

APTA Learning Center Course Offerings – Geriatrics

The following courses have been reviewed by APTA Professional Development staff and cover content specifically noted within the Geriatric Description of Specialty Practice:

LMS-189: [Biopsychosocial Implications of Treating Older Adults](#)
Published: 08/01/2010 Meredith E Drench, PT, PhD

Successful rehabilitation of older adults is enhanced if the physical therapist and physical therapist assistant understand the realities of the aging process and are aware of how their beliefs can influence the outcome. This educational session explores musculoskeletal, sensory, cognitive, neurological, vascular, metabolic, biochemical, and psychosocial changes associated with aging. Helping models, strategies to facilitate adjustment and promote quality of life, and evidence-based, person-centered approaches are incorporated. Theoretical concepts and factors that impact optimum care are recognized.

Objectives:

1. Describe changes associated with the aging process.
2. Explore how practitioner beliefs can impact therapeutic outcomes.
3. Discuss the role of physical therapy practitioners in promoting adjustment and quality of life.
4. Identify and apply strategies to enhance treatment variables, such as social support, motivation and adherence to exercise, and goal-setting and interventions.

LMS-242: [Management of Patients with Cardiovascular and/or Pulmonary Disorders](#)
Published: 01/01/2011 Steve Tepper PT, PhD

This course is designed to incorporate evidence based practice and utilization of the aforementioned coursework for the management of patients with cardiovascular and/or pulmonary disorders. Incorporation of best evidence, legal/ethical, pharmacological, imaging, medical screening, business and coding will be implemented in contemporary, professional clinical practice for persons with cardiovascular and pulmonary disorders/dysfunction. Clinical reasoning will be emphasized in the case studies.

Learning objectives:

1. Explain endurance and endurance activities. Explain oxygen consumption, the organ systems involved, and its relationship to MET's and fitness.
2. Explain ventilatory or anaerobic threshold Explain the importance the various body systems have on endurance activities and factors that affect VO₂.
3. Explain how VO₂ is affected by age, gender, body composition, hereditary factors, pathology and its effects on mortality rates.
4. Explain the implications of pathology (epidemiology, risk factors, pathophysiology, diagnostic procedures, medical treatments) leading to endurance impairments, functional limitations and disability for: Coronary artery disease myocardial ischemia, myocardial infarction Congestive heart failure Peripheral artery disease Deep venous thrombosis (DVT) and pulmonary embolism (PE) or venousthombolism (VTE) Demonstrate the ability to secure, critically evaluate and integrate clinical/scientific findings into the development of a patient plan of care for individuals with cardiovascular and pulmonary impairments/ dysfunction throughout the lifespan.
5. Through the use of the case studies demonstrate sound clinical problem solving and critical thinking skills in the safe performance of a screening and/or examination of individuals with cardiovascular and pulmonary impairment(s)/ dysfunction in order to determine patient/client diagnosis, prognosis and selection of the most appropriate intervention strategies and/or referral(s) to other health care specialists/providers.
6. Demonstrate the ability to recognize signs/symptoms of contraindication and termination points for activity or exercise. Synthesize pertinent laboratory values for appropriate modification of patient intervention. Recognize normal and abnormal EKGs.
7. Perform screening programs appropriate to physical therapy for cardiovascular and pulmonary disorders.

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8. Perform on self and review spreadsheets utilized for persons with cardiovascular and pulmonary disorders: body mass index ankle/brachial index walk velocity test six minute walk test for persons with end stage lung disease for persons with congestive heart failure One mile walk or jog test

LMS-325: [Health and Wellness for the Older Adult: Roles, Responsibilities, and Evidence](#)

Published: 07/01/2011 Matt Janes, PT, DPT, MHS, OCS, CSCS; William Rogers, MPT1

This session will provide information and clinical practice concerns to improve the overall health and wellness of older adults. The speakers will discuss the leading health indicators, societal health issues, and specific populations affected by common conditions impacting the older adult. Specific emphasis will be on the Older Americans 2010: Key Indicators of Well-Being Report, National Healthcare Quality Report, National Institute on Aging: Exercise & Physical Activity Guidelines, and Healthy People 2020. Content will cover evidence-based practice considerations for conditions commonly seen by physical therapists. Participants will gain knowledge and resources to use immediately upon returning to their communities.

Objectives:

1. Explain national governmental initiatives and resources, and discuss the relevance of declining health and wellness in America.
2. Recognize the potential role and responsibility of the physical therapy professional in the development and integration of EBP into treatment strategies and interventions for health and wellness initiatives.
3. Discuss, according to current evidence, the prevalence and impact of preventable recurrent hospitalization on functional ability and quality of life in the older adult.
4. Identify and manage individuals at high risk for a decline in overall health and wellness.
5. Evaluate current EBP regarding intervention strategies most likely to benefit the older adult in relation to commonly occurring conditions and general health concerns related to physical activity.
6. Explain how to access and use available resources to enhance patient care and service and promote health and wellness initiatives.

LMS-326: [Optimizing the Physical Therapist's Role in Aging](#)

Published: 07/01/2011 Barbara A. Tschoepe, PT PhD; Ira Gorman PT, MSPH; Mary E. Christenson PT, PhD

Health care is constantly changing, and with this change comes opportunity for physical therapists, especially for those working with older adults. Traditionally physical therapy has focused on addressing impairments and functional limitations with this patient population. This session will explore opportunities to go beyond the traditional model of physical therapy and look at primary care and prevention on the individual and community levels. The speaker will provide strategies for implementation and offer ideas for practical applications.

After completing this module, you should be able to:

1. Describe the theoretical basis for a population strategy for disease and injury prevention in older adults.
2. Develop strategies to overcome barriers to physical therapist involvement in secondary prevention activities for older adults.
3. Identify opportunities for physical therapists to serve as primary care practitioners for older adults, particularly those with chronic disabilities.
4. Explore methods of viable reimbursement options, considering upcoming health care reform.
5. Explain primary prevention concepts for physical therapist participation in community-based activities for older adults.

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6. List the potential positioning and opportunities available to physical therapists who work with older adults as health reform legislation is implemented.
7. Increase collaboration among physical therapists and other health care providers around the current health initiatives within their community.
8. Provide practical applications at both the individual and group intervention levels.

LMS-327:

[Manual Therapy for the Elderly Patient](#)

Published: 07/01/2011

Chad Cook, PT, MBA, PhD, OCS, FAAOMPT; Megan Donaldson PT, DPT, PhD, FAAOMPT

The course is designed to both beginning and experienced physical therapists with clinically relevant and, when available, evidence-supported or inspired assessment and treatment applications when treating patients who are older. The speaker will provide background information on manual physical therapy (what we know, thought we knew (myths), and what we don't know and review relevant biomechanics and neurophysiologic benefits). Attendees will learn application methods, indications, and contraindications for the use of manual therapy with patients who are older.

Objectives:

1. Review, discuss, and apply the proper indications and contraindications for manual physical therapy.
2. Synthesize the relevant literature associated with manual physical therapy with emphasis on mobilization/manipulation techniques and therapeutic exercise.
3. Integrate relevant dysfunctional biomechanical and neurophysiologic findings with appropriate manual physical therapy interventions.
4. Identify applications of manual physical therapy that are potentially appropriate for the elderly, using an impairment-based diagnostic classification to guide clinical decision making.
5. Recite and refute theories and clinical rules regarding manual physical therapy that are inappropriately advocated for current practice.

LMS-328:

[Manual Therapy for the Lumbopelvic Region](#)

Published: 07/01/2011 Christina Holladay, PT, DPT, MA, WCS, CLT-LANA, CSCS

This course is designed to provide the beginning and experienced physical therapist with clinically relevant and evidence-based assessment and treatment applications for working with women's health patients. The course is divided into four sections: 1. Background information on how manual therapy has been used to treat women's health patients. 2. Relevant biomechanics and neurophysiological benefits of manual therapy for women's health patients. 3. Contraindications and recommendations for the use of manual therapy for women's health patients, based on current evidence. 4. Application methods for the women's health patient (videos and photos of procedures and progressions, when relevant)

After completing this module, you should be able to:

1. Review patient diagnoses treated in the lumbopelvic region.
2. Discuss how manual therapy is used to treat these diagnoses.
3. Review biomechanics and neurophysiological benefits of manual therapy for the lumbopelvic region.
4. Discuss indications, recommendations and contraindications for use of manual therapy for these diagnoses.

LMS-332:

[Aging Joints](#)

Published: 07/01/2011

Cameron MacDonald, PT, DPT, GCS, OCS; Amy S. Hammerich, PT, DPT; Christian N. Little, PT, DPT, OCS

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The prevalence and incidence of many musculoskeletal disorders increases with age, making physical activity and exercise difficult. Painful inefficient joints can limit activity, which confounds the pain and precipitates more joint problems. In order to enable optimal aging, physical therapists must identify an individual's joint problems early and intervene before serious consequences result. This session will describe age-related changes in the musculoskeletal system and the disorders that accompany them, including spinal stenosis, osteoarthritis, and degenerative disc disease. The speaker will present strategies for early detection and evidence-based intervention.

Objectives:

1. Detail the age-related changes that occur in the musculoskeletal system.
2. Describe commonly encountered musculoskeletal disorders in the older adult.
3. Explain the positive effects of evidence-based interventions for musculoskeletal disorders.
4. Identify the role of the physical therapist in early detection and intervention of joint problems.

LMS-335:

[Measuring Ambulation and Mobility Outcomes in Adults](#)

Published: 08/01/2011

Teresa Steffen, PT, PhD; Wendy K. Anemaet, PT, PhD, GCS

Tests and measures are used in the older population to assess outcomes and determine risk for mobility dysfunctions. Physical therapists utilizing these tools should understand correct testing protocols, scoring procedures, and score interpretation. This session will discuss tools commonly used with adults, including the 6-Minute Walk test, gait velocity, functional gait assessment, Timed Up and Go, and the 5 timed sit-to-stand, and others that can be used in community and individual settings.

