The goals of this conference are twofold; first, we aim to engage and guide clinicians to more comprehensively explore and successfully utilize the full potential of the McKenzie Method of MDT with the broad spectrum of musculoskeletal patients.

With a combination of problem solving, practical workshops, reflective thinking and didactic presentations, the MDT clinician of all levels should expect to gain clear clinical advances and have a greater depth of understanding in the practical application of MDT principles.

Secondly, the conference will give the participants a perspective on how MDT fits into the broader health care landscape and their potential role within that environment. As the use and understanding of MDT continues to grow, new fields and applications will need to be explored to help provide solutions to problems encountered in the care of patients with musculoskeletal conditions.

**Conference Objectives**

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

- Recognize and appreciate the ways in which MDT fits into the broader healthcare environment and discuss the potential of MDT to address some of the future needs and demands.
- Explain how developments in tendon research impact the MDT clinician in their management of patients with Contractile Dysfunction.
- Demonstrate the applicability of MDT to the field of sports medicine and the management of patients with athletic injuries.
- Identify and interpret the implications of MDT as a comprehensive classification system for all MSK problems.
- Improve clinician’s ability to differentially diagnose into subgroups of OTHER when the classification does not fit into three mechanical syndromes.
- Interpret psychosocial influences in relation to MDT and apply a biopsychosocial approach to enhance outcomes.
- Analyze and apply MDT procedures in the spine and extremity and recognize common errors in their application.
Early Bird Fees (on or BEFORE March 31, 2016):

US$ 525 MI-Americas Region Branch Member or Group Rate (4+)*
US$ 595 Non-Member

Regular Fees (on or AFTER April 1, 2016):

US$ 625 MI-Americas Region Branch Member or Group Rate (4+)*
US$ 745 Non-Member

* Groups of 4 or more must register by fax or mail only; no refunds will be given.

No onsite registration will be available.

Special Events
1. A pre-conference Credentialing Exam will be held Thursday, August 4. Exam registrants with confirmed conference registration will be entitled to a discounted exam fee of US$ 400.
2. If you are planning to sit for the MII Diploma Exam, please call our office for conference registration details.

Registration Fee Includes:

Friday Welcome Reception ● Keynote Presentations ● Workshops ● Syllabus & handouts ● Exhibitors
Saturday / Sunday Continental Breakfasts, Saturday Luncheon and all refreshment breaks

Conference registration cancellation & refund policy:

Cancellations requests received on or before July 1, 2016 will be fully refunded, less a US$ 75 administrative fee. NO refunds will be given for any requests received after July 1, 2016. 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 5

10:30am - 12:30pm REGISTRATION / EXHIBITORS

General Sessions

12:30pm - 2:30pm

<table>
<thead>
<tr>
<th>Session</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>Chairman’s Welcome</td>
<td>Richard Rosedale</td>
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<tr>
<td>Integrating the ICF classification and the MDT approach: Square peg, round hole?</td>
<td>Chad Cook</td>
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<tr>
<td>Tendinopathy: Does One Size Fit All?</td>
<td>Karin Silbernagel</td>
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<tr>
<td>Appropriate Clinical Reasoning using Clinical Prediction Rules</td>
<td>Chad Cook</td>
</tr>
<tr>
<td>Q&amp;A Panel</td>
<td>All Speakers</td>
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Workshops

2:45pm - 4:15pm 4:30pm - 6:00pm

<table>
<thead>
<tr>
<th>Workshop Session</th>
<th>Faculty</th>
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</thead>
<tbody>
<tr>
<td>Classifying and Management Strategies Beyond the Three Syndromes</td>
<td>Institute &amp; Guest Faculty</td>
</tr>
<tr>
<td>Mobilize to Centralize: MDT Procedure &amp; Technique Workshop</td>
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<tr>
<td>Does Size Really Matter? The Small Joint Dilemma</td>
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# Conference Program

