ACADEMY OF ACUTE CARE PHYSICAL THERAPY

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. 21-24, 2018 | New Orleans, LA
WHO WE ARE
The Academy of Acute Care Physical Therapy is composed of more than 3,000 physical therapists, physical therapist assistants, and physical therapy students who are members of the American Physical Therapy Association.

MISSION
The mission of the Academy of Acute Care Physical Therapy 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 healthcare team, are consulted for their expertise in patient management and clinical decision making for patients with acute healthcare 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 Academy of Acute Care Physical Therapy is recognized as the expert resource for the provision of evidence-based acute care physical therapy.
SCHEDULE OF EVENTS

WEDNESDAY, FEB. 21, 2018
8:00 a.m.-6:30 p.m. – Pre-Conference Sessions
My Patient’s Dizzy, Now What? An Acute Care Approach to Vestibular Dysfunction
I Found the Vital Sign; Now What? Demystifying the Numbers for Patient Care

5:30 p.m.-7:30 p.m.
Academy of Acute Care Physical Therapy Board of Directors Meeting

THURSDAY, FEB. 16, 2017
8:00 a.m.-10:00 a.m. – Concurrent Sessions
Best Practices in Clinical Education Report - Impact on Acute Care Education
Growing a Robust Clinical Education Program in Acute Care, and Keeping It Fun!
PT in the ICU: Moving Beyond Early Mobilization to Encompass a Broader Scope

10:00 a.m.-11:00 a.m.
Amputation Communication Group Meeting

11:00 a.m.-12:00 p.m.
Productivity and Value in Acute Care Discussion Forum

11:00 a.m.-1:00 p.m. – Concurrent Sessions
Platform Presentations 1
Defining the Undefined in Critical Care Rehabilitation
Developing Debriefing Divas and Dudes

3:00 p.m.-5:00 p.m. – Concurrent Sessions
How Hospitalizations Hinder Patients’ Return to Their Prior Level of Function
Being an Acute Care Educator: The How, the What, and the Why
Aneurysmal Subarachnoid Hemorrhage: From Medical Management to Physical Therapy Treatment

6:30 p.m.-7:30 p.m.
8th Annual Acute Care Lecture: Why We Matter

7:30 p.m.-10:00 p.m.
Academy of Acute Care Physical Therapy Business Meeting & Membership Social

FRIDAY, FEB. 23, 2018
8:00 a.m.-10:00 a.m.
Trauma in Elders: Applying Evidence to Acute Care Practice
Addressing Compassion Fatigue: An Interdisciplinary ICU Staff Support Group
I Want to Present a Poster or Platform at Combined Sections Meeting, Now What?

SATURDAY, FEB. 24, 2018
8:00 a.m.-10:00 a.m. – Concurrent Sessions
Positive, Possible, and Productive: Innovations in Clinical Education
Early Physical Therapy in the ICU: No One-Size-Fits-All Option
Acute Care Physical Therapist Practice: Current Trends and What’s on the Horizon

10:00 a.m.-11:00 a.m.
AcuTEACH Discussion Forum

10:00 a.m.-11:00 a.m.
TJR SIG Meeting

11:00 a.m.-1:00 p.m. – Concurrent Sessions
Special Considerations and Clinical Decision Making in Pediatric Critical Care
Roadmap to the Development of a Critical Care Rehab Team
Break Out of Your Silo: Acute Care Collaborations to Achieve Core Competencies

3:00 p.m.-5:00 p.m. – Concurrent Sessions
Innovating Engagement and Professional Growth in Acute Care: Two Approaches
Clinical Decision Making for Management of the Patient With Critical Illness
Let’s Be Objective: Using Objective Measures and Vital Signs to Guide the Acute Care PT
Preparing Thinking Skills for the 21st Century Acute Care Physical Therapist
Total Joint Replacement: Building Best Practice Throughout the Continuum of Care
PRE-CONFERENCE COURSE

My Patient’s Dizzy, Now What? An Acute Care Approach to Vestibular Dysfunction

PRESENTED BY
Kerry J. Lammers, PT, DPT
Gabrielle S. Steinhorn, PT, DPT, NCS

COURSE DESCRIPTION
The vestibular system is the leading contributor of sensory information to maintain balance during coordinated movement, and vestibular dysfunction (VD) leads to postural instability, dizziness, and potential falls. It is estimated that 1 in 3 adults over the age of 40 have experienced symptoms consistent with vestibular dysfunction, while 80% of fallers (with no known cause) who presented to the emergency department (ED) had symptoms of vestibular impairment. Despite its prevalence, studies have repeatedly shown minimal or absent use of diagnostic clinical assessment in the ED, resulting in overutilization of unnecessary medical testing and hospitalization. Recent evidence found an average duration of 70 months, up to 8 hospital visits, and over $5,000 out-of-pocket costs between onset of symptoms and diagnosis for positional vertigo. With such a large percentage of dizzy patients falling through the cracks of our medical system, it is imperative that the acute care physical therapist be confident in differential diagnosis for VD in the wake of a multitude of other medical, pharmaceutical, and cardiovascular sources for dizziness. However, the range of exposure and confidence in addressing VD varies greatly between clinicians depending on their academic and clinical preparation.

This course will provide an evidence-based approach to examination, evaluation, and management of VD specifically tailored for the acute care hospital environment.

LEARNING OBJECTIVES
1. Describe the intricate interplay between the vestibular, oculomotor, and somatosensory systems and how they combine to maintain postural and gaze stability.
2. Demonstrate evidence-based evaluative procedures and assess findings specific to vestibular dysfunction, including oculomotor exam, positional testing, and specific outcome measures appropriate for the acute care setting.
3. Interpret subjective and objective findings in a patient’s medical record, systems review, and physical therapy evaluation consistent with vestibular dysfunction and explain how these findings define treatment choice.
4. Identify red flag elements and medical considerations during the management of vestibular dysfunction in the hospital setting to determine appropriate course of treatment or referral to the most appropriate provider.
I Found the Vital Sign, Now What? Demystifying the Numbers for Patient Care

PRESENTED BY
Jamie Dyson, PT, DPT
Kimberly Levenhagen, PT, DPT, WCC
Kathy Swanick, PT, DPT, OCS
Traci Norris, PT, DPT, GCS, CEEAA
James Tompkins, PT, DPT
Kimberly Levenhagen, PT, DPT, WCC
Kathy Swanick, PT, DPT, OCS

COURSE DESCRIPTION
Acute care physical therapists (PTs) and physical therapist assistants (PTAs) are expected to work together as a team to integrate multiple elements from the medical record to make decisions regarding best clinical practice. While noninvasive vital signs, invasive vital signs monitoring, electrocardiographs, and pulmonary function tests are consistently documented in the medical record, PTs often express frustration and difficulty with determining whether a patient is appropriate for skilled intervention. The core competencies for practice in acute care physical therapy outline the necessity for every PT and PTA to demonstrate proficiency with monitoring vital signs and integrating them into their clinical decision making. Expectations are that each therapist will integrate relevant information from the chart review to anticipate medical conditions and vital signs which may affect safe intervention. As early mobilization becomes a reality in all patient populations, PTs and PTAs need to recognize clinical implications and how to modify the delivery of their intervention accordingly. Through lecture, cases, and quizzes, attendees will recognize the importance of monitoring both invasive and noninvasive vital signs and their implications to promote safe and effective care and improve human movement.

