GSB
GREAT SEMINARS & BOOKS
Geriatric Rehabilitation Education and Training

Maximizing Mobility, Balance, Gait, and Fall Reduction Strategies to Improve Functional Outcomes in Older Adults

"I was blown away by Trent Brown's presentation. I was sure I would hate it because he was an OT talking on Gait. However, he had incredible grasp, interpretation and clinical application of the latest research AND he gave tons of innovative ideas for mobility and gait. For years this area of rehabilitation has needed a boost and Trent Brown has given it that. This course is not to be missed!"

~ Dr. Carole Lewis
PT, DPT, GTC, GCS, MSG, MPA, PhD, FSOAE, FAPTA

2020

Washington, DC

Host: Movement Corps Physical Therapy & Wellness
Location: Iona Senior Center
4125 Albemarle St., NW
Washington, DC 20016

March 7-8

York, PA

Host: WellSpan Rehabilitation Services
Location: York Hospital, Medical Education Pavilion, Classroom 10 A/B
1001 S. George Street
York, PA 17403

August 8-9

Atlantic City, NJ

Host: Bacharach Institute for Rehabilitation
Location: Stockton University Atlantic City Academic Center
Fannie Lou Hamer Events Room
3711 Atlantic Avenue
Atlantic City, NJ 08401

December 5-6

Trent Brown, MOT, OTR/L, ATP, BCG, is a practicing therapist in Utah and is 1 of 36 credentialed holders of a board certification in gerontology (BCG) from the AOTA. Trent also holds a certification as an assistive technology professional (ATP) from RESNA. Currently, he is employed by the Department of Health (DOH) to develop, implement, and operate health care quality improvement programs for the state of Utah. Trent has 15 years of clinical experience in skilled nursing, transitional care, acute, and home health. Recently, he served as the VP for the UOTA where he co-authored SB 131 advancing OT practice in the state of Utah and has received multiple awards for his clinical, academic, and legislative work. Trent is an Adjunct Professor at the University of Utah and has been teaching their department since 2007. He is well traveled having provided courses all over the country to thousands of clinicians on a myriad of topics including joint arthroplasty, core strengthening, documentation, aging, legislation, and fall reduction. Trent Brown has also been a keynote speaker at multiple events throughout the country.

DESCRIPTION

Despite advances in medicine, increased access to healthcare, and improved surgical strategies, quality of life for adult and geriatric populations has been reduced as quantity of life has taken priority. Regardless of clinical setting, clinicians are asked to magically improve quality of life with reduced funding, reduced time, and increased documentation demands. How can I improve quality of life and participation in meaningful activity while meeting the demands of the industry? How can I effectively evaluate and provide treatment strategies addressing stability, mobility, falls, confidence, gait, and mobility with my clients in their specific context? How do I return my practice to an emphasis on quality treatment with a focus on the client developing strategies specific to increase quality and participation in life?

This innovative, evidence-based course presents the latest best practices for assessing degenerative changes due to functional decline and creating a practical treatment plan that focuses holistically on addressing all client areas. You will learn new and effective strategies designed for promoting mobility and stability to delay common age-related physical impairment. Emphasis will be placed not just on increasing strength, but the appropriate functional movement pattern while implementing simultaneous visual and psychological strategies in various environments.

This course will take an evolutionary pattern to return the clinician to functional emphasis in three major areas:

- Re-defining the core using principles of stability and mobility. Through evidence-based approaches and labs, the attendee will master movements for stability in all functional planes learning strategies which can be modified for all functional levels. The course will also address dysfunctional posture and contracture development commonly seen with the adult and geriatric population and specific strategies to reduce and delay these patterns.

- Fall reduction strategies utilizing the stability and mobility patterns learned in the first section. In addition, attention will be given to external factors, medication management, depression, and psychological factors often neglected in everyday practice.

- The "Determinants of Gait" and how they impact function, mobility, and quality of life. This course will take a dive into the history of mobility and what is often neglected when we focus solely on physical "phases of gait". The instructor will provide in depth analysis on the 6 determinants of gait using the latest evidence and how to address the 6 determinants increasing function and mobility beyond gait.

