Fostering excellence in acute care practice, in all settings, in order to enhance the health and functioning of patients and clients.

Combined Sections Meeting Programming

Feb. 4-7, 2015 | Indianapolis, IN

American Physical Therapy Association
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ABOUT THE ACUTE CARE SECTION
Who We Are
The Acute Care Section is composed of more than 2,800 physical therapists, physical therapist assistants, and physical therapy students who are members of the American Physical Therapy Association.

Mission
The mission of the Acute Care Section of the American Physical Therapy Association is to foster excellence in acute care practice, in all settings, in order to enhance the health and functioning of patients and clients.

Vision
Acute care physical therapy is provided by physical therapists who:
• As integral members of the health care team, are consulted for their expertise in patient management and clinical decision making for patients with acute health care needs.
• May be board-certified specialists in acute care physical therapy.
• May be assisted, in a team relationship, by physical therapist assistants, who may be recognized for advanced proficiency.

The Acute Care Section of the American Physical Therapy Association is recognized as the expert resource for the provision of evidence-based acute care physical therapy.

REGISTER TODAY!
Register for CSM by visiting www.apta.org/CSM
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<td>When “Early Mobility” Is Not the Answer: Challenges to the Effectiveness and Appropriateness of PT Intervention for Patients with Critical Illness</td>
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**ACS SCHEDULE HIGHLIGHTS**

**Wednesday, Feb. 4, 2015**
8:00 a.m.-5:00 p.m.
Gait Training After Stroke: Do It Right the First Time – Karen McCain & Staci Shearin
This pre-conference course is designed to challenge the advanced clinical practitioner to raise expectations for gait recovery in persons post stroke.

**Friday, Feb. 6, 2015**
6:30 p.m.-7:30 p.m.
5th Acute Care Section Lecture – Solidifying the Future of the PT Profession in ICU: The Time Is Now – Christine Perme
7:30 p.m.-10:00 p.m.
Acute Care Section Business Meeting & Membership Social
Gait Training After Stroke: Do It Right the First Time!

Presented by
Karen McCain, PT, DPT, NCS
Patricia Smith, Ph.D., PT, NCS

Description
The typically slow, inefficient gait after stroke often results in sequelae such as heart disease, diabetes, and low aerobic capacity. What has yet to be determined is if this outcome is inevitable. Is it possible to construct evidence-based clinical interventions that will produce better gait and diminish these unwanted consequences? This course is designed to challenge the advanced clinical practitioner to raise expectations for gait recovery in persons post stroke. Research data, case studies, and patient videos will be used to explain the development and application of early, standardized, task-specific interventions for gait recovery after stroke. Course content will include a brief review of the neurophysiology of gait control and a review of neuroplasticity principles as they apply to stroke. Specific elements of gait training interventions will be discussed, including an in-depth look at the role of lower extremity bracing in gait recovery. Attention will also be given to the utilization of effective evaluation methods of gait recovery. Finally, the application of these principles across the continuum of care will be considered.

Learning Objectives
1. Describe the pathological gait pattern of persons following stroke.
2. Understand the current evidence for gait recovery following stroke.
3. Appreciate the role of standardized outcome measures for documenting change in gait for this patient population across the continuum of care.
4. Acknowledge the need for task-specific training programs across the continuum of care for persons with post-neurological injuries.

When
Wednesday, Feb. 4, 2015
8:00 a.m.-5:00 p.m.

Where
Indiana Convention Center Room 202

Education Level
Intermediate
Session Descriptions
Post-Intensive Care Syndrome (PICS) Across the Continuum of Care

Presented by
Alan Lee, PhD, DPT, CWS, GCS
Patricia Ohtake, PT, PhD
Jim Smith, PT, DPT, MA
Alecia Thiele, PT, DPT, MSEd, ATC, LAT