Objectives:

1. Define statistical properties of sensitivity, specificity, confidence intervals, likelihood ratios, predictive values, and minimally clinical differences.
2. Describe indications for various outcome measures in the older population.
3. Identify methods of employing the 6-Minute Walk test, gait velocity, functional gait assessment, Timed Up and Go, and the 5 timed sit-to-stand tests.
4. Interpret results of outcome measures.

LMS-345:

[Mental Health and Aging: The ART in Successful Aging](#)

Published: 9/01/2011

Keiba L. Shaw, PT, MPT, MA, EdD; Cliff Barnes,

PhD

Successful aging involves optimizing both physical and mental function. This session will detail the effects of aging on the brain and neuroplasticity, and the relationship of these to physical therapy intervention effectiveness and mental health. Aging does not necessarily mean the development of mental health difficulties. While adults over 60 constitute 12% of the general population, they account for only 6% of the caseload of community mental health centers and 2% of the caseload of mental health private practice. However, older individuals are overrepresented in inpatient mental health populations. As health care professionals managing aging Baby Boomers, we must address physical health and help identify mental health issues that may be an impediment to successful aging.

After completing this module, you should be able to:

1. Explain the differences between depression, dementia and delirium.
2. Compare and contrast select tests and measures for assessing depression and mental status in the older adult.
3. Identify barriers to exercise participation in the elderly population and strategies to overcome them.
4. Describe processes present in the CNS that represent normal modifications of cellular organization.

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5. Discuss factors influencing plasticity related to cognitive and physical activity.

LMS-391:

Published: 3/01/2012

Potter, PT, DPT, MS, NCS

[Neurologic Practice Essentials: An Outcome Measures Toolbox](#)

Karen McCulloch, PT, PhD, NCS; Jane Sullivan, PT, MS, DHS; Kirsten

This course gives you an overview of key issues that a physical therapist must consider in choosing standardized outcome measures for use in a neurologic clinical practice environment. Emphasis is on considerations of measure choice for an individual patient. Using published works from JNPT and PTJ, including articles that were developed from the Neurology Section course “Neurologic Practice Essential: A Measurement Toolbox”, this course includes (1) a reflection of current practice and barriers to outcome measure use; (2) strategies for incorporating outcome measures in clinical settings; and (3) a decision-making process for choosing appropriate measures for an individual patient with stroke. **Note:** This course is a required pre-requisite for the online case study Online: Neurology Practice Essentials: Choosing Outcome Measures for a Patient with Stroke (LMS-392). Purchase the “Neurologic Practice Essentials Toolbox Kit” and save!

After completing this module, you will be able to: Describe typical use of outcome measures in physical therapy and factors that influence therapists' use of outcome measures in practice.

1. Identify outcome measures for stroke that are commonly used by therapists who specialize in neurologic practice.
2. Apply the ICF framework to assist in determining what patient characteristics need to be measured.
3. Justify outcome measure selection to support clinical decision making based on factors including: measure type, patient and clinic constraints, psychometric properties, and feasibility.
4. Contrast 1) generic and disease-specific measures and 2) performance and self-report measures for use in neurologic clinical practice.
5. Define minimal detectable change and minimal clinically important differences, illustrating how to use these values to interpret changes in patient performance over time.
6. Describe a process to increase the use of outcome measures in a clinical setting that takes into account important barriers to and facilitators of change.

LMS-392:

Published: 03/01/2012

Potter, PT, DPT, MS, NCS

[Neurologic Practice Essentials: Choosing Outcome Measures for a Patient with Stroke](#)

Karen McCulloch, PT, PhD, NCS; Jane Sullivan, PT, MS, DHS; Kirsten Potter, PT, DPT, MS, NCS

Review the source materials and patient information to determine the most appropriate outcome measures. This case study presents the evolution of J.W., a 73-year-old man with a diagnosis of a left cerebral vascular accident. You will be provided with patient referral information, medical and surgical history, and opportunities to observe the patient in a clinical setting. You will then use these inputs to identify and ultimately select the most appropriate outcome measures (OMs). Prerequisite: APTA strongly urges you to complete the text-based course, "Neurologic Practice Essentials: An Outcome Measures Toolbox" (LMS-391), prior to accessing and completing “Neurologic Practice Essentials: Choosing Outcome Measures for a Patient with Stroke” (LMS-392). Purchase the “Neurologic Practice Essentials Toolbox Kit” and save! After completing this module, you will be able to:

1. Hypothesize about limitations and abilities in the areas of body function/structure, activity limitations, and participation restrictions based on patient referral information.
2. Identify the facility-specific issues that would impact the choice of OMs for a given practice setting.

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3. Use observation of patient movement to tailor the choice of OMs.
4. Use patient history to refine the choice of OMs.
5. Use information obtained during a systems review to refine the choice of OMs.
6. Select among outcome measures of the same construct based on clinical utility and psychometrics.

LMS-409:

[The Aging Musculoskeletal System](#)

Published: 04/01/2014

Karen Kemmis, PT, DPT, MS, CDE, CPRP, CEEAA

Focus 2011, Issue 1. The Section on Geriatrics is proud to release this new edition of our popular Focus course covering physical therapist practice in geriatrics across the practice patterns, written by a talented group of board certified specialists who are leaders in the profession. In this monograph, Dr. Karen Kemmis covers the musculoskeletal system, reviewing age-related changes as well as common orthopaedic conditions often seen in the aging population and detailing elements of the exercise prescription across the spectrum from frail to well older adults.

After completing this module, you should be able to:

1. Recognize the normal aging process of the musculoskeletal (M-S) system.
2. Discuss the relationship between the aging process of the M-S system and function.
3. Select tests and measures to examine the aging adult with M-S impairment and functional disability.
4. Describe M-S pathologies that commonly occur in aging adults.
5. Discuss physical therapy interventions used to minimize potential consequences of M-S pathologies that occur with aging.
6. Discuss physical therapy management following common M-S surgeries performed in aging adults.
7. Explain nutritional requirements for a healthy musculoskeletal system for the aging adult.
8. Summarize the impact of prescription medications on the aging M-S system.

LMS-410

[The Aging Neuromuscular System, Focus 2011, Issue 2](#)

Published: 04/02/2012 Dr. Jason Hardage and Ms. Mary Elizabeth Parker

As we consider the rapid advancement of knowledge in neuroscience and neurorehabilitation, there is cause for celebration, trepidation, and anticipation. There are many exciting discoveries to celebrate, yet translating those discoveries into widespread clinical practice is an ongoing challenge, especially within the context of an ever-changing health care system. There is also much that we do not yet know, even as we eagerly await new research that will continue to push the envelope, challenge current thinking, and shift the paradigm all over again. In this monograph, Dr. Jason Hardage and Ms. Mary Elizabeth Parker synthesize current theory, knowledge, and best practice in neurologic physical therapy and offer practical approaches to applying this information to every day clinical practice in geriatrics.

Objectives:

1. Describe age-related changes in the neuromuscular system and their clinical implications.
2. Identify and interpret general signs and symptoms of neuropathology and the implications for the affected individual.
3. Apply basic principles of exercise to the older adult with neurologic dysfunction.
4. Describe basic principles of motor learning and recovery of function and the implications for clinical practice.
5. Explain the process of screening for referral and understand related terminology as related to physical therapist practice in geriatric neurology.
6. Define terms related to clinical decision-making (including hypothesis-oriented clinical practice) and describe specific models (including the Hypothesis-Oriented Algorithm for Clinicians II and Sullivan clinical decision making algorithm for treatment or referral of patients/clients with neurologic disorders) as related to physical therapist practice in geriatric neurology.

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7. Apply the concepts of autonomous practice to the older adult with neurologic dysfunction.
8. Describe the processes of writing goals in geriatric neurology and providing appropriate progressions and explain how they are related.
9. Describe clinical applications of neuroplasticity and identify the evidence in support of specific approaches.
10. Identify issues related to the older adult with a pediatric neurologic condition.
11. Incorporate a systems approach to health promotion for older adults with neurologic conditions.
12. Apply the concepts of physical therapist practice in geriatric neurology to a case study.
13. Identify resources for further professional development.

LMS-411: [The Aging Cardiovascular System](#)

Published: 04/01/2012 Ellen Strunk, PT, MS, GCS, CEEAA

Focus 2011, Issue 3 -The Section on Geriatrics is proud to release this new edition of our popular Focus course covering physical therapist practice in geriatrics across the practice patterns, written by a talented group of board certified specialists who are leaders in the profession. In this monograph, Ms. Ellen Strunk covers the cardiovascular system, reviewing age-related changes as well as common cardiovascular conditions often seen in the aging population and detailing elements of the exercise prescription across the spectrum from frail to well older adults.

After completing this course you should be able to:

1. Discuss how normal age-related changes in the cardiovascular system relate to the functional status of the older adult.
2. Differentiate between normal and pathological changes in the cardiovascular system and the impact of exercise on these changes.
3. Apply cardiovascular physiologic concepts and terms to the evaluation of a client with cardiovascular impairment.
4. Understand the components of exercise prescription and how to apply them to the older adult.
5. Appreciate the role of medical management in cardiovascular conditions and its relationship to physical therapy interventions.
6. Evaluate physical therapy interventions for common cardiovascular problems found in the older adult population.
7. Establish and progress exercise programs specific to the cardiovascular changes occurring in the older adult population.

LMS-412: [The Aging Pulmonary System](#)

Published: 04/01/2012 John Lowman, PT, PhD, CCS

Focus 2011, Issue 4 -The Section on Geriatrics is proud to release this new edition of our popular Focus course covering physical therapist practice in geriatrics across the practice patterns, written by a talented group of board certified specialists who are leaders in the profession. In this monograph, Dr. John Lowman covers the pulmonary system, reviewing important concepts such as volumes, capacities, and other values and relating them to evidence-based management of the patient with pulmonary comorbidities.

