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# About the Educator

Jennifer Goff MSPT. NCS. CLT. CMT has been a physical therapist for 26 years. Her experience as a collegiate athlete, coach and neuro-certified specialist combined with years of experience with geriatric clients gives her a unique understanding of what is necessary to enhance physical performance in the aging adult. She obtained her BSPT at Northern Arizona University and her MSPT at Rocky Mountain University. She has been certified in the fields of vestibular rehabilitation, lymphedema and venous management, and Neurodevelopmental Treatment. She has pursued advanced instruction in PNF, manual therapy, sports performance, wound care, urinary incontinence, and motor control and motor learning and has completed over 250 hours of education in integrative medicine practices. She has been a clinical instructor for 11 years. She currently works in a private practice setting treating patients with limitations due to trauma, pain, and neurological deficits as well as developing performance enhancement training programs for active seniors. She also acts as an educational consultant with training expertise in a wide variety of topics including dementia, lymphedema management, neurological rehabilitation, vestibular training, bowel and bladder management, and wound care. She is active in the promotion of healthy aging lifestyles through presentations and publications for the general public and specific patient support groups.

# Geriatric Pain and Mobility

Evidence Based Rehab for Progressive Outcomes in the Geriatric Population



## Presented by Jennifer Goff, MSPT, NCS, CLT, CMT

North American Seminars, Inc. 1-800-300-5512 | Fax 1-800-310-5920 www.healthclick.com

PT, PTA, OT and AT - Continuing Education Course

## Why You Should Take This Course

This advanced course is designed to enhance the clinician's knowledge of the aging process, the physiological effects of chronic pain on the aging body, and the role that the nervous system and graded exercise play in reducing pain and improving mobility and physical performance. The strategies presented in this course are essential for treating geriatric patients with pain, orthopedic dysfunctions, balance deficits, and general debility.

Pain is a neural inhibiting phenomenon. It prevents the normal firing of musculature and often creates a protective, guarded movement pattern. Over long periods of time this can result in multiple changes in the body including tissue shortening, postural adaptations, muscle weakness, loss of function, injury and falls. Understanding the processes that occur in the body and what treatments have been shown to assist in the reversal of these debilitating phenomenon will help the clinician choose efficient and successful treatment parameters resulting in more timely and significant functional gains for their patients. Furthermore, advancements in research in the areas of pain and functional performance are leading us to incorporate neurologically based techniques into traditional geriatric rehabilitative programs. Evidence shows that neuroplastic properties and the ability to create changes in neuromuscular habits are key to producing enhanced physical performance. Neuromuscular training techniques play an integral part in reducing pain, and improving mobility, motor coordination, speed, and agility needed for progressing to higher levels of functional activity.

Lecture combined with ample hands on lab sessions will take the clinician through a graded treatment progression addressing the affects of chronic pain, improving mobility, building a stable core, and progressing to dynamic functional mobility programs for the aging client. Improving functional outcomes in all specific G-coding categories will be reviewed and will include examples of documentation and coding of skilled services.

### **Course Objectives**

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

- Describe the normal aging process, common functional challenges that affect the aging client, and physiological changes that can be slowed or prevented using therapeutic approaches.
- Identify functional limitations using normative data comparisons and to choose treatment options that can best address the aging individual's needs.
- Explain the neuro-physiological effects of long-term pain, it's affect on function over time, and how neurological principles can be applied to help reverse these processes.
- Demonstrate enhanced manual skills and treatment approaches to enhance neuroplastic changes, pain-free movement patterns, and allow for progression of functional improvement.
- Perform hands-on treatment techniques to address soft tissue changes limiting function and improve freedom of ROM to allow for more efficient functional movement.
- Design and apply progressive exercise protocols to enhance core stability, gait dynamics, and UE function to achieve improved functional outcomes in the 4 specific PT/OT G coding categories.
- Explain the coding and documentation system supporting the justification and treatment of choices for the aging client.