OBJECTIVES

Upon completion of this seminar, participants will be able to:

1. Analyze the dysfunctional posture, gait, and functional mobility that can occur with contracture, weakness, and disuse of core anatomy.
2. Explain functional movement patterns in all anatomical planes based on patient posture, positioning, and aging.
3. Develop comprehensive, evidence-based treatment plans to improve stability and mobility in all planes through labs.
4. Review core-based activities based on research and current evidence to promote independence with sit-stand, transfers, ADL's, and dynamic standing tasks.
5. Demonstrate stability and dynamic based core treatment strategies during labs to develop an evolutionary plan of care and to promote functional outcome.
6. Identify the major contributors to falls, the most common environments where falls occur, the importance of core stability, and the role of clinicians in fall reduction for the adult and geriatric population.
7. Design exercises, assessments, fall reduction programs, and educational evidence-based resources appropriate for clinical application to reduce falls.
8. Compare and Contrast the 6 Determinants of gait, how they impact the phases of gait, and how they reduce energy expenditure during gait.
9. Master exercises, activities, and manual treatment strategies to improve each of the 6 determinants of gait in lecture and labs.
10. Administer standardized gait and mobility assessments and which utilize the strategies learned in this course.

PROGRAM OUTLINE

Day 1

7:30am Registration and Continental Breakfast
8:00am "CORE" TRENDS AND RESEARCH
- The impact of aging, lifestyle/bedrest & lack of core emphasis

8:45am DEFINITION(S) OF THE CORE
- Superior/Central/Inferior core (re-defining the core)
- Core disassociation and dissemination
- Stabilizers vs. Mobilizers (which is better)

9:30am EVIDENCE–BASED CORE/EXERCISE PRINCIPLES
- CRAC theory, Exercise Dosage, Motor Unit Recruitment, Reciprocal Innervation, Fiber Type

10:00am BREAK
10:15am SUPINE STABILITY
- Imprinting/Abdominal Ball Press (sagittal plane) (HANDS-ON LAB/PRACTICE)
- Trochanter Tension (frontal Plane) (HANDS-ON LAB/PRACTICE)
- Supine Toby Twister and Isometric Log Roll (transverse plane)

11:15am SEATED STABILITY
- Dolphin (dissemination modified side plank)
- Seated Toby Twister
- Stable Reaction Ball Drop (single-multi-planer) (HANDS-ON LAB/PRACTICE)

12:00pm WORKING LUNCH (on your own) Case Study
1:00pm STANDING STABILITY
- Modified Standing Plank (core dissemination)
- Modified Codman Plank (pre-gait)
- Standing Toby Twister
- Stable Reaction Ball Drop (single multi-planer) (HANDS-ON LAB/PRACTICE)

1:45pm SUPINE MOBILITY
- ASIS/PSIS Press (manual single-planer joint mob)
- Superior Scapular Elevation (HANDS-ON LAB/PRACTICE)

2:30pm SEATED MOBILITY
- Quad sit-up (closed chain/WB emphasis) (HANDS-ON LAB/PRACTICE)
- Lateral Reach
- Toby Twister
- Mobile Reaction Ball Drop (single multi-planer) (HANDS-ON LAB/PRACTICE)

3:00pm STANDING MOBILITY
- Flex/Ext with Pelvic Resistance
- Dynamic Lateral Side Bend
- PNF Pattern Transport
- Mobile Reaction Ball Drop (single multi-planer) (HANDS-ON LAB/PRACTICE)

3:45pm BREAK
4:00pm FUNCTIONAL IMPLICATION (APPLIED PRACTICE)
4:15pm CASE STUDY, QUESTIONS & DOCUMENTATION
4:30pm DEMOGRAPHICS, STATS, AND COST
- The Where and Why

5:15pm COMMON FALL ASSOCIATION AND UNCOMMON TREATMENT
- Fall Preventatives
- Fear and Stiffening Strategy
  - ▶Soleuostretch (HANDS-ON LAB/PRACTICE)
- Eye Movement Behaviors
  - ▶Visual Stance and Glance (HANDS-ON LAB/PRACTICE)

6:30pm ADJOURN

Day 2

7:30am Registration and Continental Breakfast
8:00am COMMON FALL ASSOCIATION … cont.
- Plantar Flexion and Mobility
  - ▶Gastroclock (HANDS-ON LAB/PRACTICE)
- Visual Impairment, Medication and Mechanism, Depression and SSRI's
- Hip Flexor Contraction - Male vs. Female Falling
  - ▶Functional Iliopsoas Lengthening and Mobility (HANDS-ON LAB/PRACTICE)
- Vitamin D Deficiency (the increasing correlation)