After completing this course you should be able to:

1. Discuss how changes in the pulmonary system relate to the functional status of the older adult.
2. Compare and contrast typical age-related and pathological changes in the pulmonary system and their impact on physical performance.
3. Recognize signs and symptoms of common pulmonary disease that may warrant a referral to the primary care provider.
4. Describe the benefits and potential adverse effects of common pharmacological interventions for pulmonary diseases.

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5. Select appropriate examination and outcome tools for the assessment of the older adult with known or potential pulmonary impairments. Interpret examination findings to develop a working hypothesis and develop an appropriate prognosis and plan of care.
6. Establish, modify, and progress evidence-based interventions related to pulmonary changes that occur in older adults.

LMS-413: [The Aging Integumentary System](#)

Published: 04/02/2012 Jill Heitzman, PT, DPT, GCS, CWS, CEEAA, FACCWS

Focus 2011, Issue 5. The Section on Geriatrics is proud to release this new edition of our popular Focus course covering physical therapist practice in geriatrics across the practice patterns, written by a talented group of board certified specialists who are leaders in the profession. In this monograph, Dr. Jill Heitzman covers the integumentary system, reviewing age-related changes of the skin and the wound healing process as well as common integumentary conditions often seen in the aging population, issues related to wound management in the aging adult, and current standards of practice.

After completing this course you should be able to:

1. Discuss the effects of the aging skin on the phases of wound healing and skin function.
2. Determine how the elements of the examination affect wound management.
3. Evaluate the integumentary system according to the Guide to Physical Therapist Practice.
4. Utilize interventions for wound management that are congruent with current standards of practice.
5. Differentiate among common integumentary conditions that affect the aging population.
6. Recognize the role of pain in relation to wound management.
7. Utilize patient/client-centered techniques in the management of pain in relation to the various integumentary conditions and interventions.
8. Discuss how various wound management issues affect quality of life.
9. Properly document wound management interventions and healing.

LMS-414: [Diabetes Across the Physical Therapist Practice Patterns](#)

Published 4/2/2012 Pamela Scarborough, PT, MS, CDE, CWS, CEEAA

Focus 2011, Issue 6. The Section on Geriatrics is proud to release this new edition of our popular Focus course covering physical therapist practice in geriatrics across the practice patterns, written by a talented group of board certified specialists who are leaders in the profession. In this monograph, Dr. Pamela Scarborough highlights a disease that impacts all of the practice patterns: diabetes. Because of its prevalence and severity, diabetes has profound implications for the nation's health and the health care system, and Dr. Scarborough covers the complex interactions between diabetes and the aging process and applies this information to the physical therapist management of the older adult with diabetes.

After completing this course you should be able to:

1. Explain the incidence and prevalence of diabetes in the older adult population.
2. Recognize current diagnostic criteria for diabetes.
3. Compare and contrast normal physiology with the pathological changes related to type 2 diabetes.
4. Correlate the physiological effects of aging to the pathogenesis of hyperglycemia in older adults.
5. Identify non-pharmacologic and pharmacologic interventions for diabetes.
6. Explain the goals of diabetes interventions for older people with diabetes.
7. Recognize key components of the physical therapy assessment and examination in relation to the older adult with diabetes.
8. Compare acute and chronic complications from diabetes that may negatively impact physical therapy interventions with older adults.

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9. Differentiate the adjustments made to the physical therapy plan of care when diabetes-related complications are identified in the older adult with diabetes.

LMS-432: [Understanding Parkinson's Disease and the Growth of Physical Therapy as a Viable Treatment](#)

Published: 05/10/2012 Terry Ellis, PT, PhD, NCS; Tanya Simuni, MD

Option Module 1 - Researchers at the University of Rochester reported in the January 2007 issue of Neurology that the projected number of people living with Parkinson's disease (PD) globally will increase from 4.1 million to 8.7 million by 2030. This increase means many things for health care systems around the world, especially for physical therapists, who are seeing an increasing caseload of people living with Parkinson's. Unfortunately, there is currently little information on the disease specifically designed for physical therapists, which was the impetus behind this course. To address this need Parkinson's Disease Foundation (PDF) invited the American Parkinson Disease Association (APDA), the American Physical Therapy Association (APTA) and the Visiting Nurse Service in New York (VNSNY) to collaborate on an educational course and online webcast specifically for physical therapists interested in treating people with Parkinson's. The course was recorded during a live event held April 20, 2012, at the NYU Langone Medical Center in New York, NY. The content and management of this course are under the exclusive direction of PDF, APDA, APTA, and VNSNY and are made possible by support from Kenneth M. and Susan Granat Weil in memory of John and Joan Haine, the Edmond J. Safra Foundation, and the American Physical Therapy Association and with in-kind support from Rusk Rehabilitation at NYU Langone Medical Center.

After completing this course you should be able to:

Talk 1-Evolution of Physical Therapy in Parkinson's Disease: Where Are We Now?

1. Compare the current level of evidence supporting the benefits of physical therapy intervention for persons with Parkinson's to the evidence available one to two decades ago.
2. Summarize the recommendations for physical therapy practice based on the evidence to date.
3. Justify the benefits of physical therapy intervention to persons with Parkinson's, other health care providers and to third party payers based on the evidence from the literature.

Talk 2-Parkinson's Disease: Review of the Diagnosis and Treatment Options?

4. Describe diagnostic criteria for Parkinson's.
5. Distinguish between idiopathic Parkinson's and atypical Parkinsonism.
6. Describe spectrum of Parkinson's treatment. Recognize common treatment related side effects.
7. Explain indications for surgical intervention in Parkinson's.

LMS-433: [Understanding the Impact of Exercise on the Brain and Choosing Outcome Measures to Capture Change Following Exercise](#)

Published: 5/10/2012 Heather Cianci, PT, MS, GCS; Terry Ellis, PT, PhD, NCS

Module 2 Researchers at the University of Rochester reported in the January 2007 issue of Neurology that the projected number of people living with Parkinson's disease (PD) globally will increase from 4.1 million to 8.7 million by 2030. This increase means many things for health care systems around the world, especially for physical therapists, who are seeing an increasing caseload of people living with Parkinson's. Unfortunately, there is currently little information on the disease specifically designed for physical therapists, which was the impetus behind this course. To address this need Parkinson's Disease Foundation (PDF) invited the American Parkinson Disease Association (APDA), the American Physical Therapy Association (APTA) and the Visiting Nurse Service in New York (VNSNY) to collaborate on an educational course and online webcast specifically for physical therapists interested in treating people with Parkinson's. The course was recorded during the live event held April 20, 2012 at the NYU Langone Medical Center in New York, NY. The content and management of this course are under the exclusive direction of PDF, APDA, APTA, and VNSNY and are made possible by support from Kenneth M. and

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Susan Granat Weil in memory of John and Joan Haine, the Edmond J. Safra Foundation, and the American Physical Therapy Association and with in-kind support from Rusk Rehabilitation at NYU Langone Medical Center.

After completing this course you should be able to:

Talk 1-Implications for Physical Therapy in Parkinson's: Tying Together Symptoms and Rehabilitation.

1. Identify at least three common symptoms of Parkinson's that physical therapy can help to manage.
2. Accurately perform intake histories to establish appropriate plans of care. Modify treatment sessions according to fluctuating Parkinson's symptoms.
3. Address how non-motor symptoms can affect plans of care.

Talk 2-Standardized Outcome Measures: Which to Choose?

4. Appraise the responsiveness of commonly used outcome measures for examining persons with Parkinson's disease based on disease stage and clinical presentation.
5. Identify which outcome measures to implement in the examination of persons with Parkinson's disease considering disease stage and clinical presentation.
6. Categorize outcome measures according to the International Classification of Functioning, Disability and Health

LMS-434: [Evidence-Based Physical Therapy Intervention for Persons with Parkinson's Disease](#)

Published: 05/10/2012 Becky Farley, PT, PhD, MS; Jay Alberts, PhD; Heather Cianci, PT, MS, GCS

Module 3 -Researchers at the University of Rochester reported in the January 2007 issue of Neurology that the projected number of people living with Parkinson's disease (PD) globally will increase from 4.1 million to 8.7 million by 2030. This increase means many things for health care systems around the world, especially for physical therapists, who are seeing an increasing caseload of people living with Parkinson's. Unfortunately, there is currently little information on the disease specifically designed for physical therapists, which was the impetus behind this course. To address this need Parkinson's Disease Foundation (PDF) invited the American Parkinson Disease Association (APDA), the American Physical Therapy Association (APTA) and the Visiting Nurse Service in New York (VNSNY) to collaborate on an educational course and online webcast specifically for physical therapists interested in treating people with Parkinson's. The course was recorded during the live event held April 20, 2012 at the NYU Langone Medical Center in New York, NY. PDF, APDA, APTA, and VNSNY believe that offering educational opportunities to physical therapists - to help them better evaluate and treat Parkinson's disease - will help ensure better care for people living with the disease. The content and management of this course are under the exclusive direction of PDF, APDA, APTA, and VNSNY and are made possible by support from Kenneth M. and Susan Granat Weil in memory of John and Joan Haine, the Edmond J. Safra Foundation, and the American Physical Therapy Association and with in-kind support from Rusk Rehabilitation at NYU Langone Medical Center.

After completing this course you should be able to:

Talk 1-Exercise and Brain Change in Parkinson's Disease: Implications for Patient Management Across the Disease Continuum

1. Summarize recent advances in both basic and clinical neuroscience that suggest exercise may promote brain health, repair and adaptive capacity in people with Parkinson disease.
2. Identify the take-home messages from these studies and how they may impact your plan of care across the disease continuum.
3. Recognize implications of these data on healthcare paradigms and solutions to removing barriers to their implementation.

