



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

Jan. 23-26, 2019 | Washington D.C.



American Physical Therapy Association[®]

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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, JAN. 23, 2019

8:00 a.m.-5:30 p.m. – Pre-Conference Sessions

Maximizing Outcomes for Survivors of Critical Illness: Research and Practice

My Patient is in ICU: Now What? Untangling the Wire and Navigating Critical Care

5:30 p.m.-7:30 p.m.

Academy of Acute Care Physical Therapy Board of Directors Meeting

THURSDAY, JAN. 24, 2019

8:00 a.m.-10:00 a.m. – Concurrent Sessions

Distance Doesn't Ruin Academic-Clinical Partnerships, Doubts Do I Can't Stand: Am I Still on PT Caseload? Managing Low-Level Patients

An Acute Care-Driven Model of Physical Therapy in the Emergency Department

9:00 a.m.-10:00 a.m.

Clinical Practice Guideline Committee Meeting

11:00 a.m.-12:00 p.m.

Amputee Rehabilitation Focus Group Meeting

11:00 a.m.-1:00 p.m. – Concurrent Sessions

Platform Presentations 1

Wound Management Considerations for Critical Care and End of Life Populations

Post-Intensive Care syndrome (PICS): Rehabilitation and the Role of a Clinic

Implications of Motor Relearning and Outcomes on Rehabilitation After Amputation

Residencies, Rookies, and Rules, Oh My!

3:00 p.m.-5:00 p.m. – Concurrent Sessions

Supporting Clinical Education in the Acute Care Setting

Tackling the Immobility Harm Together: An Interprofessional Collaborative Model

Invasive Cardiac/Pulmonary Hemodynamics: Critical Thinking with Critical Patients

Changing Wound Management in the Cardiac ICU Population

Management of Spinal Tumors: Physical Therapy Implications and Interventions

6:30 p.m.-7:30 p.m.

8th Annual Acute Care Lecture: The Praxis of Physical Therapy

7:30 p.m.-10:00 p.m.

Academy of Acute Care Physical Therapy Business Meeting & Membership Social

FRIDAY, JAN. 25, 2019

8:00 a.m.-10:00 a.m. – Concurrent Sessions

Too Many Patients, Not Enough Time: Prioritization to Optimize Outcomes

Future Momentum: Pushing Limits on Simulation to Maximize Student Preparation

Acute Care Research: Grant Opportunities and Writing Tips

11:00 a.m.-1:00 p.m. – Concurrent Sessions

Platform Presentations 2

Acute Care Residencies: Multiple Models, Multiple Triumphs, Unified Vision

Clinical Management of Vertigo With Concurrent Acute Traumatic Brain Injury

Deductive Reasoning in Acute Care Physical Therapy Diagnosis: Solving the Differential Puzzle

Pediatric Cancers and the Role of Physical Therapy along the Continuum of Care

12:00 p.m.-1:00 p.m.

Ask the Researcher: An Informal How-to Meeting

2:00 p.m.-3:00 p.m.

AACPT TJR SIG Meeting

3:00 p.m.-5:00 p.m. – Concurrent Sessions

Functional Measures in the ICU: How to Have Your Cake and Eat It, Too

Confused? Improving Outcomes in Patients With Altered Mental Status and Delirium

Advancing Acute Care Education Through Outcome-Driven Approaches

3:30 p.m.-5:00 p.m.

AACPT Emergency Department Focus Group

SATURDAY, JAN. 26, 2019

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

Platform Presentations 3

Securing the Future of Acute Care Physical Therapy Clinical Education

Calibrating Triage: Who Should We Treat? What's Our Role? It's Complicated

11:00 a.m.-1:00 p.m. – Concurrent Sessions

Mental Health in Aging: Trauma-Informed Care

Is Your Career Plan Keeping Up With the Future of Physical Therapy Care in the ICU?

Personalized Physical Therapy: The Time is Now! (Genomics Session Sponsored by the APTA FIRST Council)

3:00 p.m.-5:00 p.m. – Concurrent Sessions

Promoting Resilience and Preventing Burnout in Healthcare Employees

Do No Harm: Managing the Patient With Multiple Myeloma in the Acute Care Setting

ICU Rehabilitation: Bridging the Gap From Imobility to Early Mobility

Patient Need Driving Acute Care: Shifting to Patient-Centered Programs

PRE-CONFERENCE COURSE

WEDNESDAY, JAN. 23, 2019

WHEN

8:00 a.m.-5:30 p.m.

WHERE

Walter E.
Washington
Convention Center
204 B

EDUCATION LEVEL

Intermediate

Maximizing Outcomes for Survivors of Critical Illness: Research and Practice

PRESENTED BY

Angela Henning, PT, MSPT
Megan Hosey, PhD
Kirby P. Mayer, PT, DPT
Ashley A. Montgomery-Yates, MD
Peter Morris, MD
Selina Parry, PT, PhD

COURSE DESCRIPTION

Attendees will learn a holistic approach to treating patients surviving critical illness. The presenters will review the current literature on critical illness, including the burden of post-ICU syndrome, and elucidate the purpose and implementation of rehabilitation interventions. The course will focus on treatment and interventions in the hospital, during inpatient rehabilitation, at home, and in the outpatient clinic. Leaders in the field will discuss transitions of care, treatment across the continuum, and appropriate times/frequency of follow-up. The speakers will address medical and rehabilitative topics such as maximizing functional mobility and independence, nutritional demand, treating long-term cognitive dysfunction, and anxiety/depression. A significant portion of the presentation will be devoted to cognitive and psychological interventions. The presenters will explore the safety, feasibility, and dosing of interventions. A critical care psychologist will lead a discussion on interventions such as support dogs, involving the family, and ICU diaries to improve outcomes. Along with focusing on interventions, presenters will provide case studies and images/videos to engage clinicians. This course will emphasize improving the physical therapy treatment approach from the ICU to outpatient with the primary goal of stimulating physical therapists in all settings.

LEARNING OBJECTIVES

1. Describe and critically appraise landmark publications on survivors of critical illness and understand the importance of physical therapy across the continuum, including ICU, acute, inpatient rehab, and home health to maximize function, decrease readmission rates, and improve quality of life.
2. Synthesize when and how to implement rehabilitation, highlighting interventions to maximize function, such as muscular power training, as well as interventions to improve cognition and emotional deficits.
3. Distinguish when (timing and appropriate patient population) to administer interventions and appraise when a referral is warranted.
4. Describe the importance of a comprehensive approach to treating patients recovering from critical illness with the focus on rehabilitation, medical, and emotional/cognition and to explain the essential steps for implementation of an ICU follow-up clinic addressing ongoing medical, physical, emotional, and cognitive impairments.
5. Describe the central purpose of rehabilitation practice and provide examples of interventions for survivors in the home health and outpatient settings.
6. Critically appraise and develop solutions for complications of treating survivors; specifically, how to engage the interdisciplinary team and advocate for your patients to maximize their function and quality of life.

PRE-CONFERENCE COURSE

WEDNESDAY, JAN. 23, 2019

My Patient Is in ICU: Now What? Untangling the Wires and Navigating Critical Care

PRESENTED BY

Jamie Dyson, PT, DPT
Tompkins James, PT DPT
Kimberly Levenhagen, PT, DPT
Traci L. Norris, PT, DPT, Board-Certified Clinical Specialist in Geriatric Physical Therapy
Kathy Swanick, PT, DPT, Board-Certified Clinical Specialist in Orthopaedic Physical Therapy

COURSE DESCRIPTION

Acute care physical therapists (PTs) and physical therapist assistants (PTAs) have been showing their value in the critical care setting and the importance of early mobility. The difficulty comes in integrating the critical illness aspects of care, as well as the various wires and tubes, into the movement system. It can be challenging to make clinical decisions regarding mobility if there is not complete understanding of the monitors, pharmacology, and goals of critical care. PTs and PTAs need to demonstrate competency in their personal areas of practice, and the intensive care unit (ICU) requires a unique set of competencies of those working in this area. Each PT is expected to integrate all aspects of critical care medicine to anticipate medical conditions 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 plan of care accordingly. Through lecture, cases, and quizzes, attendees will recognize the importance of understanding the critical care treatment and the implications for promoting safe and effective care and improving human movement.

LEARNING OBJECTIVES

1. Recognize the importance of understanding the patient's critical condition prior to initiating an examination/intervention.
2. Describe the clinical considerations related to abnormal physiological and hemodynamic indicators.
3. Classify lines, tubes, and machines that are pertinent to physical therapy professionals and their implications for the movement system in the ICU.
4. Appropriately dose intervention and identify absolute parameters for therapeutic participation.

