

## Outline

### Functional Neuroanatomy and Neuroplasticity

Neuroplastic changes following brain ischemia  
Lost automatic movements and postural balancing  
Theoretical approaches to Neurorehabilitation

### Stroke Assessment Skills, Scales and Scores

Upper extremity assessment  
Lower extremity assessment  
Gait, balance and coordination  
Strength, mobility and stability  
Stroke specific executive function assessment

### Mobility and Gait:

#### Optimize Walking Ability and Restore

#### Functional Mobility

Stellar documentation  
Functional approach  
Reverse the tide of chronic compensatory patterns  
Gait training interventions to increase and optimize

- Root cause for impairments
- Gait speed and fall risk
- Active stretching
- Rhythm and coordination

Orthotics: friend or foe?

Supplementary devices to encourage volitional support

### Spasticity Solutions for Post Stroke Patients:

#### Interventions and Techniques for Successfully Working with...

Chronic spasticity  
Low level patients with spasticity  
Upper and lower extremity

### Post Stroke Orthotic Treatments: How You Can Use Orthotics with Patients to...

Maintain range of motion  
Stabilize upper and lower extremities  
Correct positioning and improve gait  
Improve stability and efficiency while walking

### Management of the Hemiplegic Shoulder

Subluxation  
Decreased sensation  
Weakness  
Coordination

### Extremity Pain Management

When does “no pain, no gain” ring true and when it does not?

Yellow or red flags  
Pain alleviation techniques  
Spinothalamic neuronal tract and pain management

### Executive Function

Outcome measure for assessment and treatment

Its effect on the learning process  
Its effect on patient prognosis

### Pusher Syndrome and Motor Apraxia

Neurodevelopment treatment tactics  
Outcome measure  
How to reduce stress on patient and employee  
Transfer practices  
Evidence-based Intervention

### Visual Rehab After Stroke

Incorporated vestibular rehab into stroke rehab  
Importance of visual processing  
Cranial lesions and visual processing  
Cranial nerves and visual processing

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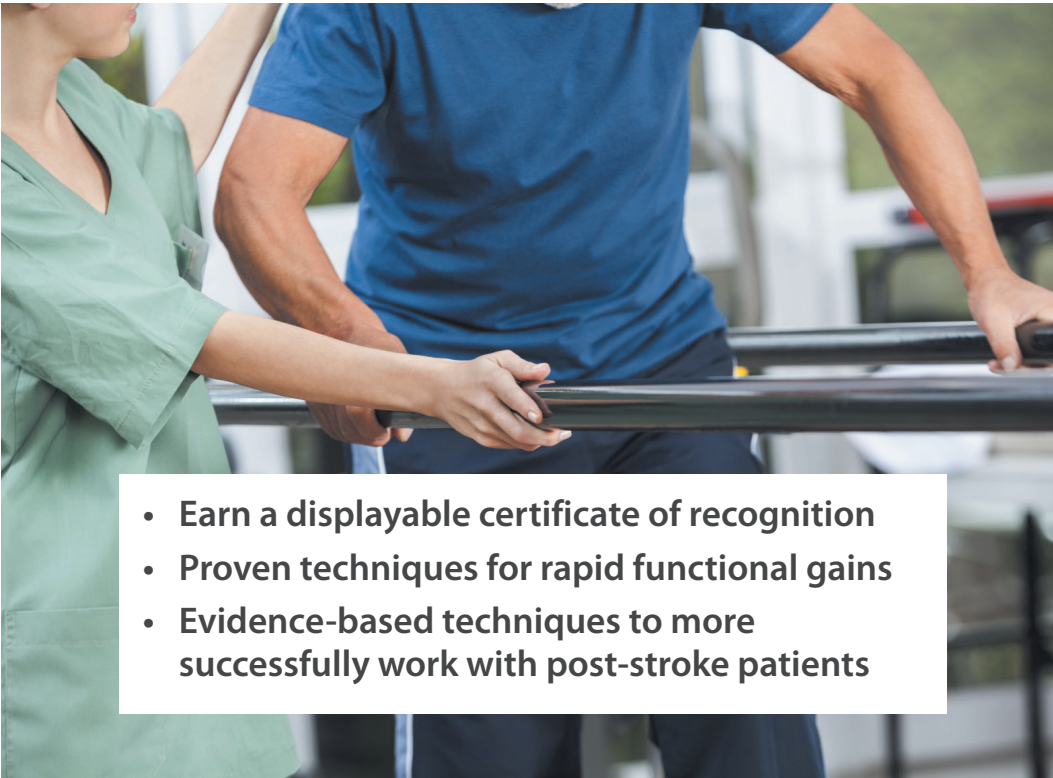