LEARNING OBJECTIVES
1. Recognize the importance of determining vital signs prior to initiating an examination/intervention.
2. Describe the clinical considerations related to abnormal physiological and hemodynamic indicators.
3. Classify vital signs that are pertinent to physical therapy professionals and their implications on the movement system.
4. Utilize the various invasive and noninvasive measures to appropriately dose intervention and identify absolute parameters for therapeutic participation.
Best Practices in Clinical Education Report - Impact on Acute Care Education

PRESENTED BY
Sharon L. Gorman, PT, DPTSc, GCS, FNAP  Molly A. Hickey, PT, DPT
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

COURSE DESCRIPTION
Recent professional presentations, publications, and discussions have focused on the widening gap between entry-level preparation and the realities of clinical practice in managing patients with acute health needs. Underrepresentation of acute care content within entry-level didactic curricula, reduction in the availability of high quality acute care clinical placements, workforce constraints limiting the ability to provide early and impactful integrated clinical learning experiences, lack of academic faculty with content expertise, and the absence of an acknowledged board certified acute care clinical specialist have been identified as major contributors to the ongoing dilemma. More recently, the concept of generalist versus specialist education of physical therapists has entered the conversation. In the 2017 Report to the House of Delegates, findings and recommendations of the Education Leadership Partnership (ELP) Task Force on Best Practices in Clinical Education were disseminated. This report acknowledges challenges with current clinical education practices and provides forward-thinking suggestions for how to highlight the expertise of the physical therapist, address the complexities of population health needs, and limit the student debt burden upon graduation. Open dialogue on the recommendations of the task force has produced mixed support.

By the time of CSM 2018, the Task Force on Best Practices in Clinical Education will have completed the analysis of stakeholder feedback and will have presented modified recommendations to the APTA Board of Directors for consideration during their November meeting.

This session is intended to stimulate a facilitated discussion on the work of the Best Practices in Clinical Education Task Force and the progress-to-date since release of the initial report. Capitalizing on the momentum initiated at last year’s AcuTEACH roundtable, this forum provides the opportunity to network, share current best practices, identify needed resources to successfully navigate “disruptive innovations,” and attempt to build consensus toward a vision of the future for acute care physical therapist education.

LEARNING OBJECTIVES
1. Analyze the intrinsic and extrinsic influences that have contributed to the challenges in educating acute care clinicians at the entry-level and beyond.
2. Examine the recommendations of the Best Practices in Clinical Education Task Force through the lens of Acute Care Physical Therapy.
3. Reflect on the philosophical discussions necessary for development of a new clinical education model.
4. Engage with a unified message in future discussions with stakeholders and decision-makers as the landscape for providing clinical education to acute care therapists evolves.
Growing a Robust Clinical Education Program in Acute Care, and Keeping It Fun!

PRESENTED BY
Nanette Hannum, PT, DPT
Kristina Stein, MPT
Jennifer Trimpe, MPT

COURSE DESCRIPTION
The face of clinical education is evolving for physical therapy. With over 230 accredited PT programs and 30,000 students, there is a rising need for quality clinical placements. Programs have often struggled obtaining placements in acute care. Some programs have gone so far as to eliminate the acute care experience from the curriculum to avoid these difficulties. As the evidence for increased utilization for therapy in the acute setting is strengthening, we would be doing a disservice to these students in allowing them to miss out on this environment.

This session will explore options that look to provide an increased number of quality acute experiences without increasing the burden on the clinical sites. The speakers will investigate the challenges and barriers to housing a large program approach, as well as the benefits and rewards. Specific examples will include: educator training, increased use of collaborative models, group orientations, and junior-to-senior student mentorships. Attendees will learn how the physical therapy department and our educational institution partners can support the educators who are willing and able to manage students in this dynamic environment.

LEARNING OBJECTIVES
1. Discuss the challenges and benefits to a housing a large program.
2. Examine the collaborative model, including strategies and tasks for students progressing differently, at different stages of experiences, and what types of educators would be best suited to this type of model.
3. Describe opportunities for peer-to-peer student mentorship and provide data collected from program.
4. Discuss management and educational program support of the clinical program.
PT in the ICU: Moving Beyond Early Mobilization to Encompass a Broader Scope

PRESENTED BY
Rebecca Downey, DPT
Lauren Harper, DPT
Rebecca Medina, DPT
Kyle Ridgeway, PT, DPT

COURSE DESCRIPTION
Despite increasing clinical interest and support for early physical therapy intervention in critically ill populations, it is used inconsistently in the ICU. The safety, feasibility, and value of early physical therapy intervention in the ICU is often unclear among stakeholders such as hospital administration, physicians, and nursing groups. Research on this topic is focused mostly on physical interventions, whereas quality improvement (QI) projects often require a more comprehensive approach. This session will describe the implementation of a physical therapy QI project in the medical ICU at University of Colorado Hospital. The overarching goals of the project were to increase the percentage of patients participating in physical therapy, reduce the time from admission to first physical therapy encounter, and increase the frequency of therapy sessions. The speakers will review PT practice prior to project implementation, specifics of program development, identification of barriers and solutions, PT team training, and program integration with current ICU staff. They will present recommendations for safe and feasible treatment, offer strategies for successful multidisciplinary interaction, and describe the role of PT outside traditional bedside tasks. Attendees will learn about the outcomes, observations, and insights gained during the quality improvement period and hear recommendations for program sustainability.

LEARNING OBJECTIVES
1. Identify the components of quality improvement specific to physical therapy in the medical ICU via case report from University of Colorado Hospital.
2. Describe specific day-to-day logistics and clinical decision making for high-level physical therapist practice integrated into a medical ICU.
3. Explain the importance of multidisciplinary collaboration with RN, MD, RT, and other staff within the medical ICU via specific case examples.
4. Describe the expanded role of the physical therapist beyond traditional bedside intervention.
Defining the Undefined in Critical Care Rehabilitation

PRESENTED BY
Erica C. Colclough, MSPT, CCS
Tiffany Haney, MPT
Stephen Ramsey, PT, DPT

COURSE DESCRIPTION
Therapists working with patients in the ICU face complex challenges and very complex patients. An important clinical scenario found in patients during an ICU stay is the limitation and deterioration of functional status due to the lifesaving mechanical, circulatory, or other devices used. For some patients in the ICU, early mobility and physical activity can lead to an increase in functional capacity and improve quality of life, but currently physical therapists may not be experienced or knowledgeable of these devices and how to mobilize these patients. In this session, the speakers will guide clinicians through the process of understanding and managing adult ICU patients with very complex devices; determining mobility status based on device or support precautions, hemodynamic status, etc; as well as the assessment of frailty in these patients on mechanical support or in need of mechanical support.

LEARNING OBJECTIVES
1. Discuss methods to improve early mobility of patients who are being mechanically ventilated, including order set options, different beds, and alternative weaning protocols.
2. Identify frailty in mechanically supported or soon-to-be mechanically supported patients and develop treatment options.
3. Explain advanced mechanical and circulatory methods of assisting the cardiac and pulmonary systems and determine appropriate mobility programs for these patients.
4. Discuss the evidence for mobility of patients on advanced circulatory and mechanical assistive devices and recognize the indications and contraindications for mobility.
Platform Presentations 1

Enhanced Recovery After Surgery: Physical Therapy Modifications to Reduce Total Joint Length of Stay – Patrick Rugo, DPT

Determining AM-PAC “6-Clicks” Functional Assessment Cutoff Scores to Predict Discharge Destination in Patients following Total Joint Replacement – Dana Maida, PT, DPT

Very Early Mobilization of Neurointensive Care Patients after Placement of Extraventricular Drains – Scott Arnold, DPT

Physical Therapy Wound and Functional Intervention in a Patient with an Open Abdomen and Acute Respiratory Distress Syndrome – Elizabeth Steele, DPT

Early Rehab Quality Improvement Project Demonstrates Cost Savings While Validating Safe and Effective Physical and Occupational Therapy in a Critical Care Unit – Adele Myszenski, MPT

The Relationship between Muscle Strength and Function on One’s Ability to Swallow: A Pilot Study – Ann Fick, DPT, CCS

Predictors of Functional Decline in Hospitalized Older Adults: A Systematic Review of the Literature – Molly Hickey, PT, DPT

The Combination of Adductor Canal Block and Periarticular Injection with an Accelerated Rehabilitation Protocol: A Novel Technique for Patients Undergoing Total Knee Replacement (ACB PAI) – Rupali Soeters, PT, MEd, PhD

Implementing a Mobility Protocol in Six Specialty Intensive Care Units – Heidi Tymkew, PT, DPT, MHS, CCS

Mobilizing Patients Undergoing Continuous Renal Replacement Therapy (CRRT): A Case Series – Janelle Gilmer, PT, DPT, GCS

WHEN
11:00 a.m.-1:00 p.m.

