FACULTY

ILL SEALE, PT, PhD, NCS has been a licensed physical therapist for 20 years. She is a Neurologic Certified Specialist and has practiced almost exclusively in the field of Brain Injury and Stroke rehabilitation. Jill is the Director of Neuromuscular Studies at Endicott College and received her PhD from Texas Woman's University. She has a variety of teaching experiences, in physical therapy academia as well as in the health care community at large. She has served as core faculty in a neurological physical therapy residency program, is adjunct faculty at the Baylor College of Medicine Master of Orthotics and Prosthetics program, and teaches in several online and onsite continuing education programs. She has taught and presented in the areas of neurological pathology, rehabilitation, gait, orthotics, and research, and is currently involved in clinical research in stroke rehabilitation, orthotic management. and gait analysis/rehabilitation.

EDUCATIONAL CREDIT

A certificate of attendance for **15 Contact Hours** will be awarded to each participant. All Therapy Network Seminars are pre-approved for CEUs in the state where the course is conducted when required for **PT**, **OT**, **AT** and **Assistants**.

AOTA Approved Provider of Continuing Education # 3073 The assignment of AOTA CEUs does not imply endorsements of specific course content, products, or clinical procedures by AOTA





2022 DATES & LOCATIONS

April 23/24 Nashville, TN (Hermitage)Summit Medical Center

May 21/22 West Palm Beach, FL St Mary's Medical Center

A list of area hotels will be sent with confirmation. Please utilize hotel brand websites for guaranteed best rates for specified dates.

PARTICIPANTS COMMENTS

"Relatable & descriptive patient presentations and treatment examples"

"Great labs & tx ideas for activities requiring little or no tools"

"Jill was very animated and fun. Kept me engaged all weekend"

"Well organized, easy to follow and very funny instructor"

"Great course. I got more out of this than I thought I would"

"Tx Tech's, demos, pt scenarios, evidence based and hilarious"

"..how to obtain resources, new research, great teaching style"

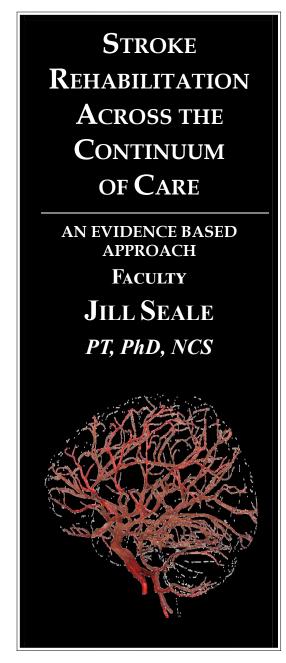
AUDIENCE

This is an *intermediate level* workshop for **PT, PTA, OT, OTA**.

NOTE: Nothing in this course is to enable or permit the learner to apply techniques outside of the scope of practice in their individual state and discipline.

CANCELLATION POLICY

POLICY: Registration fee less a **\$75** administrative charge is refundable if cancellation received **14** days prior to program date. No refunds will be given after that time. Therapy Network, Inc. reserves the right to cancel a seminar and will refund in full the registration fee only. TNS is NOT liable for registrants non-



www.TNSeminars.com

THERAPY **NETWORK** SEMINARS

OBJECTIVES

Identify the concepts of neuroplasticity, recovery versus compensation, and motor learning/motor control as it relates to acute stroke rehabilitation.

Identify research evidence on best practice in acute stroke rehabilitation, as well as rehab in the subacute and chronic phases of stroke.

Identify and perform specific clinical examination of posture/alignment in supine and sitting, balance, gait, and functional mobility.

Identify common postural abnormalities and movement disorders following stroke.

Identify and practice treatment strategies and handling skills to facilitate improved alignment in supine, and improved, upright posture in sitting and standing.

Demonstrate concepts of normal movement and handling skills into functional mobility.

Identify general precautions and handling strategies for the hemiplegic upper extremity.

Demonstrate treatment strategies /handling techniques to promote increased and prevention of learned non-use of the affected side in persons with hemiplegia.

Identify and demonstrate the common gait deviations and causative impairments present following stroke.

Identify the evidence regarding gait recovery following stroke.

Apply knowledge of gait impairments and deviations to create the appropriate interventions, and/or assistive device and orthotic prescription.

SEMINAR DESCRIPTION

his course will provide participants with essential tools for clinical examination and intervention of persons following a stroke, across the continuum of care. Common impairments, activity restrictions, and participation limitations will be discussed. Evidence based interventions specific to the rehabilitation and recovery of basic mobility following stroke will be presented. Participants will have opportunities to see and work through examples and practice application of information through lecture and hands on labs.

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COU	RSE SCHEDULE
8:00	Registration and Continental Breakfast
8:30	Neuroplasticity and neuro recovery update in stroke rehab across the continuum – what's the evidence
10:00	BREAK
10:15	Intensity of Practice
12:00	LUNCH (ON YOUR OWN)
1:00	Motor Learning Concepts applied to Stroke Recovery
3:00	BREAK
3:15	LAB: Motor Learning Continued
5:30	Adjourn
	Day 2
8:00	Identification of common postural and movement disorders post stroke, including gait
10:00	BREAK
10:15	Examination and evaluation – Functiona Outcome measures and what to do with them
12:00	LUNCH (ON YOUR OWN)
1:00	LAB: Management of the hemiplegic UE
2:00	LAB: Interventions to improve postural Control in sitting and standing for functional activity
3:00	BREAK
3:15	LAB: Interventions to improve balance and gait recovery
5:00	Q/A and Course Evaluation

REGISTRATION

Stroke Rehab Please note the course location you are attending:

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Bring a Buddy Registration: \$445 p/p (2 or more) Must be done simultaneously

Early Registration: \$495

Postmarked **30 days** prior to date of course

Late Registration: \$545

Postmarked within 30 days of course date

4 WAYS TO ENROLL

Mail registration and payment to: Therapy Network, Inc. BY MAIL

217 Paragon Pkwy, #201

Clvde. NC 28721

1.828.452.0068 BY PHONE

> **SECURE DIGITAL** 928.222.0578

(Credit Cards Only)

ON-LINE

BY FAX

www.TNSeminars.com

Name:		
	PT OT PTA OTA	

Home Add:_____ City: ______State:____ Zip_____ Cell Ph: _____ Email:

To Receive your Confirmation Make check/money order payable to: Therapy Network, Inc.

Charge my credit card: VISA MC AMEX DISC

CC # / / / Expiration Date: ____/___ CV2____

I agree to comply with the card holder agreement