WHEN

8:00 a.m.-5:30 p.m.

WHERE

Walter E.
Washington
Convention Center
204 C

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

THURSDAY, JAN. 24, 2019

Distance Doesn't Ruin Academic-Clinical Partnerships, Doubts Do

PRESENTED BY

Teresa Blem, PT
Carrie Foeller, PT, DScPT
William Roth, MS, LNHA
Eric S. Stewart, PT,DPT
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

COURSE DESCRIPTION

In November 2017, the APTA Board of Directors supported the recommendation from the Educational Leadership Partnership that strategies be identified to formalize and solidify academic-clinical partnerships. For such arrangements to be successful, there must be an overt and definitive commitment to the partnership agreement, memorialized in a mutually developed partnership mission, that is both promoted and facilitated by those in higher administrative positions. This session will review the formalized structure for establishing a partnership and the creative strategies required to successfully address geographical distance between the academic and clinical partner. The speakers will analyze resource expenditures (time, space, human, and financial) against identified return on investment and will discuss mechanisms to maximize the mutual "win." Looking beyond the traditional exchange of clinical education slots for continuing education heightens the collective and individual value of the partnership for all stakeholders, namely the academic program, clinical site, student, and greater community. Approaches will also be shared on how a partnership can not only survive, but thrive, amidst never-ending administrative and staff changes, restructuring, curricular modifications, and health care reform. Attendees will learn how best to reconcile site-specific wants and needs against the broader network partnership agreement or amidst multiple partnerships.

LEARNING OBJECTIVES

1. Discuss key attributes of academic-clinical partnerships and the process of formalizing such arrangements.
2. Discuss mechanisms to maintain partnerships, regardless of geographic proximity, that can withstand health care changes and other innovative disruptions.
3. Analyze the collective and individual value-added outcomes for all involved stakeholders.
4. Determine appropriate resource investments and allocations given multiple partnership arrangements.

WHEN

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

WHERE

Walter E. Washinton
Convention Center
147A

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

THURSDAY, JAN. 24, 2019

I Can't Stand: Am I Still on PT Caseload? Managing Low-Level Patients

PRESENTED BY

Stephanie Hiser, PT, DPT

Sowmya Kumble, PT, MPT, Board-Certified Clinical Specialist in Neurologic Physical Therapy

Daniel L. Young

COURSE DESCRIPTION

Hospitalized patients with various medical, surgical, and neurological conditions are at risk for significant functional decline with slow return to functional independence. It has been shown that early intervention by physical therapists can prevent some of these functional problems. It is thus critical that clinicians establish an appropriate therapy plan early for these benefits to be realized. In this session, the speakers will discuss how to identify low-level patients appropriate for physical therapy and overcome potential barriers to mobility and activity during hospitalization. We will discuss the benefits of early physiatry consultation to facilitate communication with the medical team. Additionally, they will explore performance-based measurement instruments that may be appropriate for low-level patients. Lastly, they will discuss personal experiences with low-level patients across medical, surgical, and neurological diagnoses with an emphasis on strategies used for managing patients with long hospital length of stay. The overall purpose of this session will be to provide guidance in managing low-level patients across a variety of diagnoses for physical therapists working in the hospital setting.

LEARNING OBJECTIVES

1. Understand the barriers in managing low-level hospitalized patients.
2. Explain how and why to utilize assessment tools for identifying low-level and long length of stay patients and track their change.
3. Discuss intervention strategies for managing low-level patients that include both direct treatment and team communication.

WHEN

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

WHERE

Walter E. Washinton
Convention Center
Room: 209B

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

THURSDAY, JAN. 24, 2019

WHEN

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

WHERE

Walter E. Washinton
Convention Center
144ABC

EDUCATION LEVEL

Intermediate

An Acute Care-Driven Model of Physical Therapy in the Emergency Department

PRESENTED BY

David Ter Borg
Anne L. Bakner, PT, DPT
Stephanie Bream, PT, MSPT
Laura D. DeLany, PT, DPT
Kelsey Harbold, PT, DPT
Joleen Hill, PT, MSPT
Mike Kelly, PT, DPT

COURSE DESCRIPTION

Physical therapists (PTs) are increasingly providing specialized expertise in the emergency department (ED). A leading barrier to such practice is that referring providers, program administrators, as well as PTs often have a limited understanding of how therapists may provide care in this setting. This session will describe a framework for establishing and advancing an acute care led ED PT practice. The presenters will highlight program metrics, summarize evidence, and describe rapid cycle program improvement. Case studies will illustrate examples in which services have resulted in improved interdisciplinary patient management throughout the health system. Time will be allotted for perspective and questions from a panel including physicians, interdisciplinary staff, and rehab leadership. Attendees will learn how to overcome barriers and improve ED care leading to a successful implementation of an embedded PT model.

LEARNING OBJECTIVES

1. Identify how physical therapy in the emergency department can improve system and rehab metrics such as access, patient experience, and interdisciplinary communication.
2. Discuss 3 key partners in building comprehensive rehabilitative care in the emergency department.
3. Describe educational needs, system-based mentorship, and case review methods to prepare acute care therapists for emergency department care.
4. Understand and apply rapid cycle improvement philosophies to develop sustainable emergency department care

SESSION DESCRIPTIONS

THURSDAY, JAN. 24, 2019

Wound Management Considerations for Critical Care and End of Life Populations

PRESENTED BY

Stephanie Woelfel, PT, DPT

COURSE DESCRIPTION

This session will discuss unique wound management considerations for patients in critical care settings and at end of life. The speaker will discuss appropriate identification of tissue injuries as well as wound management interventions. Patient cases will be presented as well as care options involving technology and medical devices.

LEARNING OBJECTIVES

1. Interpret clinical information to correctly identify wound etiology in the critical care/end of life patient population.
2. Compare and contrast findings associated with acute skin failure vs. skin changes at life's end.
3. Examine different off-loading devices for features especially beneficial in the critical care/end of life population.
4. Relate available technologic advances to their clinical usefulness for patients in critical care/at end of life

WHEN

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

WHERE

Marriott Marquis
Room: Liberty
Salon O

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

THURSDAY, JAN. 24, 2019

Post-Intensive Care Syndrome (PICS): Rehabilitation and the Role for a Clinic

PRESENTED BY

Alan C. Lee, PT, DPT, PhD, Board-Certified Clinical Specialist in Geriatric Physical Therapy
Patricia Ohtake, PT, PhD
James M. Smith, PT, DPT
Hallie Zeleznik, PT, DPT, NCS

COURSE DESCRIPTION

About 6 million adults are admitted to an intensive care unit each year, and most survive. During the first year following ICU discharge, up to 80% of these people experience physical complications, including weakness, reduced ambulation and functioning, and low rates of return to employment. These problems are due to post-intensive care syndrome (PICS) and can persist for years. This session will address the rehabilitation examination, evaluation, and intervention strategies for community-dwelling ICU survivors with these unique problems. The speakers will explore strategies for development of a clinic that serves people with PICS.

LEARNING OBJECTIVES

1. Describe post-intensive care syndrome (PICS).
2. Describe the physical examination and evaluation for a patient with impairments, activity limitations, or participation restrictions associated with PICS.
3. Design evidence-based rehabilitation interventions for people with PICS.
4. Describe strategies for designing a clinic that serves people with PICS.

WHEN

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

WHERE

Walter E. Washinton
Convention Center
Room: 147A

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

THURSDAY, JAN. 24, 2019

Implications of Motor Relearning and Outcomes on Rehabilitation After Amputation

PRESENTED BY

Sheila M. Clemens, PT, MPT
Chris Doerger, PT
Szu-Ping Lee, PT, PhD
Jennifer L. Lucarevic, PT, DPT
Carolee J. Winstein, PT, PhD, FAPTA

COURSE DESCRIPTION

One in every 190 persons in the United States lives with limb loss; the prevalence is projected to increase over the next few decades due to the aging population and increase incidences of dysvascular diseases and diabetes. Developments in technology have led to sophisticated prostheses, yet the science underlying how best to facilitate the learning of prosthetic motor skills and recovery of mobility after limb loss is not well understood. This critical gap in knowledge may explain, in part, the large variations in patient care and rehabilitation outcomes after limb loss. Using outcome measures to document a change in functioning can demonstrate patient progress, and assist in objectively communicating the effectiveness of PT interventions. Unfortunately, there is little consensus and a lack of scientific evidence on which outcome measures are most appropriate for assessing mobility at each stage of rehabilitation of someone with limb loss.

