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. 12-15, 2020 | Denver, CO
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. 12, 2020**

6:00 a.m.-5:00 p.m. – *Pre-Conference Sessions*
- Acute, Anticipatory, and Urgent: Rededucating the Foundations of Postural Control in the Acute Care Setting
- Muscle and Diaphragm Ultrasound: Training Course for the Acute and Cardiopulmonary Physical Therapist

4:00 p.m.-5:30 p.m.
- AACPT JACPT Editorial Board Meeting

5:30 p.m.-7:30 p.m.
- AACPT Board of Directors Meeting

**THURSDAY, FEB. 13, 2020**

8:00 a.m.-10:00 a.m. – *Concurrent Sessions*
- DPT Advanced Acute Care Simulation-Based Elective: Design, Implementation, And Assessment
- Early Mobility or Early Rehabilitation: Is There a Difference after Acute Stroke?
- End-Stage Liver Disease: The Role of the Acute Care PT in Managing the Overlooked Epidemic
- Mobilizing an Enterprise: The Development of a Comprehensive Rehabilitation-Led Safe Patient Handling and Mobility Program
- Traversing the Mountains of Data

11:00 a.m.-1:00 p.m. – *Concurrent Sessions*
- AACPT Platform Session 1
  - Comorbidities Impact Functional Mobility After Amputation. What’s a PT to Do?
  - Protocols, Teamwork, and Creativity: Physical Therapy Interventions for Patients on Life-Supporting Devices in the ICU
  - Securing the Future of Acute Care Physical Therapy Clinical Education

12:00 p.m.-1:00 p.m.
- AACPT Task Force on Residencies and Fellowships

3:00 p.m.-5:00 p.m. – *Concurrent Sessions*
- A Novel Vestibular Physical Therapy Program in the Emergency Department to Identify Posterior Circulation Stroke
- Facilitating Solutions to Student Physical Therapist Challenges in Acute Care Clinical Education
- The Tortoise and the Hare in Total Joint Care: Optimizing Clinical Care
- Treating Multisystem Injuries in the Pediatric Intensive Care Unit

6:30 p.m.-7:30 p.m.
- AACPT Lecture: "The More Things Change..."

7:30 p.m.-10:00 p.m.
- AACPT Business Meeting & Membership Social

**FRIDAY, FEB. 14, 2020**

7:00 a.m.-9:00 a.m.
- AACPT Amputee Rehabilitation Meeting

8:00 a.m.-10:00 a.m. – *Concurrent Sessions*
- Exercise Prescription for the Older Hospitalized Adult: The Certified Exercise Expert for Aging Adult Perspective
- Tips on Drips: Integrating ICU Pharmacology Into PT Practice
- Total Knee Arthroplasty: Driving Clinical Excellence Through Data and Innovation

11:00 a.m.-1:00 p.m. – *Concurrent Sessions*
- AACPT Platform Session 2
  - A New Standard: Building an Acute Care Physical Therapy Obstetrics Program

**SATURDAY, FEB. 15, 2020**

7:00 a.m.-8:00 a.m.
- Rise and Grind with the AACPT Board

8:00 a.m.-10:00 a.m. – *Concurrent Sessions*
- A Novel Oncologic Treatment: The Role of Physical Therapy Following CAR-T Cell Therapy
- It Takes a Villiage: Partnering to Develop an Entry-Level Acute Care Physical Therapist
- Lost in Translation: Interprofessional Collaborative Practice Across the Continuum of Care
- Productivity vs. Value: Why We Need to Change the Discussion, and How You Can!

11:00 a.m.-1:00 p.m. – *Concurrent Sessions*
- AACPT Platform Session 3
  - Consumer-Centric Activity Trackers and Telehealth’s Vital Role in Value-Based Physical Therapy Care (APTA First Council)
  - Frailty in Acute Care: Not Just Your Grandparents’ Medical Condition
  - Implementing APTA’s Clinical Practice Guideline: Physical Therapist Management of Patients Undergoing Total Knee Arthroplasty (TKA)
  - Is Section or SSIG Membership for You? What They Offer the Student and New Graduate
  - The Icing on the Cake: Putting the Finishing Touches on Acute Care Education
Acute, Anticipatory, and Urgent: Reeducating the Foundations of Postural Control in the Acute Care Setting

PRESENTED BY
Lauren F. Hurt, PT, DPT
Elizabeth A. Ruckert, PT, DPT
Susan D. Ryerson, PT, DSc

COURSE DESCRIPTION
Postural control, both anticipatory and reactive, is recognized as the critical foundation for functional movement. The acute care setting provides a unique opportunity to reestablish the trunk-limb patterns that form the foundation of anticipatory postural control. But this setting also challenges therapists' clinical decision making and skills due to severity of patient impairments, time constraints, and environmental barriers. This session will provide an overview of current evidence and clinical expertise to help therapists improve neurologic assessment and treatment of persons with mobility and functional limitations. The speakers will emphasize improving observational skills for analytical reasoning and hypothesis formation. Specific functional activities commonly performed in the acute care setting will be discussed: rolling, supine to/from sitting, sitting balance, sit to stand, and standing balance. Through the use of patient case videos, clinicians will expand their “tool box” of outcome measures and intervention strategies. Attendees will have the opportunity to practice skills and receive instructor and participant feedback. (Attendees will bring mat/large towel for lab practice.)

LEARNING OBJECTIVES
1. Present a motor control model for analyzing basic functional skills, including bed mobility, sitting, and standing.

2. Describe the coordination of trunk and limb movements that provide the foundation of anticipatory postural control.

3. Analyze videos of functional tasks performed by patients poststroke to identify relevant impairments in anticipatory postural control.

4. Practice activating trunk-limb sequences and selecting appropriate acute care postural outcome measures.
**PRE-CONFERENCE COURSE**

**Muscle and Diaphragm Ultrasound: Training Course for the Acute and Cardiopulmonary Physical Therapist**

**PRESENTED BY**
Preeti Ashok, PT, BSPT  
Kirby Mayer, PT  
Selina M Parry  
Aarti Sarwal

**COURSE DESCRIPTION**

*NOTE: this course will be held offsite at the University of Colorado Anschutz Medical Campus which is about 20 minutes from the Convention Center. The Academy will be contacting registrants with travel options.*

In this session, clinicians will learn how to appropriately use ultrasound to assess skeletal muscle and diaphragm muscle size and health for use in practice. Attendees will learn the interworking of ultrasound, review recent literature, and receive hands-on training with ultrasound. The speakers will explore physics, anatomy, landmarking, and ultrasound probe technique, as well as literature focusing on patients in the acute care setting. Experts in muscle ultrasound will lead receptive sessions on muscle and diaphragm. Attendees will break into small groups to learn and practice ultrasound techniques, directly guided by speakers. The majority of the session will be devoted to training and practice with an opportunity to perform reliability assessments with the experts. Presenters also will discuss and demonstrate muscle ultrasound analysis techniques.

**LEARNING OBJECTIVES**

1. Review and describe the physics and settings of diagnostic ultrasound.

2. Identify muscle and diaphragm anatomy with a focus on important landmarks for muscle ultrasound.

3. Critically appraise landmark publications in muscle ultrasound for patients acutely hospitalized, including those admitted to the ICU.

4. Develop proficient skills to perform muscle and diaphragm ultrasound and comprehend ultrasound images, with a focus on muscle ultrasound analysis.
DPT Advanced Acute Care Simulation-Based Elective—Design, Implementation, and Assessment

PRESENTED BY
Kathy Lee Bishop, PT, DPT
Kim Dubard
Patricia Ohtake, PT, PhD
Leanne M. Petee, SPT, BSPT
Jacob James Schenten, SPT
Jennifer Sharp, PT, DPT

COURSE DESCRIPTION
Rehabilitation of patients in the intensive care unit (ICU) is known to improve patient centered outcomes, including physical function. This has led to increasing demands for physical therapists to practice in ICU. While ICU practice is considered beyond entry level, preparation of physical therapist students for work in the ICU during their pre-licensure education has the potential to fast-track their competence to manage critically ill patients. Many DPT programs are including electives aimed at providing student physical therapists with advanced specialized knowledge prior to licensure. Simulation is an ideal instructional design strategy for developing physical therapist ICU competence. Simulation provides realistic, hands-on experience in safe, low risk environments to master high risk interventions. During debriefing, opportunities for reflection and discussion facilitate development of clinical decision-making skills. During this session, participants will be led through the development of an Advanced Acute Care Elective Course from the beginning ideas through to the final practical evaluation. Participants will gain experience in the design and implementation of simulation scenarios, become familiar with simulation debriefing techniques, and discuss outcome measures to evaluate learner knowledge.

