

Evaluation & Treatment of Visual Perceptual Dysfunction in Adult Brain Injury – Part 1

ABOUT THE WORKSHOP

This intensive workshop provides therapists with a clear understanding of how to effectively evaluate and treat visual perceptual dysfunction in adult patients following stroke and head trauma. The course addresses: visual neglect and inattention, oculomotor dysfunction, visual field deficits, reduced visual acuity, and disorders of complex visual processing. Participants are taught how to identify deficiencies in functional performance which are caused by visual perceptual impairment and design practical short-term treatment interventions which increase independence in daily living activities. The course emphasizes a functional and practical approach to evaluation, treatment and documentation of visual perceptual dysfunction.

TARGET AUDIENCE

- Occupational therapists, physical therapists, and other interested professionals

OBJECTIVES

At the conclusion of this activity, participants should be able to:

- **Identify** the basic neurological foundations underlying adult acquired visual perceptual dysfunction
- **Correlate** deficiencies in visual perceptual processing with changes in performance of daily occupation
- **Identify** client behaviors that may indicate deficiencies in visual perceptual processing
- **Select** appropriate assessment tools to measure deficiencies in visual perceptual processing
- **Use** assessment results to select appropriate treatment intervention
- **Formulate** appropriate treatment interventions and progression of treatment to enable the client to use visual perceptual processing to complete daily occupations
- **Document** deficiencies in visual perceptual processing and set objective, achievable goals
- **Collaborate** with ophthalmologists, optometrists and other rehab professions to maximize the effectiveness of treatment intervention

Please bring a jacket or sweater to ensure your comfort.

We cannot assure a constant room temperature.

Evaluation & Treatment of Visual Perceptual Dysfunction in Adult Brain Injury – Part 1

Saturday, March 6 and Sunday, March 7, 2010

Registration: 8:00 a.m.

**Program: Day One: 8:30 a.m. – 4:00 p.m.
Day Two: 8:30 a.m. – 3:30 p.m.**

Edwin W. Monroe AHEC Conference Center
Venture Tower Drive • Greenville, NC

Sponsored by


UNIVERSITY HEALTH SYSTEMS
Pitt County Memorial Hospital


Eastern
AHEC
Part of the North Carolina AHEC Program

Evaluation & Treatment of Visual Perceptual Dysfunction in Adult Brain Injury – Part 1

AGENDA

Saturday, March 6 – Day One

- 8:00 a.m. Registration
- 8:30 a.m. Overview of the Visual Perceptual Hierarchy: Framework for Evaluation and Treatment
- 10:00 a.m. Self-Directed Learning Experience
- 10:15 a.m. Evaluation and Treatment of Deficits in Visual Acuity
- 11:45 a.m. Lunch *on your own*
- 1:00 p.m. Evaluation and Treatment of Deficits in Visual Field
- 2:15 p.m. Self-Directed Learning Experience
- 2:30 p.m. Evaluation and Treatment of Deficits in Visual Field – continued
- 4:00 p.m. Adjourn

Sunday, March 7 – Day Two

- 8:00 a.m. Registration
- 8:30 a.m. Evaluation and Treatment of Deficits in Visual Attention and Scanning and Complex Visual Processing
- 10:00 a.m. Self-Directed Learning Experience
- 10:15 a.m. Evaluation and Treatment of Deficits in Visual Attention and Scanning and Complex Visual Processing – continued
- 11:45 a.m. Lunch *on your own*
- 1:00 p.m. Evaluation and Treatment of Oculomotor Dysfunction
- 2:15 p.m. Self-Directed Learning Experience
- 2:30 p.m. Evaluation and Treatment of Oculomotor Dysfunction – continued
- 3:30 p.m. Adjourn

FACULTY

Mary Warren, MS, OTR/L, SCLV, FAOTA is Associate Professor of Occupational Therapy and Director of the Graduate Certificate in Low Vision Rehabilitation at the University of Alabama at Birmingham (UAB). She has presented numerous workshops on visual perceptual dysfunction following acute brain injury and is an internationally recognized authority in this area. Her research has been published in the American Journal of Occupational Therapy and she has contributed chapters to several rehabilitation textbooks including *Occupational Therapy: Practice Skills for Physical Dysfunction*, edited by Lorraine Pedretti. She is the author of *The Brain Injury Visual Perceptual Battery for Adults (biVABA)* and co-author of *The Dynavision Guide to Rehabilitation*. Her awards include the Cordelia Myer's Writer's Award from the American Occupational Therapy Association, the Award of Clinical Excellence from the Kansas Occupational Therapy Association, Outstanding Educator Award from the Missouri Occupational Therapy Association, the Healthsouth Rehabilitation Award for Clinical Excellence in Occupational Therapy from the American Occupational Therapy Foundation and the Elsie McKibben Lectureship from the Alabama Occupational Therapy Association.