This session will provide attendees the opportunity to learn how sensorimotor changes can affect mobility in someone with limb loss, and how applying the principles of motor control and motor learning may affect performance on outcome measures. Additionally, the speakers will discuss proper administration of outcome measures in the amputee population and building intervention plans based on results.

LEARNING OBJECTIVES

1. Recognize common sensorimotor changes in individuals at risk of limb loss and after amputation, and how these changes can result in poor patient outcomes and barriers to effective rehabilitation.
2. Identify appropriate amputee outcome measures and how to develop effective prosthetic rehabilitation plan based on results.
3. Outline motor learning and control principles that are applicable to rehabilitation after limb loss.
4. Discuss documentation/reimbursement and the future direction of rehabilitation for people with limb loss.

WHEN

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

WHERE

Walter E. Washinton
Convention Center
Room: 144B

EDUCATION LEVEL

Basic

SESSION DESCRIPTIONS

THURSDAY, JAN. 24, 2019

Residencies, Rookies, and Rules, Oh My!

PRESENTED BY

Amanda Brown, MS

Emelia Exum, , PT, DPT, Board-Certified Clinical Specialist in Geriatric Physical Therapy

Annie Gumieny, PT, DPT

Courtney LaFollette, MS

COURSE DESCRIPTION

The decision to create a residency program is met with excitement and extreme apprehension. Our decision to do so as an all clinician-based team was truly stepping into an unknown arena. Although BSWIR has other successful residency programs, the establishment of an acute care residency with “rookie” directors seemed daunting. The application process provided moments of reflection and determination as we navigated our way through the rules of the game. The awarding of candidacy status launched us further into the arena as we accepted the challenge of also having a new graduate “rookie” as our inaugural resident. This session will provide a play-by-play description of the steps taken to create a clinical model residency program. The speakers will focus on structure, resources, administrative support, and the timing necessary to be successful. They will provide data on the metrics regarding patient populations, mentor and resident feedback, and end-of-residency feedback. Attendees will hear the resident perspective of what it was like to be a new resident and a new graduate at the same time. The presenters will highlight the milestones that were met, the importance of communication, and the structure created to promote success and security for longevity in the game.

LEARNING OBJECTIVES

1. Explore the creation and structure of a solely clinical-based acute care residency program.
2. Describe the resources and administrative support necessary to be successful in developing a clinical-based acute care residency program.
3. Introduce metrics and their application to process improvement for mentor development.
4. Describe the perspective of the resident.

WHEN

11:00 a.m.-
1:00 P.m.

WHERE

Walter E. Washinton
Convention Center
158AB

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

THURSDAY, JAN. 24, 2019

Supporting Clinical Education in the Acute Care Setting

PRESENTED BY

Rebecca Downey, PT, DPT, Board-Certified Clinical Specialist in Cardiovascular and Pulmonary Physical Therapy

Jenny Logan, PT, DPT, Board-Certified Clinical Specialist in Neurologic Physical Therapy

Emily Muller, PT, DPT

Amy R. Oeffling, PT, DPT, Board-Certified Clinical Specialist in Neurologic Physical Therapy

COURSE DESCRIPTION

Due to changes in reimbursement and the overall volatility of the health care system, there is a need for clinical instructors (CIs) to balance clinical productivity with effective clinical teaching. CIs need ongoing development and support to maximize learner-centered experiences while meeting their setting-specific duties. A supportive clinical education environment includes a site coordinator of clinical education (SCCE) that is empowered to develop and evaluate the site's clinical education program, as well as CIs who are provided support and training in their clinical teaching skills. However, the pace and productivity demands of a clinical setting can negatively impact the ability to implement a structured clinical education program, and the acute care setting is particularly challenging with its high caseload and focus on productivity. This session will describe how 1 large academic acute care hospital rehabilitation department successfully implemented a clinical education program that stems from the central role of the SCCE in supporting the CI in their teaching, the student in their learning, and the academic program in a true academic-practice partnership. The presenters will describe specific components of the program from the perspectives of both SCCE and CI, including specific examples of how the program has provided CIs a framework to progress a student along the continuum of learning.

LEARNING OBJECTIVES

1. Describe the importance of clinical instructor development and oversight by the site coordinator for clinical education (SCCE).
2. Describe implementation strategies for clinical instructor and SCCE collaboration to maximize student success.
3. Develop learner-centered goals to maximize and track student progress during acute care experiences.
4. Describe how the SCCE supports and maximizes clinical teaching.

WHEN

3:00 p.m.-5:00 p.m.

WHERE

Walter E. Washinton
Convention Center
159AB

EDUCATION LEVEL

Basic

SESSION DESCRIPTIONS

THURSDAY, JAN. 24, 2019

Tackling the Immobility Harm Together: An Interprofessional Collaborative Model

PRESENTED BY

Eleni D. Flanagan, RN-BC, DNP, MBA
Michael Friedman, PT, MBA
Erik Hoyer, MD, MA
Jason Seltzer, PT, DPT

COURSE DESCRIPTION

Hospital activity and mobility programs can reduce length of stay, decrease readmissions, and improve patient outcomes. However, integration of this practice into standard of care remains limited. A structured quality improvement (QI) process can bridge the gap to facilitate the translation of hospital mobility programs into practice. Key components of the implementation of a QI project include measurement of performance, the identification of both local and systemic barriers, and staff training and engagement. This session will be led by physical therapy, physician, nurse, and administration stakeholders experienced in the implementation of hospital-based mobility across a health system. The speakers will describe the process in which rehabilitation services collaborates with nursing leadership to systematically implement a hospital-wide activity and mobility promotion program within The Johns Hopkins Health System. The speakers will share interprofessional perspectives and practical strategies to guide others in the implementation of their own initiatives.

LEARNING OBJECTIVES

1. Demonstrate the value of integrating a common interdisciplinary language of function into nursing documentation.
2. Employ strategies for assessing and addressing systemic and local barriers to patient activity and mobility.
3. Describe an interprofessional collaborative model to staff training and engagement in activity and mobility promotion.
4. Demonstrate the role of physician involvement in patient engagement in activity and mobility.

WHEN

3:00 p.m.-5:00 p.m.

WHERE

Walter E. Washinton
Convention Center
Room: 147A

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

THURSDAY, JAN. 24, 2019

Invasive Cardiac/Pulmonary Hemodynamics: Critical Thinking With Critical Patients

PRESENTED BY

Erica C. Colclough, PT, MSPT, Board-Certified Clinical Specialist in Cardiovascular and Pulmonary Physical Therapy

Stephen Ramsey, PT, DPT

COURSE DESCRIPTION

Physical therapists working in the ICU face complex challenges with the assessment and treatment of critically ill patients with cardiac and pulmonary conditions. There is a wide array of medical information available to physical therapists, placing the responsibility on the therapist to comprehend and clinically apply information gleaned from imaging, lab values, and real-time hemodynamics from invasive lines and tubes to assist with implementation and progression of physical therapy in a safe and effective manner. The content of this session will guide clinicians through the process of understanding and managing adult ICU patients with complex cardiac and pulmonary diagnoses, determining mobility status and hemodynamic stability based on objective information provided in imaging and invasive lines/tubes.

LEARNING OBJECTIVES

1. Discuss invasive cardiac and pulmonary lines/tubes and their use in evaluating and monitoring patients for mobility.
2. Interpret pertinent medical information provided by cardiac and pulmonary imaging, and apply this information in the assessment of critical care patients.
3. Evaluate advanced cardiac and pulmonary hemodynamics and determine appropriate mobility programs for patients in the ICU.

WHEN

3:00 p.m.-5:00 p.m.

WHERE

Walter E. Washinton
Convention Center
Room: 144ABC

EDUCATION LEVEL

Intermediate

8TH ANNUAL ACUTE CARE LECTURE

THURSDAY, JAN. 24, 2019

Academy of Acute Care Physical Therapy Lecture: The Praxis of Physical Therapy

PRESENTED BY

James M. Smith, PT, DPT

COURSE DESCRIPTION

Acute care PTs and PTAs benefit from standing on the shoulders of giants, and this lecture will explore how to use that vantage point to chart our future. The speaker will describe what we know about the role and value of acute care physical therapy and in relation to what we need to learn. Guiding this analysis will be discussions about cases that reveal the synthesis of cognitive, physical, and collaborative actions that are essential to acute care practice. Advocacy strategies for clarifying and aligning our contributions within the interprofessional team will be presented.

LEARNING OBJECTIVES

1. Evaluate the critical thinking that informs the combination of reflection and action in acute care physical therapy.
2. Describe the process by which the skills of an acute care physical therapist are realized or enacted.
3. Designate advocacy strategies for action oriented towards changing the participant's community or society.

WHEN

6:30 p.m.-7:30 p.m.

