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
- 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
- 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
- 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
- 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
- Modulation of sleep and vigilance

Case Study

MEMORY: HOW THE HIPPOCAMPUS AND THE AMYGDALA PARTNER

Memory processes

- Memory types: Right vs left hippocampal
- 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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Brain Lesion Site

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

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Clinical Tools & Strategies Specific to

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 careerlong 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.

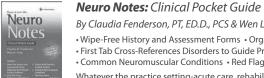
Objectives _

- 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
- 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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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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1 Hour 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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Arizona Physical Therapists & Physical Therapist Assistants: The Arizona State Board of Physical Therapy recognizes continuing competence activities that have been approved by any state PT association or national medical/health care association (e.g., AOTA, ASHA). This activity consists of 6.0 clock hours of instruction New Mexico Physical Therapists & Physical Therapist Assistants: This course has been submitted to The New Mexico Chapter of the American Physical Therapy Association for review.

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and audiology. See course information for number of ASHA CEUs, instructional level and content area. ASHA CE Provider approval does not imply endorse course content, specific products or clinical procedures.

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