LEARNING OBJECTIVES
1. Describe the process for developing an advanced acute care elective course including the process for the development and implementation of simulation-based learning experiences — scenario development, scenario facilitation, and debriefing techniques.

2. Identify the components and content of an advanced acute care elective course.

3. Discuss the resources required for a simulation-based advanced acute care elective course (faculty time, expertise, experience; simulation center availability and costs; standardized patient availability and costs).

4. Discuss outcome measures to evaluate learner performance for academic and clinical knowledge and skills, and simulation-based learning experiences.
Early Mobility or Early Rehabilitation: Is There a Difference After Acute Stroke?

PRESENTED BY
Sowmya Kumble, PT, MPT
Nicole Langton
Daniel Ludwig, PT, DPT
Stephanie Orient
McKenna Jacquelyn Shives, SPT
Sarah Wintrow, SPT

COURSE DESCRIPTION
The importance of early mobility intervention as it relates to patient outcomes has become a highly discussed and researched topic in physical therapist practice. Stroke recovery and neuroplasticity are hypothesized to have critical periods where early rehabilitation intervention can lead to improved recovery and remediation of deficits. However, there is uncertainty and limited research regarding the safety, benefits, and long-term outcomes for patients who undergo very early mobilization after stroke. In the current practice scenario, mobility is highly discussed and overall rehabilitation to promote functional recovery may often be overlooked. The speakers will review the current literature, ongoing research, and currently recommended best practice for early rehabilitation for stroke patients through a multidisciplinary approach. Foundational concepts for the acute management of stroke patients will be reviewed. The presenters will explore differences between early mobility and early rehabilitation by reviewing treatment techniques that can be used in the acute care setting to drive neurorecovery and neuroplasticity.

LEARNING OBJECTIVES
1. Describe the etiology, risk factors, pathophysiology, neurologic recovery mechanisms, and acute care management for ischemic and hemorrhagic stroke.

2. Apply current literature on early rehabilitation interventions to promote early neurologic recovery after acute stroke.

3. Describe the role of multidisciplinary approach to promote early rehabilitation after stroke.

Mobilizing an Enterprise: The Development of a Comprehensive Rehabilitation-Led Safe Patient Handling and Mobility Program

PRESENTED BY
Eric Bilbo, SPT
William Finley
Komal Shah, PT, DPT
Alicia Lynn Soto, PT, DPT
Amanda Lee Soto
Angela M Stolfi, PT
Logan Cole Yager, SPT

COURSE DESCRIPTION
Safe patient handling and mobility (SPHM) programs encompass initiatives to reduce risk of injury to health care providers and patients through training and ergonomic interventions. As of 2016, 11 states have enacted SPHM laws and/or regulations to reduce health care provider injury and promote patient mobility. The American Nurses Association, Centers for Disease Control and Prevention, and APTA also have developed position statements related to these laws and initiatives. Physical therapists (PTs), when educated in SPHM practices, view SPHM programs positively and frequently utilize safe patient handling equipment. Rehabilitation staff with an educational background in biomechanics and daily opportunities to coach patient mobility, are uniquely positioned to influence mobility policies in multiple patient care areas. In this session, the presenters will describe a rehabilitation-led SPHM program in a large, multisite organization in order to encourage greater PT involvement in this growing area of education and research. Speakers will detail organizational and financial considerations of a new SPHM program and discuss the components of SPHM programs and practices that can be applied to a variety of patient care settings. Attendees will be able to use this knowledge to identify SPHM and interprofessional collaboration opportunities within their own area of practice.

LEARNING OBJECTIVES
1. Describe the history of safe patient handling and mobility laws, initiatives, and the current state of SPHM practices.

2. Discuss the multifaceted roles of physical therapy, occupational therapy, nursing, and medical staff as they relate to safe patient handling and mobility.

3. Describe the processes required to develop an effective SPHM program across multiple patient care areas, including education, training, implementation, maintenance, and ongoing needs assessment.

4. Identify further areas of opportunity for PT influence on organization-wide mobility initiatives.
Traversing the Mountains of Data

PRESENTED BY
Cayla Allen, SPT
Karen Jean Green, PT, DPT
Joshua Kurt Johnson, PT, DPT, PhD
Mary Spellacy Stilphen, PT, DPT
Allison Elizabeth Triola, SPT

COURSE DESCRIPTION
As health care in the United States continues to shift toward value-based care, it is becoming increasingly important that we are able to turn the vast amount of data we collect on patients into useful information and, ultimately, knowledge. Over the past 10 years, Cleveland Clinic Rehabilitation and Sports Therapy has positioned itself as a leader in the industry and a model for excellence and innovation by standardizing the collection, aggregation, analysis, and use of data. The result has been improved care delivery, operational efficiencies, and identification of internal best practices. The creation and development of a model data collection tool (6 Clicks), innovation of technology platforms, and elevation of disciplines to the top of their licenses all contributed to enhanced patient care. Across disciplines, all caregivers should have a deep interest in the use of data analytics to drive better care. To facilitate this, Cleveland Clinic Rehab and Sports Therapy has implemented the principles consistent with a “learning health system,” where internal data and experience are systematically integrated with external evidence and that knowledge is put into practice. In this session, the speakers will demonstrate the importance of turning data into knowledge to drive operational success and value for patients.

LEARNING OBJECTIVES
1. Describe the role of data in value-based care.
2. Discuss forms and sources of data that can be used to drive acute care operations, productivity, and financial performance.
3. Use data to drive collaboration with other departments.
4. Define the characteristics of a learning health system.
Academy of Acute Care PT Platform Session 1

PRESENTED BY
Mary Celestine Abella, SPT
Barbara Kellerman Smith, PT, PhD
Claire Switzer, SPT

COURSE DESCRIPTION
This session will present current research and perspectives applicable to acute care physical therapy practice. This session may present both scientific and/or clinically oriented topics to promote physical therapy practice and ongoing research initiatives. This session may include: research, case studies, and/or description of current practice or programs.

LEARNING OBJECTIVES
1. Understand current research and novel approaches to patient care related to acute care practice.
2. Apply current research and descriptions of current practice/programming to their own practice.
3. Interact with colleagues and physical therapy researchers.
4. Participate in discussions of current research and practice trends with colleagues.

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

WHERE
Colorado Convention Center Exhibit Hall: Platform Area 3

EDUCATION LEVEL
Basic
Combodities Impact Functional Mobility After Amputation. What’s a PT to Do?

PRESENTED BY
Eric M. Lamberg, PT, EdD
Daniel Joseph Lee, PT, DPT
McKenna Jacquelyn Shives, SPT
Rufino C. Singson, PT
Christopher K. Wong, PT, PhD

COURSE DESCRIPTION
People with limb loss require lifelong care, but optimal community integration can be limited by decreased mobility. Clinical practice guidelines detail initial training, but less guidance for ongoing care. Recent research has revealed that the modifiable factors influencing functional mobility depend on whether prosthetic walking ability was defined by subjective patient-reported outcomes or by objective clinical measures. While clinical measures of mobility, such as walking speed, are influenced by balance ability and balance confidence, patient-reported prosthetic mobility has been found to depend on factors that include cognitive, cardiopulmonary, integumentary, and musculoskeletal comorbidities. Cognition also can impact the choice, comfort, and use of prostheses. The speakers will present recent research on modifiable factors, including comorbidities in multiple systems, that can be addressed to maximize prosthetic mobility after lower limb loss. Attendees will leave with concrete clinical approaches to address common problems that impact prosthetic function among people with limb loss.