WHERE

Walter E. Washinton
Convention Center
Salon ABC

EDUCATION LEVEL

Intermediate

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

Annual Business Meeting & Membership Social

Thursday, JAN. 24, 2019, 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!

SESSION DESCRIPTIONS

FRIDAY, JAN. 25, 2019

Too Many Patients, Not Enough Time: Prioritization to Optimize Outcomes

PRESENTED BY

Melissa L. Bass, PT, DPT
Haley A. Bento, PT, DPT
Bryan D. Lohse, PT, DPT
Christopher S. Noren, OTR/L
Stacey Turner, PT, DPT

COURSE DESCRIPTION

Demand for acute care physical therapist services has increased over the years due to the shift towards treatment rather than consultative-focused care, integration of electronic medical records, and automatic order sets. This shift has perpetuated increasingly large caseloads for therapists who simply do not have the time to see every patient. For this reason, prioritization methods need to be a key focus of training and practice across the acute care continuum. However, prioritization is not a one-size-fits-all model. The clinical staff at the University of Utah Health have developed a multifaceted approach to ensure the right patients are being prioritized at the right time, for the right reason. By creating a culture of mobility and promoting data-driven clinical decisions, therapists have been able to improve patient-centered outcomes and emphasize value-based care. This session will review why prioritization is paramount, as told by clinical staff who were instrumental in identifying the need for change. The presenters will highlight data collected during several quality initiative projects that supported shifts in practice and discuss the implications of prioritization on various aspects of care.

LEARNING OBJECTIVES

1. Describe why showing physical therapy's value in acute care is becoming increasingly important.
2. Describe why prioritization is necessary in acute care.
3. Give an overview of 3 different quality improvement projects on different hospital units that have provided data to help support prioritization decisions, including case examples.
4. Identify how prioritizing appropriately can impact clinical practice.

WHEN

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

WHERE

Walter E. Washinton
Convention Center
144B

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

FRIDAY, JAN. 25, 2019

Future Momentum: Pushing Limits on Simulation to Maximize Student Preparation

PRESENTED BY

Sharon L. Gorman, PT, DPTSc, Board-Certified Clinical Specialist in Geriatric Physical Therapy
Molly A. Hickey, PT, DPT
Eric S. Stewart, PT,DPT
Erin M. Thomas
Stacey Turner, PT, DPT
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

COURSE DESCRIPTION

What is the state of simulation-based education in preparing physical therapist and physical therapist assistant students for the dynamic, fast-paced arena of acute and critical care physical therapy? How can academic faculty and clinicians leverage this technology to maximize its potential? How can we work to reduce the challenges of time, cost, facilities, and faculty development to maximize student benefit from simulation? How can we structure debriefs to enhance the learning experience? Experience lively discussion from an expert panel of acute care physical therapist academic faculty as they debate and challenge our existing evidence base regarding simulation-based education to prepare the next generation of physical therapists. What should be done, who should do it, and when? How can simulated learning activities assist with fulfilment of CAPTE standards and elements? Is it possible to administer an effective and efficient simulation experience for a large student cohort? What metrics exist to determine the effectiveness of simulation? Attendees will be encouraged to engage in small-group discussions and ask probing questions of the panel to propel understanding and integration of simulation beyond current uses and into the future

LEARNING OBJECTIVES

1. Deconstruct current understanding of simulation use in physical therapist and physical therapist assistant education to identify areas of weakness and identify potential for growth.
2. Discuss specific challenges that limit the use of simulation in the preparation for acute and critical care physical therapy practice.
3. Generate ideas for expanding the use of simulation to enhance physical therapist and physical therapist assistant education for better preparation of students.

WHEN

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

WHERE

Walter E. Washinton
Convention Center
Room: 152AB

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

FRIDAY, JAN. 25, 2019

Acute Care Research: Grant Opportunities and Writing Tips

PRESENTED BY

Ellen Costello, PT, PhD
Joshua K. Johnson, PT, DPT, ATC
Michael Lebec, PT, PhD
Patricia Ohtake, PT, PhD
Barbara K. Smith, PT, PhD
Daniel L. Young

COURSE DESCRIPTION

Acute care physical therapy has undergone a transformation in practice, in large part due to an improved understanding of PT practice patterns that improve patient outcomes. Still, many questions remain unanswered regarding the most effective interventions in acute and intensive care, and further research is urgently needed to gain further understanding of these issues.

This session will focus on initiatives sponsored or funded by the Academy of Acute Care Physical Therapy to support research relevant to acute care physical therapist practice. The speakers will review the primary components of a research grant and strategies for answering these sections. They will detail objectives of 3 initiatives supported by the academy: seed grants, biostatistical consultations, and Foundation for Physical Therapy research grants. Reviewers will emphasize features of a successful application, while past awardees will relate how the experience assisted with completion of their research project. For the final portion of the session, attendees will break into small groups to discuss each initiative in detail and respond to specific questions on applications under development.

LEARNING OBJECTIVES

1. Recognize how key features of a grant proposal correspond to review criteria, and identify elements that improve the likelihood of success.
2. Identify funding mechanisms that may be suitable for your research project.
3. Evaluate the strengths and weaknesses of a research proposal.
4. Plan an outline for a research study.

WHEN

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

WHERE

Walter E. Washinton
Convention Center
Room: 147A

EDUCATION LEVEL

Basic

SESSION DESCRIPTIONS

FRIDAY, JAN. 25, 2019

Acute Care Residencies: Multiple Models, Multiple Triumphs, Unified Vision

PRESENTED BY

Emelia Exum, , PT, DPT, Board-Certified Clinical Specialist in Geriatric Physical Therapy
Stacia Lee, PT Board Certified Clinical Specialist in Neurologic Physical Therapy
Judith Ragsdale, PT
Gabrielle S. Steinhorn, PT, DPT, Board-Certified Clinical Specialist in Neurologic Physical Therapy
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

COURSE DESCRIPTION

Monumental advances in health care technologies and life-saving interventions have catapulted acute care physical therapy to the forefront of specialty practice as movement experts for patients with medical complexity. The push for specialty certification in acute care has grown from a dull roar to a resounding yell. Even without a current Description of Specialty Practice and recognized board certification, a number of hospital systems have created and supported acute care residency programs. Simultaneously, a continued stream of clinicians have emerged who desire mentorship to reach advanced practice standards. It is essential to engage in collective conversations on how acute care residency programs are best positioned and maintained as value-added within current and future health care models. In this session, the speakers will highlight multiple acute care residency models and discuss business and financial considerations, clinical-academic partnerships, curriculum development, and mentor training. Appreciating the past, addressing the present, and envisioning the future of acute care residencies is the theme of this presentation, with the ultimate goal of providing collective input and support to developing programs that may benefit from resource sharing. The presenters also will discuss how the implementation of acute care residencies create a culture of excellence that benefits all.

LEARNING OBJECTIVES

1. Describe the advantages in the variations of the residency programs, with focus on framework and processes needed to create a successful acute care residency program.
2. Explain the practical knowledge and resources needed to identify the strengths and resources of individual hospital systems.
3. Identify ideas for the future of acute care residency from the perspective of the residency program, our accrediting bodies, and section leadership.
4. Discuss the support and areas of contact available along the continuum for prospective residencies.

WHEN

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

WHERE

Walter E. Washinton
Convention Center

Room: 203B

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

FRIDAY, JAN. 25, 2019

Clinical Management of Vertigo With Concurrent Acute Traumatic Brain Injury

PRESENTED BY

Stephen C. Banks, PT, DPT, Board-Certified Clinical Specialist in Orthopaedic Physical Therapy
Brianna Fitzpatrick, PT, DPT
Kerry J. Lammers, PT, DPT
Amanda Soto, PT, DPT, Board-Certified Clinical Specialist in Geriatric and Neurologic Physical Therapy

COURSE DESCRIPTION

This session will present an evidence-based approach to vestibular rehabilitation for individuals with traumatic brain injury (TBI). In the acute care setting, patients with traumatic brain injury present with a complex array of critical illness, concomitant injuries, and mobility limitations. Patients with more severe TBI can be nonverbal, aphasic, or confused, forcing PTs to rely more heavily on objective findings than subjective reports. Vertigo is a common symptom that occurs in up to 80% of people after TBI. Benign paroxysmal positional vertigo (BPPV) is frequently encountered in the acute care setting, but patients presenting with TBI in the hospital setting often are not screened for vestibular sequelae. PT examination and evaluation at bedside can be instrumental in defining the etiology and guiding quick and effective treatment.