Talk 2-Physical Therapy Examination and Treatment across the Continuum of Care: What Have We Learned from High Intensity Exercise and Forced Exercise Studies

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4. Identify the difference between two modes of exercise: forced-exercise and voluntary exercise.
5. Develop appropriate, safe, yet relatively intense aerobic exercise treatment approaches for people with Parkinson's.
6. Critically evaluate the potential role of aerobic exercise in the progression of Parkinson's motor and non-motor symptoms.

Talk 3-Therapeutic Exercise Approaches

7. Establish appropriate therapeutic exercise programs based on patients' needs.
8. Develop appropriate group exercise programs.
9. Develop exercise programs using props and equipment.
10. Identify which exercises are most appropriate for the particular needs of individuals with PD.

LMS-435: [Maximizing Patient Outcomes For Patients with Parkinson's: Exploring Options and Creating Connections between Patient, Family, Health Care, & Community](#)

Published: 05/01/2012 Maria Walde-Douglas, PT; Lee Dibble, PT, PhD, ATC; Rosemary Wichmann, PT

Module 4. Researchers at the University of Rochester reported in the January 2007 issue of Neurology that the projected number of people living with Parkinson's disease (PD) globally will increase from 4.1 million to 8.7 million by 2030. This increase means many things for health care systems around the world, especially for physical therapists, who are seeing an increasing caseload of people living with Parkinson's. Unfortunately, there is currently little information on the disease specifically designed for physical therapists, which was the impetus behind this course. To address this need Parkinson's Disease Foundation (PDF) invited the American Parkinson Disease Association (APDA), the American Physical Therapy Association (APTA) and the Visiting Nurse Service in New York (VNSNY) to collaborate on an educational course and online webcast specifically for physical therapists interested in treating people with Parkinson's. The course was recorded during the live event held April 20, 2012 at the NYU Langone Medical Center in New York, NY. PDF, APDA, APTA, and VNSNY believe that offering educational opportunities to physical therapists - to help them better evaluate and treat Parkinson's disease - will help ensure better care for people living with the disease. The content and management of this course are under the exclusive direction of PDF, APDA, APTA, and VNSNY and are made possible by support from Kenneth M. and Susan Granat Weil in memory of John and Joan Haine, the Edmond J. Safra Foundation, and the American Physical Therapy Association and with in-kind support from Rusk Rehabilitation at NYU Langone Medical Center.

After completing this course you should be able to:

Talk 1-Gait/Balance Deficits and Transfer Difficulties in Parkinson's: Cues to Facilitate Movement

1. Describe specific cueing strategies relating to various gait deficits in Parkinson's
2. Design treatment strategies to improve transfers Identify strategies to deal with retropulsion

Talk 2-Balance and Falls: Effective Interventions and Assistive Devices

3. Identify the sensory and motor consequences of Parkinson's and aging that increase postural instability and falls.
4. Recognize and examine alterations in postural responses, gait, and blood pressure.
5. Describe fall risk reduction treatments targeted at sensory input and motor output.

Talk 3-The Interdisciplinary Team in the Management of Parkinson's

6. Review roles of other professionals on the interdisciplinary Parkinson's care team.
7. Identify opportunities for team collaboration on Parkinson's-specific problems and treatment goals.
8. Describe common challenges in ongoing team development and communication.

Talk 4-Physical Therapy Management of People with Parkinson's in Today's Healthcare Environment

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9. Describe similarities and differences in physical therapy treatment, documentation and reimbursement when working with people with Parkinson's in a variety of care settings.
10. Identify opportunities for family care partner involvement in physical therapy treatment.
11. Discuss "lessons learned"; from experienced movement disorder therapists.

Talk 5-Community Resources for Physical Therapists and People with Parkinson's Disease

12. Identify potential community programs beneficial to people with PD following discharge from 1:1 PT treatment.
13. List various exercise and resource materials available to those with Parkinson's.
14. Recognize the role of physical therapists in professional and community education about Parkinson's.

LMS-449: [Diabetes and Metabolic Syndrome: How Evolution Can Guide Practice](#)

Published: 12/3/2012 Lisa Stehno-Bittel, PhD, PT

The progression of many metabolic disorders such as diabetes can be impacted by physical activity and exercise. Research indicates that the most beneficial types of exercise are not those that are typically prescribed. The presentation will examine the signaling pathways in the body that have evolved to promote health and how current behaviors impede those pathways.

The goal of the presentation is to assist in designing beneficial and realistic exercise programs for people with metabolic disorders and review the evidence supporting the prescription of beneficial and realistic exercise programs to promote health and function in people with metabolic disorders, including diabetes.

After completing this module, you should be able to:

1. Describe the normal and deviant endocrine functions of fat cells.
2. Determine how exercise can reverse some deviant signaling perpetrated by excess fat.
3. Explain how the cultural evolution plays a role in the current obesity epidemic.
4. Design exercise protocols for elderly based on the evolution of activity.

LMS-450: [Easy to Explain but Hard to Solve: Factors Affecting Adherence to Exercise in Older Adults](#)

Published: 12/01/2010 Barbara Ainsworth, PhD, MPH

From the Exercise and Physical Activity in Aging Conference (ExPAAC): Blending Research and Practice.

Using a socioecological model, this presentation will provide an overview of the prevalence of physical activity in adults from mid-life into older adulthood and review factors associated with physical activity participation and adherence. The presentation will set the stage for subsequent talks that deal with specific topics.

After completing this module, you should be able to:

1. Identify factors affecting adherence to exercise in older adults.
2. Evaluate factors affecting adherence to exercise in older adults that are modifiable and not modifiable.
3. Determine ways to negotiate factors affecting adherence to exercise in older adults.

LMS-508: [Interpreting Statistical Significance and Clinical Relevance: Application to the Older Adult](#)

Published: 06/01/2010 Susan L. Wenker, PT, MS, GCS; Mary E. Sesto, PT, PhD

The profession of physical therapy, like health care in general, has adopted evidence-based practice, and while there has been an explosion of research in the health sciences, interpreting current literature can be

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difficult for the clinician. In this monograph, Dr Mary Sesto and Ms Susan Wenker provide helpful information on interpreting not only statistical significance, but also clinical relevance, enabling clinicians to evaluate the impact of current literature and apply it to their everyday clinical practice.

Upon completion of this course, the course participant will be able to:

1. Understand current principles and definitions of statistical significance and clinical relevance.
2. Describe and differentiate between statistical significance and clinical relevance.
3. Use an evidence-based approach to evaluate and incorporate statistical significance and clinical relevance into clinical decision making.
4. Apply statistically significant and clinically relevant results to interventions for the older adult through the use of case studies.

LMS-510: [The Differential Diagnosis of Dizziness in the Older Adult](#)

Published: 07/01/2010 Jim Megna, PT, MS, NCS

Many older adults present with dizziness, yet this common symptom can have a wide variety of underlying causes. In this monograph, Mr Jim Megna draws upon his extensive experience in vestibular rehabilitation to provide a practical overview of the differential diagnosis of dizziness for clinicians who specialize in geriatric physical therapy. This information will enhance clinicians' ability to improve the functional status and quality of life of the older adult.

Upon completion of this course, the course participant will be able to:

1. Understand the prevalence and functional impact of dizziness in older adults.
2. Differentiate among the four classifications of dizziness.
3. Understand the diagnostic tests involved in the determination of the etiology of dizziness and the criteria for specialty consultation.
4. Apply the knowledge of underlying pathophysiology to the examination and evaluation of patients with dizziness.
5. Appreciate the role of medical interventions in the management of patients with dizziness.
6. Comprehend basic physical therapy examination techniques for the patient with dizziness.
7. Understand the basic components of an exercise program to address underlying impairments of the balance system.

LMS-511: [Incontinence: Implications for the Physical Therapist](#)

Published: 06/01/2010 Christine Childers, PT, MS, GCS

Incontinence is a common problem that affects multiple domains, including not only functional status but also social participation, and results in significant disability for many people. In this monograph, Ms Christine Childers informs clinicians of the full scope of the problem and the implications for the physical therapist, including treatment options. This information is vital for the generalist in geriatric physical therapy, as incontinence represents an issue that can and should be addressed.

Upon completion of this course, the course participant will be able to:

1. Describe the financial and social impact of urinary incontinence (UI).
2. Describe and differentiate between the types of UI.
3. Describe the anatomy and physiology of the pelvic floor as related to incontinence.
4. Explain the effects of aging on the pelvic floor and the resulting potential for incontinence.
5. Compare the different medical and rehabilitation approaches to managing the various types of incontinence.
6. Explain fecal incontinence and male incontinence and the role that the physical therapist can play in both types.
7. Identify ethnic and cultural variations related to incontinence and their impact on the social and therapeutic intervention.

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8. Analyze the role of the physical therapist in the long-term care setting with respect to incontinence.
9. Identify the potential impact of the baby boomer generation on attitudes toward incontinence.

LMS-512: [Motor Learning, 2nd Ed](#)

Published: 06/01/2010 Patricia S. Pohl, PT, PhD

In clinical practice, teaching motor skills is an integral part of physical therapy interventions. These skills might be new, such as teaching an individual to transfer using a sliding board or teaching a client's family member how to bring a wheelchair down a curb. Familiar skills might be taught to individuals in a novel personal or environmental context. A person with hemiplegia poststroke needs to learn to walk with a new asymmetry in strength. A client with an ankle-foot orthosis set to lock the ankle at neutral must learn how to stand. In these cases, as in countless others, the physical therapist's role is to facilitate the learning of motor skills. We can help our patients and clients by incorporating the principles of motor learning into our interventions. In this course you will be introduced to many of the basic issues in motor learning, including the definition of motor learning, the distinction between performance and learning, and the stages of motor learning.

Upon completion of this course, the course participant will be able to:

1. Distinguish between measures of performance and measures of learning.
2. Differentiate between declarative and procedural learning.
3. Describe how different schedules of practice and feedback can influence learning.
4. Design an intervention incorporating basic principles of motor learning.

