Registration

Course Registration fee includes:

Extensive course booklet; reference list of evidencebased library materials sent electronically one month prior to the course; recommended supply list sent prior to course; evaluation tools available for practice; light morning and afternoon refreshments.

LINK TO REGISTER

https://aptac.memberclicks.net/headstrongregistrationcsprings

You will be required to sign in. If you do not have a current APTA CO account you will need to create one.

Continuing Education Units

Physical Therapists: The course meets Colorado standards for 15 hours of Category I continuing competence activities (C.R.S.§ 12-41-114.6)

Occupational Therapists: The course meets Colorado standards for 15 hours PDA (C.R.S.§ 12-40.5-109.3, may use 12 hours)

Satisfactory Completion: participants will document attendance, complete a course evaluation, and complete the post-course assessment. No partial hours may be awarded.

Registration	
APTA Member	\$525
APTA Student Member (3rd yr)	\$275
Non-APTA Member	\$625
Repeat Participant (contact APTA)	\$275

3rd year Physical Therapy students are invited to apply to the course with written recommendation indicating a working knowledge of vestibular disorders.

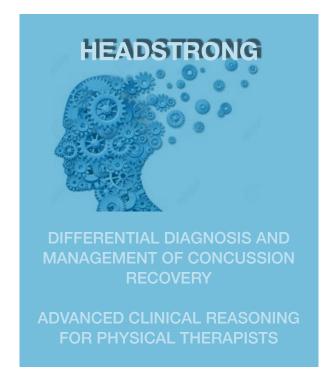
Heather Campbell, PT, DPT, MA, OCS (e) has over 40 years of experience integrating musculoskeletal and neurologic recovery. In addition to serving on faculties of first professional and post-professional academic programs in physical therapy, medicine, and dentistry, Dr. Campbell has facilitated local, national and international professional continuing education seminars, as well as contributing the the competency in Vestibular Rehabilitation program at South Valley Physical Therapy in Denver. She currently serves as affiliate faculty at Regis University. With a career emphasis in cervical spine care, she focuses on postural, visual and vestibular interdependence and how to influence central sensory processing for recovery after injury or neurologic disease. Her expertise in concussion management links cervicovestibular assessment to all other components in a multidisciplinary approach to care.

Nicole Miranda, PT, DPT is an assistant professor in the blended learning DPT program at South College based in Knoxville, TN, and affiliate faculty at Regis University in Denver, CO. She specializes in complex neurological and vestibular rehabilitation as well as rehabilitation following lower extremity limb loss, working with all ages from pediatrics through geriatrics. Her passions involve mentoring physical therapists to develop critical thinking skills necessary to evaluate and treat patients with expert and compassionate care. Dr. Miranda participated in the development and presentation of a national concussion course through the APTA Academy of Neurologic Physical Therapy and has presented at local education courses and workshops as well as international multidisciplinary conferences. She provides webinars related to dysautonomia and exercise intolerance.

Drs. Miranda and Campbell developed a comprehensive vestibular and neuromuscular rehabilitation department and program for the Marcus Institute for Brain Health, a multidisciplinary intensive assessment and treatment group serving military veterans and retired athletes coping with post concussive disorders at the University of Colorado School of Medicine in Aurora, CO. They contributed substantively to the novel chapter on Concussion in Umphred's Neurologic Rehabilitation 7th Edition and coauthored the chapter on Headache in Goodman and Fuller's Pathology: Implications for the Physical Therapist 5th Edition. The Colorado Chapter of the APTA honored Dr. Campbell and Dr Miranda as 2019 Physical Therapists of the Year for their education in, advocacy for, and legislative action promoting physical therapists' role in post concussion management and determination of safe Return to Play decisions.

Cancellation Policy: cancelled registration fees will be credited forward for future APTA programs.

ENHANCED CLINICAL INSIGHT



Heather Campbell, PT, DPT, MA Nicole Miranda, PT, DPT July 17-18, 2021

Rezac & Associates Physical Therapy
855 Citadel Dr E,
Colorado Springs, CO 80909
Sponsored by the Southeast District





Course Proceeds support Colorado Physical Therapy legislative efforts.