LEARNING OBJECTIVES
1. Recommend solutions to common integumentary comorbidities.
2. Address common cardiopulmonary comorbidities to improve exercise capacity.
3. Anticipate and address common musculoskeletal comorbidities that affect performance.
4. Recognize common prosthesis-related issues and make appropriate recommendations.
Protocols, Teamwork, and Creativity: Physical Therapy Interventions for Patients on Life-Supporting Devices in the ICU

PRESENTED BY
Maria Africa, SPT
Haley Anne Bento, PT, DPT
Aizza Marie B. De Los Angeles, SPT
Bryan Douglas Lohse, PT
Joseph Tonna

COURSE DESCRIPTION
Physical therapy in the intensive care unit (ICU) setting often is complicated by the presence of life-saving devices. Providing meaningful mobility interventions for patients on devices requires specialized knowledge of the device, multidisciplinary collaboration, and careful progression of activity as tolerated. In this session, presenters will review indications, protocols, safety considerations, and treatment ideas for patients requiring various life-saving devices in an ICU setting. Attendees will learn about mobilizing patients requiring both venous-venous and venous-arterial extracorporeal membrane oxygenation (ECMO), Impellas, intra-aortic balloon-pumps, biventricular or temporary single ventricle mechanical circulatory support, renal replacement therapies, and ventilators.

The speakers also will engage a physician champion in discussions about the importance, safety, and physician viewpoint of physical therapy for these patients. Clinicians will gain knowledge of current protocols, research, and decision-making processes for providing relevant physical therapy interventions for patients requiring such devices during their ICU stay, as well as the impact of providing such interventions on patient and hospital outcomes.

LEARNING OBJECTIVES
1. Explain current cited barriers to providing early mobility for patients on life-supporting devices.

2. Evaluate a variety interventions that can be provided to patients on life-supporting devices.

3. Identify ways to engage physicians in the process of mobilizing patients on life-supporting devices.
Securing the Future of Acute Care Physical Therapy Clinical Education

PRESENTED BY
Sharon Lynn Gorman, PT, DPTSc
Molly A. Hickey, PT, DPT
Ellen Wruble, PT, DSc
Hannah Yoo, SPT
Carly Brooke Yusko, SPT

COURSE DESCRIPTION
The gap between entry-level preparation and the realities of clinical practice in managing patients with acute health needs has been widely acknowledged. 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 a 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. 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 of the many task forces and work groups generated since release of the initial report. Capitalizing on the momentum initiated at the CSM 2017 AcuTEACH roundtable and follow-up sessions at CSM 2018 and CSM 2019, this forum will provide 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 in future discussions with stakeholders and decision makers with a unified message as the landscape for providing clinical education to acute care therapists evolves.
A Novel Vestibular Physical Therapy Program in the Emergency Department to Identify Posterior Circulation Stroke

PRESENTED BY
Benjamin Thomas Bachelier, PT
Kathryn Beth Stratton, SPT
Melissa Snyder, SPT
Jenny Brickman Terry, PT
Beth Pike Thorpe, PT, DPT

COURSE DESCRIPTION
Primary complaints of dizziness and vertigo are responsible for a large number of emergency department (ED) visits annually in the United States (US). A small percentage of these cases are attributable to stroke. However, timely, accurate, and cost-effective strategies to correctly identify central vs. peripheral vestibular etiologies are lacking in current practice. A program was developed at UCHealth Memorial Hospital, a level 1 trauma and comprehensive stroke center with the fourth-busiest ED in the US, where ED physical therapists (PTs) are the primary daytime health care providers, to identify (and treat when appropriate) peripheral vs. central causes of dizziness and vertigo. The presenters will detail the implementation of a novel vestibular physical therapy program in the ED, including improvement in patient outcomes, cost savings benefits, and timely identification of patients presenting with potential posterior circulation stroke. Speakers will review evidence-based practice for differential diagnosis of dizziness using a bedside oculomotor examination. Case studies will illustrate examples of patients with dizziness who benefited from PT services in the ED. Attendees will take away an understanding of the unique scope and abilities of PTs to be key providers on an interdisciplinary team assessing a patient with dizziness in the ED.

LEARNING OBJECTIVES
1. Apply evidenced-based practice to differentiate between central and peripheral causes of dizziness using a bedside oculomotor examination.

2. Identify the benefits of vestibular physical therapy in the emergency department, including resource utilization, timely diagnosis/treatment of central and peripheral causes of dizziness, and continuity of care across the health care system.

3. Define limitations during a bedside exam for potential central causes of dizziness.
Facilitating Solutions to Student Physical Therapist Challenges in Acute Care Clinical Education

PRESENTED BY
Pamela L. Bartlo, PT, DPT
Jacque Lynn Bradford, PT, DPT, EdD, MS
Carlos Monte Clardy, PT
Angela Felker MacCabe, PT, DPT, PhD
Sarah Wintrow, SPT

COURSE DESCRIPTION
Preparing student physical therapists (SPTs) to meet the Academy of Acute Care Physical Therapy’s (AACPT) core competencies for acute care entry-level practice is dependent on didactic preparation for and successful navigation of acute care clinical education. The acute care environment is complex and requires PTs to demonstrate a high level of clinical reasoning. These unique challenges require that acute care clinical instructors (CIs) bring students’ didactic training together with real-world clinical applications to facilitate the achievement of competency in this environment. Academic and clinical educators will provide examples of best educational practice and solutions addressing CIs’ challenges in acute care clinical education. The speakers will discuss the application of adult learning theory and educational models to clinical education, including neuroplasticity, experiential learning, self-directed learning, and problem-based learning. CIs will gain the tools and resources to facilitate significant learning within this complex environment.

LEARNING OBJECTIVES
1. Apply adult learning theory to create significant learning for students in acute care clinical education.

2. Create significant learning for physical therapist students to enhance confidence, knowledge, and self-efficacy for readiness to meet AACPT’s core competencies for acute care physical therapist practice.

3. Use the evidence to enhance learning for and in the acute care environment.

4. Create opportunities for students to gain a deeper understanding of educational information, increase active critical thinking, and transform learning experiences for increased cognitive complexity.
The Tortoise and the Hare in Total Joint Care: Optimizing Clinical Care

PRESENTED BY
Alisa Lenora Curry, PT, DPT
Rachel Catherine Jermann, PT, DPT
Kenneth L. Miller, PT, DPT
Katy O’Neil Schneider, SPT
Tarissa Zeigler, SPT

COURSE DESCRIPTION
This session will address the impact of optimizing clinical care and transitions across the care continuum for lower extremity total joint arthroplasty. Attendees will learn about biopsychosocial factors prior to admission and what impact these factors have regarding community discharge. By identifying the social determinants of health for each patient ahead of surgery, and efficiently and effectively communicating pertinent transition information up and downstream, better outcomes are achieved sooner with reduced risk for rehospitalization and complications. Specific biomarkers such as body mass index (indicating obesity), HgA1C, albumin levels (nutritional status), tobacco use, and lack of physical activity level are risk factors for adverse health events and poorer outcomes. The speakers will identify these risks and provide interventions and strategies to optimize patient care and trajectory through the care continuum. They also will examine physical therapy tests and measures used to capture objective data regarding function and the need for the data to be available up and downstream. Through the use of high and low functioning patient scenarios, clinicians will learn how to make better clinical decisions for goal setting, discharge disposition, and program progression.

LEARNING OBJECTIVES
1. Differentiate whether patients are at low or high risk for rehospitalization and adverse health events.
2. Choose important information to include in care transition to a provider upstream or downstream.
3. Explain 3 methods of communication within the interprofessional team and patient/caregiver.
4. Describe the factors involved in rehospitalization risk.
Advancements in medical and surgical treatment in children with multisystem/polytrauma injuries are leading to an increased number of survivors who may or may not exhibit functional deficits requiring rehabilitation while also undergoing typical development. A multisystem injury involves multiple body systems and requires more complex management than does a single-system injury. Acute illness or trauma, chronic disease processes, or an acute on chronic disease can cause multisystem injury, which accounts for over 50% of patients admitted to a pediatric intensive care unit. These children are more likely to have prolonged intubation, increased length of stays, increased immobility, and higher risk for functional decline and developmental delay. Rehabilitation implications across the continuum of care for pediatrics will be discussed including appropriate outcome measures, special medical considerations, interventions and specialty programs. The first part of the session will define multisystem injuries and review current literature. The second part will discuss medical and rehabilitation implications including equipment concerns, subspecialty considerations, and critical decision making. The presenters will use pediatric case reports highlighting outcome measures, medical considerations, interventions, and age-specific considerations. The lecture will conclude with a panel discussion for engaging participants in an open dialog with the presenters.