Recent evidence indicates that patients with TBI and concurrent BPPV have similar resolution and recurrence rates as non-traumatic BPPV cases, and can be treated for single canal involvement with 1-2 canalith repositioning maneuvers. However, patients with TBI may require additional overall treatment time secondary to a higher incidence of multi-canal involvement and vague symptom report, and they may require altered positioning for effective assessment and treatment. The speakers will discuss dizziness and BPPV post TBI and identify components of vestibular assessment appropriate for the acute care setting. Attendees will learn to apply clinical reasoning to identify red flags and select appropriate means of vestibular rehabilitation management to guide the plan of care and discharge plan for patients with TBI.

LEARNING OBJECTIVES

1. Compare and contrast the pathophysiology involved with central versus peripheral vertigo in patients with an acute traumatic brain injury.
2. Identify the barriers of vestibular assessment in patients presenting with acute traumatic brain injury in the hospital setting.
3. Identify clinical reasoning and red flags in order to guide clinical assessment of patients presenting with vestibular symptoms in the hospital setting.
4. Discuss primary vestibular rehabilitation treatment principles and determine impact on overall plan of care and discharge planning.

WHEN

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

WHERE

Walter E. Washinton
Convention Center
Room: 201

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

FRIDAY, JAN. 25, 2019

Deductive Reasoning in Acute Care Physical Therapy Diagnosis: Solving the Differential Puzzle

PRESENTED BY

Sujoy Bose, PT, DPT, MHS, Board-Certified Clinical Specialist in Cardiovascular and Pulmonary Physical Therapy

COURSE DESCRIPTION

The concept of differential diagnosis is not foreign to physical therapist practice. Yet, despite modern curricular advances, the true realization of the importance of differential diagnosis in the primary care approach of an acute care PT is rarely the focus of teaching and research. And not quite unlike the medical model, there are numerous case scenarios in contemporary acute care PT practice that never receive a critical assessment of the differential to pinpoint the source of the signs and symptoms.

Consequent errors in differential diagnosis in acute care PT practice, where patients present with seemingly multisystem symptomatology, are rampant. And often, patients in the acute care setting receive physical therapy interventions that are generic: the fabled bed mobility, transfers, and gait goals in PT practice is legend. Yet, in many cases, these are neither individualized, nor indicated, nor evidence-based. This leads to patient dissatisfaction, physician apathy, overutilization of finite resources, and a general undervaluation of a doctorally-trained PT.

Using lecture, case-series, and small-group discussions, the speaker will demonstrate the art of inquiry into the puzzle of symptoms and signs in some patients admitted to general medical and some specialty wards of a busy hospital, where physicians work closely with highly-trained PT colleagues for rapid triage and assistance with case solutions. Attendees will take away strategies for teaching differential diagnosis and approaches to intuitive and analytical reasoning.

LEARNING OBJECTIVES

1. Discuss potential errors in identifying the source of symptoms and signs in patients referred to acute care physical therapy in non-critically-ill setting.
2. Analyze a set of given clinical data to develop a hypothesis of causation and systems involved, using evidence-based constructs.
3. Apply concepts of intuitive and analytic differential diagnosis to case vignettes presented during small-group discussions.
4. Successfully incorporate strategies of differential diagnosis to some common problems encountered in acute care PT practice.

WHEN

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

WHERE

Walter E. Washinton
Convention Center
144B

EDUCATION LEVEL

Advanced

SESSION DESCRIPTIONS

FRIDAY, JAN. 25, 2019

Functional Measures in the ICU: How to Have Your Cake and Eat It, Too

PRESENTED BY

Michael Friedman, PT, MBA
Selina Parry, PT, PhD
Amy Toonstra
Daniel L. Young

COURSE DESCRIPTION

Early rehabilitation programs in intensive care units are becoming increasingly common. Systematic measurement of patient function has the potential to help capture the impact of these varied early rehabilitation programs. These types of measurements, if consistently collected, could inform decisions about important questions such as therapy dose and post-ICU rehabilitation needs, including placement. In this session, the speakers will present the rationale for systematic and standardized measurement of patient function, appropriate measures for consideration along with their positive and negative attributes, case studies, and examples of how hospitals are implementing and using systematic functional measurement of their patients. The presenters will discuss these topics in context of the entire hospitalization and episode of care to illustrate how these early measurements can continue to inform care decisions as the patient moves through the health system.

LEARNING OBJECTIVES

1. Discuss why physical therapists should implement systematic functional measurement of patients in the intensive care unit.
2. Describe the available tools for functional measurement of patients with critical illness.
3. Describe the positive and negative aspects of available functional measurement tools.
4. Explain the value of systematic functional measurement and how those data contribute to operational and treatment decisions.

WHEN

3:00 p.m.-5:00 p.m.

WHERE

Walter E. Washinton
Convention Center
Room:143ABC

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

FRIDAY, JAN. 25, 2019

Confused? Improving Outcomes in Patients With Altered Mental Status and Delirium

PRESENTED BY

Gina Dubuisson, PT
Allison M. Lieberman, PT, MSPT

COURSE DESCRIPTION

Alterations in mental status is a common reason for admission to the hospital. A patient's change in mental status may be a sign of an acute or chronic disease state. Due to the impaired awareness and cognition that often occurs with these conditions, the cause of patient confusion may be misdiagnosed, leading to increased hospital length of stay and readmission. Statistics show that these patients are also at increased risk for falls and often have higher mortality rates. Acute care physical therapists are frequently relied upon to make determinations on mobility and recommendations for appropriate discharge disposition. In order to make the most appropriate recommendations, physical therapists must first be able to understand the sequelae of confusion. This session will review how to differentiate between acute and chronic conditions that may lead to changes in mental status. The speakers will discuss the signs and symptoms of the most common causes of altered mental status, such as delirium, dementia, and depression. Attendees will learn about common pharmacological and metabolic causes of altered mental status and confusion. Special focus will be placed on evidence-based approaches for managing and reducing delirium in patients located in the critical care environment. The presenters will describe the acute care physical therapist's role in discharge planning for this patient population and role in providing education to patients and caregivers.

LEARNING OBJECTIVES

1. Identify the implications that altered mental status has on patient outcomes in the acute care setting.
2. Differentiate between acute and chronic causes for altered mental status in the hospital setting and identify common pharmacological and metabolic causes.
3. Describe the Acute Care Physical Therapist's role in improving outcomes in this patient population through evidence-based assessment and treatment approaches, with special focus on the critical care environment.
4. Describe the Acute Care Physical Therapist's role in discharge planning for this patient population and role in providing patient and caregiver education.

WHEN

3:00 p.m.-5:00 p.m.

WHERE

Walter E. Washinton
Convention Center
Room: 144B

EDUCATION

LEVEL

Basic

SESSION DESCRIPTIONS

FRIDAY, JAN. 25, 2019

Advancing Acute Care Education Through Outcome-Driven Approaches

PRESENTED BY

Pamela L. Bartlo, PT, DPT, Board-Certified Clinical Specialist in Cardiovascular and Pulmonary Physical Therapy

Jacque L. Bradford, PT, DPT, EdD

Lisa C. Harrison, PT, DPT, MEd, Board-Certified Clinical Specialist in Geriatric Physical Therapy

Angela MacCabe, PT, DPT, PhD

Celia Pechak, PT, PhD, MPH

COURSE DESCRIPTION

This session builds on the CSM 2018 session titled Being an Acute Care Educator: The How, the What, and the Why, which addressed common faculty expectations of acute care educators and discussed the application of evidence-based curricular design. The session will provide detailed information from a nationwide survey on the methods, time commitment, and resources currently being implemented in physical therapist education for acute care practice. Speakers from 5 physical therapy programs will discuss their varied educational approaches, including problem-based learning, case-based learning, flipped classroom, simulation, and interprofessional education. They also will present the results of their curricular research to date, including their assessment of students' knowledge, confidence, and self-efficacy relevant to acute care practice. APTA's education strategic plan goal #15 calls on educators to utilize evidence-based strategies that are effective in promoting learning outcomes. This session will provide acute care educators outcome-driven, effective tools and resources for curricular design and teaching methods that demonstrate increased knowledge, confidence, and self-efficacy in physical therapist students. The speakers intend to advance the conversation about how to best prepare students for effective practice in the acute care setting.

WHEN

3:00 p.m.-5:00 p.m.

WHERE

Walter E. Washinton
Convention Center
203B

EDUCATION LEVEL

Intermediate

LEARNING OBJECTIVES

1. Develop or revise your current acute care education teaching strategies/curricular model to meet students' acute care education needs based upon current evidence.
2. Create significant learning for physical therapist students, through curricular design, to enhance confidence, knowledge, and self-efficacy for readiness to practice in acute care clinical education.
3. Utilize the evidence to create in- and out-of-classroom opportunities to enhance learning for the acute care practice environment.
4. Create opportunities to engage learners in a deeper understanding of educational information, increase active critical thinking, and transform learning experiences for increased cognitive complexity through the utilization of dynamic curricular approaches.

