



Det er igen lykkedes Dansk Selskab for Neurologisk Fysioterapi at få de australske undervisere til Danmark. Denne gang til Glostrup, Grindsted og Hammel. Det er i november og december 2020, at der er kurser og tema-aftener med underviserne. Kurserne og tema-aftenerne foregår på engelsk.

Se annonceringerne og find det kursus eller den temaaften, som kan inspirere og udvikle dig i din kliniske praksis.

## OE kurser 2020

### Tid og sted:

**3-dags OE-kursus 2020 Glostrup:** 30/11, 1/12 og 2/12

Adresse: Valdemar Hansens vej 1-23, 2600 Glostrup

**3-dags OE-kursus 2020 Hammel:** 7/12, 8/12 og 9/12

Adresse: Voldbyvej 15, 8450 Hammel (ca. 28km fra Århus, 25km fra Silkeborg, 50km fra Viborg)

**Deltagere:** 22 fysio- eller ergoterapeuter på hvert kursus. Kun fysioterapeuter som er medlem af Dansk Selskab for Neurologisk Fysioterapi kan deltage. Kun ergoterapeuter medlem af Ergoterapeutfagligt selskab for Neurorehabilitering kan deltage. Man kan melde sig ind og deltage.

**Pris:** 3600kr for 3-dags kursus, incl. forplejning under kurset.

**Tilmelding:** via [www.neurofysioterapi.dk](http://www.neurofysioterapi.dk) – bindende tilmelding og max. 3 pr. arbejdsplads (for at sikre geografisk spredning, hvis kurset ikke fyldes op kan flere fra samme arbejdsplads deltage)

### ***‘Evidence-based upper limb retraining after stroke’***

This course focuses on helping therapists to minimise upper limb impairments post-stroke, and increase engagement in activities. Workshop notes and content will be based on published research and movement science/motor relearning. Since first being run in 1993, workshop content has been regularly updated to incorporate new evidence. Over 200 courses have been run in Australia, New Zealand, Denmark and the Faroe Islands, South Africa, Chile, Singapore, China, Malaysia, North Korea, India, Scotland and England.

## Learning Objectives:

By the end of the 3 days, participants will be able to:

- **Name** the essential components of normal reach and manipulation.
- **Recognise** common compensations when observing stroke survivors attempting to grasp objects, and **explain** how to minimise compensatory strategies.
- **Name** and **discuss** factors thought to contribute to the development of muscle overactivity, spasticity and stiffness, and intervention strategies to help minimise these secondary problems.
- **Explain** the relationship and differences between overactivity, spasticity, muscle length changes and stiffness, missing essential components and compensations.
- **Plan** and **conduct** an assessment and training session with a stroke survivor using motor learning principles and task-specific practice.
- **Discuss** factors which affect motor learning, and can be modified to enhance learning and increase client practice.
- **Use** an electrical stimulation machine to stimulate upper limb muscles.

**Discuss** current evidence for constraint-induced movement therapy, mental practice, mirror box therapy and electrical stimulation for improving upper limb motor recovery

## Practical work during the course:

Numbers of participants are restricted because there are clinical sessions involving **8 people with stroke** and small groups of 3 therapists. The course presenters assist these teams of therapists to assess and establish a training program for all 8 people with stroke.

## Target audience:

The course is aimed at occupational therapists and physiotherapists who work with stroke survivors (inpatients and community). Therapists working with people affected by traumatic brain injury and other neurological conditions will find the workshop relevant, however, most of the examples provided, and all participant volunteers have had a stroke. Paediatric therapists may also find the workshop helpful, but all examples used will be adult patient groups.

## Undervisere:

**Annie McCluskey** is an occupational therapist and health services researcher. She is an honorary senior lecturer at the University of Sydney, Adjunct Associate Professor at James Cook University, and works as an occupational therapist, research and clinical mentor in private practice. Annie is co-director of the OTseeker evidence database ([www.otseeker.com](http://www.otseeker.com)). Clinical specialty areas include evidence-based interventions and outcome measurement for adults with neurological conditions (particularly stroke and brain injury), motor rehabilitation including upper limb and (adult) handwriting retraining, and optimising community participation.



Annie has received over \$4 million in research funding, and published 75 peer reviewed papers including a Cochrane review, and eight book chapters. She was lead investigator on a cluster randomised trial the

'Out-and-About' trial which evaluated the efficacy and cost effectiveness of a knowledge translation program to help change the practice of occupational therapists and physiotherapists, and improve participation by stroke survivors.

**Karl Schurr** is a physiotherapist and clinician researcher. Until mid 2016, he was employed in the stroke unit at Bankstown-Lidcombe Hospital in Sydney, Australia. Karl has published 23 peer-reviewed papers, including a Cochrane review on the effectiveness of stretching to prevent contractures. An early publication on exercise dosage has been cited over 50 times. He is a co-investigator on several published and ongoing randomised trials evaluating the effectiveness of therapy interventions for older people and stroke survivors.



Karl's commitment to rehabilitation research was recently recognised with an 'Outstanding Research Achievement' award in 2012 by the Ingham Institute for Applied Medical Research. This award followed completion of a \$200,000 project, 'Optimising rehabilitation outcomes' led by Karl, which produced 13 peer-reviewed publications over five years. He presents regularly at national and international conferences, and invited workshops on upper and lower limb rehabilitation after stroke in countries such as Chile, Singapore, India, Denmark, Malaysia, Qatar, Scotland/England and South Africa.