WHERE
New Orleans
Ernest N. Morial Convention Center
Room: Platform Area 5

EDUCATION LEVEL
Basic
Defining the Undefined in Critical Care Rehabilitation

PRESENTED BY
Erica C. Colclough, MSPT, CCS
Tiffany Haney, MPT
Stephen Ramsey, PT, DPT

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Developing Debriefing Divas and Dudes

PRESENTED BY
Sharon L. Gorman, PT, DPTSc, GCS, FNAP
Eric S. Stewart, PT, DPT
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

COURSE DESCRIPTION
The incorporation of simulation technologies for education and assessment within DPT curricula are on the rise as greater emphasis is placed on competency-based educational approaches. A rich body of evidence exists to demonstrate the effectiveness of simulation in helping transfer skills to authentic environments and real-world scenarios. Specific to acute care, simulation has been shown to improve student psychomotor skill performance, emergency response, and interprofessional communication. While efforts are often devoted to designing case scenarios, the most powerful learning component of simulation is the debriefing session. Current evidence indicates that learners correlate the perceived skill of the facilitator with the inherent value of the simulation experience. In this session, the speakers will explore the evidence supporting debriefing as an educational tool to provoke engaging discussions, explore performance gaps, and promote improved future performance of learners. Debriefing frameworks will be presented along with mechanisms to match debriefing methodology with simulation goals, objectives, and utilized technology or approach. Acute care simulation activities and excerpts from debriefs will be shared to demonstrate how appropriate debriefing frameworks can maximize performance outcomes. This session is intended for academic and clinical educators seeking to improve their debriefing skills to facilitate learning by deepening student insight through reflection.

LEARNING OBJECTIVES
1. Summarize the evidence supporting debriefing as a primary contributor to student learning.
2. Select a debrief framework that complements the goals, objectives, and design of a simulation scenario.
3. Avert debriefing pitfalls by adapting delivery approaches and mechanisms to facilitate improved learning outcomes.
4. Determine appropriate strategies to self-assess and improve debriefing skills.
How Hospitalizations Hinder Patients’ Return to Their Prior Level of Function

PRESENTED BY
Shane A. Phillips, PT, PhD
Jennifer M. Ryan, PT, DPT, MS, CCS

COURSE DESCRIPTION
In the process of a physical therapy examination and evaluation in acute care, it is vital to understand the patient’s prior level of function and support in order to devise a plan of care that meets their goals and expectations realistically. The daily energy expenditure required to function in a home or community setting often is not considered when designing a patient’s plan of care and determining a patient’s disposition. Patients need to achieve much more than safe transfers and gait for short distances when they go home. They are responsible for laundry and meal preparation, and their living space is larger than a single hospital room.

Though hospitalized patients are not likely to be as cardiovascularly efficient as they were at baseline due to illness or postoperative changes, their recovery will be aided by participating in exercise and activity. Their endurance often is impacted such that they cannot tolerate long distances of gait or prolonged bouts of activity. An exercise plan should limit the deconditioning related to a hospitalization, with vital sign and symptom monitoring to examine the impact of the patient’s disease or illness on exercise tolerance. Through shared decision making, the therapist can employ the patient’s participation for prolonged bouts of lower-intensity activities in addition to the time spent with medical professionals, transitioning ownership of the recovery to the patient.

In this session, the speakers will discuss the metabolic equivalents of daily tasks in relation to average inpatient energy expenditures in patients with heart failure, diabetes, and chronic obstructive pulmonary disease. Case examples will use these calculations and strategies to illustrate the disparity between the demands of a hospitalization versus their everyday activity, as well as the impact on their risk of rehospitalization.

LEARNING OBJECTIVES
1. Derive metabolic equivalents for daily tasks in light of disease to design exercise programs.
2. Relate the multifactorial components of prior level of function to goal setting.
3. Recognize the impact of critical illness on metabolism.
4. Consider how the physical therapist’s role as educator on health and wellness can impact the patient’s risk of readmission.
Being an Acute Care Educator: The How, the What, and the Why

PRESENTED BY
Kristin C. Greenwood, PT, DPT, MS, GCS
Matthew Nippins, PT, DPT, CCS
Kathryn Panasci, PT, DPT, CBIS, CWS

COURSE DESCRIPTION
Acute care physical therapist educators are tasked with developing students’ clinical decision-making skills that are unique to this practice setting. The acute care education faculty member requires expertise in evidence-based active learning methods, scholarship of practice, and professional commitment to positively influence students’ ability to perform effectively in the acute care environment. In this session, faculty with expertise across multiple acute care clinical practice areas will present the how, what, and why of being an acute care physical therapist academic educator and provide participants with 2 distinct lessons. First, the presenters will discuss common faculty expectations for acute care educators. Second, attendees will learn how to apply evidence-based, practical, acute care education teaching methods that meet the evolving needs of acute care education. Clinicians seeking to become educators in acute care physical therapy and current educators wanting to expand or enhance their current acute care education curriculum will gain valuable information they can incorporate immediately to prepare students for acute care practice.

LEARNING OBJECTIVES
1. Formulate a professional development plan for initiating or advancing your acute care faculty physical therapist education practice.
2. Develop or revise your current acute care education teaching strategies to meet students’ acute care education needs.
3. Adopt 4 evidence-based teaching methods into your acute care curriculum.
Aneurysmal Subarachnoid Hemorrhage: From Medical Management to Physical Therapy Treatment

PRESENTED BY
Mary Beth Holmes, NCS, DPT, PT  
Stacey A. Maguire, PT, DPT, NCS  
Jon Robinson, PT, DPT, NCS

CO-SPONSORING SECTION  
Academy of Neurologic PT

COURSE DESCRIPTION
Physical therapists play an active and important role in providing patient-centered care to individuals in the acute care setting. As there has been a shift toward earlier interventions it is imperative for physical therapists to understand the medical management of individuals in the acute phase after aneurysmal subarachnoid hemorrhage in order to perform safe and effective examination and interventions. Physical therapists also play a key role on the interprofessional health care team in discharge planning focused on addressing the patient’s goals. In this session, the speakers will review the pathophysiology and acute medical management of an individual with aneurysmal subarachnoid hemorrhage, including surgical techniques, ICU care, and the relevance and impact of delayed cerebral ischemia due to vasospasm. Attendees will learn strategies for physical therapy examination in the acute care setting using the movement system as a framework. The presenters will discuss treatment techniques and evidence for acute prognostic factors relevant to this population and how to formulate appropriate diagnostic and prognostic statements.

LEARNING OBJECTIVES
1. Describe the acute medical management of patients with aneurysmal subarachnoid hemorrhage.
2. Identify and apply prognostic factors from HPI and physical therapy examination to improve clinical decision making for individuals with aneurysmal subarachnoid hemorrhage.
3. Explain strategies for using functional task analysis and the movement system framework to guide physical therapy examination in the acute care setting.
4. Develop appropriate functional treatment approaches for individuals with acute aneurysmal subarachnoid hemorrhage in the acute care setting.
5. Develop appropriate functional treatment approaches for individuals with acute aneurysmal subarachnoid hemorrhage in the acute care setting.
Academy of Acute Care Physical Therapy Lecture: Why We Matter

PRESENTED BY
Babette Sanders, PT, DPT, MS, FAPTA

COURSE DESCRIPTION
This lecture will share the lessons I have learned over decades of my career and my perspectives on why acute care education and physical therapy practice is so important. Emphasis will be placed on the patients’ perspectives and on research supporting the significance of the critical contributions physical therapists and physical therapist assistants make in the acute care environment to the overall health, wellness and progress of individuals who are or have been acutely ill.

LEARNING OBJECTIVES
1. Appreciate lessons learned from my 45-year career.
2. Recognize the critical importance of the patients’ perspectives in understanding our value at this vulnerable time.
3. Recognize the importance of academic and clinical acute care education to the preparation of entry-level practitioners.
4. Integrate into their own practice, evidence regarding the significance of multiple aspects of acute care physical therapy including but not limited to: psychological implications of hospitalization; importance of early mobilization, physical therapist impact on discharge planning, and role in inter-professional teams.

