

# LEARNING OBJECTIVES

## EXAMPLE

### **Objectives:**

Participants will be able to:

- Show knowledge of sensory-motor development including visual, auditory, tactile and proprioceptive and vestibular systems.
- Display an understanding of primary movement patterns (or reflex development) and the theories of the effect on the school age child.
- Describe the connection between sensory-motor learning, motor planning and the skills crucial to academic success.
- Describe the components necessary for a Motor Lab for as an intervention for an individual, as a classroom strategy, and as a support system for an entire campus.

# PRESENTER QUALIFICATIONS

## EXAMPLE

### About the Speaker:

Roberta Smithfield, PT, DPT, MEd has been a practicing physical therapist for over 25 years, most of which has been spent at Health Medical Center, Townsville, Ohio. Her areas of specialty and practice include women's health (Women's Health Section member of the APTA for over 20 years), pregnancy/postpartum, sacroiliac dysfunction, lymphedema/breast cancer, and industrial rehabilitation. She has lectured to DPT students as guest lecturer and adjunct faculty (Townsville State University), presented at OPTA district events, APTA CSM conferences and has been interviewed numerous times on TV/radio. She is the owner of Smithfield Therapy Education which provides courses, speakers and consulting for the health care industry

# BIBLIOGRAPHY

## EXAMPLE

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  3. Shull PB, Huang Y, Scholtman T, Reinbolt JA. Muscle force modification strategies are not consistent for gait retraining to reduce the knee adduction moment in individuals with knee osteoarthritis. *J Biomech;* 2015 Jul 17. pii: S0021-9290(15)00383-8. doi: 10.1016/j.jbiomech.2015.07.006.
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  9. Miller RH et al. Why don't most runners get knee osteoarthritis?
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  - Heriza, CB. Implications of a Dynamical Systems Approach to Understanding Infant Kicking Behavior. *Phys Ther.* 1991: 71(3): 222-34
  - Kamm, K; Thelen, E; Jensen, JL. A Dynamical Systems Approach to Motor Development. *Phys Ther.* 1990: 70(12): 763-75
  - Montgomery, PC; Effgen, SK. Developing Postural Control. In: Conolly, B; Montgomery

# COURSE AGENDA

## EXAMPLE

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**Course Agenda:**

- 7:00-7:05** Introduction of Topic and Site Specific Information (ex—restrooms, facility staff present)
- 7:05-7:10** Statistics of Musculoskeletal Injuries in Healthcare
- 7:10-7:15** Benefits of a SPH Program for Employers, Employees, and Patients
- 7:15-7:20** The 35 pound lifting limit and physical therapy
- 7:20-7:40** Safe Patient Handling Equipment (Ceiling lift, floor based lift, sit to stand lifts, and repositioning and friction reducing sheets)
- 7:40-7:55** Therapeutic use of Safe Patient Handling Equipment
- 7:55-8:00** Documentation and billing when using Safe Patient Handling Equipment
- 8:00-8:25** Lab—using Safe Patient Handling Equipment
- 8:25-8:30** Question and Answer



# Workshop Evaluation Form

Date: April 20-21<sup>st</sup>, 2017

Course Title: \_\_\_\_\_

## SAMPLE COURSE EVALUATION EXAMPLE

Circle the response that best applies...

- |  |     |    |
|--|-----|----|
| 1. Facility was comfortable and appropriate for workshop   | Yes | No |
| 2. The course instructor was professional in manner and dress  | Yes | No |
| 3. The course instructor was well versed in scientific literature regarding reflex integration and sensory motor labs. | Yes | No |
| 4. The course instructor was knowledgeable regarding subject matter.   | Yes | No |
| 5. The instructor made the material relevant and understandable.   | Yes | No |
| 6. Do you feel like the learning objectives were met in this course?   | Yes | No |

Explain further if needed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 7. The course provided scientific evidence to substantiate course information.            | Yes | No |
| 8. The instructor answered all questions or was able to find answers in a timely fashion. | Yes | No |
| 9. I will be able to incorporate what I've learned into my daily clinical practice.       | Yes | No |