## Saturday August 6

### Workshops

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30am - 10:00am</td>
<td>Classifying and Management Strategies Beyond the Three Syndromes</td>
<td>Institute &amp; Guest Faculty</td>
</tr>
<tr>
<td>2:15pm - 3:45pm</td>
<td>Understanding &amp; Communicating MDT as a Robust Biopsychosocial Approach</td>
<td>Gary Jacob, Ezequiel Gherscovici</td>
</tr>
<tr>
<td>8:30am - 10:00am</td>
<td>Mobilize to Centralize: MDT Procedure &amp; Technique Workshop</td>
<td>Institute &amp; Guest Faculty</td>
</tr>
<tr>
<td>2:15pm - 3:45pm</td>
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<td>Institute &amp; Guest Faculty</td>
</tr>
<tr>
<td>4:00pm - 5:30pm</td>
<td>The Dynamic Clinical Maze: Navigating the Not-So-Clear Pathways</td>
<td>Institute &amp; Guest Faculty</td>
</tr>
<tr>
<td>8:30am - 10:00am</td>
<td>Does Size Really Matter? The Small Joint Dilemma</td>
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</thead>
<tbody>
<tr>
<td>10:45am - 12:45pm</td>
<td>The Role of Physiotherapists in Primary Musculoskeletal Care</td>
<td>Linda Woodhouse</td>
</tr>
<tr>
<td>10:45am - 12:45pm</td>
<td>Preparing the MDT Clinician for a Lead Role in MSK Disorders</td>
<td>Mark Miller</td>
</tr>
<tr>
<td>10:45am - 12:45pm</td>
<td>How MDT Can Help Change Healthcare</td>
<td>Brian Klepper</td>
</tr>
<tr>
<td>10:45am - 12:45pm</td>
<td>Research Platforms 1 &amp; 2</td>
<td>TBD</td>
</tr>
<tr>
<td>10:45am - 12:45pm</td>
<td>Q&amp;A Panel</td>
<td>All Speakers</td>
</tr>
<tr>
<td>10:45am - 12:45pm</td>
<td>Research Platforms 3 &amp; 4</td>
<td>TBD</td>
</tr>
<tr>
<td>10:45am - 12:45pm</td>
<td>Tendinopathy and the Athlete</td>
<td>Karin Silbernagel</td>
</tr>
<tr>
<td>10:45am - 12:45pm</td>
<td>Reduce to the Max! MDT in Sport</td>
<td>Georg Supp</td>
</tr>
<tr>
<td>10:45am - 12:45pm</td>
<td>Real-life Case Studies: MDT &amp; Sport</td>
<td>Josh Kidd, Mathieu Seguin, Nicolas Turcotte</td>
</tr>
<tr>
<td>10:45am - 12:45pm</td>
<td>Q&amp;A Sunday MDT &amp; Sport</td>
<td>All Speakers</td>
</tr>
<tr>
<td>10:45am - 12:45pm</td>
<td>Closing Remarks</td>
<td>Richard Rosedale</td>
</tr>
</tbody>
</table>

## Sunday August 7

### Workshops

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30am - 10:00am</td>
<td>Same workshops as Saturday Programming from 2:15pm</td>
<td>Institute &amp; Guest Faculty</td>
</tr>
<tr>
<td>10:00am - 10:45am</td>
<td>Refreshments &amp; Exhibitors</td>
<td>In - Institute &amp; Guest Faculty</td>
</tr>
</tbody>
</table>

### General Sessions

<table>
<thead>
<tr>
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<td>10:45am - 1:00pm</td>
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<td>Richard Rosedale</td>
</tr>
</tbody>
</table>

Conference concludes at 1:00pm
**Invited Speakers**

**Integrating the ICF Classification and the MDT Approach: Square Peg, Round Hole?**  
*Chad Cook, PT, PhD, MBA, FAAOMPT*

The International Classification of Functioning (ICF) was developed to standardize language and the framework for health and health-related states worldwide. The Mechanical Diagnosis and Therapy (MDT) system was created as a mechanism to drive treatment selection through patient response to a comprehensive assessment. This presentation discusses the hallmarks of the ICF model and the MDT approach and outlines areas of synergy and disparity, and strengths and weaknesses.

**Participants will be able to:**
1. Compare and contrast the frameworks of the ICF model and the MDT system.
2. Discuss notable synergies of the two models and review appropriate evidence in how the MDT system fits the ICF model.
3. Identify present weaknesses of the ICF model.
4. Synthesis gaps in the evidence in ways physiotherapists address the ICF model and discuss possibilities of the MDT system and how this system could meet these gaps.