9:30am THE CLINICIANS ROLE IN FALL PREVENTION
- Education: Sleep, Adaptive Equipment (training and set-up)
- Fall Reduction Programs: What Works (OTAGO)

10:00am BREAK
10:15am BEST PRACTICE
- Fall Risk Assessment/Evaluation (FRT, 4-Test, CDC Algorithm)
- Static vs. Dynamic PNF Chops
- NDT Single Leg WB (HANDS-ON LAB/PRACTICE)

11:15am CLIENT ACTIVE PARTICIPATION
11:30am CASE STUDY, QUESTIONS & DOCUMENTATION
12:00pm WORKING LUNCH (on your own) Review/Discuss Standardized Gait Assessments
1:00pm WHY WE WALK THE WAY WE DO
- Saunders vs. Rancho Los Amigos
  - ▶Metabolic landscape – Curtate Cycloid – Energy Expenditure and COM

1:30pm WHERE "PHASES OF GAIT" MISS THE MARK
- Pedunculopontine Nucleus and Mobility
- Parameters for clinical examination of mobility

1:45pm 6 DETERMINANTS OF GAIT (INCLUDING CURRENT RESEARCH FOR EACH)
- Sit-Stand (anterior/posterior pelvic tilt)
  - ▶Pelvic Teeter Totter (HANDS-ON LAB/PRACTICE)
- Lateral Pelvic Tilt (7 degrees)
  - ▶Glut Med Response Activity (most effective)
  - ▶Seated Walking
- Knee Flexion at Midstance (8*)
  - ▶Half-stand Stabilizers (HANDS-ON LAB/PRACTICE)
- Knee/Ankle/Foot Interactions
  - ▶Insoles, Re-visit Gastroclock/Soleustretch

3:15pm BREAK
3:30pm 6 DETERMINANTS OF GAIT (Continued)
- Pelvic Rotation with Hip Flexion
  - ▶Dynamic Rotation (seated/half-stand)
  - ▶AAROM Hip Flexion (seated walking) (HANDS-ON LAB/PRACTICE)
- Reciprocal Arm Swing
  - ▶Seated/Standing UE Swing (with/without resistance) (HANDS-ON LAB/PRACTICE)

5:15pm STANDARDIZED EVALUATIONS/ASSESSMENTS (WHAT WORKS?)
- 10 Meter, FGA

6:00pm CASE STUDY, QUESTIONS & DOCUMENTATION
6:30pm ADJOURN

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REGISTRATION

AUDIENCE: Primary Audience - Physical Therapists, Physical Therapist Assistants, Occupational Therapists, Occupational Therapist Assistants. Secondary Audience: Other Rehabilitation Professionals.

LEVEL: This course is at an intermediate level.

FEE: The registration fee includes all course sessions, breaks, continental breakfasts, and course handout.

WASHINGTON, DC - $545. If postmarked before 2/12/20

YORK, PA - $545. If postmarked before 7/14/20

ATLANTIC CITY, NJ - $545. If postmarked before 11/11/20

LATE REGISTRATION: Postmarked after the above date requires an additional $25 late fee.

EARLY BIRD: $495 - If completed registration and payment are received by:

WASHINGTON, DC - January 15, 2020

YORK, PA - June 10, 2020

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LOST CERTIFICATES: Requests for a replacement certificate must be received in writing stating the name and dates of course attended. The cost for a replacement certificate is $25.

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2020 Registration - Maximizing Mobility, Balance, Gait, ... in Older Adults

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Circle One: PT • PTA • OT • COTA • Other _____

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Maximizing Mobility, Balance, Gait, and Fall Reduction Strategies to Improve Functional Outcomes in Older Adults

Trent Brown
MOT, OTR/L, ATP, BCG

What will this course give me?

- Recent functional decline trends and research
- Specific exercise principles designed for stability and mobility in all functional planes
- Latest evidence behind falls and specific strategies to reduce falls
- The 6 "Determinants of Gait" and how they impact the phases of gait
- Hands-on labs to properly practice the clinical protocols
- Case studies and proper documentation guidelines
- Develop an individualized plan specific to maximize your patient's functional outcomes