### Outline

#### **VISUAL REHAB FOLLOWING A NEUROLOGICAL EVENT**

- Red flags
- Sequence of action
- When should you refer?
- Relationship of eye/brain anatomy to perception/processing

#### **DIAGNOSIS: VISUAL ACUITY & VISUAL FIXATION**

- Screening methods
- Treatment and compensation strategies
- Visual fixation for the low functioning client
- Advanced technology options

#### **DIAGNOSIS: OCULAR MOTOR ALIGNMENT & DEPTH PERCEPTION**

- Determine the diagnosis
- Cover/uncover test
- Assessment, demonstration & lab practice
- Establish treatment protocols

### **DIAGNOSIS: VISUAL FIELD CUT**

- Anatomical review of the visual pathway
- Determine the diagnosis
- Assessment, demonstration & lab
- practice
- Peripheral test
- Confrontation test
- Establish treatment protocols

#### **DIAGNOSIS: HEMI-SPATIAL NEGLECT** & PUSHER SYNDROME/MIDLINE **ORIENTATION SHIFT**

- Determine the diagnosis
- Differentiate between cut and neglect
- Why is left neglect more common than right?
- Assessment, demonstration & lab practice
- Simultaneous stimulus test
- Pencil and paper screeners
- Neuro handling principles
- Positioning strategies to rehabilitate • Establish treatment protocols

#### **DOCUMENTATION & ADVOCACY** FOR COVERAGE

- Objective data to incorporate Demonstrating improvement
- Develop goals for justification

### **Objectives**

- Articulate an understanding of vision-based rehabilitation and the rehabilitation process.
- Articulate the description of ocular motor skill impairment, visual field loss, visual spatial inattention and midline syndrome.
- Demonstrate competent assessment of ocular motor skills, visual field loss, visual spatial inattention and midline syndrome.
- Distinguish the difference between field impairment and neglect.
- Prescribe treatment interventions for ocular motor skills, visual field loss, visual spatial inattention and midline syndrome.
- Demonstrate effective documentation of assessment and intervention to justify skilled services.

#### Live Webinar Schedule (Times listed in Fastern

9:00 Program begins

12:00-1:00 Lunch Break

4:30 Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon). Actual lunch and break start times are at the discretion of the speaker. more detailed schedule is available upon reques

What to Have on Hand: Please bring colored pencils, markers, or highlighters.

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# **Visual Rehab After** Neurological Events

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 Differentiation challenges addressed – is it a field loss or neglect? Strategies to achieve functional improvements for stroke/TBI clients Documentation tips to justify the need for continued treatment • Evaluation skills for ocular motor skill impairment, visual field loss, visual spatial inattention & pusher syndrome/midline orientation shift • Recommend interventions for ocular motor, field cut and neglect • Low and no cost intervention options - for any setting

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### **Visual Rehab After Neurological Events**



Seeing the World Through New Eyes

Feeling lost in determining a treatment plan with a neurological client? Have you asked yourself:

- What is the best evidence-based therapy protocol?
- How do you know if you are facing a field loss or a neglect?
- How do you determine visual function when your client is confused?
- Is this a vision or cognitive impairment?

Michelle has been in that fog and come out the other side with wonderful, functional, and cost-conscience options to show and share. She sustains that therapy should be specific to the client's challenge and that requires an astute awareness of the impairment. This insight comes from clear assessments that are revealed in this course, along with functional treatment interventions to ensure successful therapy sessions. Michelle shares anecdotes and case studies that highlight how the protocols can be put in to practice. These stories assist in enlightening the inexperienced therapist and commiserating with the experienced therapist. The course content is largely interactive and offers numerous lab sessions proving the engaging experience that therapists crave!

#### **Target Audience:**

Occupational Therapists • Certified Occupational Therapy Assistants Physical Therapists • Physical Therapist Assistants • Speech-Language Pathologists Audiologists • Nurse Practitioners • Physician Assistants • Nurses • Physicians



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### **Meet Your Speaker**

**MICHELLE MIODUSZEWSKI, MS, OTR/L**, has been practicing occupational therapy in acute, inpatient rehabilitation, and outpatient settings through her career. Visual rehabilitation following neurological events has been an area of focus. Michelle owns and operates Niagara Therapy, LLC, a team-oriented practice based in Erie, PA that offers OT, PT, and SLP to adults and children with neurological concerns. She also consults for legal, education, and professional situations.

Michelle is the AOTA Administration and Management Chairperson for the Rehabilitation and Disability Special Interest Section, National MS Society Board of Trustees, and is a National MS Society Partner in Care Designation. She was trained in NDT and NEURO-IFRAH (NDTC), Bioness Certified, REO Certified, SAEBO Certified, and specialized in vision and cognitive rehabilitation. A published writer by AOTA Press, she also teaches on topics such as IASTM, Neuro-Rehab/Neuro-Handling, vision, cognition, spasticity, ergonomics and complex wheelchair evaluations.

#### Speaker Disclosure:

Financial: Michelle Mioduszewski is the owner of Niagara Therapy, LLC. She receives a speaking honorarium from PESI, Inc.

Non-financial: Michelle Mioduszewski is the AOTA Administration and Management Chairperson for the Rehabilitation and Disability Special Interest Section; and the National MS Society Board of Trustees.

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