1. Describe multisystem injury in the pediatric population and discuss the impact on rehabilitation.
2. Differentiate between acute, chronic critical illness, and traumatic causes of multisystem injury and identify strategies to promote rehabilitation for patients with multisystem injuries.
3. Evaluate how to prioritize a patient’s system impairments and select appropriate physical therapist interventions within the context of multisystem injury.
4. Demonstrate clinical decision making for progressing and optimizing mobilization and rehabilitation of the patient with multisystem injury and for using appropriate outcome measures.
Academy of Acute Care Physical Therapy Lecture: “The More Things Change….”

PRESENTED BY
Linda E Arslanian, PT, DPT, MS
Sara Cassabaum, SPT

COURSE DESCRIPTION
As physical therapists practicing in the acute care environment, we have experienced significant changes, both clinically and operationally over the past many decades. The most significant have been clinical; improving care and patient outcomes. Some changes have improved efficiency, though frankly not as much as clinically. The most impactful improvements have been the result of strong interprofessional collaboration where we have been instrumental in the processes. Some strategies enhance effective collaboration, despite cultural and organizational challenges. Others, well not so much! For as much as we have seen remarkable improvements in patient care, unfortunately the same is not true for operational efficiency. We still measure, use and interpret “productivity” using the same methods and assumptions about value, and efficiency as we have for decades. Productivity alone is a poor measure of performance, often causing obstacles to effective patient care. Unfortunately, it is used today almost to the exclusion of any other measure of performance. Challenging the emphasis on “productivity” is a critical for our profession. There are more effective tools and metrics that can be utilized to achieve a more balanced appraisal of individual and organizational performance, we need to advocate strongly for their availability and use.

LEARNING OBJECTIVES
1. Identify effective strategies that can enhance interprofessional relationships, collaboration effective to support clinical improvement initiatives and research in the acute care environment.

2. Understand how “productivity” is measured and be able to discuss the weaknesses and misuse of the most commonly used productivity metrics in physical therapy.

3. Understand the difference between productivity and value, and relevance to clinical outcomes and operational performance.

4. Be able to describe several different measures of operational performance and gain insight into how multiple metrics can improve individual and Torganizational performance appraisal.
Exercise Prescription for the Older Hospitalized Adult: The Certified Exercise Expert for Aging Adult Perspective

PRESENTED BY
Paul B. Auth, SPT
Jill M. Fitzgerald, PT, DPT
Shimeng Gao, SPT
Kelly Denise Hawthorne, PT, DPT
Kimberly Moore Levenhagen, PT, DPT

COURSE DESCRIPTION
Frail older adults have multiple comorbidities requiring frequent hospitalizations with complex needs. Hospitalizations result in significant stress to multiple systems in the older adult patient, such as a decrease in muscle strength and cognitive function. Individuals admitted to the intensive care unit (ICU) for more than 2 weeks develop joint contractures which result in higher mortality and disability, even years after discharge. Most older adults spend 83% of their hospitalization in bed and 12% of their time in a chair. Due to deterioration in physical function, older adults are more likely to show a decline in ADLs and IADLs, even 1 year post discharge. Adverse events may occur if prescribed exercises do not address frailty, fall risk, or are subtherapeutic. PTs and PTAs should be aware of the risk of functional decline and activity limitations of older adults to individualize a treatment plan to minimize rehospitalizations and address quality of life. Recommended exercise prescription for the older adult should be at a high enough intensity to maximize functional outcomes. This presentation will prescribe exercises for older adults with frailty or hospital-associated deconditioning to address impairments from the perspective of a certified exercise expert for aging adults (CEEEAA).

LEARNING OBJECTIVES
1. Recall the principles of flexibility, strength, endurance, and balance in the aging adult.
2. Recall principles from certified exercise experts for aging adults regarding risk stratification.
3. Develop an effective exercise prescription for the aging adult in the acute care setting to maximize function and improve outcomes.
4. Apply current evidence regarding exercise for the aging adult into your acute care practice.
Tips on Drips: Integrating ICU Pharmacology Into PT Practice

PRESENTED BY
Cayla Allen, SPT
Jamie J. Dyson, PT, DPT
Kathleen Swanick, PT, DPT

COURSE DESCRIPTION
Physical therapy in the intensive care unit (ICU) has become the standard of care for this fragile population of patients. As essential members of the critical care team, PTs should have an understanding of the common medications received by these patients so that both desired and side effects can be properly integrated into the plan of care. The presenters will discuss the pharmacotherapeutics of common ICU drip medications as well as strategies to assist with clinical decision making in this complex care environment.

LEARNING OBJECTIVES
1. Discuss an overview of pharmacotherapeutics in pharmacology.
2. Analyze a critical care medication list to make clinical decisions for patient care.
3. Integrate the pharmacodynamics of the medications discussed into the physical therapy plan of care.
4. Describe situations when physical therapy should be held back and when it is safe to continue.

SESSION DESCRIPTIONS

WHEN
8:00 a.m.-10:00 a.m.

WHERE
Colorado Convention Center
Mile High Ballroom

EDUCATION LEVEL
Intermediate
Total Knee Arthroplasty: Driving Clinical Excellence Through Data and Innovation

PRESENTED BY
Haley Renee Anderson, SPT
Kathryn Belanger, PT, MPT
Laura Ann Fleck, SPT
Jean Flanagan Jay, PT, DPT
Gina M. Marsh, PT, MSPT
Sherrie Renzi
Susan Torchia

COURSE DESCRIPTION
Value-based physical therapy, patient optimization, and allocation of resources are trending topics in acute care rehabilitation. Physical therapists from Brigham and Women’s Faulkner Hospital in Boston, Massachusetts, will discuss how data collection from 2008 to 2018 of over 1,000 patients was used to innovate the hospital's inpatient total knee arthroplasty (TKA) program. With an increasing demand for elective TKA each year, hospitals, physicians, and payers have indicated a need to refine practice for cost-effective, safe, and timely care. Through a journey of prehabilitation to postoperative care, the speakers will discuss what interventions have been successful or discarded, and what they envision in the future as practice moves toward outpatient care.

LEARNING OBJECTIVES
1. Explain how the use of data drives change in physical therapist practice and patient care following total knee arthroplasty.

2. Describe how a multidisciplinary and multimodal approach promotes collaboration and clinical excellence in an acute care hospital.

3. Identify the benefits of a prehabilitation education and online exercise program on postoperative outcome measures.

4. Discuss areas of innovation to create a successful outpatient total knee arthroplasty program.
A New Standard: Building an Acute Care Physical Therapy Obstetrics Program

PRESENTED BY
Ashley Chigbu, SPT
Ann Croghan, PT, DPT
Sarah Beth Nazzaro, PT, DPT

COURSE DESCRIPTION
The postpartum population is at high risk for chronic lumbopelvic dysfunction, pain, and incontinence, as well as cardiovascular and neurovascular complications following childbirth. Acute care physical therapists are uniquely qualified to identify risk factors and intervene early to mitigate complications. According to the Review Action Committee on Building U.S Capacity to Review and Prevent Maternal Deaths, approximately 50% of pregnancy-related deaths are due to cardiovascular dysfunction and/or infection. Sixty percent of these deaths are preventable through early risk factor detection, improved provider knowledge, and enhanced systems of care. Early recognition of risk factors, enhanced communication, care coordination, and early intervention are within the physical therapist’s scope of practice. The speakers will highlight results of a current practice survey, an acute care referral algorithm, components of an acute care physical therapy consult, challenges and solutions to program implementation, feasibility for replication, patient case reviews, and presentation of utilization, outcome, and financial data. Specific attention will be given to the development and implementation process of an acute care physical therapy obstetrics program. An interprofessional panel including a hospital administrator, obstetric nurse, physician, and physical therapist will discuss the efficacy of the program for the maternal community in a rural and underserved area.

LEARNING OBJECTIVES
1. Describe the role of the acute care physical therapist within the obstetric population.

2. Recognize and identify risk factors presented in case scenarios.

3. Identify 2 barriers and solutions to an obstetric program at your own facility and suggest solutions.

4. Summarize the necessary steps to replicate this model.
Academy of Acute Care PT Platform Session 2

PRESENTED BY
Danielle Elizabeth Morrison, SPT
Barbara Kellerman Smith, PT, PhD
Kathryn Beth Stratton, SPT

COURSE DESCRIPTION
This session will present current research and perspectives applicable to acute care physical therapy practice. This session may present both scientific and/ or clinically oriented topics to promote physical therapy practice and ongoing research initiatives. This session may include: research, case studies, and/ or description of current practice or programs.