Join the Academy of Acute Care Physical Therapy to Celebrate 25 Years of the Section

Annual Business Meeting & Membership Social
Thursday, Feb. 22, 2018, from 7:30 p.m. to 10:00 p.m.
Hilton Riverside | Jefferson Ballroom

Mix, mingle and celebrate the 25th anniversary of the Academy of Acute Care Physical Therapy at its Annual Business Meeting & Membership Social at CSM! Join us immediately following the 8th Annual Acute Care Lecture for an overview of the Academy’s accomplishments while enjoying complimentary heavy hors d’oeuvres and a cash bar. We will also be having a photo booth to capture the meeting’s memories with fellow acute care PT professionals as well as some fun prize drawings. Celebrate 25 years of the Academy of Acute Care Physical Therapy with us!
This session will explore the challenges and opportunities for physical therapists as they evaluate and treat elders who have been hospitalized following trauma. Common complicating factors such as physiologic changes associated with aging, polypharmacy, and delirium will be discussed. The speakers will highlight evidenced-based evaluation and treatment considerations in the context of a patient case. The selection and administration of the most appropriate standardized tests and outcome measures for this population will be explored. There will be a focus on treatment, including not just the progression of functional mobility but also skilled interventions addressing pulmonary, orthopedic, cognitive, and balance impairments related to trauma and hospitalization. The speakers will explore appropriate exercise intensity prescription. Finally, the speakers will discuss factors associated with discharge planning, such as consideration of patient goals, determination of fall risk, and the potential risks and benefits of home with physical therapy versus subacute rehabilitation. The information to be presented in this session is essential to performing optimal evaluation and treatment of elders who have been hospitalized after a traumatic event.

LEARNING OBJECTIVES
1. Explain how the aging process leads to physiologic changes that compromise the ability of elders to respond to the stress of injury.
2. Identify risk factors for the development of hospital-acquired delirium, tests to screen for delirium, the relationship between hospital-acquired delirium and functional outcomes, as well as evidenced-based interventions to prevent and treat delirium.
3. Apply a hypothesis-driven examination strategy to initial evaluation of an elder after trauma in the hospital setting, including the selection, administration, and interpretation of at least 3 standardized tests and outcome measures.
4. Select therapeutic interventions to address a variety of common impairments of elders who have been hospitalized after trauma.
Addressing Compassion Fatigue: An Interdisciplinary ICU Staff Support Group

PRESENTED BY
Miriam Gross, PT, DPT, NCS
Jessica Marshall, MS, LCSW

COURSE DESCRIPTION
As rehabilitation services clinicians have increased their presence in intensive care units (ICUs) over the past decade, there has been an abundance of evidence to support the extensive care provided to critically ill patients. There is limited evidence about how to prevent compassion fatigue and eventual burnout in the clinicians working in this environment. With organizational demands on productivity and administrative tasks, families and patients seeking our services, the tenuous nature of patient conditions and possible death, and the intense ICU environment, clinicians can experience the effects of compassion fatigue without realizing it. This can lead to motivating career changes, which can be avoided with education and coping strategies.

In this session, the speakers will identify key elements of compassion fatigue, how to recognize it in our colleagues and ourselves, and discuss strategies to cope to allow for long productive careers working with patients who are critically ill and their families.

The presenters will introduce the use of an interdisciplinary ICU support group that employs compassion fatigue education and teaches boundary setting and coping strategies. Discussions will include barriers, successes, and areas for further development. Attendees will learn about support group goals, including creating a safe space for sharing, finding meaning from one’s work, and promoting self-care. They also will hear about current research, areas for further development of compassion fatigue education, and group work in the workplace.

LEARNING OBJECTIVES
1. Define and identify compassion fatigue and its presentation.
2. Discuss indications and evidence for staff support groups.
3. Apply strategies for staff to use during their work and careers to mitigate compassion fatigue.
I Want to Present a Poster or Platform at Combined Sections Meeting, Now What?

PRESENTED BY
Beth A. Smith, PT, DPT, PhD
Lori Tuttle, PT, PhD

COURSE DESCRIPTION
The APTA Combined Sections Meeting (CSM) offers a great opportunity for disseminating information to a large audience of your peers. This session will provide basic guidance on submitting an abstract for a poster or platform presentation at CSM, as well as preparing a presentation. The speakers will focus on case reports, quality improvement projects, and systematic reviews. This session is aimed at acute care clinicians who have little to no experience in submitting and presenting. Attendees will learn how to prepare and submit an abstract and how to prepare poster and platform presentations, and will gain resources for future reference.

The presenters will describe the process for submitting an abstract, including what information needs to be provided for each type of abstract, and will explain the review process and timelines. They will provide tips for preparing poster and platform presentations and share examples of common errors and successful abstracts. Attendees will have the opportunity to ask for specific advice about abstracts they would like to prepare.

LEARNING OBJECTIVES
1. Describe how to submit an abstract for the American Physical Therapy Association Combined Sections Meeting.
2. Identify resources for help in preparing poster and platform presentations.
3. State one abstract (type of abstract and general content) to submit.
From Student to Mentee: Effective Teaching and Mentorship Along the Continuum

PRESENTED BY
Betsy Ross, DPT

COURSE DESCRIPTION
The educational needs of physical therapist students and entry-level practitioners in the acute care setting are unique in light of the dynamic world of health care and technology, the evolving identity of the physical therapist in the hospital setting, and values of the current generation of young adults. The transition from PT student to licensed therapist can be challenging, and there are barriers to coping with the discordance between the academic and clinical settings. Effective clinical instruction and dedicated mentorship can help alleviate these challenges and foster an environment of active learning, self-assessment, and professional development. Competent clinical instructors and supportive mentors also contribute to recruitment, retention, and value in the health care organization. In this session, the speakers will highlight methods for facilitating learning among PT students and entry-level clinicians, discuss a mentorship model in the acute care setting, and explore strategies for success in the first 2 years of clinical practice. They will discuss examples in which PT students at a community hospital transitioned to becoming full-time staff members upon graduation and a clinical instructor’s transition to a mentor for these therapists.

LEARNING OBJECTIVES
1. Manage student and mentee experiences to foster learning and professional development in acute care, using current research concepts.
2. Highlight the challenges that students and new graduates face in the atmosphere of current social constructs and cultural factors, and discuss how effective clinical instruction and mentorship can help individuals overcome these obstacles.
3. Identify the benefits and challenges of mentorship in the acute care setting from the perspective of both the mentor and the mentee.
4. Explore the experience of transitioning from a student “clinical instructor relationship to a mentee” mentor relationship as graduating students are hired as entry-level therapists in the acute care setting.
Outcomes After Critical Care: Let’s Get Specific

PRESENTED BY
Evan Haezebrouck, PT, DPT
Kyle Ridgeway, PT, DPT

COURSE DESCRIPTION
It is now well documented that patients have significant sequelae during and after a critical illness with resulting disability. Neuromuscular impairments, physical-functional limitations, cognitive impairments, and psychological issues are common and profound. As a result, post intensive care syndrome (PICS) was created to help categorize issues faced by survivors and families. Research and clinical discussions often focus globally on the term post intensive care syndrome (PICS) and the fact that patients may have significant morbidity post critical illness. Emerging research recommends specific outcome measures for use in various ICU settings (eg, surgical, cardiac, and medical) and conditions (eg, sepsis/septic shock, ARDS, cardiac surgery, ECMO). Risk factors such as age and previous level function have been associated with various levels of physical recovery. This session will explore outcomes in specific populations, as well as factors predicting significant recovery vs. disability. The speakers will present a framework for triangulating potential long-term outcomes. As critical care rehabilitation during and after critical illness evolves, during the prognostic process it is important to consider potential outcomes will be necessary to assist in discharge planning, rehab planning, and goals of care.

