NovaCare Rehabilitation
The Concussion Dilemma: Recognition, Treatment, Prevention

Course Description
This meeting is to inform and educate the participants on the latest technology and methods available for the management of concussions. The meeting will also describe research which is ongoing to reduce the risk of concussions in contact sports. The presenters will provide recent studies of evidence based medicine and rehabilitation to improve the quality of life for the athlete who suffers a mild traumatic brain injury.

Course Objectives
- Participants will be able to identify 3-5 major regions of the brain with concomitant tests to assess them.
- Participants will be able to list 3-5 common symptoms that prevent or delay return to play.
- Participants will be able to list 3-5 rehab methods to assist in post mTBI management.
- Participants will be able to identify clinical disciplines involved in mTBI management.

AGENDA
7:00 Registration
7:30 Welcome and Opening remarks
7:40 Historical Perspective-Concussion Mngt
8:00 Diagnostic Imaging Relative Value
8:20 Consideration of On field Management
8:40 Cervical Injury Associated w. Concussion
9:00 Follow up Evaluation
9:30 Define the Concussion
10:10 Break
10:30 Dealing With Concussion
10:50 NOC Role in Research of Concussions
11:10 Diagnostic Ocular Testing - Concussion
11:30 Rehab of the Concussed Athlete
- Early Phase Intervention
- Return to Play
12:15 Lunch
1:00 Factors to Reduce Concussions
1:30 Laws that Influence Management
2:00 Vision Training to Improve Performance
3:00 Break
3:20 Vision training Lab
- Section One - Baseball
- Section Two - Football
5:45 Question & Answer Session
6:15 Close

QUESTIONS:
If you have questions, please contact course Coordinator, Erin Melton: emelton@selectmedical.com

Cancellation Policy:
Written notification of cancellation 10 days prior to course date – Refund request will be honored (less $50 processing fee). Cancellation notification within 10 days prior to the course will result in full forfeiture of tuition amount. Select Medical reserves the right to cancel this program. In the event of course cancellation, a full refund will be given.

Please check: □ATC □PT □PTA □Other___________

Name:__________________________________________
Address:________________________________________
City:___________________State:____Zip:_____________
Phone:_________________________________________
Email:__________________________________________
(Please provide E-mail to receive electronic confirmation)

Registration Fee: $200.00

Payment Options:
1. Fax completed registration/payment info to 717.635.3897
Check payable to: Select Medical
2. Credit Card: □Visa □Mastercard □Check
Credit Card number:___________________________
Expiration Date:______ Billing Zip Code:___________
Signature:____________________________________

3. Mail Registration and Check to:
Select Medical  Attn: Erin Melton
1794 N. Parham Road, Richmond, VA  23229
Fax: 717.635.3054
Email: emelton@selectmedical.com

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ENROLLMENT for Select Medical Employees only
http://smportal/Departments/OutpatientDivision/outpatientEducation/SelectLiveProbrams/CourseCalendar/tabid/643/Default.aspx or contact emelton@selectmedical.com for an application form.
Program Accreditation:
Select Medical is an approved provider with the National Athletic Board of Certification #P570 and the Kentucky Physical Therapy Association. 8.75 Contact Hours have been applied for with the Ohio Physical Therapy Association and NSCA.