Description
Over 80% of survivors of critical illness experience post-intensive care syndrome (PICS) - a constellation of cognitive, psychological, and physical symptoms including prolonged muscle weakness, reduced performance of daily activities, diminished ambulation and strength, post-traumatic stress disorder, and anxiety. Thus there is a growing demand for rehabilitation services for survivors of critical illness who present with PICS. Individuals with PICS have a unique spectrum of physical impairments, activity limitations, and participation restrictions that require recognition and novel management strategies by physical therapists in inpatient rehabilitation, outpatient, and home care settings. This course will examine the etiology of symptoms comprising PICS and discuss evidence-based tests and measures to objectively evaluate individuals with PICS. Outcomes from recent clinical trials of interventions for people with PICS will be discussed and sample intervention programs will be described. This course will conclude with a discussion of current challenges associated with the evaluation and physical therapy management of individuals with PICS and offer some potential solutions.

Learning Objectives
1. Describe the etiology of the physical, cognitive, and psychological symptoms associated with PICS.
2. Describe the spectrum of physical impairments, activity limitations, and participation restrictions of patients with PICS presenting to an inpatient rehabilitation program, outpatient clinic, or home care setting.
3. Select evidence-based tests and measures including interventions to objectively quantify physical impairments, activity limitations, and participation restrictions for patients with PICS.
4. Discuss current challenges and potential solutions for the management of patients with PICS in inpatient rehabilitation program, outpatient clinic, or home care settings.

Co-Sponsor
Geriatrics

Post-Intensive Care Syndrome (PICS) Across the Continuum of Care

When
Thursday, Feb. 5, 2015
8:00 a.m.-10:00 a.m.

Where
Indiana Convention Center Room 102

Education Level
Multiple
SESSION DESCRIPTIONS
Beyond Weakness and Beyond Function: Integrating the Biopsychosocial Model to Physical Therapy in Critical Illness

Presented by
Kyle Ridgeway, DPT

Description
Long-term weakness, functional limitations, activity limitations, disability, and impaired quality of life are well established complications of a critical illness course. But, in addition, significant acute and long lasting biopsychosocial effects of critical illness have been observed not just within patients, but also family members and caregivers. The biopsychosocial model of patient assessment and treatment has been supported as superior to the strict biomedical model of care. In recent years, researchers within and outside of physical therapy have recognized the importance of psychologically informed clinical practice. This session will connect the framework of the biopsychosocial model to currently identified biological-physiologic and psychosocial-environmental issues and deficits observed following critical illness. The potential impact of physical therapy “beyond function” and “beyond weakness” will be conceptualized from a body systems and biopsychosocial-environmental perspective. A global picture of the effect of critical illness will be presented with scientific rationale and plausibility of the profound possibilities that physical therapist’s involvement may have on this patient population.

Learning Objectives
1. Describe the psychosocial-environmental impact of a critical illness course both acutely and chronically.
2. Explain the biopsychosocial model of care and its implications in the ICU.
3. Conceptualize physical therapy treatment and potential effects to multiple body systems and patient domains.
4. Explain scientific rationale and plausibility for early physical therapy involvement, mobility, and rehab for patients with critical illness.
SESSION DESCRIPTIONS
Don’t Just Sit There: Evidence-Based Sitting Balance Examination and Intervention

Presented by
Sharon Gorman, PT, DPTSc, GCS
Cathy Harro, MS, PT, NCS
Christina Platko, PT, DPT

Description
With the increased need to demonstrate patient progress using standardized outcome measures, it is often difficult for physical therapists to systematically evaluate and document abilities in lower functioning patients. With medically complex and/or neurologically involved patients, many reliable and valid balance measures demonstrate a floor effect, limiting their ability to sensitively measure baseline and document change in balance, especially during the acute phase of disease or injury. Sitting balance and functional abilities in sitting are often overlooked or vaguely described using unreliable operational definitions, such as “good, fair, poor.” However new standardized performance measures may more sensitively and effectively assess sitting function. This session will evaluate current research that provides evidence that sitting balance is a significant predictor of functional recovery and is an important measure at both the impairment (balance) and activity levels in the International Classification of Functioning, Disability and Health model (ICF model). Evidence-based, reliable, and valid sitting balance and trunk impairment measures will be reviewed, compared, and contrasted. A conceptual framework for evaluation of postural control in sitting will also be discussed as a foundational basis for planning balance retraining interventions to improve sitting function.