LEARNING OBJECTIVES
1. Outline specific outcomes across ICU types and diagnoses (eg, sepsis/septic shock, ARDS, ECMO) as well as general critical illness.
2. Connect outcomes from various populations to post-intensive care syndrome (PICS) and International Classification of Function, Disability and Health (ICF) frameworks.
3. Describe factors associated with poor long-term outcomes.
4. State factors to consider when attempting to prognosticate potential long-term outcomes.
The Community Hospital: No Longer the Stepchild of the Academic Medical Center

PRESENTED BY
Christina Pedini, MSPT, GCS
Jessica Rossi, DPT, CCS
Eric S. Stewart, PT, DPT
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

COURSE DESCRIPTION
APTA's Center for Integrity in Practice has categorized 5 pillars of best practice: delivery of the proper care at the proper time, demonstration of clinical judgment, provision of appropriate documentation, delivery of evidence-based practice, and diligence in evaluating health outcomes. To this end, academic-clinical partnerships have proven effective in bridging the gap between scientific evidence and clinical practice. There is a growing body of evidence outlining best practices in acute care physical therapy, including early mobility ICU programs, day-of-surgery evaluations following total joint replacement, and active participation in discharge rounds and patient-centered care conferences. In many cases, the highly-resourced academic medical center was the setting in which those best practices were established. An evidence gap exists relative to the translation of these best practices from the academic medical center to the community hospital, where there may be slower adoption of innovation, greater budgetary restrictions, less predictable patient volumes, and fewer collaborative partnerships with academic institutions. In this presentation, the speakers will explain the process undertaken by a community hospital to obtain needed resources and justify the financial integrity of initiatives that support APTA's pillars of excellence.

LEARNING OBJECTIVES
1. Discuss best practice within the acute care setting.
2. Identify metrics that can be used to support the implementation of best practices within the community hospital setting.
3. Explore mechanisms to imbed best practice within a community hospital.
Platform Presentations 2

Feasibility, Safety, and Functional Impact of Physical Therapy During Hemodialysis: A Systematic Review – Dana Maida, PT, DPT

Shifting Physical Therapy Time Toward Patients with an ICU Event Can Improve Patient-Centered Outcomes – Melissa Bass, PT, DPT

The Experiences of Nursing and Physical Therapy Students in the Acute Care Hospital Following Simulation-Based Interprofessional Education – Steve Wiley, PT, PhD, GCS

Predicting Student Preparedness for Acute Care Clinical Placements: A Multi Program Examination of the of the Acute Care Confidence Survey – Anson Rosenfeldt, PT, DPT, MBA

Physical Therapy Intervention for an Individual with Severe Thrombocytopenia Following Hematopoietic Stem Cell Transplant (HSCT): A Case Report – Stephanie Covert, PT

Ambulatory Status is Associated with Daily Call Bell Frequency in Hospitalized Neurosciences Patients – Kara Shumock, DPT

Creating a Protocol for the Mobilization of Patients with Critical Lines: A Physical Therapist Driven Multidisciplinary Initiative – Sara Krasney, DPT

Identifying Current Trends between Therapy Treatment Time and Patient Outcomes on a Neurological Acute Care Unit – Christine Ryan, Bachelors in Physical Therapy

Safety and Feasibility of Mobilizing Patients with External Ventricular Drains and Lumbar Drains – Christiane Perme, PT, CCS

The Role of Acute Care Physical Therapists in the Recovery of a Patient after Gender Reassignment Surgery – Kelly Clark, SPT
Early Mobility of Critically Ill Neurological Patients: Are We Really Behind?

PRESENTED BY
Sowmya Kumble, PT, MPT, NCS
Daniel Ludwig, DPT
Meghan F. Moore, PT, DPT

CO-SPONSORING SECTION
Academy of Neurologic PT

COURSE DESCRIPTION
While early mobility in the medical and surgical intensive care units (ICUs) has been extensively researched and applied to advance PT practice, there is limited research and unique challenges to implement early mobility practices in critically ill patients with various neurological conditions. In this session, the speakers will discuss the current clinical practice and ongoing research on safety and feasibility of early mobility practices in this population. Current published literature on outcome assessments as well as safety and feasibility of various interventions for this patient population will be reviewed. This session will focus on the evaluation, examination, and plan of care development for patients with various neurological conditions such as ischemic and hemorrhagic stroke, subarachnoid hemorrhage, traumatic brain injury, brain tumor, and other neurological conditions requiring intensive care management. Attendees will learn about different models for early mobility practice and challenges of implementing early mobility programs in these patient populations. The presenters will describe foundational concepts for management of critically ill neurological patients across the lifespan to help implement early mobility practices in both adult and pediatric ICU settings.

LEARNING OBJECTIVES
1. Describe etiology, risk factors, pathophysiology, and clinical presentation for stroke, traumatic brain injury, subarachnoid hemorrhage, and other neurological conditions commonly seen in the intensive care unit (ICU).
2. Discuss the challenges and barriers commonly encountered when treating neurological patients in the ICU.
3. Identify and apply appropriate, evidence-based outcomes measures and interventions that could be used to implement early mobility of neurological patients requiring ICU management.
4. Outline components and implementation of different models for early mobility practices in critically ill neurological patients across the lifespan.
Oops, Let’s Not Do It Again: Learning From Our Mistakes in Acute Care

PRESENTED BY
Steven B. Ambler, PT, DPT, MPH, CPH, OCS
Jamie Dyson, PT, DPT
Kathy Swanick, PT, DPT, OCS

COURSE DESCRIPTION
Historically, the Morbidity and Mortality Conference has been used by acute care physicians to discuss patient cases were there were unexpected or poor outcomes. Would this model of learning work for acute care physical therapy? This interactive educational session will bring together clinicians for the presentation and discussion of acute care clinical cases with unexpected or unintended outcomes. The speakers will present case studies of patients with unexpected or unintended outcomes. Each case will be followed by an audience discussion of how the outcome occurred, how it was addressed, and how it could be prevented in the future. Rationale for these decisions will be supported by available evidence. An overview of the benefits of implementing this type of conference will be given, along with strategies for implementation within one’s own practice or region.

LEARNING OBJECTIVES
1. Describe the rationale and importance of discussing poor/unexpected outcomes in acute care physical therapy.
2. Analyze the clinical reasoning of cases with unexpected or unintended outcomes with colleagues to improve patient outcomes.
3. Create suggestions for future management of these cases.
4. Describe strategies to successfully implement morbidity and mortality presentation in your own practice.
Positive, Possible, and Productive: Innovations in Clinical Education

PRESENTED BY
Teresa Blum, PT
Jessica Denny, PT, DPT
Susan K. Dubroff, PT
Eric S. Stewart, PT, DPT
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

COURSE DESCRIPTION
Increased difficulty securing hospital-based internship experiences has forced the need for innovation in delivering clinical education. Following the 2014 Clinical Education Summit, there was renewed momentum to support acute care facilities in administering the 2:1 model. Existing literature and national programming demonstrates this model as being feasible, effective, sustainable, and financially advantageous within the academic medical center. However, the unique characteristics of specialty hospitals and rural health facilities have been less studied for their ability to sustain the 2:1 model. This session will highlight how this model has been successfully implemented outside the academic medical center, despite potential challenges stemming from the physical layout of the facility; a variable patient census; inconsistent practice locations given coverage demands; concerns over student involvement in the care of exquisitely fragile and, at times, extremely young populations; and inaccurate clinical instructor (CI) beliefs about the success of the model. Directors of rehabilitation, in partnership with university faculty, will highlight the unique considerations of implementing the 2:1 model in a pediatric specialty hospital and rural regional health center as compared to the academic medical center. The speakers will share productivity data as well as expenses of implementation and outcomes specific to the student and CI experience.

