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This course is 15.0 contact hours/15 ccu's/ 1.5 ceu's for therapists licensed on other states
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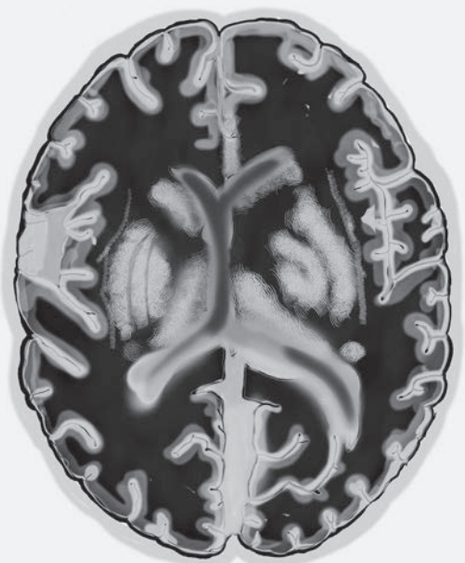
This course is 18.0 contact hours/1.8 CEU's, for therapists licensed in NY, IL or DC.

Invisible Trauma: Recovery from Complex Concussions

Solutions for when comorbidities and complications make recovery challenging



An Evidenced-Based Course
Presented by
Laura Morris, PT, NCS

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PT, PTA and ATC - Continuing Education Course

Day One

7:30	8:00	Registration
8:00	9:00	**Introduction, Update of Current Research and State of the Science** • Recent trends in research and translation to clinical practice • How is rehab different now? • Introduction of complex case examples: Geriatric patient with falls chronic neck pain, anxiety and visual sensitivities • Athlete with chronic headache
9:00	10:00	**Complications Related to Vestibular Dysfunction** • How is the oculomotor exam different (and the same) in concussion? • Pearls and pitfalls of the oculomotor exam • Visual assessment- when to refer
10:00	10:15	**Break**
10:15	11:00	Complications Related to Vestibular Dysfunction (continued)
11:00	12:00	**Vestibular/Oculomotor Interventions** • How to tailor your interventions to the complex patient • Prioritizing visual vs. vestibular impairments • Visual intervention as it relates to function
12:00	1:00	**Lunch** (on your own)
1:00	2:00	**Visuo-Vestibular Lab** • Oculomotor exam demonstration and practice • Visuo-vestibular intervention practice • Convergence insufficiency training • Gaze shifting for functional visual scanning
2:00	3:00	**Exertion Impairment** • When to begin, how to begin to exert • The problem with treadmills: problem-solving equipment modalities • Endorphin withdrawal and emotional distress in athletes of all ages
3:00	3:15	**Break**
3:15	3:45	Cervical Contributions to Impairment • Differential diagnosis- cervical vs. vestibular etiology to symptoms • Decision-making between muscular and joint mobility intervention • Cervical proprioception and sensory mismatch- diagnosis and interventions for cervicogenic dizziness
3:45	4:30	**Case Example** • Geriatric patient with visual motion intolerance and imbalance
4:30	5:30	**Billing, Reimbursement Issues** • Common CPT coding for concussion- how is it different? • Review of documentation guidelines for vestibular dysfunction • Justification of care via outcomes, merit-based medicine

Day Two

8:00	9:00	**Headache** • Differentiation between headache types • Migraine management • How does medical management of headache fit into the rehab process?
9:00	10:00	**Psychological, Functional and Emotional Complications to Recovery** • Anxiety and depression • Persistent Postural-perceptual Dizziness (PPPD) • Strategies to assist in avoiding the progression to PPPD • How to discuss with patients- examples of conversations with patients/role playing
10:00	10:15	**Break**
10:15	11:15	**Considerations for Return to Recreational Activities** • Vocational assessment for all ages and abilities • Task analysis- is your patient ready? • Designing an appropriate intervention for successful return to play
11:15	11:30	**Putting it all Together:** • Comprehensive assessment • What to assess and when • How to navigate the multiple assessment and intervention options available • Criteria and considerations for use of devices (what is it designed for, research behind it, normative values, clinical relevance- sway testing, King-Devick, Vision coach, impact)
11:30	12:00	**Progression/Management Guidelines** • Prioritizing interventions and referrals to other practitioners • Anxiety, headache, vision and neck pain- which to address first? • How to work together when you are far apart • When compensatory techniques are helpful or hurtful
12:00	1:00	**Lunch (on your own)**
1:00	3:00	**Cases** • Challenges to returning to work/school-play • Progression of intervention • Small group discussion
3:00	3:15	**Break**
3:15	4:00	**Documentation Dilemmas** • How to communicate your findings • Goal writing • Sample reports based upon cases
4:00	4:30	**Questions, wrap-up**