SESSION DESCRIPTIONS

SATURDAY, JAN. 26, 2019

Securing the Future of Acute Care Physical Therapy Clinical Education

PRESENTED BY

Sharon L. Gorman, PT, DPTSc, Board-Certified Clinical Specialist in Geriatric Physical Therapy
Molly A. Hickey, PT, DPT
Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS

COURSE DESCRIPTION

A follow up to last year's presentation on the impact of the 2017 Report to the House of Delegates on the Future of Physical Therapist Clinical Education, this session will outline new opportunities and challenges to navigate as the profession moves toward alternative didactic and clinical curricular models for educating physical therapists.

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.

WHEN

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

WHERE

Walter E. Washinton
Convention Center
Room: 204C

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

SATURDAY, JAN. 26, 2019

Calibrating Triage: Who Should We Treat? What's Our Role? It's Complicated

PRESENTED BY

Kyle Ridgeway, PT, DPT

COURSE DESCRIPTION

Acute care physical therapists must routinely perform dynamic triage to determine which patients will be seen for how long and at what frequency. There are competing incentives and demands within a hospital, making assessment and construction of ideal practice difficult. Further, there are a myriad of problems, potential outcomes, and applicable research to consider.

Often the physical therapist may be seen as the gatekeeper and facilitator of discharge. Yet, questions of whom acute care therapists should evaluate, assess, and treat must be preceded by questions on the role and possible effects of the physical therapist. Have we considered our potential role and effect beyond function and beyond a discharge recommendation? Can physical therapists contribute to primary, secondary, and tertiary risk reduction? Improved medical and physiologic outcomes? Cost savings? Program development? Interdisciplinary education? These questions become complicated quickly.

This session will provide a brief overview of variables associated with poor outcomes after critical illness to facilitate a broader dialogue. The speaker will discuss research, pose questions, and assess the PT's role beyond function and beyond bedside interventions from multiple angles. Attendees will leave not with answers, but hopefully better questions.

LEARNING OBJECTIVES

1. Identify factors associated with poor outcomes after critical illness.
2. Summarize research on PTs' usual roles and practice in acute care (eg, intensive care unit, care transitions).
3. Consider research suggesting a broadened contribution for the acute care PT.
4. Describe multiple levels of analysis on PTs' possible effect and contributions within acute care.

WHEN

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

WHERE

Walter E. Washinton
Convention Center
Room: 144ABC

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

SATURDAY, JAN. 26, 2019

Mental Health in Aging: Trauma-Informed Care

PRESENTED BY

LeeAnn Eagler, PT, DPT, Board-Certified Clinical Specialist in Geriatric Physical Therapy

Rhonda Schnabl, PT, DPT

Michele M. Stanley, PT, DPT, Board-Certified Clinical Specialist in Geriatric Physical Therapy

COURSE DESCRIPTION

Mental health in an aging population is a complex and global problem affecting acute and postacute physical therapy settings. Traumatic injuries, especially those with head injuries, are acknowledged to result in cognitive deficits. Emerging understanding of the effects of medical trauma reveals similar problems. Complex hospital stays with diagnoses of sepsis, metabolic, or hepatic disorders (including ETOH/substance abuse), encephalopathies, surgical complications, and cancer treatments may result in cognitive changes that negatively impact functional outcomes and drive the need for postacute rehabilitation. In addition, some older adults surviving these health crises may demonstrate an exacerbation of PTSD symptoms that may or may not have been previously diagnosed but now may prevent optimal participation in recovery. This session will investigate aspects of the psychological and cognitive effects of these conditions through a series of case studies and ICF analysis.

LEARNING OBJECTIVES

1. Define trauma-informed care and the challenges that occur with translation of knowledge to practice in various practice settings.
2. Recognize and anticipate signs of cognitive limitations in survivors of medically traumatic situations for inclusion in appropriate differential diagnosis.
3. Recognize the impact of PTSD on patient health and participation.
4. Determine appropriate strategies to overcome cognitive limitations to enhance completion of a physical therapy plan of care through analysis of case studies.

WHEN

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

WHERE

Walter E. Washinton
Convention Center
144B

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

SATURDAY, JAN. 26, 2019

Is Your Career Plan Keeping Up With the Future of Physical Therapy Care in the ICU?

PRESENTED BY

Judy Ragsdale, PT

Jennifer M. Ryan, PT, DPT, MS, Board-Certified Clinical Specialist in Cardiovascular and Pulmonary Physical Therapy

Amy Toonstra

COURSE DESCRIPTION

As one of the youngest fellowship program categories accredited by the American Board of Physical Therapy Residency and Fellowship and Education, critical care fellowships still have a lot of room to grow and expand to meet the needs of our complex patient population. The fellowship programs seek to meet the inherent obligation to move the profession forward at a rate commensurate with the rate of evidence coming forward to support advanced physical therapist practice in the ICU. This presentation will be a collaborative effort of the 3 existing critical care fellowship programs at Johns Hopkins, Houston Methodist, and The University of Chicago. The speakers will explain the fellowship programs' origins and where they are striving to go with outcomes. The fellowship programs all function very differently and reach similar outcomes of graduating fellows who practice at a high level of clinical thought, acquire board certification, and contribute to the literature. The speakers will highlight program differences and similarities to illustrate the many possibilities to similarly advance the profession, while still meeting the clear challenges of daily clinical practice. Through examples of complex case studies, the speakers will demonstrate some of the advanced clinical thought and interprofessional collaboration that was fostered by the critical care fellowship programs' didactic and mentoring components.

LEARNING OBJECTIVES

1. Speak to the experience gained from a critical care fellowship.
2. Demonstrate an understanding of the growing role of physical therapists in managing the recovery of the critically ill.
3. Give examples of how the experience in a critical care fellowship led to progressive autonomous practice in management of the critically ill patient.
4. Identify the value in adding focused training in the area of critical care practice to advance the profession.

WHEN

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

WHERE

Walter E. Washinton
Convention Center
Room: 147A

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

SATURDAY, JAN. 26, 2019

Do No Harm: Managing the Patient With Multiple Myeloma in the Acute Care Setting

PRESENTED BY

Gina Dubuisson, PT
Allison M. Lieberman, PT, MSPT

COURSE DESCRIPTION

The American Cancer Society estimates that over 30,000 individuals are newly diagnosed with multiple myeloma each year and countless others struggle with reduced quality of life due to the disease process. This session will highlight a case study of a patient admitted to the acute care setting for bilateral joint replacements who was diagnosed with multiple myeloma and several pathological fractures during his acute care recovery. The speakers will discuss the patient's plan of care while in the hospital, physical therapy treatment strategies, and clinical outcomes. They also will describe clinical guidelines for this patient population, review "red flags" for acute care therapists, and highlight safety considerations for activity. The presentation will include information about imaging studies used to diagnose multiple myeloma, in addition to local, systemic, and surgical treatments that patients with this diagnosis may have in the hospital. Attendees will explore the role of the physical therapist in providing appropriate patient and caregiver education to this patient population and participation in palliative or hospice therapy services in the hospital. The speakers will emphasize the importance of interprofessional team collaboration and communication to achieve the best functional outcomes for this patient population in the acute care setting.

LEARNING OBJECTIVES

1. Define multiple myeloma and recall different treatment options for patients with this diagnosis.
2. Recite appropriate weight-bearing status, potential "red flags," and safe activity level guidelines for patients who report bone pain or have a diagnosis of multiple myeloma as per the literature.
3. Describe the benefits of collaborative, interprofessional hospital care that may maximize the functional outcomes of patients diagnosed with multiple myeloma.
4. Recall the physical therapist's role in providing palliative or hospice care services in the acute care setting for patients with multiple myeloma, if appropriate.

WHEN

3:00 p.m.-5:00 p.m.