**Tendinopathy: Does One Size Fit All?**  
*Karin Grävare Silbernagel, PT, PhD, ATC*

Tendinopathy research over the past decade has caused a paradigm shift in the thought process of how to manage these conditions. Rest and medication for an inflammatory process has been replaced with eccentric loading for overuse injuries in tendons. The question is: Does this one size fit all treatment result in optimal outcome for all painful tendinopathy conditions? Utilizing findings from current research, this presentation will address this question and give specific recommendations based on the evidence that can be applied in the clinical setting.

**Participants will be able to:**
1. Compare and describe the difference between tendinopathy and tendonitis.
2. Analyze how tendons heal and respond to mechanical loading.
3. Identify the purpose of the tendon and challenge the model of one size treatment fits all.

**MDT: Beyond the Three Syndromes**  
*Helen Clare, PhD(USyd), FACP, Dip. MDT*

Derangement, Centralization and Directional Preference are the hallmarks of the MDT classification system, however prevalence studies of MDT classifications show that collectively the OTHER subgroups make up the second largest group of patients. Historically, there was minimal discussion on the use of MDT in screening for anything but the three syndromes and the McKenzie Method was criticized for a lack of comprehensiveness. The need for the development of the OTHER subgroups table and a new OTHER management table will be presented and discussed.

**Participants will be able to:**
1. Summarize the comprehensiveness of the MDT classification system in the Spine and the Extremities.
2. Explain the historical context of the development of the OTHER classification.
3. Define the subgroups of OTHER and the criteria for determining which presentations fit the subgroup.
4. Assimilate the current principles of management of OTHER subgroups.
Appropriate Clinical Reasoning Using Clinical Prediction Rules

Chad Cook, PT, PhD, MBA, FAAOMPT

Clinical prediction rules (CPRs) are algorithmic clusters that are derived from multiple assessment criteria. Good CPRs have been used in medicine for many years, yet CPRs are presently controversial within the field of physiotherapy. This talk will discuss the appropriate use of CPRs in clinical practice, the potential of these rules for decision making, and the pitfalls of early adoption of poorly vetted rules.

Participants will be able to:

1. Review the premise behind clinical prediction rules.
2. Compare and contrast the current physiotherapy-based CPRs.
3. Discuss the current pitfalls of using early adopted CPRs.
4. Discuss how quality CPRs should be used during clinical decision making.

The Role of Physiotherapists in Primary Musculoskeletal Care

Linda Woodhouse, PT, PhD

Despite evidence that physiotherapists have tremendous expertise managing musculoskeletal (MSK) disease, they are not viewed as primary care providers. The exponential growth in obesity and individuals with chronic MSK disorders, combined with the shortage of physician “specialists” and increased cost of health care, is forcing health care systems to develop and adopt new models of care. One such model is the use of physiotherapists in the primary care health care sector as members of MSK assessment and triage teams. These interprofessional teams have been shown to improve access to high quality, cost effective, non-surgical care. Early diagnosis and management of MSK disorders, using education and active non-surgical interventions, are effective at reducing the need for more costly interventions within the health care system. Optimizing scope of practice and promoting the added value of collaborative models of care with physiotherapists as primary care practitioners is vital to the health care sustainability of the health care system.

Participants will be able to:

1. Understand how to develop the role of physiotherapists as primary care musculoskeletal (MSK) providers.
2. Describe the framework for evaluating and demonstrating the added value of physiotherapists as primary care MSK providers.
3. Define what data are necessary and how to influence health care system policy changes.

Preparing the MDT Clinician in a Changing Health Care Landscape for a Lead Role in Musculoskeletal Disorders and Population Health Management

Mark Miller, BSc, PT, Dip. MDT

Musculoskeletal disorders (MSD) represent a significant financial burden to sufferers and payers alike. The result is demand for change in the associated healthcare delivery system. If prepared properly, the MDT clinician is well suited to assume a leadership role in the new paradigm.

Participants will be able to:

1. Demonstrate a solid base knowledge in the current healthcare transformation in the US.
2. Understand what they need to do to properly position themselves within the new MSD healthcare delivery system.
How MDT Can Help Change Healthcare  
Brian Klepper, PhD

Recently, advanced MDT clinicians have demonstrated a capacity to achieve dramatically better health outcomes in half the recovery time and at significantly lower cost than conventional orthopedic care. These results are increasingly appreciated by patients and purchasers, and are part of a larger trend, not just in MDT but across health care, by upstart firms whose approaches both drive appropriate care and cost and disrupt inappropriate care and cost. This presentation will describe this movement, including the requirements for success in this new health economy.