LEARNING OBJECTIVES
1. Discuss the evidence to support the utilization of the 2:1 model of clinical education, including the evidence on productivity.
2. Identify commonly perceived barriers to implementation of the 2:1 model outside the academic medical center.
3. Conceptualize how the 2:1 model of clinical education can be implemented in specialty and/or rural regional health centers.
4. Identify outcomes associated with the 2:1 clinical education model in non-academic medical centers.
Early Physical Therapy in the ICU: No One-Size-Fits-All Option

PRESENTED BY
Jason Seltzer, PT, DPT
Amy Toonstra, DPT

COURSE DESCRIPTION
Evidence demonstrates the safety and feasibility of early mobility and physical therapy for patients in the intensive care unit. Quality improvement initiatives demonstrate barriers specific to each environment, resulting in variation in the performance of early mobility. As a result, timing and approach to initiating physical therapy interventions remains inconsistent. In this session, the speakers will focus on considerations for managing patients with critical illness by describing the pathology and clinical presentation of common diagnoses such as sepsis. The presenters will review the current literature and identify gaps regarding rehabilitation intensity and prescription for patients in the intensive care unit, while suggesting areas for future research. Attendees will learn how to differentiate early physical therapy from early mobility, determine appropriate timing for initiation of physical therapist services based on pathology and clinical presentation, and identify the unique role of the physical therapist in the management of a critically ill patient.

LEARNING OBJECTIVES
1. Explain the pathology and clinical presentation of common diagnoses seen in the intensive care unit as relevant to physical therapy.
2. Describe current evidence-based practices regarding physical therapy dosing for patients in the intensive care unit.
3. Analyze patient scenarios to develop appropriate physical therapy management.
4. Describe the role of physical therapy within the complex management of a patient with critical illness.
Acute Care Physical Therapist Practice: Current Trends and What’s on the Horizon

PRESENTED BY
Michael Bang, PT, OCS
Cristen Clark, DPT, OCS, FAAOMPT
Ryan Elliott, PT, OCS, FAAOMPT
Michael D. Ross, PT, DHSc, OCS

COURSE DESCRIPTION
Research has shown that physical therapist intervention in acute care settings improves both short- and long-term physical function in patients, yet it is likely that physical therapists are underutilized and their true roles and responsibilities remain unclear. Additionally, there is considerable practice variation in terms of when physicians consult a physical therapist, as well as the PT’s responsibilities (consultative versus rehabilitative). This session will describe the current state of acute care physical therapist practice, factors influencing outcomes in the acute care setting, and how the roles and responsibilities of the PT as a consultant and/or a collaborative rehabilitation specialist can enhance these outcomes. The speakers will use case vignettes to highlight the skill set required for acute care PTs to maximize outcomes, with a particular emphasis on determining the appropriate frequency and intensity of therapeutic interventions, optimizing physical function during care transitions, and reducing readmission rates. They will discuss the value of Kaiser Permanente’s clinician-led rehabilitation services redesign project, as well how medical screening, differential diagnosis, and advanced clinical decision making are integrated into the fellowship training of acute care physical therapists. Clinicians will learn how they can immediately transform their practice in an acute care setting to efficiently optimize patients’ physical function and outcomes.

LEARNING OBJECTIVES
1. Describe the current state of acute care physical therapist practice and factors influencing outcomes and hospital readmissions in the acute care setting.
2. Analyze the clinical effects and outcomes associated with physical therapist intervention in the acute care practice setting.
3. Develop a plan to maximize outcomes and efficiency in the acute care rehabilitation setting, including measures to overcome challenges and obstacles to optimize patient management.
4. Identify the clinical skills necessary for physical therapists to function effectively in the acute care setting.
Special Considerations and Clinical Decision Making in Pediatric Critical Care

PRESENTED BY
Emily K. Hermes, DPT
Patricia E. Jacob, DPT
Amanda B. Parker, MSPT
Robin R. Schlosser, MSPT

CO-SPONSORING SECTION
Academy of Pediatric PT

COURSE DESCRIPTION
The nature of the pediatric critical care setting poses many unique and complex barriers to providing patient and family centered care. Interdisciplinary collaboration and clinical decision making skills are crucial to safe and effective therapeutic intervention with this patient population. This course will review current literature and practice in the pediatric critical care setting and demonstrate that early mobility and therapeutic handling of children on various forms of support can be safe and beneficial to both patients and their families. Specifically, this course will address techniques and strategies for safe intervention for children with special considerations such as: sternal precautions, dialysis, mechanical ventilation, ECMO, and ventricular assist devices. Case studies will be utilized to facilitate critical thinking and rationale for clinical decision making. Attendees will be introduced to considerations required in making clinically appropriate decisions as an interdisciplinary team member in a pediatric setting.

LEARNING OBJECTIVES
1. Identify special considerations to promote patient safety while working with an interdisciplinary team in the pediatric critical care setting.
2. Identify challenges with functional mobility and therapeutic exercise in pediatric patients requiring mechanical ventilation, ventricular assist devices, and ECMO.
3. Utilize clinical decision-making skills to determine appropriateness for initiation and progression of age-appropriate therapeutic interventions.
4. Educate patients and families and promote parental/caregiver interaction in order to facilitate age-appropriate activities while in the ICU setting.

SESSION DESCRIPTIONS
Special Considerations and Clinical Decision Making in Pediatric Critical Care
Roadmap to the Development of a Critical Care Rehab Team

PRESENTED BY
Stephanie M. Liebert, MPT
Karoline Lubbeck, PT, DPT
Clare Nicholson, DPT, CCS

COURSE DESCRIPTION
The evidence for early mobility in the ICU has reinforced the importance of a strong physical and occupational therapy presence in the critical care units of the acute care hospital. Competing demands on physical and occupational therapists working in the hospital setting can make it challenging to meet the needs of the patients in the ICU. This presentation will address the challenges that one large, academic medical center experienced during their journey to develop a dedicated critical care rehab team. The speakers will explore the history of how therapists were staffed in the ICUs, the challenges of providing critical care rehab services in a multiple team structure, the successful trial of providing dedicated ICU therapists to one ICU, and the challenges that were involved with establishment of a dedicated critical care rehab team. Attendees will learn about the development of a comprehensive orientation outline for use throughout all hospitals within a large hospital system. The presenters will share practical tools and strategies to guide therapists in the implementation of initiatives in their own hospital setting.

LEARNING OBJECTIVES
1. Examine specific strategies to assist with incorporating physical/occupational therapy and early mobility into an ICU setting.
2. Discuss strategies to develop a critical care rehab team using outcomes data to drive meaningful change, therapist efficiency, value to the patient, and how implementation success was measured.
3. Detail practical tools and strategies to utilize in various practice settings (large teaching hospital vs smaller community hospital) to allow development of a critical care rehab team despite challenges and competing demands.
4. Detail practical tools and strategies to initiate the development of a comprehensive orientation outline for critical care therapists.
SESSION DESCRIPTIONS

Break Out of Your Silo: Acute Care Collaborations to Achieve Core Competencies

PRESENTED BY
Sara Alhajeri, MPT
Kimberly Levenhagen, PT, DPT, WCC
Caitlin Rosentreter, DPT

COURSE DESCRIPTION
The Core Competencies for Entry-Level Practice in Acute Care Physical Therapy identifies 5 behaviors required of physical therapists for entry-level practice. These include: clinical decision making; communication; safety; patient management; and discharge planning. These behaviors must be learned and cannot be learned in silos. Physical therapist and physical therapist assistant education programs introduce skills such as safety, discharge planning, and clinical decision making. However, executing these skills and communicating changes in a dynamic, complex environment with the interprofessional team requires a higher level of practice. Academic institutions and clinical faculty at acute care facilities must work together to mentor and promote the profession of acute care physical therapy. Excellence in physical therapy practice requires an investment in the profession through sharing one’s knowledge with students. The speakers will describe the implementation of a successful academic-clinical collaboration through various types of student learning experiences. Academicians and clinical educators will be introduced to several innovative methods for integrating knowledge, psychomotor skills, and affective behaviors to achieve entry-level practice. Acute care physical therapy is an evolving area of practice requiring collaborations to achieve excellence in the development of the practitioner.

LEARNING OBJECTIVES
1. Recall the Core Competencies for Entry-Level Practice in Acute Care Physical Therapy, the APTA Core Values, and behaviors identified in the evidence that reflect acute care practice.
2. Identify methods to integrate acute care practice behaviors into the didactic curriculum.
3. Determine methods for various clinical education models to increase number of students in the acute care setting.
4. Create a win/win scenario to maximize excellence and professional duty among students and physical therapists and physical therapist assistants.