Learning Objectives
1. Apply theoretical models of postural control and function in sitting to patient cases.
2. Select reliable and valid measures of sitting balance at both the impairment and activity levels of the ICF model.
3. Utilize results from sitting balance measures to develop intervention strategies specific to postural control problems in sitting.
4. Using current evidence and relate sitting balance dysfunction to patient prognosis in select patient populations.
SESSION DESCRIPTIONS

Decreasing the Length of Stay of Vascular Lower Extremity Amputations through a Multidisciplinary Approach

Presented by
Phalan Bolden, MSN, FNP
Latasha Ruffin, DPT

Description
This seminar will educate participants on the benefits of establishing a vascular clinical pathway in the acute care setting. It will identify key players who are essential in providing a holistic approach of patient care. Methods will be discussed on how to develop and implement a new innovative process and gain support from key stakeholders within that specific medical division. Potential barriers surrounding implementation will be discussed as a large group. The speakers will present details regarding the CMC Vascular Lower Extremity Amputation Pathway, procedures, barriers, and patient outliers. After pilot of the pathway, total length of stay at our Level 1 Trauma Center for this patient population was decreased by 6 days.

Learning Objectives
1. Identify key players within the multidisciplinary team in order to achieve a holistic approach.
2. Understand the process for gaining support from key stakeholders within the specific medical division.
3. Analyze and discuss potential barriers for a successful implementation of a clinical pathway and identify strategies to decrease or overcome those barriers.
4. Utilize the tools gathered from the session to create and apply this pathway in his or her own setting.

Decreasing the Length of Stay of Vascular Lower Extremity Amputations through a Multidisciplinary Approach

When
Thursday, Feb. 5, 2015
11:00 a.m.-1:00 p.m.

Where
Indiana Convention Center Room 104

Education Level
Intermediate
SESSION DESCRIPTIONS

Role of Simulation in Ensuring Acute Care Physical Therapist Competence

Presented by
Wendy Kriekels, PT, DPT, NCS
Daniel Malone, PT, PhD
Amy Nordon-Craft, PT, DSc
Patricia Ohtake, PT, PhD

Description
The increasing demand for physical therapist services in acute and critical care settings has resulted in a growing need to ensure physical therapist competence in these high-risk clinical settings. Simulation provides a realistic, safe environment for learning clinical skills and has been increasingly used in didactic and clinical education components of various health professions programs. Through supervised, mentored practice in simulation experiences, followed by focused debriefing, learners develop technical expertise and communication skills and refine their clinical decision-making skills. Immersive simulation provides realistic opportunities for both students and clinicians to augment acute and critical care knowledge and to improve psychomotor and clinical decision-making skill acquisition through the use of high-fidelity mannequins or human role players (actors, standardized patients, students, faculty). Debriefing, an essential component of the simulation experience, provides real-time feedback to learners in an interactive manner. This session will review simulation-based physical therapy experiences specific to acute and critical care settings. The pros and cons of various levels of simulation will be explored. The speakers will integrate academic and clinical outcome data from 3 recent projects and highlight the importance of debriefing strategies for participant learning.

Learning Objectives
1. Describe learner and clinical instructor perceptions of recent research projects in acute care physical therapy simulation.
2. Demonstrate the use of simulation in teaching psychomotor skills, communication, and critical thinking specific to patients in critical care.
3. Explore the challenges and benefits of low-fidelity and high-fidelity simulation to develop acute care and critical care competence.
4. Explain the importance and application of pre-briefing and debriefing.
SESSION DESCRIPTIONS

Establishing a Culture of Mobility in the Hospital Setting: Continuing the Conversation

Presented by
Michael Friedman, PT, MBA
Mary Stilphen, DPT

Description
Health care reform has reinforced the need to transform service models to focus on value by emphasizing efficiency and efficacy. Physical disability, in particular, has been identified as an important, potentially modifiable factor that may contribute to hospital readmission risk. However, translation of the evidence recognizing “the preventable harm of inactivity” into interdisciplinary clinical practice has been challenging due to provider attitudes and operational barriers. This session will build on a related 2013 CSM discussion by updating the evidence supporting mobility in the acute care setting. Presenters will identify the value opportunities for mobility to enhance outcomes or reduce costs along the health care continuum.