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## Objectives

1. Develop a specialty niche in your facility catering to acute and chronic stroke survivors.
2. Evaluate stroke survivors with assessment skills, scales and scores for extremity functionality, balance and stability.
3. Employ training interventions to optimize gait speed and reduce fall risk.
4. Determine root causes for stroke related impairments for more targeted treatment plans.
5. Investigate how exercise instills improved cognition and connect this information to treatment approach.
6. Employ a functional paradigm to stroke intervention and assessment.
7. Determine appropriate levels of intensity in stroke rehab to increase patient safety.
8. Use evidence-based techniques to more successfully work with spasticity in post-stroke patients.
9. Determine how post-stroke patients struggling with stability and walking efficiency can benefit from orthotic treatments.
10. Evaluate pain alleviation techniques that can be applied to manage extremity pain in post-stroke patients.
11. Analyze how vestibular rehab can be incorporated into stroke rehabilitation to improve gaze stability and reduce symptoms of imbalance.
12. Employ techniques that use the upper and lower extremity together instilling a proper messaging center to the paretic side of the body.

# 2-DAY Stroke Rehabilitation Certificate Workshop

This **Stroke Rehabilitation Certificate Workshop**, with its displayable certificate of recognition, is the perfect way for you to let patients, employers and colleagues know that you’ve invested time and effort into specialized training without the additional fees, forms and lengthy exams of credential granting certification programs.

**Dr. Benjamin White is an expert in stroke rehabilitation, and an award-winning clinical instructor**, who has helped countless stroke survivors leave their limitations behind.

Over 2 intensive days Dr. White will make both evidence-based and cutting-edge resources available to you in a way that is instantly applicable to your work -- showing you how to turn years of research and practice into practical strategies and techniques so you can:

- Skillfully assess extremity function, gait, balance, coordination, executive functioning and more
- Optimize your patients’ walking ability and restore their functional mobility
- More successfully work with spasticity in post-stroke patients
- Knowledgeably use orthotics to stabilize extremities and improve stability
- Manage extremity pain with today’s best practices
- Restore executive functioning and visual skills

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## Meet Your Speaker

**Benjamin White, PT, DPT, C/NDT, LSVT BIG**, is an expert in stroke rehabilitation who serves as the lead neurological therapist at a not-for-profit healthcare institution in Texas. A graduate of the University of Texas Health Science Center’s physical therapy doctoral program, he has treated a wide array of neurological diagnoses over the years, from concussions and vestibular disorders to stroke, Parkinson’s, and Guillain-Barre syndrome.

Dr. White is an award-winning clinical instructor, a renowned national speaker on stroke rehabilitation topics, and has published numerous articles on the topics of neuroplasticity and stroke. In addition, he serves on the Neuro-Development Treatment (NDT) publication committee and is the co-president of the Brazos Valley Parkinson’s Association.

Speaker Disclosures:  
Financial: Benjamin White maintains a private practice and has employment relationships with Common Spirit Healthcare, Baylor Scott & White, and the University of Texas. He receives a speaking honorarium from PESI, Inc. He has no relevant financial relationships with ineligible organizations.  
Non-financial: Benjamin White has no relevant non-financial relationships.

### Live Seminar & Webinar Schedule (Both days, Times listed in Eastern)

**7:30** Registration/Morning Coffee & Tea  
**8:00** Program begins  
**11:50-1:00** Lunch (*on your own*)  
**4:00** 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.  
A more detailed schedule is available upon request.

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