

Course Information

COURSE DESCRIPTION

DAY 1

The workshop offers participants the opportunity to take their understanding of the vestibular system to the next level. You will learn the various assessment tools used for ocular motor control, vestibular system and balance control. Hands-on lab sessions will allow practice of various assessment tools.

- Integrate assessments to assist in distinguishing peripheral versus central dizziness and imbalance
- Hand-on labs for balance, vestibular and ocular motor control
- Perform balance assessments and treatment strategies
- Implement the appropriate vestibular and balance treatment techniques available to establish a low-cost bed-side exam
- Compare the various assessment tools for testing dizziness and imbalance and begin to learn how to use them during hands-on lab sessions

DAY 2

Will review brain function and dementia, staging of dementia, behavior challenges, sensory challenges, therapy goals/outcomes based on stage of dementia, documentation, and difficult decisions and ethical concerns.

COURSE OBJECTIVES

DAY 1

At the conclusion of this course, the participant will be able to:

1. Integrate assessments to assist in distinguishing peripheral versus central dizziness and imbalance.
2. Demonstrate steps to conduct an ocular motor assessment with lab time.
3. Perform balance assessments and treatment strategies.
4. Explain gaze and postural stabilization and its impact on maintaining balance.
5. Implement the appropriate vestibular and balance treatment techniques available to establish a low-cost bed-side exam.
6. Compare the various assessment tools for testing dizziness and imbalance and begin to learn how to use them during hands-on lab sessions.

DAY 2

At the conclusion of this course, the participant will learn:

1. How to differentiate indicators of typical cognitive changes associated with aging or other medical concerns from dementia and make referrals for appropriate diagnosis.
2. To develop training techniques for direct care staff and caregivers to improve their understanding of dementia and carryover of programs.
3. To implement strategies for improved evaluation efficiency and therapy outcomes when behavior and mood changes arise with dementia.
4. How to develop a plan of care specific to stage of dementia and utilize interdisciplinary approaches for maximized results.
5. Ways to deal with ethical considerations and assisting the process of planning care for a progressive disease.
6. Best practices for coding and documentation to ensure quality of care and reimbursement for services provided.

Instructors' Biography

ERIN BROWNING BALL, CCC-SLP

Erin Browning Ball is a Speech-Language Pathologist specializing in communication, cognitive improvement, and increasing practical living skills for those dealing with non-neurotypical brain function. Her expertise in cognition, feeding and swallowing, and the sensory system is nationally recognized as she presents lectures for various groups across the country. Ms. Ball holds her certification of clinical competence from American Speech-Language-Hearing Association (ASHA). She collaborated with StoryCorps, the largest national nonprofit organization for collecting oral history, based in Brooklyn, to develop the "Commemorate Toolkit" and has written for ASHA regarding the importance of fostering meaning and purpose in people with effective communication. Ms. Ball currently practices as a traveling SLP. She is licensed in West Virginia, Arizona, and New Mexico by the Speech Language Pathology and Audiology Boards. She is a therapeutic consultant for private practices, a frequent lecturer to professional groups and family organizations. Ms. Ball lectures on education of and therapy techniques for special populations, the aging adult, neurological disorders, and autism. She previously instructed advanced clinical practicums at Marshall University where she received both her BA and MA in communication disorders. Ms. Ball spent 2 summers as an AmeriCorps volunteer for an nutrition and literacy program in rural Appalachia. She is an expert in incorporating the arts and language into multi-sensory learning experiences. She spent time advising the Board of Directors for the I Believe Foundation in Ashland, KY with their development of community programs for children with special needs.

JULIE NEAL, OTR/L

Julie Neal is a licensed occupational therapist and practiced as a certified occupational therapy assistant with Tri-State Otolaryngology, Inc. in vestibular rehabilitation. She is the former director of rehabilitation with Radical Rehab Solutions providing community-based treatment to traumatic brain injury clients, a sub-specialty in which she has received extensive training. Ms. Neal has worked across a variety of patient settings including acute care, outpatient, and community based rehab, sub-acute care, and private practice bringing a unique perspective to the assessment and treatment of dizziness and balance disorders. Ms. Neal is licensed in Kentucky, West Virginia and Ohio and speaks nationally on vestibular rehabilitation and the assessment and treatment of dizziness and balance disorders. Her clinical specialty is providing comprehensive treatment to vestibular patients. Ms. Neal is currently practicing with neurologist Dr. Thomas Jung, M.D., Ph.D. in the Balance Center at St. Mary's Medical Center. She received her BS from Findlay University and graduated magna cum laude from Shawnee State. Ms. Neal is a member of the American Occupational Therapy Association and Co-Founder of "PATH to the Cure."

Presented By: Healthcare Management Solutions

16170 South Kingsport Road
Orland Park, IL 60467

C.E. Sponsor Licenses:

IL PT #216.000134
IL OT #224.000056
IL SLP #202.000191
IL Nurses #236.000011
IL Social Worker #159.000904
IL Nursing Home Administrator #139.000184

Sponsored By: Quality Therapy & Consultation



Comprehensive Care for the Aging Adult: Balance, Vestibular, Cognition and Effective Communication to Enhance Outcomes



**Friday & Saturday,
April 24 & 25, 2015
8:00am - 4:30pm
Palos Park, IL**

***Instructors:*
Erin Browning Ball, CCC-SLP
and Julie Neal, OTR/L**

15.0 CE Hours

***Appropriate For:*
Occupational, Physical, and
Speech Therapists
(OT, OTA, PT, PTA, SLP)**

Comprehensive Care for the Aging Adult — Friday and Saturday, April 24 and 25, 2015

SCHEDULE FOR DAYS 1 & 2

7:30am	Check-In/Breakfast
8:00am	Start
10:00am	Break (15 minutes)
12:00pm	Lunch On-Site (30 minutes)
2:00pm	Break (15 minutes)
4:30pm	Conclusion

CE HOURS

15.0 hours, HMS is an IDFPR licensed sponsor of C.E. for OT, OTA, PT, PTA, SLP, Nurses, Social Workers, and Nursing Home Administrators. If a registrant is late arriving to the course or leaves early, their certificate of course completion/CE hours will be adjusted accordingly.

REFUNDS/CANCELLATIONS

Any and all cancellations MUST be received on or before Friday, April 10, 2015 and are refundable less 20% of the original course fee paid (processing/supply charge) per registrant. Any cancellations received after 04/10/2015 will not be refunded. *Please note that if you register and do not attend, you are still liable for full payment.*

SEMINAR LOCATION

Holy Family Villa
12220 South Will Cook Road
Palos Park, IL 60439

ONLINE REGISTRATION

www.qtctherapy.com > Continuing Education > Course Registration Form

ADDITIONAL REGISTRATION OPTIONS

Mail: Healthcare Management Solutions
16170 South Kingsport Road | Orland Park, IL 60467
Email: CE@qtctherapy.com
Fax: (708) 326-1557
Phone: (708) 326-1550

REGISTRATION CONFIRMATION

If you have not received a confirmation within 5 days of the program, please email CE@qtctherapy.com.

Cost: \$399/pp (\$379/pp for groups of 3+)

Includes Breakfast, Lunch, Snacks and all course materials.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

Employer: _____

Discipline: _____

Professional License Number: _____

Payment Methods

- Check (enclosed & payable to Healthcare Management Solutions)
- Credit Card (circle one: VISA *or* MasterCard)

Card Number: _____

Expiration Date: _____

Name on Card: _____

Authorized Signature: _____

Billing Address: *(if different from above)*

City: _____

State: _____ Zip Code: _____