LMS-513: [Current Concepts in Rehabilitation of Individuals With Parkinson Disease](#)

Published: 12/01/2010 Margaret Schenkman, PT, PhD, FAPTA

Parkinson disease (PD) is one of the most common progressive neurological disorders. This course presents you with current concepts in physical therapy management of individuals at different stages of PD. The content is divided into 4 major sections. First is an overview of PD, including general characteristics, etiology, diagnosis, prognosis, and medical management. The next section summarizes the pathophysiology of PD, which is important for understanding medical management and approaches to physical intervention. The third section review evidence for intervention and presents a systematic and patient-centered approach to patient/client management. The final section provides practical suggestions for applying evidence and reasoning at each step in the plan of care.

Upon completion of this course, the course participant will be able to:

1. Describe the characteristics of a patient with PD, including motor and non-motor symptoms.
2. Explain the impacts of PD on individual patients and on society.
3. Identify criteria used to diagnose PD.
4. Explain the role of the basal ganglia in movement and in PD, and the role of areas beyond the basal ganglia in PD.
5. Describe medical and surgical interventions for managing PD, including common drugs used.
6. Outline the considerations for applying physical interventions used with patients who have PD.
7. Explain the differences among prevention, remediation, and compensation intervention strategies.
8. Apply evidence and sound reasoning to your clinical decision making at each step of patient management, based on whether the patient is in early, middle, or late stages of PD.

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LMS-514: [Current Concepts in the Management of Individuals With Vestibular Dysfunction, 2nd Ed](#)

Published: 04/01/2011 Karen McCulloch, PT, PhD, NCS

The vestibular system provides the central nervous system with information about position and movement of the head, stabilizes gaze, stabilizes the head on the body, and contributes to the generation of coordinated postural reactions to control the center of mass. Vestibular dysfunction can alter any or all of these functions. Vestibular rehabilitation is an exercise approach to reduce the symptoms of dizziness and disequilibrium by promoting central nervous system compensation for individuals with vestibular dysfunction. This course reviews vestibular system anatomy and physiology, describes disorders of the vestibular system and the physical therapy management of patients with vestibular dysfunction, and reviews studies on the expected outcomes following vestibular rehabilitation.

After completing this course, you should be able to:

1. Describe the relationship between basic anatomy and physiology of the vestibular system, and mechanisms responsible for specific vestibular disorders.
2. Identify components of the clinical exam of the patient with vestibular dysfunction.
3. Recognize the importance of obtaining an accurate patient history.
4. Relate patterns of symptom occurrence to vestibular pathology.
5. Identify tests and measures used in the examination of a patient with vestibular pathology.
6. Apply examination findings to establish a diagnosis (prognosis) and plan of care.
7. Determine appropriate interventions for individuals with vestibular pathology of peripheral or central origin.

LMS-515: [Maximizing Bone Health: Evidenced-Based Assessment and Treatment](#)

Published: 05/01/2011 Kenneth Lawrence Miller, PT, DPT

Osteoporosis is a major public health threat for an estimated 44 million Americans, or 55 percent of the people 50 years of age and older. In the U.S. today, 10 million individuals are estimated to already have the disease and almost 34 million more are estimated to have low bone mass, placing them at increased risk for osteoporosis. Approximately one in two women and one in four men over age 50 will have an osteoporosis related fracture in their remaining lifetime. The purpose of this course is to describe bone biology, provide osteoporosis screening tools that are inexpensive and readily available to the physical therapist in the home environment and incorporate bone physiology into an appropriate, individualized, exercise prescription to improve bone density.

After completing this module, you should be able to:

1. Define the physiology of bone tissue relating to bone health (osteogenesis), hormonal control and the influence of Wolff's Law.
2. Describe diagnostic testing, i.e.: bone density testing (DXA scan) and lab testing.
3. Identify and understand medications and supplements used to treat low bone mass.
4. Identify risk factors for osteoporosis/osteopenia.
5. Define and implement screening tests for osteoporosis and vertebral compression fracture.
6. Incorporate the pathophysiology of low bone mass into evidenced-based practice (including postural correction, balance training, weight-bearing and resistive exercise, and patient education) to reduce fracture risk, improve bone mineral density and maximize quality of life.

LMS-516: [Reshaping Practice with Current Evidence on Motor Control of Patients with Stroke](#)

Published: 05/01/2011 Stephen John Carp, PT, PhD, GCS; Julius P Dewald, PT, PhD; Joyce Fung, PT, PhD; Emily Ann Keshner, PT, EdD; Robert Sainburg, OT, PhD

Current research on motor control in patients with stroke, and interpretation of the application and impact of these research findings on clinical practice will be presented by leading clinical researchers. Jules Dewald, PT, PhD will discuss the development of a robotic intervention for improving motor function in

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patients with stroke. Joyce Fung, PT, PhD will discuss her research on dual tasking and executive-cognitive functions during locomotion in patients post stroke. Emily Keshner, PT, EdD will discuss her findings about the role of visual field disturbances on the postural state and orientation in space and how that alters postural control in patients with stroke. Robert Sainburg, OT, PhD will present work examining the role of motor lateralization of the upper extremities on ipsilesional coordination deficits during reaching movements in stroke patients. Stephen Carp, PT, PhD, GCS will serve as a discussant following each presentation to highlight the clinical impact of the findings and encourage questions from the participants. Each speaker will address the clinical relevance and future directions for their work. Principal goals of this session are to familiarize participants with current research questions in motor control, identify overlapping conclusions that produce generalizable principles, and present suggestions about applying contemporary knowledge to clinical practice.

After completing this module, you should be able to:

1. Discuss current research and describe how the results can be applied to treatments of postural control in patients with stroke.
2. Discuss current research and describe how the results can be applied to treatments for upper extremity control in patients with stroke.
3. Discuss current research and describe how the results can be applied to treatments for control of locomotion of patients with stroke.
4. Discuss the current research and describe how the results support task-specific treatment for patients with stroke.

LMS-524: [Basic EKG Interpretation](#)

Published: 06/01/2013 Steven H Tepper, PT, PhD

This course is designed to acquaint the physical therapist and physical therapist assistant with basic knowledge regarding monitoring of heart rate, rhythm and common dysrhythmias utilizing an electrocardiogram (EKG). EKG alterations during myocardial ischemia and infarction will be covered. Differentiation of the EKG alterations and dysrhythmias will be categorized into non-threatening, potentially dangerous or life-threatening events. Correlation to hemodynamic changes e.g. pulse palpation, arterial line, Swan-Ganz catheter and heart sounds will also be covered. EKG's will be presented relevant to various patient populations.

After you complete this course, you should be able to:

1. Interpret the heart rate and rhythm for the various EKG strips given.
2. Discriminate between non-threatening, potentially dangerous or life-threatening events as revealed by an EKG.
3. Interpret common signs/symptoms of hemodynamic instability related to dysrhythmias.
4. List three (3) common mechanisms by which dysrhythmias arise.
5. Draw or recognize these basic arrhythmias, know which ones are more hazardous and what to do as the PT or PTA.
 - a. bradycardia
 - b. tachycardia
 - c. atrial and ventricular flutter
 - d. atrial and ventricular fibrillation
 - e. 1st, 2nd, and 3rd degree conduction
 - f. blockspre-atrial contraction - PAC
 - g. pre-nodal or junctional contraction-PNC
 - h. pre-ventricular contraction- PVC
 - i. bigeminy, trigeminy, quadrigeminy
 - j. escape beats-atrial, nodal and ventricular
6. Determine the amount of ST depression and know its significance
7. Explain how dysrhythmias may affect aerobic capacity

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LMS-582: [Principles and Practices of Geriatric Rehabilitation: Setting the Stage in Aging](#)

Published: 04/01/2014 Jennifer M. Bottomley, PT, MS, PhD

PTA Focus 2012, Issue 1 FOCUS 2012 provides a 6-part series of monographs for the physical therapist assistant. We are fortunate to welcome Dr. Jennifer Bottomley as the author for this series. Dr. Bottomley is a past president of the Section on Geriatrics of the APTA. She understands intimately the needs of older adults through her many volunteer ventures and her tireless advocacy on behalf of physical therapists working with older adults. The Section on Geriatrics invited Dr. Bottomley to author this series due to her interest in physical therapist assistants. She recently published a book, Geriatric Rehabilitation: A Textbook for the Physical Therapist Assistant.

Objectives:

1. Integrate the role of the physical therapist assistant into physical therapy treatment for older adults.
2. Identify and explain age-related changes.
3. Develop intervention strategies for the aging adult that reflect age and pathology from a multisystem, medically complex approach.
4. Explain the characteristics and functional markers of frailty.
5. Create exercise programs that reflect appropriate modification for the aging and frail adult.

LMS-583: [Musculoskeletal System: Age-Related Changes And Common Problems: Physical Therapy Management for the Assistant](#)

Published: 04/01/2014 Jennifer M. Bottomley, PT, MS, PhD, Karen Kemmis, PT, DPT, MS, CDE, CPRP, CEEAA

PTA Focus 2012, Issue 2 FOCUS 2012 provides a 6-part series of monographs for the physical therapist assistant. We are fortunate to welcome Dr. Jennifer Bottomley as the author for this series. Dr. Bottomley is a past president of the Section on Geriatrics of the APTA. She understands intimately the needs of older adults through her many volunteer ventures and her tireless advocacy on behalf of physical therapists working with older adults. The Section on Geriatrics invited Dr. Bottomley to author this series due to her interest in physical therapist assistants. She recently published a book through, Geriatric Rehabilitation: A Textbook for the Physical Therapist Assistant.