Certificates of attendance for CEU verification are provided after successful completion of the course. This course is 15 contact hours/1.5 ceu's This course is 18 contact hours/1.6 itemsed in illinois, New York, or the District of Columbia

## Day One

- 7:30 8:00 Registration
- 8:00 10:15 The Aging Process
  - Normal aging and prevention of functional decline
  - Utilizing assessment tools and normative data for the aging client (Lab)
- 10:15 10:30 Break

#### 10:30 12:15 The Pain Response (Lecture/lab)

- Neurophysiological changes in chronic pain
- Pain and trauma memory and how they result in cognitive-behavioral changes and habitual neurological dysfunction
- 12:15 1:00 Lunch (on your own)

#### 1:00 3:00 Pain Assessment and Treatment (Lab)

- Assessment tools
- Toning down the sympathetic nervous system response: manual neural inhibition techniques, prolonged muscle spindle and GTO stretching, postural muscle bending, trigger point release, rhythmic traction, grade 1 mobilization, rhythmical rotation, and acupressure
- Treatment for the cognitive-subconscious connection:
- Parasympathetic stimulation using breathing, relaxation, and therapeutic sensory stimulation
- Visualization exercises-how therapeutic imagery improves neural firing

#### 3:00 3:15 Break

#### 3:15 5:30 Pain Treatments continued (Lab)

- Exertion reduced exercises, gentle graded motion and neural distraction techniques used to begin functional recovery
- The increasing role of relaxed state body awareness exercises in treating pain and functional improvement
   Tai Chi, gentle Yoga, martial arts and rhythmic movement
- The role of modalities in acute and chronic pain

## Day Two

- 8:00 10:15 Mobilizing the Aging Client (Lecture/Lab)
  - Posture and ROM assessment
  - Utilizing manual techniques and active exercise to mobilize the aging client
     Facial stretching, reflexive inhibition, and stretch reflex to gain ROM
  - The osteoporotic patient
     Review of precautions and exercise
  - recommendations for osteoporotic clients • Using muscle resistance, distal stretching, and active weight bearing exercises for improved bone health and stability for osteoporotic clients
- 10:15 10:30 Break

#### 10:30 12:15 Promoting Improved Functional Outcomes in specific G Coded Clients

- Core stabilization progression (Lecture/Lab) • The bed bound patient
- Exertion reduced trunk exercises
- Using PNF irradiation and the extremities to reach core
- Bar and cord combinations to produce active assistive core exercises
  Beginning repetitive patterned
- movements to promote neural coordination activities - Strategies to transition from
- supine to sit to improve functional outcomes in the G coded: "Change and Maintaining Body Position" client
- The low level chair bound patient
   Use of stabilizing bars, balls, rotating chair, arm chair and cords to progress core dynamics
- Continued repetitive patterned movement to promote neural coordination in functional activities
- Strategies to transition from sit to stand to improve functional outcomes in the G coded "change and maintaining Body Position" client"
- The higher level patient-standing with and without assistive device
   Slow progressive body weight resistive
- Slow progressive body weight resistive exercises
   Multiplane, spiral and diagonal
- assistive to resistive exercise to improve neuromuscluar control in functional movement patterns - Strategic placement of stretchable cord
- to increase core firing during functional activities.

12:15 1:00 Lunch (on your own)

# Day Two (continued)

#### 1:00 2:30 Dynamic Gait Progression (Lecture/Lab)

- Use of modified sports performance techniques to build stable and efficient gait patterns to improve functional outcomes in the G coded "Mobility" client
- Specific strengthening base for gait utilizing proper concentric and eccentric contraction control needed in gait pattern
- Repetitive neural firing of the specific stance and swing phase gait components with focus on tri-planar motion control
- Exercises to enhance ankle, hip, trunk and stepping strategies to improve balance control and decrease risk of falls
- The role of the vestibular and visual motor function in balance control and upright mobility
   Review of assessment tests and
- Review of assessment tests and objective documentation for justification of skilled services
- 2:30 2:45 Break

#### 2:45 3:45 Upper Extremity Functional Exercise Progression (Lecture/Lab)

- The role of posture in UE movementThe diverse role of the scapula as a
- stabilizer and mobilizing agentGraded progressive exercises for the
- upper extremity
- Exercise building for UE control
- Task analysis to set up specific goals and treatment parameters in varied UE functional activities to improve functional outcomes in the G-coded "self care", and "carrying, moving and handling objects" clients

3:45 4:00 Closure and Questions





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