Outline

🖾 Case Study

NEUROANATOMY AND THE IMPACT ON COGNITIVE PROCESSING

- Basic neuronal anatomy
- Brain wiring: Association, projection, and commissural fiber tracts
- Brain lobes locations and ties to cognitive processes
- Cerebellum and impact upon cognition
- Case Study 1: Jacob's anxiety and how pacing the halls became therapeutic

🕮 Case Study

OPTIC SYSTEM AND VISUAL PERCEPTION

- Optic constructs, anterior-posterior fiber tracts
- Visual cortices and unique roles in visual processing
- Effect of tumors, shear injuries, CVA lesions upon visual perception
- Case study 2: Why can't my patient just see the whole worksheet like I do?
- Group Exercise: Review of vision diagnostics by discipline (PT/OT/SLP)

HOW NEUROTRANSMITTERS DRIVE THE BUS

- Internal communication systems within the brain
- Dopamine pathways and effects on cognition and reward systems
- Serotonin pathways and mood modulations

EXECUTIVE FUNCTIONS OF THE FRONTAL LOBE

- The Cognitive Pyramid and moving patients upward
- Skull anatomy and effects of shear injury - Shear injury as it affects anxiety and behavioral health
- Therapy implications for PT/OT/SLP
- Group Exercise: Review of executive function diagnostics by discipline (PT/OT/SLP)

COMMUNICATION AND THE LEFT HEMISPHERIC FUNCTIONS

- Broca's vs. Wernike's areas
- Function of the arcuate fasciculus upon communication

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SPATIAL PROCESSING AND THE RIGHT **HEMISPHERIC FUNCTIONS**

- Neurophysiology vs neuropathology, understanding patients' nonverbal challenges
- Inferential language and social cognition A sense of time and spatial organization revealed

THE HIDDEN PROCESSORS -THALAMIC INFLUENCES

- Auditory pathways and neuroanatomy Thalamic engagement on sensory
- information
- Modulation of sleep and vigilance

Case Study

MEMORY: HOW THE HIPPOCAMPUS AND THE AMYGDALA PARTNER

- Memory processes • Memory types: Right vs left hippocampal functions
- Hypoxia and anoxia upon memory function Sleep and memory consolidation, effect of exercise on memory structures
- Amygdala's influence upon fear-based learning and hijacking executive control
- Case study 3: Nile's hypoxia and long tern rehab outcomes

RECOVERY FROM ACCELERATION/ **DECELERATION INJURIES: DIFFUSE AXONAL INJURY (DAI)**

- Microanatomical features of DAI CTE: Chronic Traumatic Encephalopathy
- Where medications have failed AGITATION MANAGEMENT STRATEGIES
- Review how working knowledge of the Rancho Los Amigos levels and practitioner
- tips can avoid confrontation • Learn trick of the trade for avoiding escalation
- Confabulation and denial—addressing the elephant in the room

ENRICHING PATIENT AND CLINICIAN RELATIONSHIPS

- The science behind mediations and mindfulness
- Reigning in the runaway situation

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TARGET AUDIENCE

Physical Therapists Physical Therapist Assistants Occupational Therapists Occupational Therapy Assistants Speech-Language Pathologists Certified Brain Injury Specialists **Recreational Therapists** Nurses Nurse Practitioners Social Workers

Addressing Patient Behavior by **Brain Lesion Site**



Clinical Tools & Strategies Specific to Patient Deficits

 Identify cognitive dysfunction to enhance neuroplasticity for decreased fall risk and improved mobility/transfers

 Link function and behavior to more strategically written patient-driven therapy goals

 Tools to connect neuroanatomy to patient behaviors to address difficult behaviors like defiance and confusion

 Improve intervention timing by choosing proper diagnostics based on level of brain lesion

 Anticipate proper discharge plan by determining patient response in structed vs. home environments

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A NON-PROFIT ORGANIZATION CONNECTING KNOWLEDGE WITH NEED SINCE 1979

Addressing Patient Behavior by Brain Lesion Site

Clinical Tools & Strategies Specific to Patients Deficits

Neuroanatomy is admittedly complex and overwhelming. Clinicians working in rehabilitation are faced with growing caseloads, diminished resources/reimbursement, and increasingly medically complex patients with the expectation of improving outcomes and reducing length of stay. Honing knowledge of clinically-relevant neuroanatomy and neuropathology can predict dysfunction and intuitively create a scaffold for assessment and treatment even before meeting the patient. Predetermining potential deficits leads to a more tightly defined diagnostic battery and expedites treatment formulation. By deducing the patient's experience, the clinician can also prepare for behavioral barriers to engagement and understand the healing process with greater compassion.

