

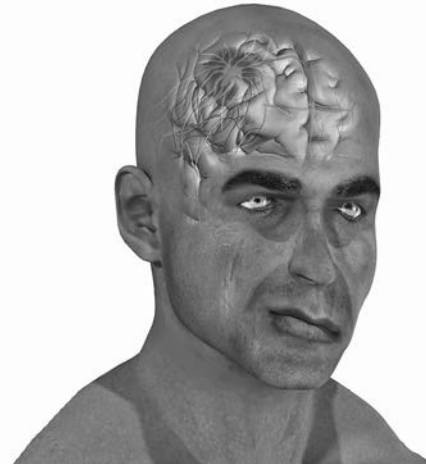
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Certificates for attendance are provided upon course completion.
 This course is 15 contact hours/1.5 ceus. This course is 18
 contact hours/1.8 ceu's for DC, NY or IL therapists

This course is applicable for PT, PTA, OT, AT's. This course meets the continuing education requirements for physical therapists in the States of AK, AL, CA, CO CT, DE, DC, GA, ID, IN, MA, MO, MT, NH, NC, OR, PA, RI, SC, UT, VT, VA, WA, WI and WY. NAS is a provider for continuing education approved by the IDPR for physical therapists, IL provider # 216000074. This course meets the standards set forth in section 1399.96 of the California Code of Regulation and is approved for 15.0 hrs, 1.50 CEU's for physical therapy continuing competency license renewal requirements in the State of California. 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 therapist assistant licensure renewal in Texas for 15 ccu's. The assignment of Texas PT CCU's does not imply endorsement of specific content, products, or clinical procedures by TPTA or TBPTE. This course meets the Colorado Physical Therapy Board of Examiners criteria for 15 ccu's, 15 Category-1 PDA units. 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. **North American Seminars, Inc. is an AOTA provider for continuing education. Provider # 4487.** Advanced Level Occupational Therapy Process: evaluation, intervention, outcomes. AOTA approval hours-15. 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. FL OT provider # 50-1442. **BOC provider # P2047**, 15 hrs, category A, call for evidence-based approval status. Meets the NBCOT requirements. **Don't see your state listed? Call 800-300-5512 for specific state approval numbers as they are continually updated.**

Stroke

An Evidence-Based Course Impacting the Under 55 Year Old Population



**Presented by
 Laura Wiggs, PT, NCS, CBIS**

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**PT, PTA, OT, COTA and AT -
 Continuing Education Course**

Day One

- 7:30 8:00 **Registration**
- 8:00 8:15 **Review Basic Anatomy and Circulation of Brain**
 - Incidence of stroke, most common causes
 - Lobes and function
 - Circulation and function
- 8:15 8:45 **Stroke Behaviors and Cognitive Deficits**
 - Impulsivity, decreased initiation, executive dysfunction
 - Strategies for working with patients exhibiting these behaviors
 - Memory deficits, attention deficits
 - Cognitive processing speed
 - Strategies for working with patients exhibiting cognitive deficits
- 8:45 9:00 **Language Deficits and Vision Deficits**
 - Strategies for working with patients with language deficits
 - Identifying possible visual deficits
 - Impact of visual deficits on function
 - Strategies for visual deficits
- 9:00 9:30 **Comorbidities: Impact on Outcome and Treatment Planning**
 - Most common: HTN and DM
 - Hemotological disorders
 - Dementias, neuropathies
 - HIV, brain tumors, dementias
 - Substance abuse, other comorbidities
- 9:30 9:45 **Lab: Case For Small Group Problem Solving on Expected Outcomes Based on NeuroAnatomy Involved and Comorbidities.**
- 9:45 10:00 **What is a Transdisciplinary Approach?**
 - Why this is important to outcomes
 - Review of the literature
 - Ideas about how to develop a transdisciplinary team in your setting
- 10:00 10:15 **Break**
- 10:15 11:00 **Neuroplasticity**
 - Review current literature
- 11:00 12:00 **Motor Learning**
 - Basic Principles
 - Applying motor learning for best outcomes
- 12:00 1:00 **Lunch (on your own)**
- 1:00 3:00 **Hypertonicity**
 - Defining spasticity, dystonia, and spastic dystonia
 - Assessment of hypertonicity
 - Medical management of hypertonicity: neurotoxin, ITB, and oral medications. Upates on the latest research
 - Case presentations, therapy interventions

Day One continued

- 3:00 3:15 **Break**
- 3:15 4:00 **Movement Analysis**
 - Key movements
 - How to interpret
- 4:00 4:45 **Movement Analysis (Lab)**
- 4:45 6:15 **Fatigue in the Stroke Population**
 - Causes
 - Normal aging changes that are exacerbated by a stroke
 - Evidence based research
 - Strategies for managing fatigue across the continuum