LEARNING OBJECTIVES
1. Understand current research and novel approaches to patient care related to acute care practice.
2. Apply current research and descriptions of current practice/programming to their own practice.
3. Interact with colleagues and physical therapy researchers.
4. Participate in discussions of current research and practice trends with colleagues.

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

WHERE
Colorado Convention Center
Exhibit Hall:
Platform Area 4

EDUCATION LEVEL
Basic
Move Over Millennials, iGen Is Here! Multigenerational Cohorts: Opportunities for Teaching, Mentoring, Evaluation, and Innovation

PRESENTED BY
Paul B. Auth, SPT
Kaitlyn Barber, SPT
Harshavardhan V. Deoghare, PT, PhD
Lindsey Liggan, PT, DPT
Steven Gary Snyder, PT, DPT
Tim Wood

COURSE DESCRIPTION
A generation is defined as a group of people who were born in the same timeframe whose core values, attitudes, priorities, behaviors, and preferences for interacting, communicating, and learning are shaped by the societal events that occurred during their formative years. Currently, Millennials (born 1980–2000) make up the majority of health care students, residents, and early-career clinicians. Millennials are about to be surpassed by iGen (born 2001-2012), who comprise 32% of the global population, compared to 31.5% Millennials. In cross-generational learning teams, each member brings different skills, values, and expectations to the group. Therefore, an instructor must be mindful of them before creating meaningful inclusive learning environments. The speakers will discuss the mindset needed for innovative teaching success when teaching the new intergenerational mix reaching physical therapy classrooms. They will present models of innovative teaching methods used for didactic content delivery, clinical skills lab, simulation, and clinical education will be discussed. During small-group sessions, sample templates will help attendees brainstorm and create their own innovative teaching activities.

LEARNING OBJECTIVES
1. Examine the social construct of generations and recognize the defining characteristics of the multiple generations encountered in health care education and the workplace.


3. Identify innovative strategies to minimize conflict and maximize collaborative learning in the classroom and clinic.

4. Discuss best practice and resources to help bridge the gap.
Where Am I Working Today? Successful Floating in Acute Care

PRESENTED BY
Haley Renee Anderson, SPT
Laura Ann Fleck, SPT
Kathleen A. Henahan, PT
Laurie Chocklett Pallini, PT
Talia Pollock
Stella Ann Prevost, PT, MS
Ann Elizabeth Tuzson, PT

COURSE DESCRIPTION
Physical therapy departments in acute care facilities must meet fluctuating staffing needs depending on available personnel and patient census levels. Given the high cost of hospitalization, any delay in discharge due to poor physical therapy staffing is unacceptable. Many facilities employ “float” therapists who move between all patient care units according to the daily need. Although floats provide much needed flexibility, the lack of permanence creates challenges not only for the float therapist, but also for the patient and the other members of the multidisciplinary team. Unfortunately, research on floating and physical therapy is lacking. In this session, presenters will discuss the nursing literature on floating and describe how a 645-bed level 1 trauma center uses floating physical therapists to address fluctuating staffing needs across 6 different service centers.

LEARNING OBJECTIVES
1. Describe the unique challenges faced by float therapists in the acute care setting.

2. Demonstrate the necessary skills to be successful as a float therapist.

3. Develop ideas for promoting engagement and inclusion, specifically targeting acute care float therapists.

4. Describe the educational benefits for all therapists floating across different specialties.
Acute Care Residency: Outcomes Beyond Specialty Credentials

PRESENTED BY
Mary Celestine Abella, SPT
Sophia Catherine Andrews, PT, DPT
LaTasha Shanelle Harris, PT
Heather Melissa Littier, PT, DPT
Kalen Pascal, PT, DPT
Kara Marie Shumock, PT
Eric S. Stewart, PT, DPT
Claire Switzer, SPT
Ellen Wruble, PT, DSc

COURSE DESCRIPTION
In 2015, the Johns Hopkins Hospital and University of Delaware collaborated to develop the first American Board for Physical Therapy Residency and Fellowship Education (ABPTRFE) accredited acute care residency. Since then, 6 other acute care residencies have become accredited or are in candidate status. Yet, without a robust pool of qualified applicants applying to these programs, concerns exist over the basic economics of the proposition. Will acute care residency supply outpace demand? Is the overt value of acute care residencies perceived by applicants? These questions require exploration. The lack of an acute care specialist exam is undeniably a deterrent for application to a residency program. However, the professional development gained from acute care residency programs can be established outside of the specialist credential. When comparing residency-trained acute care physical therapists with their non-resident colleagues with similar years of experience, there are differences in speed of career advancement, degree of mentorship and onboarding required at time of hire, progression to units with increased patient criticality, initiation of clinical instruction and classroom teaching opportunities, participation in hospital-wide quality improvement initiatives, and advancement of a scholarly agenda. The presenters will highlight acute care residency outcomes that support program value and will demonstrate the return on investment to both applicants and hospitals alike.

LEARNING OBJECTIVES
1. Analyze potential barriers associated with acute care physical therapy residency training.
2. Identify mechanisms to encourage residency participation and application.
3. Explore the return on investment and value-driven outcomes achieved by both the hospital and residency graduate.
Inappropriate Consultations: The Fallacy of the Quest for the “Appropriate” Patient in Acute Care

PRESENTED BY
Sujoy Bose, PT, DPT, MHS
Samantha Lee Wilson, SPT
Taylan Wolfe, SPT

COURSE DESCRIPTION
In hospital-based acute care environments, there is strong undercurrent of dissension in the world of physical therapy against so called “inappropriate consultations.” Inappropriate consultations are defined as those that particularly do not require the skillsets of a physical therapist. Based on that premise, the push for a non-physical therapy professional (doctors and their extenders) to prescreen patients for the appropriateness for physical therapy referrals, in the age of direct access, is at best fallacious. Physical therapists (PTs) want the best of both worlds. They want autonomy, yet they want to have their referrals prescreened, a concept that is antithetical to the model of independence that the profession is pursuing so ardently. The speaker will present an argument that there must be an appreciation of the fact that with great powers come greater responsibilities. One cannot seek autonomy and have another professional prescreen patients for referral. That is ultimately the responsibility of the practitioner to decide, an autonomy that has been hard earned, and should not be surrendered. The speaker will seek to find a bridge between the world of so-called inappropriate vs. appropriate consultations and challenge the physical therapist to think differently in the age of direct access.

LEARNING OBJECTIVES
1. Define and discuss the prevalent thought of inappropriate consultations, and contrast with what constitutes the existing understanding of appropriate consultations to physical therapy.

2. Analyze the difference between using the term physical therapy as an intervention vs. physical therapy as a profession, worthy of a consulting role within acute care.

3. Apply the concepts of physical therapy in a consulting role in acute care and develop models where truly inappropriate patients are screened out, for example by refining artificial intelligence in-built within an electronic health record.

4. Successfully incorporate strategies of addressing inappropriate consultations without significant resource investment.
**COURSE DESCRIPTION**

The National Center for Health Statistics estimates that up to 39.8% of United States adults are categorized as obese, and the number increases each year. The increased health risk and multiple comorbidities that obesity precedes put these patients at a greater risk for severe illness and prolonged hospitalization. This session will highlight the multiple challenges that arise when treating patients who are morbidly obese and follow their stay from the intensive care unit (ICU) to step-down-units. Using case studies, the speakers will identify barriers such as bias, time, funding, motivation, and medical complexity, and discuss how they were able to overcome these obstacles throughout the patient’s acute care stay. Speakers will discuss how they used a multidisciplinary approach to engage caregivers and promote mobility in this population. They will discuss the development of a physical therapy plan of care, decision making, utilization of hospital resources, discharge planning, and safety considerations when treating patients who are morbidly obese.

**LEARNING OBJECTIVES**

1. Describe current obesity trends in the US and discuss implications for the physical therapist.

2. Identify strategies for assessment and treatment, including reviewing the available bariatric medical equipment and resources available in the acute care setting.

3. Identify ways to improve multidisciplinary communication and facilitate participation.

4. Discuss a variety of other barriers that limit the overall rehab prognosis of patient who is morbidly obese and how to approach them.

