

Outline

The neurophysiology of stroke

Clinical decision-making impacting rehabilitation decisions
Intensity, timing, frequency, and prognostic expectations - specific to stroke subtype

Improving prognosis after stroke:

When you have seen one stroke...you have seen one

Personalizing care by presentation

Personalizing care by...person

Debunking the myths of stroke: UE v. LE; timing; and "where gains come from".

Spasticity vs tone: An introduction to the difference and precursor to the treatments for each

Apply evidence to drive neuroplasticity with each presentation of paresis:

Upper Extremity

Flaccid to "Found"

Facilitate movement from a flaccid wrist or hand

Found to Function

Advance the UE from being available, to being "chosen"

Force more recovery: CIMT and beyond – Techniques and tasks beyond a constraint

Apply evidence to drive neuroplasticity:

Lower Extremity & Fall Risk

Tasks and activities to facilitate movement

Develop neuromuscular resources

Strength, endurance, motor control, and balance

Forced use in action for LE recovery

Incorporate evidence-based practice

Engage patients to optimize outcomes

Apply the OPTIMAL theory of motor learning

Autonomy, enhanced expectancies, and external focus

Behavioral economics in rehabilitation

Identify traits of bias, decision making, and choice architecture

Facilitate compliance, intensity, and attendance

The future of stroke rehab

Robotics

Virtual reality (VR) and Brain Computer Interfacing (BCI)

HIIT, HIGT, task-specific circuit training, and early mobilization (acute care)

The resurgence of comprehensive outpatient rehabilitation facilities (CORFs)

Cognitive Rehabilitation: Dual task tolerance, function, impulse control and, awareness

Background

Review of learning outcomes

Consequences of DT intolerance, reduced impulse control, and impaired awareness in your patients

Dual Task Rehabilitation: Constraining attentional resources to improve tolerance, function, and awareness

Explaining how & why DT rehabilitation works

Engaging your patients

Emerging trends and current applications in screen and testing DT

Interventions for DT

Applications in gait

Multidisciplinary interventions

Applications in balance, function, cognition, and fitness

Case studies

Interventions for awareness

Interventions for impulse control

Documentation in cognitive rehabilitation post stroke: Attention, awareness, and impulse control

Measurements and documentation tips for authorization/justification of care

Learning Objectives can be viewed at pesirehab.com/webcast/87771

Live Webinar Schedule (both days) (Times listed in Central)

8:00 Program begins

12:00-1:00 Lunch Break

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.

Here's what you'll get!

✓ 90 Days on-demand access to recording

✓ Case studies

✓ Earn up to 12 CE hours

✓ Easy to implement treatment techniques

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Featuring author and international lecturer on clinical neurology,

Mike Studer, PT, DPT, MHS, NCS, CEEAA, CWT, CSST, FAPTA



Re-imagine the possibilities of rehabilitation after a stroke!

- Learn to apply neuroplasticity principles to 'force' movement in a flaccid limb
- Get results by incorporating 'dual task training' into your clinical toolbox
- Strategies to facilitate both motor AND sensory recovery... And more!

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2-DAY STROKE REHAB CERTIFICATE

HOW TO MAXIMIZE FUNCTIONAL RECOVERY

After suffering a stroke, many emerge feeling trapped in a body that no longer works and fear the life they knew is gone. Furthermore, standard treatment strategies end with persistent long-term deficits and very basic gross motor skills at best. Your patient does not have to accept this fate and with the correct skillset, neither should you. **Stroke rehabilitation does not have to be an either/or scenario** – patients do not have to choose between walking or the ability to regain use of their arm!

While you may know techniques to facilitate movement in a flaccid UE and LE are similar:

- Do you know how to improve each individually as movement emerges?
- Are you able to easily identify methods to “force” movement and drive neuroplasticity in motor control and sensory recovery?
- Can we re-create automatic movement (without thinking)?

Don't miss this opportunity to **get answers** to these questions and leave with a groundbreaking evidence-based skillset to achieve life changing results for your patients!

You are working with a 68-year-old patient 2 weeks after a stroke who is demonstrating minimal wrist and finger extension + sensory impairment in their affected arm. Can you help this person achieve full use of their arm to dress, carry items while walking, open doors and turn on faucets? After this course – your response should be a resounding...**“Yes!”**

Unfulfilled rehabilitation potential is one of the greatest losses a stroke patient may face. Don't miss your opportunity to learn the skills needed to **completely redefine what is possible for quality of life after a stroke.**



“The speaker was very knowledgeable on the subject of stroke rehabilitation and conveyed that knowledge well through lecture, video, and real-life application in therapy setting.” – Tom, PT

“I really benefitted how Mike explained difficult topics. Examples and demonstrations will be carried out in my own therapeutic techniques.” – Kelly, OT

“Excellent course with clear content, explanations and examples.” – Desiree, PTA



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Meet Your Speaker

Mike Studer, PT, DPT, MHS, NCS, CEEAA, CWT, CSST, FAPTA, is a board-certified Clinical Specialist in Neurologic Physical Therapy and has been designated a Certified Exercise Expert in the Aging Adult (CEEAA) by the Academy of Geriatric PT. Dr. Studer has served as the vice-president of the Academy of Neurologic Physical Therapy of the APTA and has been the chair and vice-chair of several special interest groups at the national level in each of the Academies of Neurologic and Geriatric PT, including Balance and Falls, Stroke, and the Practice Committee in neurology. He founded and practices at Northwest Rehabilitation Associates, in Oregon. Mr. Studer has presented courses and published articles on neurologic and geriatric rehabilitation and has authored and co-authored over 30 articles on topics of neurology and geriatrics, as well as several book chapters on stroke, cognition, PD and preventative care. Dr. Studer lectures regularly on topics of dual task rehabilitation, concussion, stroke, Parkinson's Disease, balance, motor control, motor learning in rehabilitation and sport performance, cognitive impairment and case management. He was awarded the 2011 Clinician of the Year by the Academy of Neurologic Physical Therapy and again in 2014 by the Academy of Geriatric PT. In 2021, Mike received the Mercedes Weiss Service award from APTA Oregon. Dr. Studer achieved fellowship status through the APTA for achievements in clinical practice, research, education, and leadership.

Speaker Disclosure:

Financial: Mike Studer is the co-founding member and co-owner of Spark Rehabilitation and Wellness. He receives a speaking honorarium and recording royalties from PESI, Inc. He has no relevant financial relationships with ineligible organizations.

Non-financial: Mike Studer is a contributor to scholarly reviews and blog content for Physiotherapy Network. He is a member of the American Physical Therapy Association and the Oregon Physical Therapy Association.

Target Audience:

Physical Therapists/Physical Therapist Assistants • Occupational Therapists/Occupational Therapy Assistants • Speech and Language Pathologist • Strength and Conditioning Specialists
Nurses • Nurse Practitioners • Physician Assistants • Physicians

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