

Medical, Cognitive, Behavioral and Social Components of Brain Injury Rehabilitation

Friday, May 13, 2022

UPMC Mercy Room 2408

1400 Locust Street, Pittsburgh, PA 15219

To register: email Allyson Yukevich at yukevicham@upmc.edu by Friday, April 22, 2022

Course is FREE

Target Audience: Nurses, OT, PT. SLP and PCT awarded a general certificate.

AGENDA

7:45-8:00 Registration/ introduction to the class

8:00-9:00 Medical Management of Brain Injury- Dr. Gary Galang, MD

9:00- 9:45 Disorders of Consciousness- Allyson Yukevich, OTR/L

9:45-10:15 Cognition 24/7--- Amy Bauer, M.A., CCC-SLP

10:15-10:30 Break

10:30-11:15 Considerations when Interacting with Family- Dr. Tina Paul, PsyD

11:15-12:00 Behavior Management in Rehab- Jerrold Yeo, PsyD

12:00-1:00 Lunch

1:00- 2:00 Key Components in Rehab –Amy Bauer, M.A, CCC-SLP

2:00-3:00 Safety Concerns in BI rehab—Kelsey Spinosi, RN

3:00-3:45 Rehab 24/7- Regan Harrell, DPT

3:45-4:00 Post Test/Wrap Up

Description: Brain injury is a devastating life event that may impact all aspects of a person's life; as well as family unit functioning. In inpatient rehabilitation it is imperative that all staff working with patient's and family's have working knowledge of cognitive, emotional, psychological, and physical impairments that may impede patient functioning; and how these impairments can impact participation in larger life roles within the family and community. During this course, staff will receive information from a multidisciplinary approach to gain a well-rounded perspective on inpatient rehabilitation processes.

Objectives: At the completion of this course, participants will be able to:

1. Discuss epidemiology, severity, categorizations, and pathophysiology of acute traumatic brain injury.
2. Identify the role of the family in TBI treatment, progress, recovery and the typical manifestations of the family's emotional response.
3. Identify impairments that commonly occur after traumatic brain injury and describe how multiple impairments interact to impact functioning after traumatic brain injury.
4. Discuss considerations when working with patients with dysphagia, tracheostomy, and cognitive impairments.
5. Identify the advantages of a multidisciplinary approach with therapeutic team goals for patients at different RANCHO levels.
6. Explain fall data statistics and how it applies to inpatient rehabilitation, identifying strategies to prevent falls.
7. Identify and define antecedents, behaviors, and consequences and understand how this information can be utilized to promote positive behaviors

8. State 3 indications for 1:1 sitter use with brain injury and safe functional cuing and unsafe cuing for 1:1 sitters.

Content:

1. An overview of current TBI statistics including prevalence, causes, incidence, and hospitalizations will be discussed. Also separate categorizations of TBI including: Glasgow Coma Scale, Levels of Consciousness, and Rancho Los Amigo will be differentiated. Pathophysiology will also be discussed. Acute and Surgical Management along with therapeutic goals are included.
2. The role and impact of the family, stages of emotional responses, challenges faced, and possible strategies for family interactions will be discussed.
3. Cognitive, language, physical, and emotional impairments will be identified. The impact on function of multiple impairments will also be discussed.
4. Aspects dysphasia will be defined. Trach considerations including anatomy, speaking valve and dysphagia will be discussed along with cognitive and Aphasia impairments. Strategies involving identifying the impairment and verbal cuing will be included.
5. The definition and coordination of a rehabilitation team and overall team goals will be covered. Discussion concerning treatment per cognitive level will be identified, including: minimally conscious, mid level, and higher level.
6. Fall data will be explained along with post fall considerations. Restraints will be discussed in combination with promoting independence, alternatives, and reduction.
7. Agitation post TBI and underlying impairments impacting behavior will be identified. The ABC Model of behavioral approach will be defined.
8. A skills lab will be conducted involving restraint application, thickening liquids/swallowing precautions, and transfer skills. Indications such as agitation, pulling at tubes/lines, wandering, unsteady gait or noncompliance with weight bearing restrictions combined with cognitive deficits will be covered along with safety procedures.

CME Accreditation and Designation Statement

In support of improving patient care, the University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Nursing (CNE)

The maximum number of hours awarded for this Continuing Nursing Education activity is 6.75 contact hours.

Other healthcare professionals will receive a certificate of attendance confirming the number of contact hours commensurate with the extent of participation in this activity.

Maryland Board of Nursing pending approval for **6.5 contact hours**

The University of Pittsburgh Department of Occupational Therapy is a pre-approved provide of continuing education in Pennsylvania. This course is approved for **6.5 Contact Hours**.

The University of Pittsburgh Department of Physical Therapy is a pre-approved provider of Continuing Education in Pennsylvania. This course is *pending* approval for **6.5 units of General Access CEUs**.

Maryland Physical Therapy is pending approval of 6.5 units of General Access CEUs through the Maryland Board of Physical Therapy Examiners

Faculty Disclosure

No members of the planning committee, speakers, presenters, authors, content reviewers and/or anyone else in a position to control the content of this education activity have relevant financial relationships with any companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

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