**SESSION DESCRIPTIONS**

**Overcoming Barriers: Decision-Making Strategies for Rehabilitation**

**PRESENTED BY**

Niva Alita Austin, PT
Leslie Diane Ayres, PT, DPT
Derek Kensaku Nishikawa, SPT

**WHERE**

Colorado Convention Center
Mile High Ballroom

**EDUCATION LEVEL**

Basic
A Novel Oncologic Treatment: The Role of Physical Therapy Following CAR-T Cell Therapy

PRESENTED BY
Mary Celestine Abella, SPT
Helaine Sara Firestein, PT
Melissa Snyder, SPT

COURSE DESCRIPTION
Patients with non-Hodgkin’s B-cell lymphoma and acute lymphoblastic leukemia are conventionally treated with chemotherapy. Unfortunately, up to 20% of people who achieve remission ultimately relapse. Chimeric antigen receptor (CAR-T) cell therapy, a process by which a patient’s immune cells are genetically engineered to fight cancer, is a novel immunotherapeutic intervention that has been FDA-approved for the treatment of this patient population. CAR-T cell therapy also remains the focus of many clinical trials for treatment of other cancers. With remission rates of 70%–90% observed in studies, inpatient oncology units are beginning to see more patients receiving this breakthrough intervention. However, CAR-T cell therapy can lead to potentially debilitating side effects, including cytokine release syndrome (CRS) and neurotoxicity. In addition to presenting with baseline weakness due to their medical diagnosis, patients receiving CAR-T cells are at risk of developing significant deconditioning due to CRS and neurotoxicity, often necessitating physical therapy intervention. The speaker will review the diagnoses treated with CAR-T cell therapy, discuss the process of creating and administering CAR-T cells, outline the potential side effects of this novel treatment, and explore the role physical therapy plays as patients recover from these often debilitating side effects.

LEARNING OBJECTIVES
1. Identify cancer diagnoses that warrant CAR-T cell therapy.
2. Describe CAR-T cell therapy and the process through which CAR-T cells are created and administered.
3. Discuss the common side effects of CAR-T cells with an emphasis on cytokine release syndrome (CRS) and neurologic toxicity.
4. Identify and explain the role that physical therapy plays in the treatment of the physical side effects of CAR-T cell therapy.
It Takes a Village: Partnering to Develop an Entry-Level Acute Care Physical Therapist

PRESENTED BY
Dillon Jon Almazan, SPT
Erica Charee Colclough, PT
Daniel Christopher Dale, PT, DPT
Tiffany Jean Haney, PT
Katrina Lee Wong, SPT

COURSE DESCRIPTION
Entry-level doctoral physical therapist education programs are tasked with the responsibility of providing both didactic content and clinical exposures to their students with the goal of graduating entry-level students. This session will present an innovative teaching model that partners the academic institution, clinical facility, and the continuum of learners (entry-level student, residents/fellows, and clinical specialists) with the goal of producing an entry-level acute care clinician.

LEARNING OBJECTIVES
1. Explain the didactic/clinical requirements for a CAPTE-accredited DPT program.
2. Identify the components of the Academy of Acute Care Physical Therapy core competencies.
3. Apply strategies and create partnerships along the continuum of learning that facilitates the development of an entry-level physical therapist.
4. Describe components of effective clinical mentorship.

SESSION DESCRIPTIONS
WHEN
8:00 a.m.-10:00 a.m.
WHERE
Colorado Convention Center
Room: 501/502/503
EDUCATION LEVEL
Intermediate
Lost in Translation: Interprofessional Collaborative Practice Across the Continuum of Care

PRESENTED BY
Suzanne Brandenburg, MD
Amy Joyce Nordon-Craft, PT, DSc
Justin Thomas Dudley, PT, DPT
Darcie Mae Luby, PT
Sydney Monkman, SPT
Kimberly Anne Beran-Shepler, PT, DPT
Shelene Maynette Thomas, PT

COURSE DESCRIPTION
The 6 characteristics of an optimal interprofessional collaborative learning environment include: patient-centeredness, a continuum of learning, reliable communications, team-based care, shared accountability, and evidence-based practice centered on interprofessional care. Successful clinicians readily integrate these characteristics into practice and use interprofessional strategies to optimize patient care. Clinical instructors may inadvertently exclude students from best practices because clinical assessment tools do not include goals related to interprofessional practice. Interprofessional collaborative practice (IPCP) contributes to optimal patient care, reduces health system errors, and has the potential to reduce health care cost. Health professions programs are charged with developing competent IPCP health care providers. Learners need to develop strategies for effective team communication, understand team members’ roles and responsibilities, apply the values and ethics of high-quality care, and contribute to ongoing quality improvement. While educational institutions easily create didactic curricula around these concepts, they struggle to find clinical environments that support IPCP. As clinical educators, we are integral in helping students understand and value IPCP. An interprofessional panel including representatives from various health professions across the continuum of care will engage attendees in robust discussions about IPCP. Break-out sessions will allow therapists to discuss personal challenges and benefits with implementing IPCP.

LEARNING OBJECTIVES
1. Explore the benefits and challenges of collaborative practice for optimal patient care.

2. Integrate examples of successful collaborative practice models.

3. Analyze strategies for establishing collaborative practice models.

4. Compare and contrast how collaborative practice models can be implemented across the continuum of care.
Productivity vs. Value: Why We Need to Change the Discussion, and How You Can!

PRESENTED BY
Danzell Harris, SPT
Brian L. Hull, PT, DPT, MBA
Christopher Chi Lui, SP
Cathy Thut, PT, DPT, MBA

COURSE DESCRIPTION
Value. What is it? How do acute care physical therapists provide value for patients when the discussion is all about productivity and volume? How do we change the ideology from productivity or volume to value? Acute physical therapy value should be measured by the outcomes produced for the patient divided by the cost of services to produce those outcomes. Although acute care physical therapist practice continues to progress toward consistent outcome measurement, widespread application of outcomes to quantify value is rare. This lack of a quantifiable measurement leaves an acute care PT’s value measured primarily in terms of how many units or visits they can code in a certain number of hours worked. Unfortunately, quantities of units or visits are not synonymous with value. This session will provide the science, theory, and practical tools to shift the discussion from productivity to a value-based practice. The speakers developed the “Therapy Value Quotient,” a way to measure value in acute care PT practice using readily available data. They will describe how they published and piloted the Therapy Value Quotient measurement tool in a large hospital system and will present a case study demonstrating its promising application.

LEARNING OBJECTIVES
1. Discuss the science and theories about value and productivity in the acute care setting.

2. Demonstrate effective tools to measure value.

3. Conceptualize ways to change the ideology from productivity to value.
Academy of Acute Care PT Platform Session 3

PRESENTED BY
Ashley Chigbu, SPT
Danielle Elizabeth Morrison, SPT
Barbara Kellerman Smith, PT, PhD

COURSE DESCRIPTION
This session will present current research and perspectives applicable to acute care physical therapy practice. This session may present both scientific and/or clinically oriented topics to promote physical therapy practice and ongoing research initiatives. This session may include: research, case studies, and/or description of current practice or programs.

LEARNING OBJECTIVES
1. Understand current research and novel approaches to patient care related to acute care practice.
2. Apply current research and descriptions of current practice/programming to their own practice.
3. Interact with colleagues and physical therapy researchers.
4. Participate in discussions of current research and practice trends with colleagues.

SESSION DESCRIPTIONS

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

WHERE
Colorado Convention Center
Exhibit Hall: Platform Area 2

EDUCATION LEVEL
Basic
Consumer-Centric Activity Trackers and Telehealth’s Vital Role in Value-Based Physical Therapy Care (APTA FIRST Council)

PRESENTED BY
Catherine J. Broadbent, SPT
Alan Chong W Lee, PT, DPT, PhD
Trevor Russell
Joseph Smith, MD, PhD, FACC
Annie Soo, SPT

COURSE DESCRIPTION
In society, consumers are embracing activity trackers and wearable digital devices across most aspects of their lives and increasingly expect their health care to be supported by it. Key telehealth advances are impacting healthcare with disruptive innovations connecting the clinic to the community with diagnostics and remote monitoring. However, patients and providers struggle with new innovations especially if devices are not easy and intuitive to use and do not meet a clear need with strong evidence. Physical therapists, as integral members of the health care team, must be prepared to maximize telehealth and wearable technologies impacting clinical practice, research, and education, and to participate in optimizing these technologies for clinicians and patients/clients. This session will discuss the value of the present use and the future vision for telehealth and activity trackers to guide clinicians, consumers, and their families to achieve the best personalized physical rehabilitative services in the digital age.

