will be able to:

Objectives:

1. Differentiate symptoms arising from the Cervical Spine, Thoracic Spine or an Upper Extremity peripheral joint by recognizing relevant historical and physical exam information from the MDT assessment form.
2. Determine the appropriate MDT subclassification by recognizing relevant information from the history and physical exam.
3. Develop an effective treatment plan for the different MDT subclassifications of derangement and dysfunction syndrome.
4. Demonstrate an appropriate progression of testing procedures in the derangement and dysfunction syndrome for the upper extremity.

WORKSHOPS

Give Me Reducible or Give Me Options

Deciding with confidence that a patient has an irreducible derangement can be a challenging process for therapists. Often there is a reticence to acknowledge that they are unable to get the patient better and can offer no solution other than advice and possible referral on. With the use of video, the participants will work through the assessment and decision making process of differentially diagnosing reducible, irreducible and partially responding derangements. At critical points along the process, the participants will be challenged to decide how to proceed; they will have the opportunity for group discussion, with alternatives and options also being presented by the facilitators.

Following attentive participation and completion, the attendee will be able to:

Objectives:

1. Increase their ability in differential diagnosis in regards to irreducible derangements.
2. Gain more confidence with their decision making capacity in the process of clarifying the presence of an irreducible derangement.
3. Understand the options available for irreducible derangements and partial responders to MDT.



MDT Management of Sacroiliac Joint Disorders

The presence of pain arising from the sacroiliac joint complex is generally well accepted. This workshop will approach the SIJ from an MDT perspective. We will review the current research support for the assessment of this joint and propose a logical progression of its exam. This will include the use of specific repeated test movements and sustained positions to classify the patient's disorders. Further, we will discuss suggested management strategies for classified disorders. Finally, we will include the instruction and practice of appropriate therapist techniques.

Following attentive participation and completion, the attendee will be able to:

Objectives:

1. Describe the current evidence based approach to the assessment of the sacroiliac joint.
2. Describe clinical features of a sacroiliac joint condition as contrasted with disorders of the lumbar spine or hip.
3. Describe and apply valid provocation tests to the sacroiliac joint.
4. Apply a logical sequence of repeated movements and sustained positions to the sacroiliac joint.
5. Classify common mechanical disorders of the sacroiliac joint.
6. Understand the clinical reasoning process in the reliable diagnosis of sacroiliac joint syndromes.
7. Select appropriate therapeutic procedures to the sacroiliac joint using McKenzie's progression of forces concept.
8. Apply selected therapist techniques to the sacroiliac joint
9. Discuss the role of supplemental techniques such as bracing, taping and injections.

HOTEL INFORMATION

Reservations

Experience the modern, urban sophistication the Renaissance Harborplace Hotel has to offer, not to mention the exceptional comfort and amenities in your guestroom. This Four Diamond hotel is located mere steps away from the world famous Inner Harbor, home to the Baltimore Aquarium, the Maryland Science Center, Oriole Park at Camden Yards and 120 shopping and dining options. Feel like dining in? Enjoy the creative flair of the award-winning culinary staff in the hotel's restaurant, offering an all-natural menu.

Single/Double: \$169

Triple: \$189

Quad: \$209

Addl person(s): \$20

Check in: 4:00pm

Check out: 12:00pm

Onsite parking: \$26/day*

Valet parking: \$36/day*

In/Out privileges: Included in daily fee

Fitness center: Complimentary

Pets: Not allowed



The deadline to reserve rooms at the conference rate is July 13, 2010. This hotel has a smoke-free policy.

* City owned parking garage located beneath the hotel; to receive Renaissance parking rates, ticket must be submitted at the front desk for payment. You will be charged higher rates if you pay through the garage.

☐ **For reservations call:**

1-800-535-1201 and mention "The McKenzie Institute" for the conference rate.

☐ **Book online at:**

<http://www.marriott.com/hotels/travel/bwish-renaissance-baltimore-harborplace-hotel/?toDate=8/10/10&groupCode=ziezia&fromDate=8/3/10&app=resvlink>

(This link will take you directly to a dedicated page for the McKenzie Conference. The group code (ziezia) is already filled in, just enter your arrival date to start the reservation process.)

Stay at the Renaissance Harborplace Hotel during the conference and automatically be entered to win:

First Prize = up to 3 nights lodging paid

Second Prize = up to 2 nights lodging paid

Third Prize = 1 night lodging paid

Baltimore, also commonly referred to as “Charm City”, welcomes visitors with a down to earth, small-town spirit and hospitality. Sometimes dubbed “a city of neighborhoods”, the many dynamic districts of Baltimore are full of history, unique shops and diverse eateries. And of course, who can resist an Orioles game at Camden Yards, a short 12-minute walk from the Inner Harbor?

The crown jewel of downtown Baltimore, the vibrant and beautiful Inner Harbor offers more to see and do than one could imagine. The waterfront is home to dozens of shops, restaurants and attractions, all within walking distance or a water taxi ride from the conference venue.

Purchase a Harbor Pass and you'll save on five major attractions. Pick one up at the Baltimore Visitor Center or buy one three days or more in advance and save! The pass includes:

- ☐ **Maryland Science Center**
Interactive exhibits, theater experiences and live science demonstrations!
www.mdsci.org
- ☐ **National Aquarium**
Home to over 16,000 animals from habitats around the world!
www.aqua.org
- ☐ **Sports Legends Museum at Camden Yards**
Interactive exhibits dedicated to Maryland's sports history!
www.baberuthmuseum.com/history/slmacy/
- ☐ **Top of the World Observation Level**
Spectacular 360° view of Baltimore!
www.viewbaltimore.org
- ☐ **Port Discovery Children's Museum**
Ranked among the top 5 children's museums in the country!
www.portdiscovery.org

OR

American Visionary Art Museum
Art created by self-taught individuals with an innate personal vision!
www.avam.org

For more information, visit <http://baltimore.org/harborpass>

For the perfect transportation in and around Baltimore's Inner Harbor, Ed Kane's Water Taxi (www.thewatertaxi.com) is an affordable solution. Located on Lancaster Street, one price buys unlimited rides for the day.

