

Outline

Memory Loss and Cognitive Impact: Clinical Examples
Normal memory/cognitive decline
Mild Cognitive Impairment (MCI) vs. Mild Alzheimer’s Disease (AD)
Moderate AD
Relationship to Executive Functions

Co-Morbidities/Reversible Factors Affecting Cognitive/Memory Function and How to Intervene
Depression: Assessments, non-medication therapy, referral needs
Sleep issues: Sleep hygiene program, environmental strategies
Mental/physical inactivity: Cognitive stimulation activities, exercise programs/guidelines
Vision and hearing loss: Age related impact, sharpen your observational skills
The Hippocampus: Latest research and how to influence age related changes
Marijuana: Use of and impact on cognition/memory

Cognitive Assessments: Hands-on Activities
Quickly identify mild cognitive/memory changes/deficits
Choose the best assessments to use for specific issues/areas
Limitations and strengths of assessments used for cognitive functioning

Interventions for Managing Cognitive/Memory Decline
Computer-based Cognitive Training: What does the evidence say?
Spaced Retrieval: Incorporate into treatment, baseline for client education
Compensatory strategies: Lists, calendars, skill set money management
Physical Exercise: Best type, program implementation strategies
Communication: Effective stage appropriate strategies, environmental factors

Interventions for Independence, Mobility, Safety and other ADLS/IADLs
Falls: Computer-based training, decrease risk, dual tasking
Driving: Clinical assessment tools, strategies for cessation of driving, state requirements
Medication administration: Strategies for adherence, caregiver training
Home management: Adaptive equipment, strategies for home safety, appropriate discharge environment to assure safety and highest functional level
Communication: Strategies for working with physicians and caregivers

Objectives

1. Assess the limitations and strengths of the most commonly used cognitive assessments to inform client’s level of functioning.

2. Utilize an assessment tool that quickly determines a client’s ability to retain new information.

3. Implement effective treatment interventions, including Computer-Based Cognitive Training, in the management of memory/cognition decline.
4. Characterize at least six conditions/ co-morbidities that impact cognitive/memory function and design intervention strategies that with remediation, may lead to an improvement in cognition/memory ability.

5. Categorize normal vs. abnormal cognitive/memory deficits through the aging process and implement appropriate interventions for each stage.

6. Implement effective functional intervention strategies that will have an impact on a client’s functional cognitive/ memory status as well as ADL/IADL independence.

TARGET AUDIENCE
Occupational Therapists • Occupational Therapy Assistants • Speech-Language Pathologists • Physical Therapists
Physical Therapists Assistants • Social Workers • Nurses • Nursing Home Administrators • Assisted Living Administrators
Long Term/Acute Care Professionals • Case Managers • Activity Directors • Recreational Therapists

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Cognitive & Memory Decline in the Aging Brain

Effective Assessment & Intervention



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Cognitive & Memory Decline in the Aging Brain

Effective Assessment & Intervention

- The single greatest intervention that positively affects cognitive/memory decline regardless of age/ impairment
- Master up-to-date techniques to slow memory loss and increase cognitive ability
- Why you can’t afford to misidentify the root of your patients’ cognitive decline
- Cognitive stimulation activities, exercise programs and non-medication therapy for depression, sleep issues, mental inactivity and more

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Pinpointing whether your aging clients are presenting with normal age-related cognitive/memory decline, mild cognitive impairment or beginning Alzheimer’s disease is crucial to providing effective interventions that can dramatically improve their safety, mobility, independence and quality of life.

Often overlooked, many co-morbidities and reversible factors can complicate the proper identification of the problem at the root of your client’s cognitive/memory decline—leading you down a frustrating treatment path that fails to get results.

This dynamic and interactive training will end the confusion and leave you confident in your ability to accurately differentiate age related cognitive/memory decline from normal memory loss to Mild Cognitive Impairment (MCI); Mild Alzheimer’s Disease through Moderate Alzheimer’s Disease and the behavioral characteristics of each.

Attend and you will learn:

- To prioritize treatment sessions to focus on your client’s functional deficits
- Assessments for executive function, fall risk, driving ability and safety
- Cognitive stimulation activities, exercise programs and non-medication therapy for depression, sleep issues and mental inactivity
- Computer-based cognitive training, compensatory strategies, spaced retrieval and effective and safe environmental interventions
- The effects of cognitive/memory decline on executive functions


The negative implications of misaligned client assessment and treatment interventions are far too important for you to be uncertain and unprepared. Register today!

Speaker
Maxwell Perkins, MS, OTR/L, is an occupational therapist with extensive experience with interdisciplinary clinical management focusing on the geriatric population. His clinical focus is on effective assessment and intervention for older adults experiencing memory/cognition issues in a variety of clinical settings including, acute inpatient/ outpatient and skilled nursing facilities. Maxwell is an independent consultant/educator and previously served as the Rehab Education Director for two large health care organizations.

Maxwell co-authored the article, “Interdisciplinary Team Approach in the Rehabilitation of Hip/ Knee Arthroplasties”, which was published in the *American Journal of Occupational Therapy*. He presents workshops at both the local, regional and state level and is a guest lecturer in the Pacific University Occupational Therapy program in Forrest Grove, Oregon.

Maxwell earned his MS in Health Care Policy and Administration from Mercer University and his BS in occupational therapy from the Medical College of Georgia.

Speaker Disclosures:
Financial: Maxwell Perkins is an independent consultant. He receives a speaking honorarium from PESI, Inc.
Non-financial: Maxwell Perkins is a member of the American Occupational Therapy Association.



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7:30 Registration/Morning Coffee & Tea

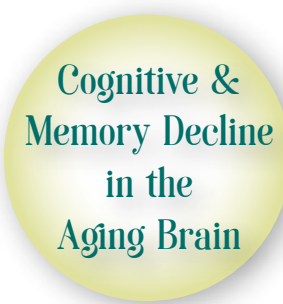
8:00 Program begins

11:50-1:00 Lunch (*on your own*)

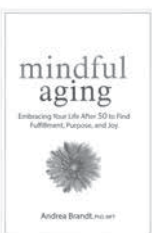
4:00 Program ends

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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By Andrea Brandt, PhD, MFT

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If your profession is not listed, please contact your licensing board to determine your continuing education requirements and check for reciprocal approval. For other credit inquiries not specified below, or questions on home study credit availability, please contact cepesi@pesi.com or 800-844-8260 before the event.

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Nurses in full attendance will earn 6.3 contact hours. **PARTIAL CONTACT HOURS WILL BE AWARDED FOR PARTIAL ATTENDANCE.**

NURSING HOME ADMINISTRATORS: This program has been submitted (but not yet approved) for 6.25 continuing education clock hours and 6.25 participant hours from NAB/NCERS. Call our customer service department at 1-800-843-7763 for further information.


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