Learning Objectives
1. Review the evidence supporting mobility in an acute care setting.
2. Identify the value opportunities for mobility to enhance outcomes or reduce costs along the health care continuum.
3. Examine specific strategies to leverage an organization’s health care reform initiatives.
4. Discuss strategies to initiate, conduct, and evaluate an interdisciplinary mobility model.
5. Demonstrate how hospitals can successfully integrate many types of data to inform their decision-making process.
6. Discuss practical strategies to measure success.

Establishing a Culture of Mobility in the Hospital Setting: Continuing the Conversation

When
Friday, Feb. 6, 2015
8:00 a.m.-10:00 a.m.

Where
Indiana Convention Center Room 102

Education Level
Intermediate
SESSION DESCRIPTIONS

Managing Critically Ill Patients: Are Other Clinicians Recognizing the Difference Between Early Mobility and Early Rehabilitation?

Presented by
Mary Keehn, PT, DPT, MHPE
Daniel Malone, PT, PhD
Patricia Ohtake, PT, PhD
Jennifer Ryan, PT, DPT, MS, CCS

Description
This session will examine the role of the physical therapist in the management of critically ill patients, exploring why the physical therapist is essential for successful patient outcomes. This session will also cover the high level of situational awareness needed to determine the appropriate time to initiate and terminate an exercise session with a critically ill patient. Participants will hear about strategies to successfully communicate mobility status and mobility needs to the patient and other members of the interprofessional team. The session will also explore the role that the physical therapist serves on the interprofessional team. Ultimately, participants will receive information they can use to make the case for the role of physical therapist services in managing critically ill patients and to arm them with research that will solidify the physical therapists’ place in critical care.

Learning Objectives
1. Describe the present data examining the unique role that physical therapist services offer critically ill patients.
2. Explain the clinical reasoning for each interaction with critically ill patients.
3. Describe the contributions of physical therapists and physical therapy assistants in interprofessional teams.
4. Describe areas for future research on the role of physical therapy services for critically ill patients.
SESSION DESCRIPTIONS
Physical Therapists on the Emergency Department Team: PT and MD Perspectives

Presented by
Michael Brickens, PT
Timothy Ellender, MD
Stacie Fruth, PT, DHS, OCS

Description
Physical therapist (PT) practice in the emergency department (ED) has existed for 15 years in the US. There remains a paucity of published research and a lack of understanding of this unique practice, even among PTs. The Indiana University-Methodist Hospital (IU-MH) is an example of a Level 1 Trauma Center with a thriving ED PT practice. This ED has employed PTs since 2002 and currently provides 84 hours of PT coverage per week. Surveys of IU-MH physicians specific to opinions of ED PT practice are overwhelmingly positive. This session will outline the growth of ED PT practice at IU-MH, provide a summary of ED PT research conducted through IU-MH, outline the challenges of implementing meaningful and impactful research in the ED, and allow ED physicians to share personal experiences specific to ED PT practice.

Learning Objectives
1. Outline the pathway to implementation of a successful PT practice in the ED setting.
2. Summarize descriptive, survey, and outcomes studies conducted through IU-MH and recognize the challenges inherent to performing quality, impactful, and meaningful research in this setting.
3. Describe the unique role of the PT in the ED via case studies of patients seen in this setting.
4. Gain the ED physician’s perspective of PT practice in this setting.

Physical Therapists on the Emergency Department Team: PT and MD Perspectives

When
Friday, Feb. 6, 2015
11:00 a.m.-1:00 p.m.