Explain further if needed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: (optional) \_\_\_\_\_

School District/Organization (optional): \_\_\_\_\_

# CERTIFICATE OF COMPLETION

## EXAMPLE

### CERTIFICATE OF COMPLETION

Course: **Interventions for Neurological Diagnoses: Mat Interventions**

Dates: **Jan 01, 2017 - Jan 05, 2017**

Student: **TestFirstName TestLastName**

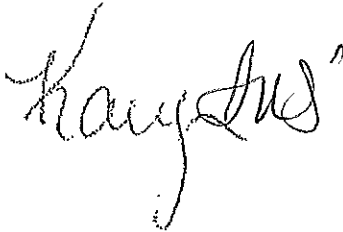
#### Learning Objectives & Goals

- Identify the rationale for working through rolling activities to facilitate and strengthen core musculature while facilitating movement patterns of the extremities
- Observe and apply treatment strategies in the clinical setting

#### Instructors

██████████, PT, DPT, NCS

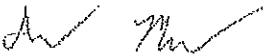
2017-01-31



██████████  
██████████, Director of Course Development

██████████, Suite 101, Seattle, WA 98102

██████████, (206) 242-5908, support@medbridge.com



#### License

Contact Hours: **2 hours**

License: This course is approved by the Ohio Physical Therapy Association. To be  
State: guaranteed credit, you must take the course within the approval period. The  
approval period for this course lasts from 5/10/2016 to 5/10/2017. OPTA approval  
number: #####

# METHOD OF ASSESSING STUDENT LEARNING

## EXAMPLE

8. Method for Assessing Student Learning: There will be a question and answer session from 10:15am-12pm on 4/21/2017 in which the presenter leads a discussion and Q&A- Current research in child development and learning, in different environments, and other area of concern to audience. (See Agenda)

OR

### Quiz

The ACSM recommends that SOME, NOT ALL individuals should consult their physician prior to starting exercise.

1. True
2. False

What should you consider prior to starting exercise with older adults?

1. Current Activity Levels
2. Signs & Symptoms of Potential Diseases
3. Planned Exercise Intensity
4. All of the Above

Vitals only need to be taken prior to beginning exercise.

1. True
2. False

Which of the following would be an ABSOLUTE contraindication to starting an exercise program?

1. Osteoporosis
2. Acute Coronary Syndrome
3. Diabetes
4. Sarcopenia

Which piece of equipment are only appropriate for younger individuals?

1. Barbell
2. Theraband
3. Kettlebells
4. None of the Above

Frequent falls in older adults can cause which of the following?

1. Hypertrophy
2. Increased running speed
3. Kinesiophobia
4. A love for gymnastics

RPE (Rating of Perceived Exertion) is NOT reliable in dosing intensity of exercise.

1. True
2. False



# COURSE DESCRIPTION

## EXAMPLE

### **About this Program:**

How strong is the sensory-motor connection to the academic success of children? Why do they fall out of chairs, hold their pencils tightly, chew their shirts, and squirm constantly? What can I do to make a difference? The Ready Bodies, Learning Minds program emphasizes how motor and sensory development provide the central nervous system with the ability to perform the many tasks necessary for independence, behavioral control, and academic achievement. If the reflexive-vestibular-proprioceptive-tactile system is not functioning optimally, the student has a limit base of body knowledge and skills on which to build. Limited attention span, poor posture, difficulty sustaining equilibrium, poor coordination of sequential movements, restlessness, problems with spatial relationships and slow academic progress are common signs of an immature neurological system. A simple diagram is used to explain the correlation of the different systems to "learning" and "performance". Videos of motor lab examples and classroom strategies are included, as are suggestions for easily-made equipment, and programming ideas to begin a Ready Bodies Lab for an individual classroom or an entire campus. The results of a research study involving approximately 200 students and the Ready Bodies Lab (completed during the 02-03 school year) will also be discussed. This program was created to support the developmental, motor, sensory, and academic growth of **all** students, including the at-risk and labeled population.