Esophageal Physiology, Disorders and Dysphagia

Saturday, August 18, 2012
8:00 a.m. – 4:15 p.m.

Intended Audience: SLP Intermediate Level; CEUs: ASHA: .65
Presenter: Caryn Easterling, Ph.D., CCC-SLP

This course will include the discussion of the anatomy and physiology of the esophageal phase of deglutition and present a review of the reflexes that may facilitate clinical symptomatology in the pediatric and adult population. A discussion of the opening mechanism of upper esophageal sphincter during swallowing will be reviewed as well as current techniques used to evaluate, manage and treat disorders of the upper esophageal sphincter. A systematic classification of esophageal disorders with typical presenting symptoms will be included as well as a discussion of the latest technology used to diagnose esophageal disorders, possible management and treatment techniques used by the treating physician. Case studies will be presented and discussed with participants.

Course Objectives
The participant will be able to: (1) state how the esophageal and pharyngeal phase functions interact; (2) identify the use of instrumental techniques in diagnosis and management of esophageal phase disorders; (3) apply current treatment techniques involving the upper esophageal sphincter deglutitive function to their clinical practice.

Course Agenda
7:30 a.m. Registration & Continental Breakfast
8:00 a.m. Esophageal Anatomy & Physiology
8:45 a.m. Classification, Symptoms, Evaluation and Treatment of Esophageal Disorders
10:00 a.m. Break
10:15 a.m. Classification, Symptoms, Evaluation and Treatment of Esophageal Disorders (continued)
12:00 p.m. Lunch (box lunch provided)
1:00 p.m. Instrumental techniques with examples
2:30 p.m. Break
2:45 p.m. Case Presentations and discussion
4:00 p.m. Course Adjournment

Presenter
Caryn Easterling received her Ph.D., CCC-SLP from the University of Wisconsin-Madison. Dr. Easterling is a member of the faculty in the Department of Communication Sciences and Disorders Department at the University of Wisconsin in Milwaukee, WI. She has a faculty appointment in the Department of Neurology at the Medical College of Wisconsin. Caryn has been on the Advisory Board for the Special Interest Division 13, Treasurer for the Board for Specialty Recognition in Swallowing and Swallowing Disorders and currently serves on the Board of Directors for the Dysphagia Research Society. Dr. Easterling has presented and published in the area of swallowing and swallowing disorders nationally and internationally.

This educational activity’s planners and the presenter(s) have indicated they have no bias or conflict of interest. Marianjoy Rehabilitation Hospital has not received any commercial support for this program.

This course is offered for .65 ASHA CEUs (Intermediate Level, Professional Area)
REGISTRATION INSTRUCTIONS

1 Select the course(s) you are registering for from the menu below.

Please Note: If registering for a group rate, please complete a registration form for each participant. All registration forms must be included with payment.

AUGUST 18, 2012
Esophageal Physiology, Disorders and Dysphagia
Registration Deadline: 8-11-12
☐ EARLY REGISTRATION FEE: $179 (Received by 7-31-12)
☐ SINGLE REGISTRATION FEE: $199
☐ GROUP REGISTRATION FEE PER REGISTRANT: $179
(2 or more from one facility)

SEPTEMBER 15-16, 2012
INTRODUCTION TO THE NEURO-IFRAH® APPROACH: The Treatment and Management of Adults with Hemiplegia from a Stroke or Brain Injury
Registration Deadline: 9-1-12
☐ EARLY REGISTRATION FEE: $330 (Received by 8-18-12)
☐ SINGLE REGISTRATION FEE: $350
☐ GROUP REGISTRATION FEE PER REGISTRANT: $330
(2 or more from one facility)

SEPTEMBER 19-21, 2012
Comprehensive Review of Rehabilitation Nursing
Registration Deadline: 9-14-12
☐ EARLY REGISTRATION FEE: $350 (Received by 8-31-12)
☐ SINGLE REGISTRATION FEE: $400
☐ GROUP REGISTRATION FEE PER REGISTRANT: $350
(2 or more from one facility)

NOTE: September 15-16 Course Only: Registrations may be accepted after the deadline date, but will be subject to a $50.00 late processing fee due to the shipping costs of the materials and certificates.

2 Complete participant and payment information and return this entire form.

PARTICIPANT INFORMATION:
Name ________________________________________________
Organization __________________________________________
Billing Address _________________________________________
City/State/ZIP _________________________________________
Phone _______________________________________________
E-Mail _______________________________________________
☐ Check here to receive email updates on future classes.

DISCIPLINE:
☐ OT ☐ OTA ☐ PT ☐ PTA ☐ Nurse ☐ SLP
☐ School Couns. ☐ Other _____________________________
☐ Social Worker: license # ___________________________

Registration Questions? Call 630-909-6923 or visit www.Marianjoy.org/MPLI

Require Special Accommodations (Please Specify):
_________________________________________________________________

NOTE: Due to fluctuations in room temperature, please bring a sweater or light jacket.

OCTOBER 13, 2012
BEYOND 20/20: Addressing Visual Deficits following Stroke or Brain Injury
Registration Deadline: 10-5-12
☐ EARLY REGISTRATION FEE: $179 (Received by 10-1-12)
☐ SINGLE REGISTRATION FEE: $199
☐ GROUP REGISTRATION FEE PER REGISTRANT: $179
(2 or more from one facility)

NOVEMBER 2-3, 2012
UPDATE FOR 2012: Breaking the Cycle of Pain
Registration Deadline: 10-26-12
Day 1: Evidence-based Strategies for Effective Management of Chronic Pain
PT, PTA, OT, OTA, Nurse, Social Workers
Day 2: Integrated Treatment of the Thorax
PT, PTA, OT, OTA

☐ EARLY REGISTRATION FEE: (Received by 10-2-12)
☐ Day 1 only: $170 ☐ Day 2 only: $170 ☐ Both Days: $342
☐ SINGLE REGISTRATION FEE:
☐ Day 1 only: $190 ☐ Day 2 only: $190 ☐ Both Days: $380
☐ GROUP REGISTRATION FEE PER REGISTRANT:
(2 or more from one facility)
☐ Day 1 only: $180 ☐ Day 2 only: $180 ☐ Both Days: $360

Break-out Sessions: Select One
☐ Session A: Neural Mobility
☐ Session B: Cervical Exercise
☐ Session C: Graded Motor Imagery
☐ Session D: Calming the Nervous System

PAYMENT METHOD:
☐ CHECK made payable to “Marianjoy Rehabilitation Hospital”
☐ VISA ☐ MASTERCARD

Account Number __________________________________________
Exp. Date __________________ CVV# __________________

Name on Card ___________________________________________
Signature ______________________________________________

RETURN METHOD:
BY MAIL Mail entire completed form to:
Marianjoy Rehabilitation Hospital
26W171 Roosevelt Road • Wheaton, IL 60187
Attn: Phyllis Caranci

BY FAX: 630-784-2499 Fax completed form with payment information

BY PHONE: 630-909-6923 To phone your registration and payment information

Cancellation/Refund Policy
A tuition refund less $50.00 administrative fee is available if your cancellation request is received in writing within 7 days prior to the program date. No refunds will be granted after that date. In the unlikely event that Marianjoy must cancel an educational event for any reason, you will receive a full refund of your paid tuition. Marianjoy does not assume responsibility for any other expenses incurred by the registrant.