WHERE

Walter E. Washinton
Convention Center
Room: 147A

EDUCATION LEVEL

Basic

SESSION DESCRIPTIONS

SATURDAY, JAN. 26, 2019

ICU Rehabilitation: Bridging the Gap From Immobility to Early Mobility

PRESENTED BY

Esther E. Dupont-Versteegden, PhD
Kirby P. Mayer, PT, DPT
Peter Morris, MD
Selina Parry, PT, PhD

COURSE DESCRIPTION

The primary purpose of this session is to educate clinicians and researchers on ICU interventions that physical therapists should be utilizing to bridge the gap from immobility to early mobility. Attendees will learn about physical therapy treatment for patients with critical illness other than early mobility. After a review of the current state of the literature, presenters will discuss how and when to implement rehabilitation interventions for this population. Presenters will review and discuss alternative interventions that should be used when your patient can not engage in early mobility, including: tilting, e-stimulation, supine cycle, and massage, as well as interventions for anxiety, depression, and cognitive dysfunction. The session will briefly discuss and provide case studies for these interventions as well justify the use of support animals and ICU diaries to improve outcomes. The presenters will discuss safety, feasibility, and dosing for interventions. This session will emphasize physical therapist practice in the ICU when early mobility is not warranted or feasible and will help clinicians identify patients that would benefit from these interventions.

LEARNING OBJECTIVES

1. Critically appraise landmark publications focused on rehabilitation in the ICU.
2. Describe the purpose and implementation of interventions in the ICU, including safety and feasibility, and start a discussion for appropriate dosage.
3. Synthesize the importance of rehabilitation, specifically eliminating or reducing immobility through interventions of supine cycle, e-stim, tilting, and potentially massage as a novel technique for attenuating atrophy.
4. Identify patients that would benefit from alternative ICU rehabilitation interventions.

WHEN

3:00 p.m.-5:00 p.m.

WHERE

Walter E. Washinton
Convention Center
Room: 144ABC

EDUCATION LEVEL

Intermediate

SESSION DESCRIPTIONS

SATURDAY, JAN. 26, 2019

Patient Need Driving Acute Care: Shifting to Patient-Centered Programs

PRESENTED BY

Matt Foulks, PT
Bruce Goudebeck, PT
Christopher S. Noren, OTR/L
Christine W. Ryan, PT
Erin Sweetser

COURSE DESCRIPTION

In recent years, University of Utah Hospital transitioned to interdisciplinary treatment teams with dedicated physical therapy, occupational therapy, and speech-language pathology staff (neurological, medicine, Orthopaedics Sectionpedic, oncology, cardiac/transplant) with the goal of specialization of therapy services to better meet our patient's needs. This change has facilitated an increased focus on patient-centered care and functional outcomes. The shift in practice patterns includes expanded use of outcome measures and the application of rehabilitation principles to guide clinical practice. In this session, the speakers will demonstrate how team-driven therapy has been integral to the evolution of innovative program development and quality improvement projects across the spectrum of clinical specialties. It will also highlight specific examples at the University of Utah Hospital within the Orthopaedics Sectionpedic, oncology/BMT, lymphedema, and neurologic therapy teams. Additionally, the speakers will discuss how this system incorporated various outcome measures into each specialty area and demonstrate how consistent use of these measures has contributed to improved patient outcomes. Frontline clinicians will learn to identify areas in their practice to maximize patient-centered outcomes through program development and quality improvement.

LEARNING OBJECTIVES

1. Describe key benefits in moving to an interdisciplinary team-driven and patient-centered model of care.
2. Identify appropriate outcome measures applicable to various clinical areas.
3. Describe how utilization of outcome measures translates into improved patient outcomes.
4. Generate ideas for quality improvement and program development in your acute care setting and specialty areas.

WHEN

3:00 p.m.-5:00 p.m.

WHERE

Walter E. Washinton
Convention Center
Room: 214

EDUCATION LEVEL

Basic

POSTER PRESENTATIONS

- 1001 Differential Diagnosis of Low Back Pain in the Emergency Department - A Case Report** – Griffith RL, Rademaker T
- 1002 The Effect of Different Sitting Positions and Posture on Incentive Spirometer Performance in Healthy, Sedentary Adults** – Marks T, Chi R, Maier N, O’Flaherty K, Rudman E, Small S, Garcia R
- 1003 Early Mobilization of Patients with Stroke: A snapshot of current physical therapy practice at a comprehensive stroke center** – Steinhorn GS, Bahouth M, Kumble S, Klein LM, Tahara N, Zink E, Szanton SL
- 1004 Exploring clinical competence for physical therapists responding to natural disasters**– Hartman J, Cuttell H, Lackey S, Miller M, Morency D, Savage G
- 1005 Factors Associated with Discharge Disposition: Outcomes Following a Stroke** – Zielke DR, Tucker K, Brady S
- 1006 Barriers to Early Intervention Mobility and Discharge Planning with the Extremely Obese in the Acute Care Setting** – Harte SM, Shulder R, Arnett L, Frampton K
- 1007 Interventions for Patient Adherence with Exercise or Activity: A Review of Systematic Reviews** –Knapp A, Narolis J, Ritz E, Warnon R, Winn J, Smith JM
- 1008 Feasibility of Early Rehabilitation Program for Patients Post Total Knee Arthroplasty with Popliteal Artery Injury and the Effect on Acute Care Functional Outcomes** – Brindle S, Karsten J
- 1009 Use and understanding of Physical Therapy evaluation complexity codes in acute care settings** – Orlander E, Steffens Y
- 1010 Using High Fidelity Simulation to Practice Physical Therapy/Occupational Therapy Co-Treatment in the Intensive Care Unit** –Swisher A, Davis D, Evans KW, Acord-Vira A
- 1011 Use of the AM-PAC 6-Clicks to Prioritize Patients on a Cardiovascular Medical Unit** – Turner S, Johnson JK, Lohse BD, Benson D, Noren CS, Marcus RL
- 1012 Relationship of the Perme ICU Mobility Score and Medical Research Council Sum Score with discharge destination for patients in five different Intensive Care Units.** – Perme C, Schwing T, deGuzman K, Catherine A, Stawarz-Gugala A, Paraniham J, Belarmino BC, Bjorklund R, Bridges C, Estrada C, Lapnawan J, Mondkar RS, Schell W, Ragsdale J
- 1013 Outcomes Impacted by Initiation of Physical Therapy on POD (Postoperative Day) 0 in Patients with Total Joint Replacement (TJR)** – MODICA T, Wing J
- 1014 Changing the Culture of Mobility Through Implementation of a Mobility Technician: Case Report** – Exum E, Hull B
- 1015 Six-Minute Walk Performance and Muscle Oxidative Capacity in Chronic Kidney Disease** – Stone A, Roshanravan B, McGough EL, Ali A, Liu S, Conley K, Kestenbaum B
- 1016 Is Early Physical Therapy Intervention Safe and Feasible For Patients with Subarachnoid Hemorrhage?**– Luby D, Rich AJ, Moss M, Schenkman M, Nordon-craft A
- 1017 THE EFFECTS OF EARLY MOBILITY IN REDUCING LENGTH OF STAY FOR ADULT PATIENTS IN THE INTENSIVE CARE UNIT DUE TO TRAUMA: A SYSTEMATIC REVIEW** – Maida D, Klug S, Loftus M, Zaccaria S, Scardillo J
- 1018 Mobility of Patients in the ICU with Open Abdominal Fascia and an Abdominal Reapproximation Anchor Device**– Nelson S, Wood D
- 1019 Quality Improvement of Physical & Occupational Therapy Referral Process to Reduce Unskilled Consults** – Bednarczyk MJ, Barquin WK, Stankiewicz C
- 1020 A Multidisciplinary Approach for a Patient With a Massive Inguinal Hernia.** – Kras A, Ausmann KJ, Finkel AG
- 1021 Physical Therapy and Thoracic ultrasound:A Special Interest Report on an international collaborative competency-based training programme** – Hayward S, Mirian P, Parziale T

POSTER PRESENTATIONS

1022 A Health System Based Approach to Treatment of Low Back Pain from Entry Point Care in Emergency Department to an Outpatient Physical Therapy Clinic: A Case Study – Kelly M, Benton M

1023 Early Physical Therapy for Patients Undergoing Total Hip and Knee Arthroplasty: Impact on Length of Stay – Tsirakidis L, DeLucia L, Elsabrout K, Apold S

1024 Pilot of Interactive Video Gaming in a Neuroscience Critical Care Unit – Ziegler M, Kumble S, Vora I, Zink E, Bahouth M, Robert SD

1025 Functional Mobility in Relation to Tibialis Anterior Mitochondrial Oxidative Capacity in Patients with Chronic Kidney Disease – Hickey LS, Roshanravan B, McGough EL, Liu S, Ali A, Conley K, Kestenbaum B

1026 Strengthening the Academic and Clinical Partnership to Address Recruitment and Engagement in an Urban, Quaternary Care Center – Neely LC, Blorstad A, Harte SM, Johnson DJ

1027 Who wants to go for a walk? The role of the Mobility Technician vs Physical Therapy in the acute care setting – Adams J, Omanwa K, Pick C, Lighty K, Evans M, Sedlander D