Objectives:

1. Identify and explain age-related changes to the musculoskeletal system.
2. Develop intervention strategies for the aging adult that reflect age- and pathology-related changes in the musculoskeletal system.
3. Explain the characteristics and functional markers of frailty.
4. Utilize exercise programs that reflect appropriate modification for the aging and frail adult.
5. Understand the measures and tests used to evaluate the older adult with musculoskeletal impairment and functional problems.
6. Discuss physical therapy management of musculoskeletal pathologies and following surgeries performed in aging adults.
7. Identify concepts of bone health and disease to be incorporated into treatment delivery including the importance of good nutrition and hydration.
8. Develop education for patient/clients/and others regarding age-related changes of the musculoskeletal system.

LMS-584: [Neuromuscular System Lesions and the Older Adult](#)

Published: 04/01/2014 Jason Hardage, PT, DPT, DScPT, GCS, NCS, CEEAA; Mary Elizabeth Parker, PT, PhD, NCS, PCS

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PTA Focus 2012, Issue 3 FOCUS 2012 provides a 6-part series of monographs for the physical therapist assistant. We are fortunate to welcome Jennifer Bottomley, PT, MS, PhD, as the author for this series. Bottomley is a past president of the APTA Section on Geriatrics. She understands intimately the needs of older adults through her many volunteer ventures and her tireless advocacy on behalf of physical therapists working with older adults. The Section on Geriatrics invited Bottomley to author this series due to her interest in physical therapist assistants. She recently published a book, *Geriatric Rehabilitation: A Textbook for the Physical Therapist Assistant*. I am sure you will find this series educational and directly applicable to your practice.

Objectives:

1. Identify and explain age-related changes in the aging neuromuscular system.
2. Develop intervention strategies for the aging adult that reflect age- and pathology-related changes in the neuromuscular system.
3. Discuss the effects of age- and pathology-related changes in motor learning and motor control and potential outcomes.
4. Demonstrate effective communication strategies to optimize cognitive capacity.
5. Employ treatment interventions to leverage residual capabilities in neuromuscular disease patients with cognitive impairment.
6. Demonstrate an understanding of each neuromuscular disease process, medical and pharmacological management, and evidence-based physical therapy interventions for patients with neuromuscular disease.
7. Describe physical therapy treatment interventions most appropriate for patients with neurologic dysfunction.
8. Develop education for patients/clients/and others that incorporate age-related changes of the neurologic system.

LMS-585:

[Cardiovascular & Cardiopulmonary Systems: Age-related Changes and Common Problems](#)

Published: 04/01/2014

Jennifer M. Bottomley, PT, MS, PhD, John Lowman, PT, PhD, CCS, Ellen Strunk, PT, MS, GCS, CEEAA

PTA Focus 2012, Issue 4 FOCUS 2012 provides a 6-part series of monographs for the physical therapist assistant. We are fortunate to welcome Jennifer Bottomley, PT, MS, PhD, as the author for this series. Bottomley is a past president of the APTA Section on Geriatrics. She understands intimately the needs of older adults through her many volunteer ventures and her tireless advocacy on behalf of physical therapists working with older adults. The Section on Geriatrics invited Bottomley to author this series due to her interest in physical therapist assistants. She recently published a book, *Geriatric Rehabilitation: A Textbook for the Physical Therapist Assistant*. We are sure you will find this series educational and directly applicable to your practice.

Objectives:

1. Identify and explain age-related changes in the cardiovascular system.
2. Select intervention strategies for the aging adult that reflect age- and pathology-related changes in the cardiovascular system.
3. Recognize age- and pathology-related changes to activity and exercise tolerance.
4. Design intervention based on results of medical and physical therapy tests and measures of the cardiovascular system.
5. Develop education for patients/clients/and others regarding age-related changes of the cardiovascular system.
6. Identify and explain age-related changes in the pulmonary system.

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7. Select intervention strategies for the aging adult that reflect age-related changes and pathology of the pulmonary system.
8. Recognize age-related changes to activity and exercise tolerance.
9. Design intervention based on results of medical and physical therapy tests and measures of the pulmonary system.
10. Develop education for patients/clients/and others regarding age-related changes of the pulmonary system.

LMS-586: [Integumentary System: Age-related Changes and Wounds PTA Focus 2012, Issue 5](#)

Published: 04/01/2014 Jennifer M. Bottomley, PT, MS, PhD, Jill Heitzman, PT, DPT, GCS, CWS, CEEAA, FACCWS

FOCUS 2012 provides a 6-part series of monographs for the physical therapist assistant. We are fortunate to welcome Jennifer Bottomley, PT, MS, PhD, as the author for this series. Bottomley is a past president of the APTA Section on Geriatrics. She understands intimately the needs of older adults through her many volunteer ventures and her tireless advocacy on behalf of physical therapists working with older adults. The Section on Geriatrics invited Bottomley to author this series due to her interest in physical therapist assistants. She recently published a book, Geriatric Rehabilitation: A Textbook for the Physical Therapist Assistant. We are sure you will find this series educational and directly applicable to your practice.

After completing this module, you should be able to:

1. Identify and explain age related changes in the integumentary system.
2. Discuss internal and external factors that affect tissue healing.
3. Recognize signs of delayed tissue healing. Select preventative strategies to reduce the risk for skin breakdown.
4. Choose intervention strategies that promote tissue healing and protect damaged tissues.
5. Develop education for patients/clients/and others regarding age-related changes of the integumentary system and risk management strategies.

LMS-587: [Diabetes and the Endocrine System: Age-related Changes and Common](#)

Published: 04/01/2014 Jennifer M. Bottomley, PT, MS, PhD, Pamela Scarborough, PT, MS, CDE, CWS, CEEAA

PTA Focus 2012, Issue 6 FOCUS 2012 provides a 6-part series of monographs for the physical therapist assistant. We are fortunate to welcome Jennifer Bottomley, PT, MS, PhD, as the author for this series. Bottomley is a past president of the APTA Section on Geriatrics. She understands intimately the needs of older adults through her many volunteer ventures and her tireless advocacy on behalf of physical therapists working with older adults. The Section on Geriatrics invited Bottomley to author this series due to her interest in physical therapist assistants. She recently published a book, Geriatric Rehabilitation: A Textbook for the Physical Therapist Assistant. We are sure you will find this series educational and directly applicable to your practice.

Objectives:

1. Identify and explain age-related changes in the endocrine and metabolic systems specific to diabetes.
2. Correlate the physiological effects of aging to the pathogenesis of hyperglycemia in adults.
3. Understand intervention strategies for the aging adult that reflect age-related changes and pathology of the endocrine and metabolic systems.

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4. Recognize changes in activity and exercise tolerance levels in older adults with diabetes.
5. Recognize education needed for patients/clients/and others regarding age-related changes of the endocrine and metabolic systems.
6. Compare acute and chronic complications from diabetes that may negatively impact therapy interventions with older adults.

LMS-735: [Pharmacology in Rehabilitation: Basic Principles](#)

Published: 1/20/2016 Charles D. Ciccone, PT, PhD, FAPTA

This content area addresses basic pharmacology concepts including drug nomenclature and how the Food and Drug Administration (FDA) regulates and approves drugs in the USA. Implications of FDA guidelines for rehabilitation specialists will also be discussed. Pharmacokinetic concepts will then be addressed, including methods of drug administration, absorption, distribution, storage, and elimination. This content area concludes with a discussion of how specific factors can alter pharmacokinetic variables, and how altered drug disposition can have an impact on patients receiving physical rehabilitation.

Upon successful completion of this content area, the therapist will:

1. Differentiate between a drug's chemical, generic, and trade names, and describe how and why each name is created and used clinically.
2. List the primary steps involved in FDA drug testing and approval.
3. Relate how drug approval can impact on patients receiving physical rehabilitation.
4. Describe primary pharmacokinetic principles, and judge how drug effects can be influenced by their administration, absorption, distribution, storage, and metabolism in the human body.
5. List specific factors that can alter normal drug kinetics.
6. Describe the primary ways that pharmacokinetic principles can impact on patients receiving physical rehabilitation.

LMS-736: [Pharmacology In Rehabilitation: Cardiovascular and Pulmonary Medications](#)

Published: 1/20/2016 Charles D. Ciccone, PT, PhD, FAPTA

This content area addresses drugs that affect the cardiovascular and pulmonary systems. Cardiovascular medications are grouped according to their primary mechanism of action, and will include the diuretics, beta blockers, vasodilators, ACE inhibitors, calcium channel blockers, nitrates, and digitalis glycosides. Drugs used to control coagulation disorders will then be addressed, followed by the pharmacologic management of hyperlipidemias. This course then discusses pulmonary medications, such as drugs used to control respiratory irritation and secretions (antitussives, decongestants, mucolytics, expectorants, antihistamines), drugs that promote bronchodilation (beta agonists, xanthines, anticholinergics), and drugs that decrease airway inflammation (glucocorticoids, cromones, leukotriene modifiers). This content area concludes with a survey of endocrine pharmacology, focusing on drug management of diabetes mellitus, androgens, female hormones, and thyroid disorders.

Upon successful completion of this content area, the therapist will:

1. Differentiate between the various types of cardiovascular drug categories, and summarize how each category can facilitate improvements in cardiovascular function.
2. List the primary side effects of cardiovascular drug categories, and relate how these side effects can influence the patient's response to physical rehabilitation.
3. Describe how anticoagulant, antithrombotic, and thrombolytic medications affect blood coagulation, and how each type of drug is used clinically.
4. Summarize how various drugs that affect blood coagulation can exert positive and negative effects on patients undergoing rehabilitation procedures.

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5. Understand how medications can improve plasma lipid profiles, and reduce the harmful effects of high cholesterol, high triglycerides, and other lipid disorders.
6. Describe how specific types of pulmonary medications exert positive effects on respiratory function, and how these effects reduce functional limitations and disability.
7. Compare and contrast the medications used to treat type 1 versus type 2 diabetes mellitus.
8. Understand how pharmacologic management can improve glycemic control and decrease acute and chronic sequelae to diabetes mellitus.
9. List the clinical indications for male hormones (androgens), and also relate why these drugs are sometimes used illicitly to affect body composition and athletic performance.
10. Identify the two primary types of female hormones (estrogens, progestins), and relate how these hormones affect reproductive function, cardiovascular health, and other physiological systems in women.
11. Describe how medications can be used to treat thyroid disorders, and how resolution of hyper- and hypothyroidism can improve health and well-being in patients receiving physical rehabilitation.