Participants will be able to:
1. Describe how new approaches contrast with conventional care and cost.
2. Discern the characteristics of successful firms in the new health economy.
3. Understand the requirements of direct, market-based contracting arrangements with purchasers.

Tendinopathy and the Athlete  
Karin Grävare Silbernagel, PT, PhD, ATC

Tendon health is important for an athlete’s ability to perform at their highest potential. Tendon injuries are also one of the main injuries in athletes and the recovery time is significantly longer than after a muscle injury. The overuse tendon injury has an insidious onset and the damage to the tendon occurs prior to the athlete having symptoms and the symptoms can disappear prior to full recovery of tendon’s mechanical properties and function. It is therefore beneficial to have very specific guidelines and criteria for return to sport. This presentation will review the various aspects to consider when planning return to sports and describe a return to sports program in athletes with Achilles tendinopathy.

Participants will be able to:
1. Identify and explain how tendons are affected by sports participation.
2. Recognize the risk factors for tendon injury in sports.
3. Analyze specific guidelines and criteria for return to sports.

Reduce to the Max! MDT in Sport  
Georg Supp, PT, Dip. MDT

Management of sports related injuries and overuse problems needs highly specialized PTs with unique treatment strategies. This presentation will identify the possible role of MDT in the arena of Sports Physical Therapy and highlight the limitations AND the potential of MDT. An international survey will be presented and involve the audience in its analysis.

Participants will be able to:
1. Detect the potential role of MDT in the management of a physically active population.
2. Construct good arguments for the logical principles of MDT as applied to sports physical therapy despite often being seen as an area for highly specialized experts.
3. Analyze results from a survey of MDT trained PTs that will help to reveal common obstacles in the use of MDT with athletes.
Real-Life Case Studies: MDT in Sport

Josh Kidd, PT, DPT, OCS, Dip. MDT, CSCS
Matthew Séguin, BSc, PT, Cert. MDT, Cert. Sport Physio
Nicolas Turcott, PT, Cert. MDT

MDT has shown to be extremely powerful in the treatment of musculoskeletal issues for the general population; though little evidence is available regarding its value in treating the high-level athlete. This presentation will highlight the strengths of using MDT principles of management within this special population. The case studies will demonstrate special considerations when working with high-level athletes.

Participants will be able to:

1. Discuss the potential role of MDT within the athletic population.
2. Identify special considerations when using MDT principles of management for the athletic population compared to principles of management for the general population.
3. Demonstrate the clinical effectiveness of MDT within this special population using real-life care studies.

MDT: Classifying and Management Strategies Beyond the Three Syndromes

As a McKenzie practitioner, you adhere to MDT principles because you have seen the value for your patients, but you have also discovered that a number of your patients do not neatly fit into one of the three syndromes initially described by Robin McKenzie. You know that many of these people can be managed using mechanical principles, but you haven’t been sure how these presentations fit within the MDT system.

This workshop will actively expand upon the presentation given in the general session of the newly described OTHER classifications as defined in the MDT system. Through various dynamic learning activities designed to challenge and entertain, participants will gain additional insight as to the definition, identification and management of patient presentations that fit into the OTHER categories. Come prepared to have fun and to learn new strategies!

Participants will be able to:

1. Evaluate the available evidence to determine which patients are most likely to be classified out of the Derangement, Dysfunction and Postural categories and into the subgroups of OTHER.
2. Critically analyze the OTHER categories as defined in MDT.
3. Synthesize simulated examination findings to identify common mechanical presentations typical of the subgroups of OTHER categories.
4. Analyze and apply mechanical strategies to manage the subgroups of OTHER presentations.
Mobilize to Centralize: MDT Procedure and Technique Workshop

Although many patients can centralize, reduce and abolish spinal symptoms with self-generated forces or clinician over-pressure, others will need specific manual MDT techniques applied during assessment and/or treatment to achieve symptom resolution. In complex or difficult patient presentations, progression of force with application of manual techniques can be valuable in determining directional preference, reducing derangement and exposing dysfunction.