LEARNING OBJECTIVES
1. Describe telehealth, telemedicine, and telerehabilitation.

2. Discuss sensors and wearable activity trackers impacting practice, research, and education in society.

3. Envision future digital practice opportunities with activity trackers, wearable sensors, and telehealth for physical therapy.
Frailty in Acute Care: Not Just Your Grandparents’ Medical Condition

PRESENTED BY
Paul B. Auth, SPT
Kaitlyn Barber, SPT
Emelia D. Exum, PT

COURSE DESCRIPTION
“Frail” is a term traditionally used to describe someone in the geriatric population who may be declining in health and physical function. It is commonly defined by a phenotype with 5 specific criteria, and most of the literature addresses this concept through a postacute care lens. With the increase in chronic illnesses and comorbidities, is the concept of frailty too narrowly applied? The presenters will explore the concept of frailty as a phenotype and its application to nongeriatric patients in the acute and critical care settings. They will address the most common diagnosis likely to be affected by frailty, as well as its impact on readmissions and postacute care spending. Attendees will learn about the most common evidence-based outcome measures and interventions used to reverse frailty in the geriatric population, and whether the same effects can be achieved in the nongeriatric population.

LEARNING OBJECTIVES
1. Assess the link between frailty and hospital quality metrics such as readmissions and postacute care spending.

2. Interpret the appropriate outcomes measures most commonly used to assess frailty in the geriatric patient and use that data to assess the nongeriatric patient.

3. Create the appropriate treatment plan with interventions tailored to the time frame of the acute care setting and appropriate dosing for the patient with frailty.

4. Incorporate information on frailty to drive discussion with the interdisciplinary team regarding discharge planning.
Implementing APTA’s Clinical Practice Guideline: Physical Therapist Management of Patients Undergoing Total Knee Arthroplasty (TKA)

PRESENTED BY
Stephen J. Hunter, PT, DPT
Diane U. Jette, PT, DSc, FAPTA
Heidi Ann Kosakowski, PT, DPT
Jennifer Elaine Stevens-Lapsley, PT, MPT, PhD
James Tompkins, PT, DPT
Samantha Lee Wilson, SPT
David S. Logerstedt, PT, MPT, PhD
Taylan Wolfe, SPT

COURSE DESCRIPTION
In order to transform society by optimizing movement, we must decrease undesirable variations in practice. The use of evidence-based practice is quintessential toward achieving the optimization effort. Yet a large gap remains between the synthesis of evidence and application in clinical practice. Clinical practice guidelines (CPGs) are essential tools to bridge this gap. As part of this endeavor, APTA led the development of this CPG that cuts across multiple settings and practice areas. With increasing cost and over 640,695 total knee arthroplasties (TKAs) performed in the United States, TKA has been identified by payers as an area for improvement in cost and quality. Through collaboration with APTA member groups, including the academies of geriatric, orthopaedic, and acute care physical therapy, the Home Health Section, and the Council of Health Systems Physical Therapy, APTA has developed the CPG, “Physical Therapist Management of Patients Undergoing Total Knee Arthroplasty.” The speakers will inform attendees of the process used to develop this CPG, discuss recommendations, and provide practice scenarios for implementation in practice. Attendees will leave this session able to implement and monitor key indicators for quality of care provided to the patients under their care.

LEARNING OBJECTIVES
1. Describe the methodology used in the development of this CPG.

2. Discuss the recommendations in this CPG.

3. Discuss implementation of this CPG in various practice settings.
Is Section or SSIG Membership for You? What They Offer the Student and New Graduate

PRESENTED BY
Kennedy Chukwuocha, SPT
Matthew Bienvenido Downey, PT, DPT
Juan Sebastian Gil, SPT
Michelle A. Jamin, SPT
Rachel Catherine Jermann, PT, DPT
Kaitlyn Lorant, SPT
Cameron John Massumi, SPT
Gina Marie Medefindt, SPT
Kaitlyn Mital, SPT
Erica Elena Parazo, PT
Kennedy Poplawski, SPT
Kylee Ricker, SPT
Megan A. Sliski, SPT

COURSE DESCRIPTION
A panel of currently active student special interest groups (SSIGs) and several state-level SSIGs will discuss the value and benefits of being a member of a section and/or state SSIG. The 2018–2019 APTA Student Assembly president will offer insights into how successful SSIGs are organized. The panel of students and recent graduates will offer a broader look into how someone can be active in APTA—at the national level within sections/academies or on the state level. The panel will discuss how their involvement in SSIGs assisted them in professional and personal development, building networking skills, and maximizing the benefits of student APTA membership. Recent graduates on the panel will discuss how they transitioned from SSIG involvement to section/academy or state-level involvement after graduation. Last, the panel will discuss how students can go about forming a student special interest group of their own.

LEARNING OBJECTIVES
1. Identify the benefits of section/academy and state-level student special interest groups.

2. Identify how the involved student can transition into the involved clinician within a section/academy or state organization.

3. Describe the standard policies and procedures required to form a student special interest group.
Post-Intensive Care Outpatient Clinics: Rationale, Results, and Lessons Learned

PRESENTED BY
Eric Bilbo, SPT
Evan Haezebrouck, PT
Kyle Justin Ridgeway, PT, DPT
Logan Cole Yager, SPT

COURSE DESCRIPTION
The concept of post-intensive care syndrome (PICS) has garnered increased focus from health care practitioners across the continuum of care. With increasing awareness of the sequelae of critical illness, outpatient clinics targeting intensive care unit survivors have emerged to potentially assess and address these issues. Despite consensus regarding components of PICS, best practices for addressing these problems across the continuum remain unidentified; a defined pathway of care for critical illness survivors remains uncharted; and heterogeneity exists between established post-ICU clinics. Physical therapists’ involvement and contributions also vary. Given the differing goals, structure, and content of clinics, with mixed overall results, specifics on the why, what, and how of ICU follow-up clinics remain elusive. The presenters will outline the rationale for post-ICU outpatient clinics, explore possible conceptual frameworks for such care, and describe experiences and insights gained at an interprofessional clinic for survivors of critical illness. The speakers will present a range of considerations and questions regarding ICU follow-up clinics to focus attendee thinking regarding the goals of such care in order to guide potential clinic structure, content, and contributors.

LEARNING OBJECTIVES
1. Describe outcomes of critical illness and components of post-intensive care syndrome (PICS) in relation to other acute and chronic diagnoses.

2. Describe logistics, results, and experiences of patients and a physical therapist in a multidisciplinary post-ICU outpatient clinic.

3. Identify various considerations for post-intensive outpatient care, including goals, contributors, clinic structure, and content.

4. Explore the potential role of physical therapists in post-ICU care.
The Icing on the Cake: Putting the Finishing Touches on Acute Care Education

PRESENTED BY
Morris Casano Beato, PT, DPT
Jamie J. Dyson, PT, DPT
Laura Catherine Neely, PT, DPT
Patrick S. Pabian, PT, DPT
Katy O’Neil Schneider, SPT

COURSE DESCRIPTION
Due to the changes in acute care practice over the last several years, entry-level curricula have struggled to keep pace in both maintaining clinical education opportunities and meeting the competencies necessary for entry-level practice. The Academy of Acute Care Physical Therapy (AACPT) has defined core competencies for entry-level acute care practice that aid DPT programs in developing coursework to promote competent and safe students in the clinical environment. Methods such as role playing, standardized patients (SP), and high-fidelity human simulation (HFHS) have been proposed to bridge the gap between didactic and clinical curricula and have shown to improve self-efficacy and knowledge in students in health professions. While the use of SPs and HFHS can be very expensive, a cost-effective alternative is the use of student role playing. A benefit of using student role play is that the student is required to research, understand, and demonstrate specific diagnoses, related impairments, activity limitations, and participation restrictions. This session will describe a simulation course used in an entry-level DPT program to prepare students for acute care clinical experiences under the guidance of clinical faculty and clinical partners.

LEARNING OBJECTIVES
1. Describe the advantages and disadvantages of the different types of simulation used in health professions education.

2. Discuss feasible options for achieving the acute care core competencies in entry-level DPT curriculum.

3. Design a simulated education program using discussed strategies.

4. Develop a method to integrate clinical faculty into student preparation for clinical education.
Acute Flaccid Myelitis: How Do We Handle Long-Term Floppy?