LMS-737:

Published: 1/20/2016

[Pharmacology in Rehabilitation: Geriatric Pharmacology](#)

Charles D. Ciccone, PT, PhD, FAPTA

This content area addresses geriatric pharmacology, and focuses on specific groups of medications that are administered commonly to older adults. Issues relevant to geriatric pharmacology will be discussed first, with particular emphasis on why drug effects and adverse reactions are often different in older patients compared to younger individuals. This content area concludes with a survey of cancer chemotherapy.

Upon successful completion of this content area, the therapist will:

1. Describe the pattern of geriatric prescribing, and explain why older adults often take more medications than a younger patient cohort.
2. Define polypharmacy, rationalize why this phenomenon is more common in older adults, and describe the adverse consequences that can result from polypharmacy in an older population.
3. Explain why pharmacokinetic variables such as drug absorption, distribution, metabolism, and excretion often change during aging, and how these changes can affect drug responses of patients undergoing physical rehabilitation.
4. Appreciate why older adults are more prone to adverse drug reactions, and what steps clinicians can take to minimize these reactions in older patients.
5. List the primary drug categories used to treat cancer, and explain how each category attempts to limit abnormal cell division in cancerous conditions.
6. Appreciate why patients undergoing cancer chemotherapy often experience severe side effects from these medications
7. Describe innovative drug strategies that have been used to treat cancer with fewer side effects, and hypothesize how future drug strategies might provide safer and more effective cancer treatments.

LMSK-0014

Published: 01/26/2016

[Medical Imaging in Rehabilitation](#)

Lynn McKinnis PT, OCS

The purpose of this medical imaging course is to provide the physical therapy clinical doctoral learner with the tools needed to interpret and apply specialized medical imaging information to the rehabilitation patient. Musculoskeletal imaging is emphasized. This course strengthens physical therapist clinical expertise in comprehensive patient evaluation, diagnosis, treatment planning, and physician interaction.

By the end of the course the student will:

1. Recognize how the study of medical imaging can make the clinician's evaluation and treatment of the patient more comprehensive.

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2. Discuss the evolution of diagnostic imaging, from its historical beginnings over a century ago to the modern integration of computer technology.
3. Visually transform three dimensional anatomy into two dimensional radiographic anatomy.
4. Describe, discuss, and analyze the clinical impact of common imaging technologies and image-guided interventional procedures used in musculoskeletal, neurological, cardiovascular & pulmonary imaging.
5. Compare and contrast the clinical capabilities, and limitations of radiographs, computerized tomography (CT), magnetic resonance imaging (MRI), diagnostic ultrasound (echocardiogram or ultrasonography) and various forms of radioisotope imaging (V/Q scan, MUGA).
6. Discuss the critical role of PT's in the diagnostic imaging system through their correlation of clinical findings with imaging information.
7. Analyze the impact that components of the radiological written report have on physical therapy.
8. Describe the radiologic evaluation of fractures and the unique patterns of fracture and fracture healing, especially in children.
9. Discuss the radiologic evaluation, including pertinent radiologic observations, indications of trauma, common injury patterns, degenerative disease processes, and anomalies, of the: various regions of the body (e.g., cervical spine, thorax, pelvis and hip)
10. Integrate radiographic information with clinical presentation and therapeutic intervention.
11. Demonstrate the pathways through which physical therapists may recommend diagnostic imaging and the issues surrounding physical therapists' access to diagnostic imaging for their patients.
12. Apply examples of Clinical Decision Rules (CDRs) and how they may be used in clinical decision making (e.g. deep venous thrombosis detection, imaging and intervention).
13. Apply medical imaging information to physical therapy intervention planning.
14. Distinguishes the major roles of conventional radiography, magnetic resonance imaging, computed tomography, and bone scintigraphy in clinical decision making.
15. Compares and contrast the various vascular imaging techniques e.g., arteriogram and diagnostic ultrasound.

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The following courses have been reviewed by APTA Professional Development staff and cover content specifically noted within the ABPTS Descriptions of Specialty Practice across all areas of specialization:

LMS-271: [Safe Patient Handling and Movement: Guidance for Health Care Workers](#)

Published: 06/01/2011

Instructors: Marc Campo, PT, PhD, OCS; Mary Fran DeLaune, PT, MPT, MPH; Ken Harwood, PT, PhD, CIE; Patricia Mehan, PT, MPH, CCS; Leslie Pickett, PT; Stephanie Radawiec, PT, DPT, MHS; Kathleen Rockefeller, PT, ScD, MPH; Dana Root, MS, PT, CPE

Health care professionals who manually transfer patients 6-10 times per day are 2.4 times more likely to develop musculoskeletal disorders than health care professionals that did not transfer patients. This course raises awareness of the safety concerns during patient handling and movement. It provides guidance on how to counter the risk factors associated with patient handling and movement especially in relation to rehabilitation, and provide implementation strategies to empower providers to improve the safety within their environments. The course was developed by the American Physical Therapy Association in conjunction with Region 5 of the Occupational Safety and Health Administration. Additionally, this course is a component of the OSHA Alliance Program between APTA and OSHA. The Alliance program brings OSHA together with groups committed to safety and health to help prevent injuries, illnesses, and fatalities in the workplace.

After completing this course, you will be able to:

1. Describe the culture of safety in health care and the underlying rationale for safe patient handling and movement (SPHM).
2. Identify threats to health care provider safety related to patient handling. Appraise epidemiological and biomechanical evidence associated to patient handling.
3. Identify the purpose and use of current SPHM equipment.
4. Apply SPHM algorithms to patient cases. Review the purpose, components, development, and implementation of SPHM programs.

LMS-370: [Accountable Care Organizations: Opportunities and Challenges for Physical Therapists](#)

Published: 01/01/2012

Instructors: Heather Smith, PT, MPH; Nancy White, PT, DPT, OCS; Roshunda Drummond-Dye, JD

In October 2011, the Department of Health Human Services (HHS) released the highly anticipated Medicare Shared Savings Program final rule on Accountable Care Organizations (ACOs). The cornerstone of the Affordable Care Act (ACA), ACOs are networks of physicians, hospitals and other providers that will be incentivized to work together to achieve the three part aim of better care for individuals; better health for populations; and lower growth in Medicare expenditures. As ACOs form, the physical therapy profession will be faced with significant opportunities and challenges. Therefore, it is vital that PTs and PTAs understand how ACOs will operate as well as the tools available to show the expertise and value that physical therapy adds. With this course, you will receive an in-depth analysis of the final rules as well as information on clinical and business applications to aid PTs and PTAs with decisions on how and whether to enter into contractual relationships with ACOs.

Upon completion of this audio conference, you will be able to:

1. Identify final policies regarding the governance and legal structure of the ACO.
2. Cite final quality measures, how to report and the timeline for basing performance on the quality measures.
3. Determine what type of infrastructure is needed participate in an ACO.
4. Distinguish the requirements for Medicare providers who can form ACOs on their own and providers who are allowed to contract with ACOs.
5. List the requirements for marketing and patient assignment to the ACOs.

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6. Determine what changes need to take place within your physical therapy practice to thrive inside and outside of ACOs.
7. Cite Medicare's fraud and abuse waivers for Medicare Shared Savings arrangements.

LMS-472: [Motivating Patients: A Clinical Competency for PTs and PTAs](#)

Published: 03/14/2013 Instructor: Elizabeth Dean, PT, PhD

Motivating patients or clients to change their health-related behaviors is core to the success of almost every episode of care administered by PTs and PTAs, from short-term adherence to a post-op inpatient or home program; from long-term adherence to a lifestyle behavior change program. A major step toward enabling patients and clients to effect health behavior change begins with identifying your own perceived and actual facilitators and barriers to successfully effecting such change in your patients and clients, as well as their internal and external motivations, and their real and perceived barriers to changing. In recent years, a strong evidence base has developed supporting processes of teaching and learning to effect behavior change in patients and clients, within time- and resource-constraints of PT and PTA practices. In this webinar, you will learn about the supporting evidence for methods of motivating your patients and clients to achieve targeted behavior change in the short- or long-term. You will come away with new skills in communicating with your patients and client resulting in you as a clinician achieving superior outcomes and your patients and clients achieving greater health self-efficacy, satisfaction, and appreciation of their health overall.

Upon completion of this webinar, you will be able to:

1. Describe the relationship of an individual's motivation to health behavior change.
2. Identify an evidence base for health behavior change.
3. Articulate the relationship between motivation and successful outcomes for physical therapy patients and clients.
4. Identify key assessment tools and methods or strategies to facilitate behavior change.
5. Apply at least 1 of the methods or strategies to a patient or client you currently are managing.

LMS-4: [Professionalism Module 1: Introduction to Professionalism](#)

Published: 08/01/2008 Jody S (Gandy) Frost, PT, DPT, PhD

The Professionalism Series consists of 10 modules. Module 1: Introduction to Professionalism includes a course overview for all 10 modules in the series and introduces you to the concepts of professionalism and autonomous practice. It also discusses the APTA Core Values, the relationship between the 3 elements of the professionalism wheel and the 3 realms of ethics, and the attributes of a doctoring profession. This module helps fulfil the professionalism prerequisite requirement for completing APTA's Advanced Clinical Instructor Education and Credentialing Program. You do not have to be enrolled in the Advanced CIECP to take this course and earn CEU credit.