<b>Key references</b>	<p>McCluskey A, Lannin NA, Schurr K, &amp; Dorsch S. (2017). Chapter 40: Optimising motor performance and sensation following brain impairment. In M Curtin, M Egan &amp; J Adams (Eds.). <i>Occupational therapy for people experiencing illness, injury or impairment: Promoting occupation and participation</i> (7<sup>th</sup> ed., pp 582-609). Edinburgh: Elsevier.</p> <p>Murphy MA, &amp; Häger CK. (2015). Kinematic analysis of the upper extremity after stroke: How far have we reached and what have we grasped? <i>Physical Therapy Reviews</i>, 20(3), 137-155.</p> <p>Carr J &amp; Shepherd R (2010). Reaching and manipulation. In <i>Neurological Rehabilitation: Optimizing motor performance 2<sup>nd</sup> ed.</i> (pp. 159-206 plus refs from 123-162). London: Churchill Livingstone. Elsevier.</p>
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**For more details: [www.StrokeEd.com](http://www.StrokeEd.com) (Facebook page: StrokeEd)**



Established in 2011, the StrokeEd collaborators aim to provide evidence-based workshops that improve the skills, knowledge and practice of students and neuro-rehabilitation therapists, and influence the delivery of physical rehabilitation services to stroke survivors.

All four members of the StrokeEd Collaboration are:

- Experienced clinicians, educators and active researchers
- Recognised leaders in their profession
- Higher research degree graduates (PhD or masters by research)
- Providers of rehabilitation in public and/or private health, including tele-rehabilitation
- Registered physiotherapists and occupational therapists

**Our Mission:** To teach evidence-based stroke rehabilitation, to optimise recovery post-stroke

## **Our Vision**

- That graduate physiotherapists and occupational therapists have the skills, knowledge, confidence and competence to routinely deliver evidence-informed physical rehabilitation

That stroke survivors receive prompt, evidence-based rehabilitation regardless of their geographic location, ability to pay, age or the experience of treating therapists

## 3-dags OE kursusprogram 2020

<b>Day 1</b>		
08.00-08.30am		Housekeeping, introductions; workshop overview
08.30-10.10am	<b>Session 1</b>	<b>Movement Analysis 1:</b> Essential components of reach and grasp (cup, pen, cutlery, brush)
10.10-10.30am		** MORNING TEA **
10.30-12.15pm	<b>Session 2</b>	<b>Movement Analysis 2:</b> missing components and compensations with videos
12.15-13.00pm		** LUNCH ** (45 mins)
13.00-14.15pm	<b>Session 3</b>	<b>Being an Effective Coach 1:</b> Focus on goal setting, feedback, practice intensity and measurement with video examples.
14.15-15.15pm	<b>Session 4a</b>	<b>Demonstration 1:</b> Analysis and training of 2 stroke survivors; provide and set-up of overnight practice by tutors
15.15-15.30pm		** AFTERNOON TEA **
15.30-16.30pm	<b>Session 4b</b>	<b>Demonstration 2:</b> Analysis and training of another 2 stroke survivors; provide and set-up of overnight practice by tutors
16.30-17.00pm		Meet for discussion and questions
<b>Day 2</b>		
08.00-09.30am	<b>Session 5</b>	<b>Implications of evidence for clinical practice:</b> Spasticity and contractures; interventions including stretching, splinting, casting, positioning and botulinum toxin
09.30-10.15am	<b>Session 6</b>	<b>Being an Effective Coach 2 &amp; Setting up the Physical Environment to Optimise Practice:</b> With videos
10.15-10.30am		** MORNING TEA **
10.30-12.15am	<b>Session 7</b>	<b>Being an Effective Coach 2 &amp; Setting up the Physical Environment to Optimise Practice;</b> Videos and practical
12.15-13.00pm		** LUNCH **
13.00-13.40pm	<b>Session 8a</b>	<b>Clinical Session 1:</b> Tutors review practice with stroke survivors from Day 1.
13.40-15.30pm	<b>Session 8b</b>	<b>Clinical Session 2:</b> Groups plan for, then analyse and train a new stroke survivor. Set-up/video overnight practice for hospital/home.
15.30-16.00pm		** WORKING AFTERNOON TEA **
15.30-16.30pm		(Evaluation form). Meet for debrief, discussion and questions
<b>Day 3</b>		
08.00-10.15am	<b>Session 9</b>	<b>Lecture presentations reviewing the evidence about effectiveness of interventions.</b> Interspersed with videos and practical: (i) Electrical stimulation (ii) mental practice
10.15-10.30am		** MORNING TEA **
10.30-12.15pm		Session 9 continued (iii) Constraint therapy (iv) Mirror therapy
12.15-13.00pm		** LUNCH **
13.00-13.45pm	<b>Session 10a</b>	<b>Clinical Session 3:</b> Groups review practice and goals for stroke survivor from Day 2. Re-measure and progress practice. Aim for 300 repetitions. Take turns coaching.
13.45-14.00pm		Groups meet for handover. Prepare to train new stroke participant
14.00-15.00pm	<b>Session 10b</b>	<b>Clinical Session 4:</b> Groups assess and train another new stroke survivor. Taking turns training, again aim for 300 reps. Set-up/video take-home practice.
15.00-15.30pm		Working afternoon tea – Groups meet to discuss coaching and give feedback to each other.

15.30-16.00pm		Large group discussion about clinical session. Statement of goal intentions. Complete evaluation form.
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