WHEN
11:00 a.m.-1:00 p.m.

WHERE
New Orleans
Ernest N. Morial Convention Center
Room: R05

EDUCATION LEVEL
Intermediate
Innovating Engagement and Professional Growth in Acute Care: Two Approaches

PRESENTED BY
Andrew Belcher, PT, DPT, CWS
Rene Canas, PT, DPT, CWS
Brian Hull, PT, DPT, MBA
Roslyn Scott, PT, MPT
Abigail Smith, PT, MPT
Cathy Thut, PT, DPT, MBA

COURSE DESCRIPTION
The current climate of health care reform and cost cutting require acute care therapists to take significant steps to create their own environments that encourage and provide advanced professional development and education. How do you create an opportunity for professional growth that meets the needs of the clinician as well as the healthcare system? Furthermore, what happens if your department education budget is dwindling or non-existent? Will this cause additional challenges with recruiting and retention? How can you engage staff to find their full potential to actively contribute to advancing knowledge, mentoring, education, and teaching? This presentation will demonstrate how one hospital therapy system designed two innovative programs that successfully met the growing needs of recruitment, retention and employee engagement, while also advancing evidence-based practice, professionalism, and scholarly activities without significant budgetary impact. We will discuss the successful application of innovation, change management, behavioral economic theories and strategy to create a new clinical ladder and a formal continuing education program.

LEARNING OBJECTIVES
1. Discuss several innovation, change management, behavioral economic theories and strategies applicable to an acute care practice.
2. Apply theories to two successful case studies.
3. Create collaborative strategies to advance professionalism within your hospital practice by engaging frontline staff in change strategy and program design.
4. Evaluate the effectiveness of the clinical ladder as a value-based tool and understand how to manage potential roadblocks.
Clinical Decision Making for Management of the Patient With Critical Illness

PRESENTED BY
Jennifer Zanni, PT, DScPT

COURSE DESCRIPTION
As growing evidence recognizes the importance of early rehabilitation and mobilization of patients with critical illness, there is a need to ensure the highest level of safety in the delivery of physical therapy care in the intensive care unit (ICU). Evidence-based safety criteria to determine a patient’s readiness and medical stability for mobilization activities have varied greatly in the literature, but more recent consensus guidelines have been published to assist with this often challenging decision-making process. These include, but are not limited to, considerations in regards to a patient’s hemodynamic and respiratory status, pertinent medical equipment, and overall medical condition. In this session, the speaker will review and discuss evidenced-based consensus guidelines on safety criteria for the safe mobilization of the patient with critical illness. Case examples will be used to demonstrate the clinical decision-making process when using consensus statement safety criteria guidelines and expert opinion.

LEARNING OBJECTIVES
1. Discuss how to successfully synthesize medical information, including vital signs, mechanical ventilation and supplemental oxygen settings, and pharmacological therapies, to assist with physical therapy clinical decision making using evidence-based consensus guidelines and recommendations.
2. Develop an appropriate plan of care based on review of a patient’s clinical presentation and current medical findings.
Let's Be Objective: Using Objective Measures and Vital Signs to Guide the Acute Care PT

PRESENTED BY
Jonathan R. Sutter, PT, DPT, CCS

COURSE DESCRIPTION
Rehabilitation in acute care can be complex; in this session, the speaker will make the case for using objective measures to strengthen and enrich the clinical reasoning of rehabilitation professionals in the acute care and ICU settings. The session will include a review of selected objective tests and measures in the acute care setting and the evidence supporting these measures. Clinicians will learn about some common pathologies encountered by acute care PTs that affect hemodynamic response to mobility interventions. Numerous case examples will be used to help attendees integrate the application of tests and measures into the decision-making process.

LEARNING OBJECTIVES
1. Describe various rehabilitation objective measures used in acute care settings and their clinical usefulness.
2. Apply objective measures to clinical cases and synthesize test results.
3. Demonstrate knowledge of hemodynamic principles when mobilizing patients through interactive, case-based discussions.
4. Describe normal vs. abnormal hemodynamic responses to mobility and explain implications for rehabilitation.

SESSION DESCRIPTIONS
WHEN
3:00 p.m.-5:00 p.m.

WHERE
New Orleans
Ernest N. Morial
Convention Center
Room: 214

EDUCATION LEVEL
Basic
Preparing Thinking Skills for the 21st Century Acute Care Physical Therapist

PRESENTED BY
Stephanie Hiser, DPT
Karen R. Murdock, PT, DScPT
Eric S. Stewart, PT, DPT
Chris L. Wells, PT, PhD, ATC, CCS
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

COURSE DESCRIPTION
Acute care physical therapists exhibit a unique set of clinical reasoning skills that allow them to rapidly synthesize available information and make critical decisions for patients with fluctuating hemodynamic stability. Successful entry-level practice in acute care requires integration of pathophysiology, pharmacology, and diagnostic imaging to appropriately anticipate and respond to altered physiological responses while simultaneously maintaining the integrity of presenting lines, tubes, and drains. Entry-level clinicians also must demonstrate proficiency in extracting pertinent information from the medical record, dosing treatment appropriately, prognosticating to inform discharge disposition, and communicating relevant findings and recommendations to the interdisciplinary team. When such knowledge and skills are isolated to a particular “acute care” or “medical science” course within the curriculum, they become compartmentalized, and the learner fails to benefit from scaffolding, repetition, or horizontally and vertically integrated educational approaches. This session will offer a proposed template and learning paradigm, modified from the SCRIPT tool and informed by expert acute care clinicians and educators from different health care facilities and universities for development of student clinical reasoning skills in the dynamic hospital environment. The speakers will demonstrate how to use the template to develop cases of escalating complexity wherein critical analysis can be progressed and assessed.

LEARNING OBJECTIVES
1. Discuss educational strategies and frameworks to develop critical decision-making skills across the breadth of an entry-level DPT curriculum specific to medical acuity.
2. Integrate progressively complex case scenarios into existing DPT curricula.
3. Utilize the presented template to develop learning experiences that will translate to successful entry-level practice.
Total Joint Replacement: Building Best Practice Throughout the Continuum of Care

PRESENTED BY
Deborah Canet, DPT, NCS
Karen Chastang, RN
Mary Frances C. Delaune, PT

COURSE DESCRIPTION
What really impacts the length of stay? How can the distance ambulated in the hospital influence discharge disposition? This presentation will focus on best practices throughout the continuum of care for patients undergoing elective total joint replacement. Content will start with the preoperative phase, understanding the benefit of preop screening and assessment and what role the physical therapist can play in this time period. The speakers also will review best practices from the operating room (anesthesia, regional blocks, periarticular injections, drain/tubes, etc) and their impact on the patient’s postoperative condition. They will review the role of the physical therapist and discuss the interdisciplinary approach to care during the hospital stay. Attendees will learn about the post acute care experience, including a review of the literature and experiences on preventing complications and readmissions and driving patient satisfaction.

The presenters also will review data from the Stryker Performance Solutions database metrics of over 240 hospitals performing total joint replacements. This database has been in existence for 10 years and contains 600,000 case records. Trends that will be discussed include the association of distance walked with LOS and readmission, and LOS with discharge disposition. A method for evaluating new process or procedures, with the focus on continual process improvement, will be shared.

