Diving into Evidence-Based Practice- the Journey Begins!

This course is designed to introduce the clinician to the world of evidence-based practice. The history and evolution of evidence-based practice to the field of occupational therapy will be reviewed. Participants will learn how to formulate ebp questions and become familiar with ebp databases and resources available. Participants will be introduced to ebp taxonomies and terminology to facilitate learning in ebp content. Finally, they will be able to take these strategies back to their clinic setting to continue the ebp journey.

Let’s Talk Structure, then Function: Vestibular System in Occupations

Because of the pervasive influence of the vestibular system in human occupation, this institute proposes a revisit of its structure and neurophysiological processing. Drawing from the neurosciences and the theory of sensory integration proposed by Ayres, this session will include an intimate view of the anatomical structures of the vestibular apparatus as well as the physiological significance of various aspects of the vestibular apparatus. An overview of current vestibular rehabilitation techniques and sensory integration procedures will take place at NSU’s developmental activities laboratory. Participants will tap their vestibular systems while engaging in occupations that utilize state-of-the-art zipline and suspended equipment. Discussion will include how vestibular processing occurs through these purposeful activities and how to adapt them for different settings, conditions, and age groups.

Community Based Dementia Care

Providing client and family-centered services to individuals living with dementia requires practitioners that are knowledgeable about many aspects of the disease, including the screening/assessment process, disease progression, the individual’s and care-partners’ social and occupational needs. Despite myths regarding the care of individuals with dementia, occupational therapists are uniquely prepared to design interventions that address these issues, and help move from the position of “waiting to die,” to that of “living fully” with their remaining abilities as the disease progresses. This institute provides a general review and updates clinicians on best practices in dementia care based on the Occupational Therapy Practice Framework, the Person-Environment-Occupation-Performance Model and the Allen Cognitive Disabilities Model.

Dementia Care for Practitioners- the Evidence-Based Practice Journey Begins!

This workshop will be conducted using various teaching strategies including an introduction to evidence-based practice concepts and terminology through lecture and PowerPoint instruction. Individual and group activities will be assigned to practice evidence-based practice question construction and search strategies. Finally, participants will participate in computer session for hands-on learning to find, search, and utilize numerous research databases that store articles useful for guiding practice. Authors will use PowerPoint presentations, question and answer, and experiential practicum experiences on vestibular-based activities that use a state-of-the-art zipline and suspensor equipment.

Learning Objectives: After viewing this presentation you should be able to:
1. Define EBP in health care and list the 5 EBP steps.
2. Describe the importance of EBP for the profession.
3. Explain the origins of clinical research questions and identify the constituent elements of successful questions.
4. Identify and perform effective strategies for searching and sorting EBP literature.
5. Recognize the importance of appraising the evidence critically.
6. Define and understand evidence-based terminology.
7. Identify ways to become an evidence-based practitioner in their setting.

Objectives:
At the conclusion of this institute, participants will be able to:
1. Demonstrate an understanding of the risk factors for and the prevalence of cognitive impairment among older individuals.
2. Describe the concept of retrogenesis as it applies to the stages of dementia.
3. Discuss application of the Occupational Therapy Practice Framework and the OT Practice Guidelines for Adults with Alzheimer’s Disease and Related Disorders (ADRD) in their interventions with individuals experiencing dementia and with their care-partners.
4. Compare and contrast several screening and assessment instruments for their suitability in practice.
5. Analyze different goals of intervention based on the stages of dementia.
6. Synthesize the unique contributions of occupational therapy practice to dementia care.
7. Create a plan for developing client expectations of occupational therapy practice to dementia care.

Participants will be introduced to EBP taxonomies and familiar with ebp databases and resources available. They will be able to form the ebp questions and become familiar with ebp taxonomies and terminology to facilitate learning in ebp content. Finally, they will be able to take these strategies back to their clinic setting to continue the ebp journey.
Orthosis Fabrication Practicum
Toni Thompson. MA, OTR/L, C/NDT, & Erica Goldin, MS, OTR/L

This interactive experience incorporates tricks-of-the-trade techniques in the fabrication of a wrist-hand immobilization splint and a serpentine splint. Participants will learn methods to enhance ergonomics, to improve client collaboration in the splint fabrication process and to use materials economically. The focus on splint fabrication offers opportunities for therapists with a wide range of experience and skill levels to participate.

The participant will:
1. State the optimal position for splinting the upper extremity in a variety of diagnoses.
2. Make one pattern for one wrist-based splint.
3. Demonstrate or state the process to make one splint without a physical pattern.
4. Fabricate one wrist immobilization splint with one of three hand variation components or one wrist hand immobilization splint.
5. Fabricate one serpentine splint, either hand-based or forearm-based.
6. Demonstrate three techniques to increase efficiency in splint fabrication.
7. Demonstrate three methods of enhanced ergonomics in splint fabrication process.
8. State three techniques to encourage client collaboration during the splinting process.
9. Determine essential components of home education to facilitate compliance with splint wear.
10. State nine uses for small splint scraps.
11. Define five basic splinting infection control standards.

Handouts include splint patterns and designs for wrist immobilization and wrist-hand immobilization splints, references.

Resilience: A Proposed Frame of Reference in Occupational Therapy to Overcome Adversity
Nicole Quint, DR. OT, OTR/L

Resilience has been studied as an individual ability to overcome adversity. Typically linked with the concept of risk, resilience is used to determine everything from how children will perform in school, how soldiers react to war, and how individuals cope with disease. Interestingly, while these situations are quite typical scenarios of the clients served by occupational therapy (OT), resilience building strategies are not typically used with OT clients. Proposed is a theoretical frame of reference for promoting resilience in occupational therapy to promote occupational engagement and performance.

The objectives will be met through didactic and active learning activities. Didactic learning will be provided to promote knowledge acquisition of resilience as a concept, the evidence supporting resilience from research, and proposal of a resilience frame of reference for theoretical treatment guidance (including assessment and treatment). Participants will then have opportunities to perform a resilience self assessment to understand resilience strategies. Participants will engage in active learning activities including choosing appropriate assessments to use within their work environment, providing treatment strategies for chosen population, and collaborative clinical reasoning with others (working in groups). Learning Objectives:
1. Participants will define resilience and how it relates to adversity, adaptation, and occupational performance.
2. Participants will identify how the resilience frame of reference relates to resiliency model and the occupational adaptation model.
3. Participants will identify strategies to build resilience in clients through personal skill acquisition, contextual supports, and occupational adaptation.
4. Participants will learn how to utilize the resiliency frame of reference across varied treatment contexts (schools, hospitals, community programs).