Maximizing Cardiovascular and Pulmonary Function in Patients to Decrease Re-Admissions and Reach Optimal Outcomes

If you Can't Breathe Nothing Else Matters

Donna Frownfelter DPT, CCS, RRT, FCCP



**Faculty** Donna Frownfelter, DPT, CCS, RRT, FCCP is an internationally known consultant, teacher, practitioner and author. She is best known for the widely used text, coauthored with Elizabeth Dean PhD, PT, Principles and Practice of Cardiopulmonary Physical Therapy 5th edition, 2012. In addition Dr. Frownfelter co-authored Cardiovascular and Pulmonary Patterns, Guide to PT Practice with Dr. Marilyn Moffat, 2007. Dr. Frownfelter's experience ranges from NICU, to medical/surgical critical care in large medical centers to Skilled Nursing and Home Care. She has worked with the school systems integrating and educating re: children with asthma and children that are ventilator assisted in the classroom and participation in the community. She is currently very involved with patient groups through the Respiratory Health Association of Metropolitan Chicago and other special groups to promote Mindful Breathing and Self Care. She has taught CVP Physical Therapy for over 35 years at Northwestern University Physical Therapy and Human Movement Sciences and is currently full time faculty at Rosalind Franklin University of Medicine and Science, the College of Health Professions, Physical Therapy Department. Rosalind Franklin University is a proponent on Interprofessional Team Practice and Dr. Frownfelter has been very involved with that concept for maximal patient outcomes. She is also the Program Director for their online Transition Doctor of Physical Therapy Program. Disclosure: Financial: Donna Frownfelter

Disclosure: Financial: Donna Frownfelter receives a speaking fee from Education Resources as well as royalties from Mosby Publishers.

Non Financial: She has no non financial relationships

to disclose.

### **About this Course**

Every patient you treat is a cardiovascular and pulmonary patient. No matter what the setting you practice in from Acute Care to Skilled Nursing, Long Term Acute Care, to Home Care or Outpatient Therapy or school settings, your therapy outcomes will be limited by primary and secondary cardiovascular and pulmonary impairments. Using best practices to examine and evaluate clients and provide optimal interventions safely will maximize functional outcomes and help prevent re-hospitalizations which is of primary concern and focus in the current health care arena.

## **Objectives**

- 1. Describe and monitor normal and abnormal cardiopulmonary functional variety of practice settings.
- 2. **Interpret** the results of monitoring and apply to PT, OT, RT & SLP interventions, progression of therapy and re-evaluation.
- 3. Identify and incorporate **ventilator strategies** in therapeutic exercise by modifying breathing patterns to facilitate speech and movement optimal function.
- 4. Identify **red flags** to raise concern for issues which might prevent success with discharge from various settings and address solutions to optimize transitions to lower levels of care or self care.
- 5. Interact with the inter-professional team across the continuum of care to provide optimal therapy and coordination to **decrease re-hospitalization**.

#### **Audience**

Physical Therapists, Physical Therapist Assistants, Occupational Therapists, Occupational Therapy Assistants working with school age through adult clients with cardiovascular and/or pulmonary impairments



# Schedule – Day 1

| 8:00-8:30   | Registration/Continental Breakfast   |  |
|-------------|--|--|
| 8:30-9:00   | Overview of course, Interaction with participants to assess special needs and wants.     |  |
| 9:00-10:30  | Clinical Applications of Cardiovascular<br>and Pulmonary (CVP) Anatomy and<br>Physiology |  |
| 10:30-10:45 | Break  |  |
| 10:45-12:00 | Pathophysiology of Primary and<br>Secondary CVP Impairments                              |  |
| 12:00-1:00  | Lunch (on your own)  |  |
| 1:00-2:45   | Examination and Evaluation of<br>Patients Applications to PT, OT & SLP                   |  |
| 2:45-3:00   | Break  |  |
| 3:00-4:30   | Intervention: Mindful Breathing,<br>Ventilatory Strategies Lecture/Lab                   |  |

# Schedule – Day 2

| 8:00-8:30   | Continental Breakfast  |  |
|-------------|--|--|
| 8:30-10:30  | Airway Clearance Interventions to facilitate speech and movement   |  |
| 10:30-10:45 | Break  |  |
| 10:45-12:00 | Treatment Progressions, Case Studies   |  |
| 12:00-1:00  | Lunch (on your own)  |  |
| 1:00-2:30   | Respiratory Support Equipment,<br>i.e. Oxygen, Titration with<br>exercise, Oximeters, Respiratory<br>Muscle Trainer, Body Jackets,<br>Wheelchair Supports for optimal<br>Ventilation |  |
| 2:30-2:45   | Break  |  |
| 2:45-3:30   | Reasons for re-hospitalization of CVP patients   |  |
| 3:30-4:30   | Empowering Patients and family/<br>significant others for Self-Advocacy<br>Self Management and Self Care   |  |



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### **Credits**

This course meets the criteria for 13 contact hours (1.3 CEU's).

Application has been made to the **OH** Physical Therapy Association. The **KS** and **MO** Boards of Physical Therapy accepts other Board's approval.

Approved provider by the **NY** State Board of Physical Therapy for 15.6 contact hours. Approved provider of continuing education by the American Occupational Therapy Association #3043 for 13 Contact Hours (1.3 CEU's) - Intermediate level, Occupational Therapy Process: Assessment, Intervention.

The assignment of

AOTA CEU's does not imply endorsement of specific course content, products or clinical procedures by AOTA. NBCOT professional development provider - 13 PDU's.



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This course is offered for up to 1.3 ASHA CEU's (Intermediate level, Professional area)

### **Locations and Dates**

March 15-16, 2019 Uniontown, OH Summa Health Green

September 27-28, 2019 Kansas City, MO Truman Medical Center Lakewood



\$435 fee. Group rate (3 or more) must be mailed/faxed together \$410. Deadline for registration is 3 weeks prior to course. Registration will be accepted after deadline on a space available basis. Cancellation accepted up until 2 weeks before course, minus an administration fee of \$75. NO REFUNDS WITHIN 2 WEEKS OF COURSE.

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□Mar/OH □Sept/OH

| <b>Course Registration</b>   | n Form  |                                    |           |
|------------------------------|---|------------------------------------|-----------|
| Name:                        |   |                                    |           |
| Address:                     |   |                                    |           |
| City:                        |   | State:                             | Zip Code: |
| Home Phone:                  |   | Work Phone:                        |           |
| Cell Phone:                  |   |                                    |           |
| Needed in the event of an    | emergency scheduling change   |                                    |           |
| Email:                       |   |                                    |           |
| Please clearly print your en | mail address for course confirmation  |                                    |           |
| Employer:                    |   |                                    |           |
| Discipline:                  |   | Specialty:                         |           |
| How did you learn of         | f this course   |                                    |           |
| make non-refundable tra      | serves the right to cancel any course due to<br>avel arrangements until you have called u<br>cancer incurred by participants if the cours | s and received confirmation that t |           |
| ☐ I have read your re        | efund policy above and understand.  |                                    |           |
| Cardholder's name &          | billing address with zip code if diffe  | rent from above:                   |           |
|                              |   |                                    |           |
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| Signature                    |   |                                    |           |
| Amount charged               |   |                                    |           |
| I hereby authorize yo        | u to charge my: □ VISA □ MC □   | DISCOVER#                          |           |
| Exp. Date                    | CVV2 Code   |                                    |           |