After completing this module, you should be able to:

1. Identify the six elements of Vision 20/20.
2. Define the attributes of a doctoring profession vs. attributes of a non-doctoring profession.
3. Identify the definitions of professional, code of ethics, and autonomy.
4. Identify examples of how an autonomous physical therapist would function in daily practice.
5. Recognize the relationship between the three elements of the professionalism wheel and the three realms of ethics.
6. Recognize the APTA Core Values.

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LMS-5: [Professionalism Module 2: History of Professionalism in Physical Therapy](#)

Published: 08/01/2008 Linda E Arslanian, PT, DPT, MS; Laura Lee (Dolly) Swisher, PT, MDiv, PhD;
Jody S Gandy, PT, DPT, PhD

The Professionalism Series consists of 10 modules. Module 2: History of Professionalism in Physical Therapy provides you with a historical perspective of professionalism and the maturation of physical therapy to a doctoring profession. It also offers insights into key professional and ethical documents such as the Code of Ethics, other core documents such as the Standards of Practice, and the application of these professional documents to cases. Through historical examination and case study, you'll identify five current or future ethical issues for the profession. This module helps fulfill the professionalism prerequisite requirement for completing APTA's Advanced Clinical Instructor Education and Credentialing Program. You do not have to be enrolled in the Advanced CIECP to take this course and earn CEU credit.

After completing this module, you should be able to:

1. Describe the history of the physical therapy profession in the context of the organization, the profession, ethics, professionalism, and the core values.
2. Define the attributes of a professional.
3. Evaluate the degree to which physical therapy has achieved maturity as a doctoring profession.
4. Identify five current or future ethical issues for the profession.
5. Discuss the Core Documents that convey professional role, values, behaviors, attitudes, and expectations in physical therapy.
6. Identify professional role expectations consistent with core documents as applied to a case situation.

LMS-6: [Professionalism Module 3: Ethical Compass](#)

Published: 08/01/2008

Module 3: Ethical Compass addresses ethics terminology and history, ethics versus law, the role of ethics in professionalism and business relationships, the RIPS ethical decision-making model, and application of the model to case situations. This module will help you approach ethical situations with confidence that you can make ethical decisions and implement a course of action. This module helps fulfill the professionalism prerequisite requirement for completing APTA's Advanced Clinical Instructor Education and Credentialing Program. You do not have to be enrolled in the Advanced CIECP to take this course and earn CEU credit.

After completing this module, you should be able to:

1. Identify the correct ethical term outlined in the scenario, provided with a scenario and a list of ethical terms.
2. Identify definitions of commonly used ethical terminology.
3. Apply the steps of the RIPS model of ethical decision-making to an ethical situation.
4. Determine a course of action in response to an ethical situation presented by a case scenario
5. Identify the correct ethical principle used for each given example of commonly encountered ethical situations in physical therapy.

LMS-103: [Professionalism Module 4: Cultural Competence](#)

Published: 10/01/2009 Tara Pearce, PT, MHS

Module 4: Cultural Competence includes a discussion about how to assess cultural competence using a cultural competency continuum, examines the culture of communication (eg, verbal and nonverbal cues) and how to incorporate "Culturally and Linguistically Appropriate Service" - or CLAS - Standards into clinical practice. The course also introduces the concept of health disparities among various groups within the U.S. and discusses the needs of patients and families with low health literacy.

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After completing this module, you will be able to:

1. Apply a method to assess cultural competency on a continuum.
2. Define unconditional positive regard.
3. List the effects of culture on health beliefs.
4. Differentiate CLAS standards for cultural competency.
5. Identify the effect of culture on verbal and nonverbal communication.
6. Recognize the effects of health disparities.
7. Identify methods to provide education to patients with limited health literacy.

LMS-106: [Professionalism Module 5: Emotional Intelligence](#)

Published: 11/01/2009 Karen Mueller, PT, PhD

Module 5: Emotional Intelligence explores a set of competencies known as emotional intelligence as it relates to effective communication and professionalism in physical therapy practice. Broadly, emotional intelligence relates to identifying, interpreting, and managing emotions. This course will identify for you a wide range of applications of these competencies to professional and patient/client relationships.

After completing this module, you will be able to:

1. Identify the five dimensions of emotional intelligence (EI).
2. Differentiate specific EI skills for a given communication challenge.
3. Identify elements of EI that are integrated into key APTA professionalism documents.
4. Identify the appropriate application of EI skills to a clinical practice scenario.
5. Assess your own EI skills and identify strategies to optimize these in your professional interactions.

LMS-172: [Professionalism Module 6: Developing the Patient-Therapist Partnership](#)

Published: 06/01/2010 APTA Task Force on Professionalism; Tara Pearce, PT,MHS; Karen Mueller, PT, PhD

Module 6: Developing the Patient-Therapist Partnership will focus on aspects of the relationship between the patient/client and physical therapist or physical therapist assistant with the overall goal of enriching this relationship.

After completing this module, you will be able to:

1. Recognize the importance of respect in the patient/therapist relationship.
2. Define the concept of unconditional positive regard in direct patient/client care.
3. Identify the challenges of being a patient and implications for physical therapy practice.
4. Identify appropriate communication strategies to address patient challenges.
5. List the eight elements of patient-centered care and their application to physical therapy practice.

LMS-205: [Professionalism Module 7: Communication](#)

Published: 09/01/2010 APTA Task Force on Professionalism and Tara Pearce, PT, MHS; Karen Mueller, PT, PhD

Module 7: Communication addresses the trans-theoretical model of change, which is an approach you can use in daily practice to assist patients/clients in making long-term behavioral changes. It also covers the evidence supporting the importance of good communication skills in physical therapy practice and reviews the roles and competencies within teams that can enhance or hinder effective communication. Additionally, it addresses how generational differences can influence practitioner and patient/client expectations of what constitutes appropriate communication while it also considers several principles of

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effective communication that can serve to enhance discourse between physical therapists and physicians.

After completing this module, you will be able to:

1. Recall how to support patients to make positive lifestyle changes using the Trans-theoretical model of change.
2. Recall the ways in which communication skills are an integral part of physical therapy practice.
3. Recognize how collaborative communication among team members benefits patient/client care.
4. Identify generational differences that can affect communication between practitioners and patients/clients.
5. Recognize challenges related to physical therapist and physician communication.

LMS-375: [Professionalism Module 8: Evidence-Based Practice in the Real World](#)

Published: 12/01/2011 Lisa L Culver, PT, DPT, MBA; Matthew Elrod, PT, DPT, MEd, NCS; Gini Blodgett Birchett, MSLS; David Scalzitti, PT, PhD, OCS

In 2006, APTA developed Vision 2020. The Vision states that physical therapists and physical therapist assistants will render evidence-based services throughout the continuum of care and improve quality of life for society. This module is a tool to increase your use of evidence-based practice and underscores the importance that APTA ascribes to this issue.

After completing this module, you will be able to:

1. List the components of evidence-based practice (EBP).
2. Discuss the importance of EBP in improving patient care.
3. Identify the components of an answerable, patient-oriented clinical question.
4. Describe the process of formulating questions and search terms to find relevant articles.
5. Apply search strategies to identify relevant research.
6. Use a structured method to judge the quality of a research article.
7. Describe the application of EBP in the management of a patient/client.
8. List resources available to help with the application of evidence-based practice.

LMS-361: [Professionalism Module 9: Social Responsibility, Advocacy, and Public Policy](#)

Published: 09/01/2011 Justin Moore, PT, DPT

The Professionalism Series consists of 10 modules. Module 9 - social responsibility, advocacy, and public policy - identifies and defines the three domains of health policy. Policy refers to the decisions issued by government bodies with which health care professionals have to comply. The process to arrive at these decisions is informed and influenced by the advocacy process. Another way to think of it is that policy is an outcome and describes a current status; advocacy is the plan or desire to change this policy or status. Social responsibility is the core value or behavior that is needed to guide these behavior and its desired outcome. The three are linked together and flow in a cyclical nature. As health professionals begin to develop social responsibility, it leads them to understand the policies that influence their ability to serve and practice within their education, expertise, and experience. They understand the limitations to current policies and begin to employ advocacy strategies to change these policy, which in turn are an application of their social responsibility. Individuals can enter at any of these three elements and they each begin to drive and build upon the other for a higher level of social responsibility, advocacy and hopefully policies that seek the objective of improving the health of all Americans. As we begin to look at these three areas, we will start with public and health policy, transition to advocacy, and then finish with the social responsibility element. As we examine each of these elements we will provide examples and activities to

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provide a greater context for the application of these elements by health care professionals, such as physical therapists.

After completing this module, you will be able to:

1. Identify and define the three domains of health policy.
2. Describe the different elements of quality and their implications to physical therapy practice.
3. Describe the multiple factors that affect a patient's access to care.
4. Identify one policy and program that affects Older Americans.
5. Outline the sequential steps to an effective advocacy plan.
6. Distinguish between regulatory and legislative policy and advocacy.
7. Identify the different levels and audiences in which advocacy exists.

LMS-507: [Professionalism Module 10: Continuing Competence and Lifelong Learning](#)

Published: 04/01/2013 Tara Pearce, PT, DHS

Welcome to Module 10 of the Professionalism series. The purpose of this module is to help you apply critical continuing competence and lifelong learning concepts to your professional development and licensure requirements. We'll explore what the profession expects from you in these areas, define the importance of continuing competence on individual, professional, and societal levels, and describe strategies for developing a plan for individual lifelong learning. The rules you must follow will change over time, and only ongoing openness to these concepts will keep you current.

After completing this module, you will be able to:

1. Recognize the importance of continuing competence to the public, the profession, and yourself as a professional.
2. Identify the challenges associated with demonstrating continuing competence in physical therapy.
3. Recall learning activities that may fulfill continuing competence requirements for licensure renewal in some states.
4. Define the concept of lifelong learning.
5. Apply the principles of a SWOT analysis for self-reflection.
6. Identify the components of a portfolio or plan for your lifelong learning