1028 An Interdisciplinary Approach to Patient Care with Diagnostic Lung Ultrasound: A Case Study from a Physical Therapist Perspective – Mirian P, Hayward S, Parziale T

1029 A Pilot Study of Emergency Department-Initiated Physical Therapy for Acute Low Back Pain – Strickland KJ, McCarthy DM, Courtney DM, Lambert BL, Kim H

1030 High-Intensity Training and Implementation of Cardiac Rehabilitation in Critical Care After Implantation of a Total Artificial Heart: A Case Report – Gumieny A

1031 Therapeutic Management of a Patient with Necrotizing Fasciitis Resulting in Quadrilateral Amputation and Critical Illness Myopathy in the Intensive Care Setting: A Case Report. – Kargela M

1032 Striving to enhance the DPT students' knowledge and preparation in acute care- a partnership with Acute Care PT's and the University of South Florida School of Physical Therapy and Rehabilitation Sciences. – Tucker KL, Wagner C, Millman C, Johnson J, Rogers J, Webster J, Collins KL, Lynch N, Kim O, Gupte S, Chahine V, Steffens Y, Lazinski M, Halladay D, Klein AB

1033 Characteristics of Motor Vehicle Accident Patients That Are Predictive of Being Mobilized in the ICU: A Retrospective Study– Gargas PD, Gish EE, Davis JC, Benton AM, Chitika PS, Lehrer N, Warren GL

1034 Effects of a Pilot Interdisciplinary Group Education Class on Discharge Readiness in the Thoracic Surgery Population – Quintans M

1035 Rehabilitation after Total Hip Arthroplasty in a Patient with Congenital Bilateral Shoulder Disarticulations and Contralateral Proximal Femoral Focal Deficiency – Spohr AM

1036 Differences in Lumbar Spinal Muscle Morphology and Performance in Amputees With and Without Low Back Pain– Ciccotelli JA, Damele M, Gross R, Robina R, Lee S

1037 “I’m not going to walk, just for the sake of walking...”: a qualitative, phenomenological study on physical activity during hospital stay–Koenders N, van Oosouw R, Seeger J, Nijhuis R, van de Glind I, Hoogeboom T

1038 Utilizing Preoperative Measurements of Single Leg Stance (SLS) and the Timed Up and Go (TUG) as Clinical Predictors of Length of Stay (LOS) Following Total Knee Arthroplasty (TKA). – Renzi S, Torchia S, Belanger K, Marsh G, Flanagan Jay J

1039 Case Study: Combining Cardiac Rehabilitation and Cognitive Retraining in a Patient post Heart Transplant and LVAD related Stroke – Perrotti A

1040 Adapting High Intensity Interval Training and High Resistance Strength Training to the Critical Care Setting for Patients with Chronic Respiratory Disease. – Moore A

1041 Pectoralis Muscle Activity During Ambulation Using an Assistive Device: Implications for Sternal Precautions – LaPier T, Krum J, Campeau JB, Wehrer JD

POSTER PRESENTATIONS

- 1042 Determining AM-PAC “6-Clicks” Cutoff Scores based on Type of Joint Replacement to Predict Discharge Destination** – Wagner BR, Maida D, Bockelkamp HS
- 1043 Cycle Ergometry in Critical Illness: A Case Series**– Ofodile J, Hough C, Gundel S, Nelson M, Stapleton R, Heyland D, Clarke G, Needham D, McGough EL
- 1044 Improving Nursing Staff’s Perception and Knowledge of Early Mobility to Support the ABCDEF Bundle in a Medical Intensive Care Unit** – Shields E, Krug SM, O’Berry B
- 1045 Establishment of a Hospital-wide Protocol for Early Mobilization of Patients with Complex Medical Needs** – Alberding K, Gamble D
- 1046 Reducing Inappropriate Physical Therapy Referrals in Acute Care: Success Through Engaging Nurses?**– McLaughlin M
- 1047 An Interdisciplinary approach to early mobilization and eventual discharge home of a 26 year old male patient on VV ECMO** – Appel E, Newkirk M
- 1048 Establishing safe and effective mobilization for patients on the TandemHeart** – Appel E, Traditi KA
- 1049 A Case Study on the Appropriateness of Liberalized Craniectomy Precautions for Early Mobility** – Gamble D, Alberding K
- 1050 Dosing Project: Managing treatment frequency by adding a frequency program** – Steffens Y
- 1051 Mobility Change During Hospitalization Is A Better Predictor Of Discharge Disposition Than Initial Mobility Score In Critical Care Patients.** – Dummer DR, Johnson JK, Stoddard G, Marcus RL

PLATFORM PRESENTATIONS

Platform Presentations 1 | 11:00 am–1:00 pm

Moderator: Barbara Smith, PT, PhD

Influence of Vestibular Diagnosis and Management on Recommended Discharge Environment for Hospitalized Inpatients

Presenter: Kerry Lammers, PT, DPT

Detecting High-Risk Behaviors via Coding of Depth Sensor Videos for Fall Prevention

Presenter: James Williamson, SPT

Trauma-Associated Screen for Concussion (TASC): Preliminary Findings

Presenter: Stephanie Sparrow, PT, DPT

The Early Mobilization of Critically Ill Patients With Traumatic Injuries Reduces Cost and Accelerates Recovery

Presenter: Chelsea Skalkowski, PT, DPT

Mobility Change Is More Predictive of Discharge Disposition Than Payer Group in the Critical Care Population

Presenter: Danica Dummer, PT, DPT

Patellar Tendon Morphology in Trans-Tibial Amputees Utilizing a Prosthesis With a Patellar-Tendon-Bearing Feature

Presenter: Michelle Evers

Interrater Reliability of Muscle Ultrasonography Image Acquisition and Analysis in Patients With and Recovering From Critical Illness

Presenter: Kirby Mayer, PT, DPT

Platform Presentations 2 | 11:00 am–1:00 pm

Moderator: Barbara Smith, PT, PhD

Making the Complex Clearer: Development of a Clinical Decision-Making Algorithm for Patients With Disorders of Consciousness

Presenter: Corrine Boyea, PT, DPT

Exercise Intervention With Body-Weight Supported Ground Training for an Inpatient With Pulmonary Disease: A Case Report

Presenter: Emily Burgholzer, PT, DPT

Developing a Prehabilitation Protocol in Patients Awaiting Liver Transplant in an Acute Care Setting

Presenter: Katherine Russett, PT, DPT

Out of Bed Mobilization of Pregnant Women Following Intrauterine Repair of Myelomeningocele

Presenter: Clara Gaspari, PT, DPT Board-Certified Clinical Specialist in Neurologic Physical Therapy

A Journey Toward Adopting a Value-Based Productivity System in Acute Care

Presenter: Kelly Stratton, PT, DPT, Board-Certified Clinical Specialist in Neurologic Physical Therapy; Nancy Cwiklin-Sanders, MS, OTR/L

Safe Mobilization for Patients Post-Phalloplasty Procedures

Presenter: Kristin Barker, PT, DPT

What Do Clinical Instructors in Acute Care Expect From Physical Therapy Students on Their First Acute Care Clinical Learning Experience: A Qualitative Study

Presenter: Clara Neumann, PT, DPT, MA

PLATFORM PRESENTATIONS

Platform Presentations 3 | 8:00 am–10:00 am

Moderator: Barbara Smith, PT, PhD

Acute Care Confidence of DPT Students: Is More Than One High Fidelity Simulation Session Worth the Additional Cost?

Presenter: Amy Bayliss, PT, DPT

Investigating the AM-PAC 6-Clicks Standardized Functional Mobility Assessment Tool to Better Predict Inpatient Discharge Destinations: Phase One Results

Presenter: Scott Arnold, PT, DPT

The Effect of Neurologic Acute Care Simulation Experience Upon Clinical Decision Making in a Physical Therapy Curriculum

Presenter: Pamela Donlan, PT, DPT, EdD

Physical Therapy Student Perceptions of Comfort With Early Mobility Training Following Critical Care Simulations Using Standardized Patients

Presenter: Meghan Howes

Use of Full Immersion Virtual Reality to Address the Core Competencies for Entry-Level Practice in Acute Care Physical Therapy

Presenter: Ashley Crow, PT, DPT

Acute Dizziness Clinical Practice Competency

Presenter: Brittany Bagshawe, PT, DPT

Board-Certified Clinical Specialist in Neurologic Physical Therapy

Implementation of a Hospital-Based Activity Monitoring System and Clinical Implications With COPD: A Retrospective Cohort Study

Presenter: Christopher Wilson, PT, DPT, DScPT