

The Complex Geriatric Patient



Presented by
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**This course is 16 contact hours
16 ccu's/1.6 ceu's**

This course is 19 contact hours/1.9 ceu's for therapists licensed in Illinois, New York, or the District of Columbia

This course is applicable for PT, PTA, OT, OTA, AT. This course meets the continuing education requirements for physical therapists in the States of AK, AL, CO CT, DE, DC, ID, IN, MA, MO, MT, NH, NC, OR, RI, SC, UT, VT, VA, WA, WI and WY. IL PT provider #216000074. This course meets the Colorado Physical Therapy Board of Examiners criteria for 16 hours, 16 Category-1 PDA points. This course meets the standards set forth in section 1399.96 of the California Code of Regulation and is approved for 16.0 hrs, 1.60 CEU's for physical therapy continuing competency license renewal requirements in the State of California. This course meets the ceu requirements specified in the Utah Physical Therapy Practice Act Rule. The New York State Education Department, Office of the Professions has approved NAS as a continuing education sponsor for physical therapists and assistants licensed in New York. **This activity is provided by the Texas Board of Physical Therapy Examiners Accredited Provider # 1907038TX** and meets continuing competence requirements for physical therapist and physical therapists assistant licensure renewal in Texas for 16 ccu's. **North American Seminars, Inc. is an AOTA provider for continuing education, provider #4487.** AOTA approval hours are 16. The AOTA does not endorse specific course content, products or clinical procedures. The AK, AR, DE, DC, IL, IN, KY, LA, MD, MN, MS, MO, MT, OH, OR, OK, PA, RI, SC, TN, TX, VT and VA occupational therapy regulatory boards accept courses presented by AOTA providers to meet the needs of OT continuing educational requirements. Additionally, this course meets the ceu requirements for OT's licensed in AL, AZ, CA, CO, CT, FL, GA, HI, ID, KS, ME, MA, MI, NE, NJ, ND, UT, WA, WV, WI and WY. Meets the NBCOT requirements. **BOC provider # P2047**, 16 hrs, category A, call for evidence-based approval status. Meets the NBCOT requirements. **Call 800-300-5512 for specific state approval numbers as they are continually updated.**

Day One

7:30	8:00	Registration
8:00	10:00	Lecture: Special Considerations <ul style="list-style-type: none"> • Introduction • Assess vital signs, pain, respiratory function, skin integrity • Identify need for referrals, red flags • Strategies for reducing re-hospitalizations • Know your patient, common problems • Cognitive screening tools • Functional objective measurement and assessment tools • Falls prevention and balance • Treatment approaches • EBP: Repetition of response • EBP: Gait speed
10:00	11:00	Case Study 1: CVA, LBPO Back Pain S/P FX's Ribs Secondary to Fall (Lecture) <ul style="list-style-type: none"> • Evaluation: evaluating each system • Precautions, red flags • Discussion of evaluation findings • Establishing priorities of treatment and goals • Rationale for manual facilitation: utilizing the developmental sequencing
11:00	11:15	Break
11:15	12:15	Treatments (Lab) <ul style="list-style-type: none"> • Manual facilitation: rhythmic initiation, replication, stabilizing reversals • Functional lumbar joint mobilization • Treatment in bridging/quadruped to address: Balance, coordination, weight shift fall prevention, strength • Treatment of frozen shoulder supine to address: ROM, Pain end range. • Techniques: G.H. mobilization, EBP: stretching, contract relax, hold relax • Treatment in position of prone on elbows to address: ROM, Strength • High-level balance/coordination activities, to address: Fall prevention, getting back to golf. • Home exercise program to address: Back pain, balance, frozen shoulder, weakness
12:15	1:15	Lunch (on your own)
1:15	3:15	Case Study 2 : Brain Tumor-Ataxic, status Post Hip and Hand Fracture, Status Post Discectomy (Lecture/Lab) <ul style="list-style-type: none"> • Evaluation, precautions, fall risk assessment • Priorities of treatments-rationale, goals • Transitional movements to accommodate vision/vertigo/ataxia • Functional activity of floor transfers and crawling • Balance /coordination/stabilization, breathing • Progression of treatments, developmental sequencing, deep breathing, exercises, and manual therapy , technique of combination of isotonic, Pilates-ball exercises

Day One (continued)

