

FACULTY

JILL 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



DATES & LOCATIONS

**Contact us to host this course
at your venue.**

AUDIENCE

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

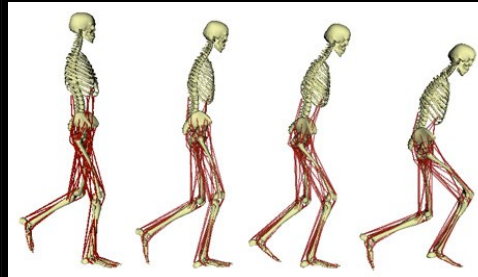
NOTE: *Nothing in this course is to enable or permit the learner to apply techniques outside of the scope of practice in their individual state and discipline.*

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-refundable airfare, accommodations or fees.

GAIT RECOVERY AND ORTHOTIC MANAGEMENT IN REHABILITATION IN ADULTS WITH NEUROLOGICAL INJURY OR DISEASE

FACULTY
JILL SEALE
PT, PhD, NCS



www.TNSeminars.com

THERAPY NETWORK SEMINARS

OBJECTIVES

Describe normal gait in terms of joint position and muscle activity by phase and body segment

Apply knowledge of normal gait to determining specific gait deviations during pathological gait

Hypothesize probable causative factors for specific identified gait deviations in pathological gait

Analyze the determinants and prevalence of gait recovery following common neurological injuries or diseases

Describe and demonstrate the appropriate examination and evaluation techniques for assessing gait following common neurological injuries or diseases

Identify the common gait deviations/gait patterns present in pathological gait for each of the common neurological injuries or diseases

Identify evidence based therapeutic interventions to maximize recovery of gait in persons with neurological injuries or disease.

Describe the role of orthotics in gait rehabilitation

Identify and demonstrate the common gait deviations present in each of the common neurological injuries/diseases that warrant orthotic management

Examine the major causes of these common gait deviations and how they can be corrected with proper orthotic management

Review and appraise the evidence regarding the utilization of orthotics

Synthesize knowledge of gait impairments and deviations, along with best practice evidence, to create the appropriate therapeutic and/or orthotic prescription

Examine actual orthoses commonly utilized for gait and discuss/practice appropriate tuning of these braces

Examine the use of functional electrical stimulation in gait rehabilitation for persons with neurological injury or disease

COURSE SCHEDULE

8:00 Registration & Continental Breakfast
8:30 Normal Gait
10:00 BREAK
10:15 Observational Gait Analysis:
Deviation to probable cause
12:00 LUNCH - ON YOUR OWN
1:00 Video application **lab**
2:00 Comprehensive Examination and
Evaluation of Gait
3:15 Break
3:30 Common gait deviations/causative
factors with **lab**
5:30 Q/A, Adjourn

Day 2

8:00 Gait Recovery: What we see, what is
possible
10:00 BREAK
10:15 Gait Interventions (task specific)
12:00 LUNCH - ON YOUR OWN
1:00 The role of orthotics/matching exam
findings to orthotic prescription
2:30 **Lab** – Gait retraining (activities and
handling)
3:15 Break
3:30 **Lab** – Orthotics (examine, trial, adjust
actual orthotic devices)
5:00 Q/A, Adjourn

SEMINAR DESCRIPTION

This course will provide participants with essential tools for examination and evaluation of gait in adults with neurological injury or disease, with the end goal of determining appropriate therapeutic interventions and/or orthotic management to maximize gait recovery. Stroke will be the diagnosis emphasized in the course because of its prevalence, but the course will also address gait dysfunction and recovery in spinal cord injury, Parkinson's disease, multiple sclerosis, peripheral neuropathy, and other neuromuscular disorders. Common gait deviations and trends in gait recovery will be discussed. Evidence based activity, exercise, and orthotic interventions specific to the rehabilitation and recovery of gait will be presented. Participants will have opportunities to see and handle orthotic examples and practice application of information through video and paper patient cases.

REGISTRATION

GAIT

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

BY MAIL

Mail registration and payment to:

Therapy Network, Inc.
217 Paragon Pkwy, #201
Clyde, NC 28721

BY PHONE

1.828.452.0068

BY FAX

SECURE DIGITAL
928.222.0578
(Credit Cards Only)

ON-LINE

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 _____

Signature: _____

I agree to comply with the card holder agreement