CREDIT



AOTA CEUS:

Following completion of the workshop the CE administrator will review the attendance logs and the course evaluations. If the participant has met the established criteria, a certificate documenting 12 AOTA Contact Hours will be sent to the participant. *“The assignment of AOTA CEUs does not imply endorsement of specific course content, products or clinical procedures by AOTA.”*

Physical Therapy Continuing Competence: AHEC is an approved provider for the NC Board of Physical Therapy Examiners. Certificates reflecting 12.0 contact hours of education will be awarded at the completion of the program.

Participants must attend 100% of the program in order to receive credit.

PROGRAM LOCATION

This program is being held at the Edwin W. Monroe Conference Center (adjacent to the Eastern AHEC Office Building – Venture Tower) located on Venture Tower Drive in Greenville, NC. ***Parking Change Alert*** Parking is available in the Monroe Conference Center parking area, in front of the building (overflow area to the right of the building). Participants registering by the deadline date will receive a confirmation email or letter including a parking pass a week prior to the program. On-site registrations will receive a parking pass at the registration desk.

REGISTRATION INFORMATION

Received **on** or **before** February 26, 2010\$210.00
 Received **after** February 26, 2010.....\$225.00

The registration fee includes all program supplies, production cost, and refreshments. Lunch is not included in this fee. Participants are encouraged to take advantage of the reduced advance registration fee by registering by February 26, 2010. If you register early and subsequently cancel, a full refund will be made through February 26, 2010. No refunds will be made thereafter, but you may designate an alternate participant to attend the conference in your place. We would appreciate advance notification of any alternate participants.

Participants who pay with a credit card may fax their completed registration form to (252) 744-5229. Those choosing to pay with a check (made payable to Eastern AHEC) should mail the completed registration form and check to:

Eastern AHEC
 Attn: Registration
 PO Box 7224
 Greenville, NC 27835-7224

Register online at <http://eahec.ecu.edu>



Individuals requesting accommodation under the Americans with Disabilities Act (ADA) should contact the Department for Disability Support Services at least 48 hours prior to the event at (252) 737-1016 (Voice/TTY).

If you would like more information about the program, call Sara Woolard in Allied Health Education at Eastern AHEC at (252) 744-5231 or Email: woolards@ecu.edu.

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Saturday, March 6 and Sunday March 7, 2010
 Edwin W. Monroe AHEC Conference Center • Greenville, NC

Register online at <http://eahec.ecu.edu>

PERSONAL	Last Name _____
	First Name _____ Middle Initial _____
	Last 4 digits of Soc. Sec. # XXX-XX- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Discipline (check one) <input type="checkbox"/> Allied Health <input type="checkbox"/> Medicine <input type="checkbox"/> Mental Health <input type="checkbox"/> Nursing <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other
WORKPLACE	Specialties _____
	Degrees/Certifications/License _____
	Mail goes to <input type="checkbox"/> Home <input type="checkbox"/> Office or by <input type="checkbox"/> E-mail
	Employer _____
HOME	Department _____ Position _____
	Street/PO Box _____
	City _____ State _____ Zip _____
	Phone _____ E-mail _____
	Street/PO Box _____
	City _____ State _____ Zip _____
	Phone _____ E-mail _____

For EAHEC Use Only Event # A28247

Amount Enclosed/Paid \$ _____ Date _____

Agency check Personal check Cash Credit Card

PAYMENT	Method of Payment (Received by February 26, 2010).....\$210.00 (Received after February 26, 2010)\$225.00
	Check/Cash Enclosed for \$ _____ Charge: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMX
	Signature _____ If Paying by Credit Card – Billing Address Required
	Street/PO Box _____
	City _____ State _____ Zip _____
	Account # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiration Date _____ Security Code (Last 3 digits on back of card) <input type="text"/> <input type="text"/> <input type="text"/>	

Send registration form with payment to
 Eastern AHEC, Attn: Registration, PO Box 7224, Greenville NC 27835-7224 Fax 252-744-5229