3:15	3:30	Break
3:30	5:30	Treatment Lab Continued <ul style="list-style-type: none"> • Approximation, ankle joint , mobilizations, massage, dynamic stretching techniques, EBP • Home Exercise Program S.O.B, balance, coordination, strength and functional activity
5:30	6:00	Video Analysis-Group Discussion
<h2>Day Two</h2>		
8:00	8:15	Review-Questions
8:15	12:15	Case Study #3: Status Post CVA with Osteoarthritis of Bilateral Knees, Left TKR (Lecture/Lab) <ul style="list-style-type: none"> • Evaluation • Precautions: feeding tube, right knee, poor communication and vision • Priorities of treatments-rationale, goals • Utilizing developmental sequencing • Functional bed mobility: rolling, integrating upper and lower trunk • Manual facilitation: rhythmic initiation, replication • Functional activities : bed mobility, weight bearing • EBP: Normal timing • PNF pelvic patterns, pelvic pattern with LE, EBP: effects of PNF on balance • Home exercise program, bed mobility, wound prevention
12:15	12:45	Lunch (on your own)
12:45	3:15	Lecture/Group Discussion on Prioritizing Treatments and Precautions Identify Patient Impairments/Treatment Ideas <ul style="list-style-type: none"> • Multiple Sclerosis • Parkinson • Head injury • Obesity • TKR • THR • Back Pain • D.M. • EBP: Stretching and Soft Tissue Mobilization for O.A. of Knees • EBP : Joint Mob and Strength changes • Develop treatment ideas • HEP • Return to leisure activities
3:15	3:30	Break
3:30	4:15	Bringing it All Together, Review, Questions and Answer

About the Educator

Suzanne White, PT, has over 30 years of experience as a physical therapist. She graduated from California State University Northridge. Her credentials include extensive experience in acute rehabilitation, inpatient rehabilitation, outpatient orthopedics, outpatient Neurorehabilitation and home health PT. She has been internationally recognized as a PNF advanced instructor. Suzanne has taught short term and long term courses in the United States as well as internationally in South Korea and Germany. Suzanne was on staff at Kaiser Foundation Rehabilitation Hospital from 1987-2000, where she was an advanced international instructor in the PNF residency program. She has completed numerous long term manual therapy courses including the Folsom year-long manual therapy course utilizing Maitland and Kaltenborn approach. She has been working in her own private Home Health practice for over 16 years. Working primarily with the complex geriatric patient, getting them back to living a more functional life and integrating the patient's hobbies into her treatment plan.

Add the online course "Myofascial Release for the Aging Population" during registration for 24.5 total hours.

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Why You Should Attend This Course

Identifying the optimal treatment progression for a complex patient is essential in today's health care environment. Therapists must combine all of their skills, whether neurological or orthopedic, in order to develop progressive programs that are efficient—and safe—for geriatric clients. This intermediate-level course begins with more than two hours of evidence-based information, a preliminary lead-in as to how to treat your complex geriatric patient. In addition, essential information will be provided on how to identify red flags, perform thorough evaluations and set realistic functional goals for the complex geriatric patient.

Case studies of patients with multiple diagnoses will be presented in a systematic sequence so that the appropriate understanding of how to prioritize your approach can be established. Working with developmental sequences will enhance the patient's coordination, balance, strength and range of motion and will produce a positive result in the patient's ability to perform activities for daily living, maximize fall prevention, and reduce re-hospitalization.

By utilizing developmental sequences in conjunction with traditional rehab practices, therapists should possess the knowledge base to treat complex geriatric patients with multiple diagnoses, including MS, Parkinson's, post CVA, head injuries, obesity, total hip and/or knee repairs, osteoarthritis, as well as other orthopedic issues.

This course will sharpen your critical thinking and creative problem-solving skills. Patient scenarios and video analysis will be used to identify impairments of ADL's for both the neurological and/or orthopedic geriatric patient. Participants will have plenty of hands-on time for practicing neuro-developmental sequencing, joint mobilizations and manual therapy, progressive functional activities and exercises.

This course will provide physical therapists, physical therapy assistants and occupational therapists with the skills needed to treat the complex geriatric patient. The theories and facilitation techniques learned will benefit therapists working in acute rehab, outpatient and home health settings and can be immediately applied to clinical practice. Clinicians will be provided with course handouts and resources to serve as reference material upon completion of the course.

Course Objectives

Upon completion of this course, participants will be able to:

- Assess vital signs, cognitive function, cardio, respiratory function and skin integrity, balance and functional limitations of the complex patient. Applying these skills when working with the acute rehab, outpatient or the home bound patient.
- Demonstrate how to utilize the proper cognitive and functional evidence-based assessment tools to establish baselines and progression of care to reach targeted outcomes.
- Describe the benefits to utilizing progressive developmental sequencing to optimize coordinated functional movement.
- Utilize evidence-based tools to evaluate deficits in mobility and/or stability in the complex geriatric patient.
- Develop strategies to reducing re-hospitalization rates.
- Analyze abnormalities in the components involved with functional movements and prioritize a treatment approach to improve an individuals functional patterns of movement.
- Prioritize impairments when developing comprehensive treatment programs for the geriatric patients with neurological and/or orthopedic problems.
- Perform hands on techniques to facilitate the functional activities of daily living; including soft tissue mobilization, manual therapy (PNF), joint mobilization, muscle strengthening, and range of motion activities.
- Describe the initiation of movement (stability to mobility and coordination) when utilizing developments sequencing to enhance functional motion.
- Identify key strategies for interventions for fall prevention.
- Integrate basic EBP principles of treatment into the developmental sequence for more comprehensive functional outcomes.

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