In this one-day seminar, participants will learn intermediate level neurophysiology as it relates to cognitive-linguistic skills and behavioral control, as well as explore mindfulness techniques for stress reduction. The overlying foci of the course are to arm treating professionals with an improved clinical eye, predicting dysfunction, and expedite the pathway to treatment. Course content will also include patient-focused educational materials for stroke and traumatic brain injury ready to utilize by treating practitioners.

Speaker _

STEPHANIE HENIGIN, MA, CCC-SLP, specializes in diagnosis and treatment of cognitive-linguistic deficits, neurodegenerative diseases, dysphagia, motor speech disorders, and brain injury. An experienced instructor with a dynamic, hands-on teaching style, she is highly regarded for her lectures and presentations at universities and professional associations.

Ms. Henigin works with adult and geriatric populations at a Level 1 Trauma Hospital in Saint Paul, MN. In addition, she serves as a community support group facilitator for individuals with aphasia and traumatic brain injury (TBI), provides clinical supervision to graduate students, and writes health literacy materials. She earned her bachelor's and master's degrees in communication sciences and disorders from the University of Minnesota Duluth.

Speaker Disclosures

Financial: Stephanie Henigin has an employment relationship with Regions Hospital. She receives a consulting fee from Minnesota Connect Aphasia Now; SLP Insights; and Benedictine Health Systems/Cerenity Senior Care. Ms. Henigin receives a speaking honorarium from PESI, Inc.

Non-financial: Stephanie Henigin is a member of the American Speech-Language-Hearing Association; and the Minnesota Speech-Language-Hearing Association

Objectives

- 1. Categorize the anatomy and function of lobes of the brain as they apply to behavioral control.
- 2. Characterize the neurophysiology of memory and effect of fear/anger upon new learning and memory.
- 3. Analyze the effect of traumatic and non-traumatic injuries upon cognitive centers.
- 4. Connect neurotransmitters with the communication system within the brain.
- 5. Evaluate the optic system and lesion locations that affect engagement and accuracy in therapy.
- 6. Recommend simple neuroanatomy-based techniques to rapidly de-escalate stress for patients and caretakers.
- 7. Assess neuro-behavioral barriers that impact new learning.



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Neuro Notes: Clinical Pocket Guide () Neuro

By Claudia Fenderson, PT, ED.D., PCS & Wen Ling, PT, PH.D. • Wipe-Free History and Assessment Forms • Organized by Preferred Practice Patterns

 First Tab Cross-References Disorders to Guide Practice Patterns
Covers Both Pediatric & Adult Content Common Neuromuscular Conditions • Red Flag Alerts

Whatever the practice setting-acute care, rehabilitation, outpatient, extended care, or in a school-turn to this handy pocket guide to the neurological examination. Small in size, but not in content, it covers all of the common neuromuscular conditions, disorders, and diseases you might encountered in patients throughout their lifespans. A spiral binding, thumb tabs and nearly 240 illustrations insure you can find just what you're looking for. Waterproof, reusable pages let you record clinical data and then wipe the pages clean with alcohol.

Optimizing Cognitive Rehabilitation: Effective Instructional Methods



Notes

By McKay Moore Sohlberg, PHD, CCC-SLP, and Lyn S. Turkstra, PHD, CCC-SLP Unique in its focus, this book presents evidence-based instructional methods specifically designed to help this population learn more efficiently. The expert authors show how to develop, implement, and evaluate an

individualized training plan. They provide practical guidelines for teaching multistep procedures, cognitive strategies, the use of external aids, and more.

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7:30 Registration/Morning Coffee & Tea 8:00 Program begins

12:00-1:00 Lunch (on your own)

3:30 Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon). Actual lunch and break start times are at the discretion of the speaker. A more detailed schedule is available upon request.

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Credits listed below are for full attendance at the live event only. After attendance has been verified, pre-registered attendees will receive an email from PESI Customer Service with the subject line. "Evaluation and Certificate" within one week. This email will contain a link to complete the seminar evaluation and allow attendees to print, email or download a certificate of completion if in full attendance. For those in partial attendance (arrived late or left early), a letter of attendance is available through that link and an adjusted certificate of completion reflecting partial credit will be issued within 30 days (if your board allows) Please see "LIVE SEMINAR SCHEDULE" on this brochure for full attendance start and end times. NOTE: Boards do not allow credit for breaks or lunch.

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Addressing Patient Behavior by Brain Lesion Site

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