Where
Indiana Convention Center Room 104

Education Level
Basic
SESSION DESCRIPTIONS
Acute Care Therapists CAN Survive and Thrive in Uncertain Times

Presented by
Sharon Cheng, MBA, MSPT
Donna Fitch, OT
Brian Hull, PT, MBA
Cathy Thut, PT, DPT, MBA

Description
The current environment of health care reform and cost cutting require hospital therapists to take significant steps to manage their culture and actual practice patterns. The physical therapy profession consistently promotes advancement, but are hospital therapy programs consistently following through with true best practices? Are hospital therapists aware of health care system politics? Do hospital therapists have strategies to successfully navigate politics and influence change? How are therapy departments viewed by a hospital’s executive leadership? How can hospital therapy programs ensure they are seen in a positive light? This session will discuss the urgent need to manage culture and help lead health care reform in today’s hospitals to avoid becoming irrelevant.

Learning Objectives
1. Recognize the impact of health care reform on acute care therapy practice.
2. Determine the correlation between hospital finances and therapy productivity.
3. Evaluate perceptions and the implications to the future of therapy programs.
4. Create strategies to advance professionalism within hospital practice.

Acute Care Therapists Can Survive and Thrive in Uncertain Times

When
Friday, Feb. 6, 2015
3:00 p.m.-5:00 p.m.

Where
Indiana Convention Center Room 102

Education Level
Intermediate
SESSION DESCRIPTIONS

ICU Liberation: How Physical Therapy Is Part of Reducing the Harms of Critical Illness

Presented by
Heidi Engel, PT, DPT

Description
This session will help physical therapists understand the important role they play as members of the ICU team. It will outline the presenter’s approach to minimizing organizational barriers to early physical activity for ICU patients, explain how to make individual patient treatment decisions, and describe how the physical therapist working in the ICU can liberate patients from the ICU. We will tie all this into a summary of work being done by professional organizations such as the Society of Critical Care Medicine ICU Liberation initiative, the Institute for Healthcare Improvement, and the Moore Foundation-sponsored EMERGE Project.

Learning Objectives
1. Explain the importance of providing early physical rehabilitation to patients in the ICU.
2. Reinforce and define the role of physical therapists in providing care to critically ill patients as part of an interprofessional, collaborative care ICU team.
3. Define the barriers to providing essential early mobility to patients in the ICU with suggested solutions to overcoming those barriers.
4. Cite patient case studies that illustrate physical therapy clinical decision making that reduces cognitive and functional mobility declines among ICU patients.

ICU Liberation: How Physical Therapy Is Part of Reducing the Harms of Critical Illness

When
Friday, Feb. 6, 2015
3:00 p.m.-5:00 p.m.

Where
Indiana Convention Center Room 104

Education Level
Intermediate
SPECIAL HIGHLIGHT:  
**ACUTE CARE SECTION LECTURE**  
Solidifying the Future of the PT Profession in ICU: The Time Is Now

**Presented by**  
Christiane Perme, PT

**Description**  
Physical therapists (PT) working with patients in the ICU face immense and complex challenges. An important clinical scenario found in patients during an ICU stay is the limitation and deterioration of functional status. For selected patients, early mobility and physical activity can lead to an increase in functional capacity and improve quality of life. To realistically establish the role of physical therapy in the ICU, we need to determine the best way to implement our skills from patient selection and therapy techniques to choice of outcome measures. This lecture will inspire PTs and researchers to reflect on and understand the clinical principles that promote best practices in the ICU. Solidifying the future of physical therapy in the ICU is essential.

**Learning Objectives**  
1. Identify the challenges for clinical practice and research in the ICU.  
2. Recognize the importance of outcome measures for patients receiving physical therapy in ICU.  
3. Discuss ways to advance the profession and improve quality of care for patients in ICU.

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**Join the Acute Care Section Its Annual Business Meeting & Membership Social**

**Friday, Feb. 6, 2015**  
7:30 p.m.-10:00 p.m.

The Acute Care Section invites you to join fellow section members for a Business Meeting and Membership Social immediately following the Acute Care Section Lecture at the JW Marriott in White River Ballroom G.

Learn about the Section and discover what accomplishments our committees have made over the past year. You will have the opportunity to hear about our various committees, and the Section will present its awards at this session.

