

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

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 term 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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Addressing Patient Behavior by
Brain Lesion Site



Clinical Tools & Strategies Specific to
Patient Deficits

CHEYENNE, WY
August 14, 2019

COLORADO SPRINGS, CO
August 15, 2019

DENVER, CO
August 16, 2019

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 structured vs. home environments

TARGET AUDIENCE

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

CHEYENNE, WY
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Thursday, August 15, 2019

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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

JEROME QUELLIER, MS, CCC-SLP, is a clinical specialist in traumatic brain injury and communication disorders at a 450+ bed Level 1 Trauma hospital in Saint Paul, MN with almost 25 years of acute, residential, and outpatient rehabilitation experience. During his tenure at the hospital he has focused on neuro-based diagnostics and intervention for dysphagia, cognitive-linguistic deficits, head and neck cancer management, patient advocacy, and curriculum development. Mr. Quellier has made a career-long study of the intricacies of neurology, completed advanced training in brain dissection at Marquette University, actively engages in staff development training, and recently joined a surgery team in preserving language function during tumor resections.

In addition to his clinical practice, he has previously held a faculty position at the University of Minnesota Duluth teaching graduate level coursework, and taught undergraduate workshops as adjunct faculty at the University of Wisconsin Eau Claire. Mr. Quellier is excited to bring this topic to the forefront after working with the interdisciplinary team’s challenges in understanding the “what and why” of traumatic brain injury, stroke, neurodegenerative diseases and tumor resections as they apply to behavioral changes. He graduated *Cum Laude* with his bachelor’s degree and graduate degree from the University of Wisconsin Eau Claire.

Speaker Disclosures:
Financial: Jerome Quellier has an employment relationship with Regions Hospital. He receives a speaking honorarium from PESI, Inc.
Non-financial: Jerome Quellier is a member of the American 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
By Claudia Fenderson, PT, EDD, PCS & Wen Ling, PT, PHD

- 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
*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.

Live Seminar Schedule
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.

PESI Inc. is proud to offer this seminar (at these locations only) *free* of charge (on live seminar tuition) for veterans and active duty military personnel. **Limited seats available; advanced online registration required.**

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OTHER PROFESSIONS: This activity qualifies for 360 minutes of instructional content as required by many national, state and local licensing boards and professional organizations. Save your course outline and certificate of completion, and contact your own board or organization for specific requirements.

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Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession’s standards.
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