PRESENTED BY
Amy Bayliss, MS, OTR/L, CPST
Janet Dean, MS, RN, CRNP
Stephen Lee, SPT
Meghan Frances Moore, PT, DPT
Kelsey A. Rogers, PT
Cristina Sadowsky, MD

COURSE DESCRIPTION
Members of the rehabilitation subgroup of the Acute Flaccid Myelitis (AFM) Working Group will present and discuss the 2019 Statement for Rehabilitation and Long-term Management of Children With Acute Flaccid Myelitis. We will present the blueprint for AFM rehabilitation approaches in the critical care unit, acute inpatient rehabilitation, and chronic settings. AFM is a rare condition that affects the spinal cord, specifically the gray matter. The severity of symptoms of AFM range from localized mild muscle weakness to complete limb paralysis, and the distribution of affected limbs range from 1 to all 4 extremities and is typically asymmetric. A portion of children will require invasive or noninvasive ventilator support due to bulbar involvement, respiratory muscles weakness, or inability to protect the airways. Children are left with significant functional impairments and require intensive rehabilitation efforts in all clinical settings. The first part of the presentation will focus on defining AFM, its clinical and demographic characteristics and diagnosis of the disease. The second part will focus on medical and rehabilitation implications and interventions across the continuum of care. The session will conclude with a panel discussion allowing participants to ask questions related to any practice setting.

LEARNING OBJECTIVES
1. Explain and become familiar with the clinical presentation of and diagnostic approach to AFM.

2. Describe and apply different types of rehabilitative interventions and outcomes measures across clinical settings for patients with AFM.

3. Formulate strategies for systemic implementation of rehabilitative strategies in individuals with AFM.
It Takes a Tribe for a Patient to Thrive: Interprofessional Collaboration

PRESENTED BY
Kelly Casey
Therese Cole
Holly Garcia, SPT
Sarah Jane Gutridge, SPT
Stephanie Leighann Hiser, PT, DPT
Kathryn Urbanowski

COURSE DESCRIPTION
Medical advances have extended the average lifespan over the last century. As a result, patients’ past medical histories are more complex, with one acute insult or surgery resulting in an extended hospitalization. The importance of communication and collaboration between multiple providers has never been more important in restoring a patient’s prehospitalization status. This session will provide insight into the unique relationships among physical therapists and registered nurses (RNs), speech-language pathologists (SLPs), and occupational therapists (OTs). The speakers will discuss communication with bedside RNs, perceived mobility barriers from an RN’s perspective, and how mutual trust can empower each provider for the benefit of the patient. Presenters will analyze the unique interventions and skills SLPs provide and identify ways to collaborate and integrate these into our physical therapy sessions. Attendees will learn how to leverage the PT–OT relationship in the acute care setting in order to optimize patient care. Experts will discuss when co-treatment may be beneficial, when to have a clinical discussion to optimize patient performance in separate therapy sessions, how nurses are critical in encouraging patient adherence to PTs’ recommendations, and facilitating progression toward therapy goals.

LEARNING OBJECTIVES
1. Analyze nurses’ perceptions of therapy consults (PT, OT, and SLP) and how to have a clinical discussion with nursing to optimize therapy resources.

2. Discuss the relationship between PT and RN mobilization versus physical therapy intervention.

3. Discuss ways SLP interventions and clinical skills can complement PT/OT interventions and ways to cotreat.

4. Recognize when to co-treat with OTs, as well as the unique skills/interventions they provide.
Once Upon a Time, There Was a Clinician Who Wished to be a Teaching Assistant

PRESENTED BY
James R. Halbert, PT, DPT
Molly A. Hickey, PT, DPT
An Ngoc Hoang Nguyen, SPT
Kristen Sexton Omanwa, PT, MPT
Jessica Joan Rossi, PT, DPT
Eric S. Stewart, PT, DPT
Ellen Wruble, PT, DSc

COURSE DESCRIPTION
Given a paucity of full-time core academic faculty with contemporary acute care expertise, many programs are utilizing an increased number of practicing clinicians to bring clinical relevance into the classroom. Unfortunately, aside from a “trial by fire” approach, there are few structured methods for clinicians to acquire skills that support both the art and science of teaching early, mid, and late-stage learners in unauthentic practice settings. When seeking and accepting teaching opportunities, clinicians must approach the proposition with the same level of inquiry as that displayed when seeking their first clinical position. Ensuring a suitable match in practice philosophy between clinician and academic faculty is paramount to a quality teaching partnership. When engaging in discussions with an academic institution, clinicians should also investigate opportunities for mentorship, expertise of the mentor, composition of the teaching team, curricular design and expected student outcomes, program expectations for non-contact time, opportunities to engage with faculty beyond the classroom, student clinical outcomes, and compensation. Three expert clinicians will discuss their “interview” of academic programs and lessons learned on their quest to find their “happily ever after.” Educators who support clinicians on their teaching development pathway will share insights on opportunities and challenges.

LEARNING OBJECTIVES
1. Compare and contrast knowledge, skills, and behaviors of expert clinicians with academicians.
2. Develop a structured approach for expert clinicians to pursue academic roles, including strategies to ensure fit and success.
3. Explore strategies utilized by academic programs for selection and development of clinicians as expert educators.
When Movement Is More Than Muscles: Contribution of Cognition to Function

PRESENTED BY
Claire McGrath
Kimberly Miczak, PT, MSPT
Katy O’Neil Schneider, SPT
Carolyn Grace Tassini, PT, DPT
Tarissa Zeigler, SPT

COURSE DESCRIPTION
Independent and safe mobility is not only related to an individual’s neuromuscular status (eg, balance, strength, endurance), but influenced by cognitive factors such as attention, memory, processing speed, and executive functioning. Physical therapists in all treatment settings encounter individuals with cognitive dysfunction. One study reported that 16%–45% of individuals following orthopedic surgery having postoperative cognitive deficits, and it is well known that cognition does increase fall risk and influence gait. Despite this knowledge, cognition is not always considered in the development and implementation of treatment plans. With input from physical therapy and neuropsychology, the speakers will discuss 3 case examples that explore the physical and psychological factors that inform movement. The presenters will discuss evaluation of these factors and offer evidence-based treatments for these deficits. Attendees will be able identify cognitive “red flags” that can affect progress in therapy, formulate strategies to help clients with cognitive impairment generalize skills from the clinic to daily living, and locate clinical resources that are available to help physical therapists maximize success with clients who have cognitive deficits.

LEARNING OBJECTIVES
1. Identify signs of cognitive dysfunction based on patient behavioral and functional presentation.
2. Integrate knowledge of cognitive deficits into physical therapy prognosis, goal setting, and interventions for individuals with a variety of medical conditions.
3. Develop strategies and treatment interventions to maximize outcomes related to functional mobility in the presence of cognitive deficits.
Where Do We Go from Here? Understanding Advanced Heart Failure and Left Ventricular Assist Devices

PRESENTED BY
Maria Africa, SPT
Aizza Marie B. De Los Angeles, SPT
Jenna Caroline Floyd, PT, DPT
Liana A. Geddes, PT, DPT

COURSE DESCRIPTION
The prevalence of the left ventricular assist device (LVAD) is increasing in all health care settings each year. Few understand the basic mechanics and variables of the device, day-to-day precautions, and signs and symptoms of mobility intolerance in persons with an LVAD. The speakers will educate clinicians on the progression of heart failure and discuss physical therapy management status post LVAD implantation. Attendees will learn about the pathophysiology and hemodynamics of heart failure to facilitate comprehension of cardiogenic shock. The discussion will incorporate common diagnostic procedures, medical management, and qualifications for advanced surgical options. Clinician will be able to identify the modified LVAD anatomy and interpret hemodynamics of the LVAD in order to accurately recognize and analyze signs and symptoms of activity intolerance and appropriately modify treatments. Understanding the parts, parameters, and variables that affect patients post LVAD will further enhance physical therapists’ ability to effectively and safely progress those in this patient population.

LEARNING OBJECTIVES
1. Comprehend and distinguish the pathophysiology of different forms of heart failure, including diagnosis and treatment.

2. Describe the qualifications for advanced surgical options, including guidelines for destination therapy vs bridge to transplant.

3. Interpret the modified anatomy and hemodynamics of the LVAD, including parts, parameters, and variables.

4. Illustrate the impact and role of physical therapy in treating patients post LVAD, including application of signs and symptoms of intolerance to activity and precautions/restrictions.