This is a terrific opportunity to network with your fellow colleagues who specialize in acute care physical therapy while enjoying snacks and drinks.
SESSION DESCRIPTIONS
Overcoming Obstacles to Acute Care Rehabilitation Research

Presented by
Steve Fisher, PhD, PT, GCS
Diane Jette, PT, MS, DSc, FAPTA
Dianne Jewell, PT, DPT, PhD
Carmen Kirkness, PT, PhD
Patricia Ohtake, PT, PhD
Barbara Smith, PT, PhD

Description
Acute care physical therapists and clinics are ideally positioned to generate evidence about the value of physical therapy. While there is a growing recognition of the value of rehabilitation interventions in acute care settings, there is also an increased demand for controlled studies of therapies on patient-centered (eg, physiological function, mobility, and disability) as well as health services-related (eg, cost and utilization) outcomes. Despite the high need for systematic studies of therapeutic interventions in acute care, the systems and environment of a hospital setting provide challenges to designing and implementing relevant yet feasible studies. This session will examine current challenges associated with the conduct of rehabilitation research in the acute care setting and suggest potential methods to address these obstacles. Particular focus will be placed on obtaining the appropriate institutional approvals, employing a rigorous study design, navigating hospital systems barriers, using valid, standardized outcome measures, and locating research mentors and networks.

Learning Objectives
1. Evaluate the state of rehabilitation research in acute care physical therapy.
2. Describe the challenges associated with acute care rehabilitation research and identify potential resolutions.
3. Obtain institutional permissions.
   a. Select a study design to maximize the generalizability of the collected data.
   b. Navigate hospital systems, processes, and pressures.
   c. Use systematic outcome measures.
   d. Build a research network.
SESSION DESCRIPTIONS

Mental Health Matters: Recognizing and Supporting Clients with Anxiety

Presented by
Margaret Danilovich, PT, DPT, GCS
Heather Feldner, PT, MPT, PCS
Anna Russo, MSW, CADC

Description
Generalized anxiety disorder is one of the most common mental health conditions in the US, affecting nearly 18% of the population. Anxiety, whether premorbid or new onset, impacts physical therapy service delivery across all practice settings, and with patients and clients of all ages and demographic domains. However, research also indicates that physical therapists may not routinely screen for or adequately respond to symptoms of anxiety in their clients. This session will seek to improve physical therapists’ knowledge and confidence in recognizing, screening, and making referrals for clients with anxiety. Participants will also practice direct intervention strategies to facilitate motivation and in-session anxiety symptom management to maximize the holistic health outcomes of their clients.

Learning Objectives
1. Explain the etiology, symptoms, and prevalence of anxiety disorders.
2. Identify appropriate screening tools for clients presenting with anxiety and evaluate the psychometric properties of these measures.
3. Describe strategies to implement anxiety screening within a physical therapy evaluation and evaluate findings that may necessitate referral to a mental health professional.
4. Implement strategies to facilitate motivation and in-session symptom management in clients with anxiety, including education on the benefits of physical activity as an adjunct treatment for anxiety.

Mental Health Matters: Recognizing and Supporting Clients with Anxiety

When
Saturday, Feb. 7, 2015
11:00 a.m.-1:00 p.m.

Where
Indiana Convention Center Room 102

Education Level
Multiple
SESSION DESCRIPTIONS

When Early Mobility Is Not the Answer: Challenges to the Effectiveness and Appropriateness of PT Intervention for Patients with Critical Illness

Presented by
Sarah Harrison
Amy Pawlik, PT, DPT, CCS

Description
Recent literature touts the feasibility, safety and effectiveness of early physical therapy intervention in the management of patients with critical illness. Making the decision to provide earlier care to patients with critical illness also comes with a responsibility of the physical therapist to consider that a patient may not be appropriate for intervention or that a medical problem, rather than a PT problem, may be contributing to a patient’s limitation in function. This session will be case-based and will aim to identify complex medical conditions which may limit the effectiveness or appropriateness of physical therapy intervention and discuss strategies the physical therapist can use to initiate challenging conversations with the medical team regarding a patient’s response, or lack of response, to physical therapy intervention.