About the Educator

Laura Morris, PT, NCS is a physical therapist and lecturer with over 25 years of experience in the management of adults with neurologic disorders. Her clinical work focuses on vestibular disorders and mild traumatic brain injury at Elmhurst Memorial Hospital in the Chicago area. She is the Director of Communications for the Academy of Neurologic PT of the APTA. She teaches continuing education in concussion and vestibular rehabilitation both nationally and internationally. Her experience includes inpatient and outpatient care, clinical research and program development, including the launch of the fourth credentialed Neurologic PT Residency Program in Pittsburgh. Clinical practice also included vestibular and concussion rehabilitation in Pittsburgh, Pennsylvania, the Mild Brain Injury Program in Baltimore, Maryland and neurologic private practice in Alexandria, Virginia. She was re-credentialed for her Neurologic Clinical Specialist in 2013. She has been involved in the Academy of Neurologic PT and the Vestibular special interest group, primarily in positions involving website support. In 2005 she received the Award for Clinical Excellence in Neurology by the Neurology Section of the APTA, and in 2015 received the Service Award from the Vestibular Special Interest Group. Her contributions to the literature include book chapters and journal articles in the area of vestibular disorders and mild brain injury rehabilitation.

Why You Should Attend This Course

Thirty percent of those with mild traumatic brain injury have a prolonged recovery. Co-morbidities also complicate the rehabilitation process and make efficient intervention challenging. This two-day advanced evidence-based course is designed for physical therapists who have a basic knowledge of mild TBI and vestibular rehab and would like to improve their skills. The course goes beyond introductory concussion courses to explore the difficult differential diagnostic process that is required with complex mild TBI. The course will enable the therapist to differentiate the various etiologies of dysfunction and prioritize intervention for those patients who are not recovering as expected. The course will cover recent research and how clinical management has changed over recent years. Participants will explore the oculomotor exam as it relates to determining the etiology of impairment, including central vestibular involvement. The difficult areas of anxiety/depression, differential diagnosis of PPPD, and how to communicate about these issues with the patient and family will be discussed. Headache and cervical involvement will be addressed, including differential diagnosis of post-traumatic headache, with emphasis on differential diagnosis of migraine headache, vestibular migraine and cervicogenic dizziness. Strategies for prioritizing intervention will be discussed, as well as when to refer to other medical practitioners for counseling psychology, neuropsychologic testing and vision assessment. Laboratory time will be provided to work on oculomotor and visual assessment and intervention skills as they relate to mild TBI. Participants will apply the material learned in small group case application for intervention planning and documentation. Participants will be able to return to their clinic with the ability to refine assessment techniques and manage patients with greater efficiency.

Course Objectives

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

- Describe how recent research has changed clinical practice.
- Identify typical and atypical vestibular impairments in mild TBI.
- Identify pearls and pitfalls in the oculomotor exam that are unique to complex concussions.
- Perform an oculomotor exam as it relates to mild TBI including vision screening.
- Differentiate various etiologies and triggers for post-traumatic headache that complicate recovery.
- Identify post-traumatic migraine and vestibular migraine according to established diagnostic criteria.
- Differentiate cervicogenic dizziness, anxiety and migraine in mild TBI.
- Determine the optimal time for initiating exertion training.
- Identify appropriate patients for exertion training.
- Determine intervention priorities based upon patient goals and current impairments.
- Perform a task analysis of return-to-sport functions and develop an intervention plan.
- Determine appropriate referrals to other health professional based upon comprehensive assessment and differential diagnosis.
- Apply the material presented to representative patient cases.
- Develop sample goals and documentation phrases based upon patient cases.
- Identify appropriate billing codes for reimbursement
- Utilize correct language for documenting oculomotor impairments or vestibular dysfunction.
- Justify PT intervention for payment via functional outcomes and merit-based medicine.

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