The purpose of this workshop is to highlight the circumstances in which MDT manual techniques are indicated for treatment or as an assessment tool. Participants will receive instruction in proper manual technique application with small participant/faculty ratio, and practice technique application with close supervision.

Additionally, faculty will describe and demonstrate force alternatives of the patient procedures they have found helpful in the reduction of spinal derangements.

Participants will be able to:
1. Identify and discuss the appropriate clinical circumstances which require application of MDT manual techniques during assessment and/or treatment.
2. Recognize common errors in applying the specific MDT techniques.
3. Achieve improved technical proficiency in the application of presented manual techniques.
4. Describe force alternatives that may be utilized in the treatment of spinal derangements.

MDT Extremities—The Progression: A Technique Workshop

This workshop is designed to explore progression of forces in the elbow, knee, and shoulder joints utilizing a variety of learning styles. Utilizing a variety of learning styles (verbal, auditory, kinesthetic) the participants will be exposed to the use of overpressure, mobilization, resistance, and eccentrics to progress forces in the shoulder joint. In small groups, the participant will be led through problem solving of the progression of forces in the elbow and knee joints. Additionally, participants will be instructed in the proper application of lateral elbow and knee mobilizations highlighting the correction of common errors.

Participants will be able to:
1. Summarize the basic progression of forces in the shoulder including the use of overpressure.
2. Execute and problem solve through progression of forces in the elbow.
3. Demonstrate proficiency in correctly performing a lateral glide in extension elbow mobilization.
4. Execute and problem solve through progression of forces in the knee.
5. Demonstrate proficiency in correctly performing a lateral rotation in extension knee mobilization.
Does Size Really Matter? The Small Joint Dilemma

This workshop will provide an extensive review of the McKenzie MDT Method of assessment and care as it relates to the small joints of the extremities. Included will be a discussion of assessment techniques related to management of Dysfunction and Derangements of the foot/ankle, elbow, wrist/hand, and the temporal mandibular joint. This workshop will focus on problem solving through the use of case reviews, technique demonstrations and practice along with group discussions related to the application of MDT.

Participants will be able to:

1. Accurately complete an MDT assessment on a patient presenting with symptoms in one of the chosen joints.
2. Integrate and interpret findings from the assessment and classify the patient into one of the four MDT subgroups of Derangement, Dysfunction, Posture or OTHER.
3. Identify and apply the physiological/accessory joint movements available to develop subgroup appropriate loading strategies in each of the chosen joints.
4. Develop a plan of care that includes self-treatment, education, as well as force progression/regression for each of the chosen joints.
5. Discuss the importance of the use of functional loading strategies, addressing biopsychosocial barriers to recovery in this patient population.
6. Competently perform at least three therapist techniques useful in treatment of the small joints.

The Dynamic Clinical Maze: Navigating the Not-So-Clear Pathways

To the well-trained clinician, the MDT clinical presentations and pathways for treatment are, for the most part, straight forward and commonly clear. However, this is not always the case. What do you do when the clinical direction becomes unclear and the “next step” or “turn” is uncertain? The goal of this workshop is to reinforce the structure and the power of the MDT assessment and provide insight for problem solving future difficult cases to the participants. This session will consist of small group problem solving activities utilizing various case studies and large group discussion for question and answer. The delivery of the information will be through lecture, video and reenactment of cases experiences.

Participants will be able to:

1. Demonstrate improved ability to use and trust the MDT assessment for the “next steps”.
2. Apply advanced clinical reasoning skills to problem solve through atypical cases.
3. Analyze what the patient response suggests to better describe the influence of the clinical decision.

Understanding and Communicating MDT as a Robust Biopsychosocial Approach

This workshop will provide a critical appreciation of the intellectual history and terminology related to Biopsychosocial models relevant to MDT.

Participants will be able to:

1. Understand the history and language of the BPS model as originally developed by Engel for general health care and then by Waddell and others for physical medicine.
2. Appreciate the scope and limitations of BPS models in relation to MDT employing concepts from philosophy of science, sociology of medicine, health psychology and public health.
3. Explore how cognizance of MDT as a robust BPS approach can have a positive effect on outcomes and referral sources.
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