LEARNING OBJECTIVES
1. Discuss new options in preoperative optimization, anesthesia, and pain management strategies.
2. Describe and be able to incorporate into practice new options for total joint replacement patients that lead to lowering LOS, increasing discharge to home and preventing readmission.
3. Report techniques for managing patients throughout the continuum of care, especially in light of new payment models.
4. Describe various program enhancements regarding patient and caregiver education, satisfaction, and successful outcomes.
POSTER PRESENTATIONS

3417 Physical and Occupational Therapy after Transfemoral tAVR – A. Myszenski, B. Michon, N. Ahmed, D. Lupcke, N. Pedawi, J. Wyman, W. O'Neil

3418 Traditional Physical Therapy Supplemented with Continuous Passive Motion for an Adolescent with Septic Arthritis Complicated by the Development of Heterotopic Ossification: A Case Report – A. Wade, K. Lulofs-MacPherson

3419 Managing Functional Expectations in the Palliative Patient Transitioning to Hospice in Acute Care: A Case Study – A. Coyle


3421 Early Mobilization of a Patient with a Biventricular Assist Device and Additional Support Devices: A Retrospective Case Report – A. Kras

3422 Improving Functional Mobility and Quality of Life for Patients with Congestive Heart Failure Beginning in the Acute Care Setting – A.M. Levin, V. Gentry

3423 The Prevalence of Patients with Blood Coagulation Disorders in an Acute Physical Therapy Hospital – A.J. Robinson, P.J. Rundquist

3424 The Use of a Comprehensive Vestibular Examination in the Acute Care Setting to Identify and Treat Benign Paroxysmal Positional Vertigo in a Patient with Traumatic Brain Injury – A. Soto

3425 The Effect of a High-Fidelity Simulation Experience on Acute Care Confidence in DPT Students – A.J. Bayliss, D. Proimos, R.P. Johnson, V.A. Strunk, P. Altenburger

3426 Patient and Provider Satisfaction with Emergency Department Physical Therapy at a Level I Trauma Hospital in Portland, OR – A.J. Arthur

3427 Progressive Mobility: Evidenced Based Program Improves Outcomes in Critically Ill Patients in the ICU Setting – A. Silverman

3428 The Use of Supine Ergometry to Facilitate Conservative Treatment of Ileus in the Critically Ill Patient: A Case Series – B. Randolph, L. Goldberg, T.A. Sando

3429 Increasing Value-Focused Behaviors and Quantified Value-Added in Acute Care Physical Therapy Using a Simple Value Calculation – Hull B, Thut C

3430 The Evaluation and Management of Vestibular Symptoms in a Patient with an Acute Traumatic Brain Injury – B. Fitzpatrick

3431 The Power of Yoga: Clinical Outcomes and Cutaneous Functional Unit Recruitment for a Patient with Cervical and Upper Extremity Burn Scar Contracture – B. Dean, S. Vocke, L. Neely

3432 Would Ischemic Stroke Patients Benefit from Specific Treatment Progression to Avoid Perfusional Symptoms in the Acute Care Setting? – C. Hawthorne, M. Newkirk

3433 A Multidisciplinary Approach to Improve Patient Outcomes in the Stroke Population in the Acute Care Setting – C. Haggerty, W. Pino


3435 The Role of the Physical Therapist in Managing a Patient with Peripheral Nerve Entrapment: From Emergency Department Early Access to Outpatient Rehabilitation – C.M. Stough, M. Lebec

3436 Reliability of an Installed Chair Exit Alarm System for Fall Prevention: A Double Blind Randomized Controlled Trial – Li T, Wilson CM, Basal Y

3437 Perspectives of Acute Care Clinical Instructors Regarding the Preparedness of Novice Physical Therapy Students for Safe Practice – C.E. Neumann, B. Haiduk, A.D. Houck, C. Melli, H. Oh, D. Thomas
POSTER PRESENTATIONS


3439 Feasibility of Ambulation for Patients on Heated High-Flow Nasal Cannula Oxygen Therapy in Intensive Care Unit – D. Keenan

3440 Physical Therapy Considerations for Patients with Wernicke-Korsakoff Syndrome: A Case Study – D. Zisser


3443 Post-operative Functional Outcomes Following Total Hip Arthroplasty Using Three Different Approaches in the Acute Care Setting – D. Brennan, S. Holland, N. Pathare, F. Fletcher

3444 Sentinel Events: A Growing Concern in Physical Therapy Practice – D. Hall Bibb

3445 Role of Acute Physical Therapy on the Medical Units: Who Are We Seeing and Why? – D. Powell

3446 Early Mobilization of patients within 24 Hours of Receiving IV Tissue Plasminogen Activator – D. Brown

3447 The Effectiveness of Early Mobilization for Critically Ill Patients – D. DiNorcia, J. Chan

3448 Liberalization of Sternal Precautions for Patients with Complicating Mobility Challenges – E. Wolf E, K. Alberding

3449 Using Interdisciplinary Team Coordination and Management to Guide Physical Therapy Treatment and Early Mobility for a Critically Ill Patient with Familial Dysautonomia – E. Appel, A. Soto

3450 The Role of Physical Therapy in Care Coordination Value-Based Medicare Bundled Payment Programs – E. Biehl, M. Grundstein

3451 Making Early Intervention Mobility a Reality for Patients with Extreme Obesity in the Acute Care Setting: A Case Study – E.A. Lewis, K. Martin, B. O’Connor, S. Pittrich, A. Skoch

3452 Appropriate Dosing of Acute Care Physical Therapy Services for Patients Status-post Hip Open Reduction Internal Fixation After a Trauma or Fall – Nelson E, Desai B

3453 Feasibility of Running a Successful Acute Care Therapy Gym in a Tertiary Setting: Role of Physical Therapist Assistant – E.L. Woolford, S. Kumble

3454 Integration of the Acute Care Competencies to Enhance Doctor of Physical Therapy Student Preparation for Inpatient Settings – E.E. Sawyer, A. Nordon-Craft

3455 The Development and Rewards of Establishing a Safe Patient Handling/Mobility Program – G. Widawski, A. Schmerzler, C. Taipe


3458 Early Inclusion of Physical Therapy Home Exercise Programs In Acute Care – J. Dumas, E. Previte, M. Manessis, M. Giordano, H. Batistick-Aufox

3459 Impact of Strength on Physical Performance and Quality of Life in an Outpatient Dialysis Population – J. Wetzel, S. Giuffre, R. Guy, E. Sarac
Determining Discharge Recommendations Following Elective Orthopedic Surgery – J. Diaz, K.M. Diaz, C.L. Wells

Use of an Early Mobility Protocol in the Trauma Intensive Care Unit: A Case Report – L. Neely, J. Diaz


Enhanced Recovery Program (ERP) for Total Hip Arthroplasty (THA) – J.E. Brandon

Advocating for Early Acute Care Physical Therapy in a Patient with a Severe Traumatic Brain Injury (TBI): A Case Report – J. Sampras


Successful Patient Participation Among Acute Hospital Physical Therapists – J. Fertitta, J. Kim, P. Williams, D. Young


The Effectiveness of Cognitive Behavioral Therapy Techniques in Physical Therapy for a Patient with a Chronic Spinal Cord Injury After an Elective Spinal Fusion – H. Lester, K. Okuda

Promoting a Culture of Mobility in the Hospital Using a Progressive Activity and Mobility Plan (PAMP) – K.A. McGarry


Safety and Feasibility of Lower Extremity Serial Casting in the Acute Care Setting – K. Eyler, J. Adams


Fall Risk Assessment Using the Tinetti Following Orthopedic Surgery: A Quality Improvement Case Series – J. Scardillo, L. Knepper

Using an Interprofessional Education Simulation in Physical Therapy Curricula to Improve Knowledge Regarding the Discharge Planning Process and the Role of Physical Therapists – L.M. Smith, B. Sachs, A.M. Yorke, K. Berg, M. Keiser, C. Turkelson


Relationship between Physical Therapy Assessments, Need for Assistive Device, and Forced Vital Capacity in Patients with ALS – M.J. Gorman, L. Keniston, G.A. Steer


3484 Physical Therapy Management Following the Bite of West Nile Virus with Associated Neurological Deficits: A Case Report – N. Askar, M.E. Miller, M. E. Walter


3486 Effects of Early Ambulation on Functional Outcomes and Hospital Length of Stay while on Bi-level Positive Airway (BiPAP) – N. Greene, D. Klein


3488 Physical Therapy Driven Guidelines Can Assist the Medical Team in Triaging Patients Appropriately in an Acute Care Observation Unit – C. Hawthorne, P. Laverty

3489 Assessment of Implementation of Safe Patient Handling Policies During Physical Therapy Interventions Within Acute Care, Subacute Care, and Skilled Nursing Facilities – P. Olson, C.M. Davis, S. LaPlante, S. Philips, H. Graves


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