Day Two

- 7:45 9:15 **Management of the Hemiplegic Shoulder**
 - Identification of the pain generator
 - Treatment strategies for managing subluxation, adhesive capsulitis, and referred pain
 - Orthotics for the upper extremity
- 9:15 10:30 **Lab for Hemiplegic Shoulder Treatment techniques**
- 10:30 10:45 **Break**
- 10:45 11:15 **Gait from Bedside to Community Ambulator (Lect)**
 - Review of current evidence based research
 - Treatment techniques to improve gait
 - Orthotics
- 11:15 12:30 **Lab: Gait**
- 12:30 1:00 **Lunch (on your own)**
- 1:00 1:30 **Successful Home Program Development Across the Continuum**
 - Consider all deficits
 - The importance of a team approach
 - How to get support system involvement
 - Key education for prevention of an additional stroke
 - Productive activity is part of a home program
 - Community activities
- 1:30 1:45 **Break**
- 1:45 2:45 **Lab Developing Home Programs**
 - Exercise prescription
- 2:45 3:00 **Conclusion**

About the Educator

Laura Wiggs, PT, NCS, CBIS graduated from Texas Christian University with a Bachelor of Science degree in Kinesiological Studies. She earned a Bachelor of Science degree in physical therapy from UTMB in 1991. In 2000, she earned her certification as a neurological clinical specialist. She is also a Certified Brain Injury Specialist by the Academy of Certified Brain Injury Specialist.

Laura has specialized in the treatment of individuals with brain injury and stroke for the past 27 years. She has treated individuals throughout the continuum of brain injury and stroke from the neuro intensive care unit to community based re-entry. She has published numerous articles on the topic of hypertonia, and has presented both nationally and internationally on this topic. In addition, she has presented at numerous national and international conferences on topics in brain injury.

Laura is a guest lecturer for the UTMB PT program, and is on faculty with the Harris Health System PT Neurological residency program.

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Why You Should Attend This Course

In the United States, the incidence of stroke in individuals under the age of 55 continues to increase, and billable length-of-stay continues to decrease across the continuum of care. A stroke diagnosis in this the age group represents a potential for a lifetime of physical challenges in addition to a significant impact on the healthcare system.

This two-day advanced course will introduce specific evidence-based concepts and techniques to help identify the key issues that are needed to facilitate the “younger” stroke survivor back a functional status as an active participant in their community. Most of the concepts introduced in this course, although focused on the young stroke victim, can also be applied to all stroke patients.

Critical impediments to the progression of therapy can be identified within the early stages of care when a clinician identifies the region of the brain involved and its implications on cognitive, visual, language, and behavioral patterns. This specific identification of symptoms will be briefly addressed to provide the baseline for the clinician to develop appropriate progressive rehab programs.

The most complicated issues and barriers to progression in stroke rehab are often related to motor learning, fatigue, severe hemiplegic shoulder and management of hypertonicity and comorbidities. The combination of information and advanced techniques presented in this class will provide a clinical perspective on how to prioritize, treat and manage these issues for the best functional outcomes.

The hands-on laboratory sessions will provide detailed instruction on techniques for the hemiplegic shoulder, movement analysis, and gait. Case studies on neuroanatomy, comorbidities, and home program development will enhance the information with real-life application.

This presentation of evidence-based and clinical practice guidelines will form the foundation of a comprehensive program. This course puts together a template for problem-solving the more complex young stroke population and the issues they face to integrate back into their community. The treatment techniques and material presented in this course are designed to maximize current billing guidelines.

Course Objectives

Upon completion of this course participants will be able to:

- Identify neuroanatomical lesions and subsequent deficits.
- Identify cognitive, behavioral, vision, and language deficits post stroke.
- Develop strategies for assessing and treating cognitive, behavioral, vision, and language deficits for improved outcomes throughout the continuum.
- Identify the impact of comorbidities on outcome and therapy planning.
- Define a transdisciplinary approach and describe ways to develop this in your treatment setting.
- Define motor learning and identify how to achieve better outcomes by using a motor learning approach.
- Define spasticity, dystonia, and spastic dystonia, and identify the best medical and therapy interventions for management.
- Identify key movements to analyze, interpretation of the movement observed, and how to set up treatment strategies for improved outcomes.
- Identify causes of fatigue in the stroke population and treatment strategies to diminish the impact of fatigue on function.
- Identify the pain generators that contribute to hemiplegic shoulder pain, and perform basic treatment techniques for management.
- Discuss the most current evidence-based information on upper and lower extremity orthotics for the stroke population.
- Identify keys to achieving community ambulation and community integration.
- Develop home programs for continued progress, not just maintenance.

Wiggs

Stroke: Under 55 Year Old Population

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