Course Objectives: Upon completion of the course, participants will be able to:

Describe the neural pathophysiology of mild traumatic brain injury and transition to post concussion disorders, considering personal risk factors, associated trauma, and comorbidities that can lead to prolonged recovery timeframes.

Effectively interview, objectively test, and develop a differential diagnosis with prioritized impairments leading to a customized novel treatment strategy based on patient goals and resources, best evidence, appropriate outcome measures, and critical analysis of all information gathered.

Day 1

Consider categories of post concussive disorders when choosing functional inventories, objective tests and measures, and treatment dosing and order to achieve best outcomes.

Provide critical, evidence informed, guidance for return to play, return to learn, return to work, and return to deployment

Understand the roles of the multidisciplinary team, including alternative therapies and devices in facilitating recovery; understand the impact of altered cognition, arousal, sleep, and mood on response to rehabilitation and recovery.

Speak confidently on the leadership role Physical Therapists fill on the multidisciplinary team for patients with PCD.

You have choices - why take THIS course:

Physical Therapists are leaders in determining readiness for return to activity after mTBI. This advanced collaborative learning workshop helps ensure clinicians are prepared for that responsibility. We employ evidence-informed practical information necessary for differential diagnoses of acute and post concussive disorders (PCD) using the ICF Model to identify impairments that limit activities and life role participation. Interactive learning, practice of assessment and intervention skills, and case study exercises will equip participants to improve compassionate and effective interventions in their own practice settings and populations. Interfacing with community stakeholders, multidisciplinary health team, and legal implications are all discussed. Special attention will be focused on motion-provoked dizziness, visual motion hypersensitivity, postural maladaptations, and dysautonomia including POTS. Continued support and mentorship are available to participants through electronic means.

Who should take this course: Physical Therapists, Occupational Therapists, Neuropsychologists

Welcome, introductions and overview of the course

Course Schedule

Timing may be adjusted according to the learning needs of the general audience

8:00 - 8:30 8:30-9:30	Evidence Based Highlights discussion from recommended pre-course readings, including COVID-19 related effects	
9:40 – 10:45	ICF Model of Post Concussion Disorders: impairments of body structure and function, personal risk factors and comorbidities affecting recovery, consequences of activity limitations and participation restrictions; defensible documentation; introduce case examples	
11:00 – 12:00	Dizziness – Breaking down the term and performing an astute patient interview to drive the differential diagnosis based on patient symptoms.	

1:00 - 5:00	PT Examination and Intervention – Interactive Lecture/Lab Sessions. Performance and interpretation of assessments, development of interventions based on findings; prioritization of impairments with literature support and case examples for demonstration of principles.	
1:00 - 2:20	Vestibular system - Includes postural control, gaze stabilization, balance reactions, strategy selection, sensation of motion, and positional vertigo	
2:30 - 5:00	Visual system – Includes ocular alignment, oculomotor control, visual dependency and visual motion hypersensitivity.	
Day 2		
7:30 – 8:00	Optional Office hours, bring us your questions from Day 1	
8:00 - 12:00	PT Examination and Intervention – Interactive Lecture/Lab Sessions. Performance and interpretation of assessments, development of interventions based on findings; prioritization of impairments with literature support and case examples for demonstration of principles.	
8:00 – 9:00	Somatosensory System - Includes cervicogenic headache and dizziness, reduced and hypersensitive somatosensation	
9:15 – 11:00 11:15 - 12:00	Cervical Contributions related to Whiplash Associated Disorders Central Sensory Processing - Sensory integration and effects on gait speed, multi-tasking and maladaptive patterns ***********************************	
1:00 – 1:30	Extra time for content not fully covered and questions	
1:45 - 2:45	Exertion Training and Exercise Intolerance - Includes exertion training programs, Return to Play, Return to Learn, Return to work, Return to deployment. Participating inaccommodation plans: 504, work restrictions, daily schedules, family education	
3:00 - 4:00	Behavior, Cognition and Sleep – Alternative therapies, Apps and Devices Questions? Integrating knowledge into practice	