

# Stroke Management Across the Continuum: Evidence Based Therapy

## Day One

### 7:00- 7:30 Registration

### 7:30 - 8:30 Defining Stroke

- Stroke stats
- Types of strokes
- Latest research on diagnosing stroke, AHA/ASA Recommendations

### 8:30 - 8:45 Early Mobilization and Pharmacological Interventions

- Literature Review
- ASA/ASAH Recommendations
- Treatment ideas for the ICU and neuro floor

### 8:45 – 9:00 Comorbidities: Impact on Outcome and Treatment Planning

- Most common: HTN and DM
- Hematological disorders
- Dementias, neuropathies
- HIV, brain tumors, dementias
- Substance abuse, other co-morbidities

### 9:00 – 9:30 Review of neuroanatomy

- Circulation
- Lobes and function

### 9:30 – 10:00 Neuroplasticity

- Definition
- Review of literature
- Implications for therapy

### 10:00 10:15 Break

### 10:15 – 10:45 Stroke Behaviors and Cognitive Deficits

- Impulsivity, decreased initiation, executive dysfunction
- Strategies for working with patients exhibiting these behaviors
- Memory deficits, attention deficits
- Cognitive processing speed
- Strategies for working with patients exhibiting cognitive deficits

### 10:45 – 11:15 Language Deficits and Vision Deficits –

- Basic review of types of language deficits  
Strategies for working with patients with language deficits
- Identifying possible visual deficits
- Impact of visual deficits on function
- Strategies for visual deficits

**11:15 – 11:45 Lab: Case for Small Group Problem Solving on Expected Outcomes Based on Neuroanatomy Involved and Comorbidities.**

**11:45 – 12:00 Motor Learning**

- Basic Principles
- Applying motor learning for best outcomes

**12:00 1:00 Lunch (on your own)**

## Day One continued

**1:00 – 2:30 Management of the Hemiplegic Shoulder**

- Identification of the pain generator
- Treatment strategies for managing subluxation, adhesive capsulitis, and referred pain
- Orthotics for the upper extremity

**2:30 – 2:45 Break**

**2:45 - 4:00 Patient Lab for Hemiplegic Shoulder Treatment techniques**

**4:00 – 4:30 Review patient cases**

## Day Two

**7:30 – 10:00 Hypertonicity**

- Defining spasticity, dystonia, and spastic dystonia
- Assessment of hypertonicity
- Medical management of hypertonicity: neurotoxin, ITB, and oral medications. Updates on the latest research
- Case presentations, therapy interventions

**10:00 – 10:15 Break**

**10:15 – 10:40 Fatigue in the Stroke Population**

- Causes
- Normal aging changes that are exacerbated by a stroke
- Evidence based research
- Strategies for managing fatigue across the continuum

**10:40 – 11:00 Successful Home Program Development Across the Continuum**

- Consider all deficits
- The importance of a team approach
- How to get support system involvement
- Key education for prevention of an additional stroke
- Productive activity is part of a home program
- Community activities

**11:00 – 12:00 Movement Analysis**

- Movement System
- Lab

**12:00 – 1:00 Lunch**

### **1:00 – 2:15 Gait from Bedside to Community Ambulator**

- Review of current evidence-based research
- Treatment techniques to improve gait
- Orthotics
- Treatment Strategies for “The Pusher”
- Treatment Strategies for Ataxia

### **2:15 – 2:30 Break**

### **2:30 – 4:00 Patient Lab**

Movement analysis  
Treatment Strategies

### **4:00 – 4:30 Conclusion**

### **Upon completion of this course participants will be able to:**

- Identify neuroanatomical lesions and subsequent deficits.
- Identify cognitive, behavioral, vision, and language deficits post stroke.
- Develop strategies for assessing and treating cognitive, behavioral, vision, and language deficits for improved outcomes throughout the continuum.
- Identify the impact of comorbidities on outcome and therapy planning.
- Define a transdisciplinary approach and describe ways to develop this in your treatment setting.
- Define motor learning and identify how to achieve better outcomes by using a motor learning approach.
- Define spasticity, dystonia, and spastic dystonia, and identify the best medical and therapy interventions for management.
- Identify key movements to analyze, interpretation of the movement observed, and how to set up treatment strategies for improved outcomes.
- Identify causes of fatigue in the stroke population and treatment strategies to diminish the impact of fatigue on function.
- Identify the pain generators that contribute to hemiplegic shoulder pain, and perform basic treatment techniques for management.
- Discuss the most current evidence based information on upper and lower extremity orthotics for the stroke population.
- Identify keys to achieving community ambulation and community integration.
- Develop home programs for continued progress not just maintenance.