

# 2020 IACN Annual Educational Symposium

Topics in Chiropractic & Neurosciences

Using Facts, Evidence and Experience to Enhance Chiropractic Care

Presented by: International Academy of Chiropractic Neurology

## Syllabus for 2020 IACN Annual Educational Symposium

The International Academy of Chiropractic Neurology is a nonprofit organization consisting of credentialed chiropractic neurologists and electro-diagnosticians seeking to continue their education and promote the neurological sciences. This symposium is an annual event structured to accomplish one of the missions of the academy.

The total number of continuing education of hours offered is 19 CEU, but due to dual tracks on Sunday, only 16 CEU are available for any one attendee. The outline below is structured to demonstrate the course title, instructor, and learning objectives chronologically. Instructor qualifications are maintained separately. This program will be held at Residence Inn By Marriot, Daytona Beach, Oceanfront, 3209 South Atlantic Avenue Daytona Beach Shores, Florida 32118 .

***Friday, February 21, 2020***

**5 CEU.**

**1:00PM - 6:00PM**

<u>Time</u>	<u>Topic/Objectives</u>	<u>Speaker</u>
1:00 PM – 2:00 PM (1 CEU)	<b><i>Hospital Based Chiropractic Practice</i></b>  <b><u>Class Objectives:</u></b> <ol style="list-style-type: none"><li>1. Itemize steps required to set up a hospital based chiropractic practice.</li><li>2. List the doctor and patient advantages and disadvantages of a hospital based chiropractic practice.</li><li>3. Be familiar with typical and atypical cases seen in hospital based chiropractic practice.</li></ol>	<b>Paul Blomerth, DC, FIACN –</b> Dr. Blomerth graduated Logan College of Chiropractic, summa cum laude in 1983, and has practiced in a hospital setting for over 20 years. As society looks to improve health care and lower costs to patients, He will discuss various aspects of working in an interdisciplinary environment.
2:00 PM – 3:00 PM (1 CEU)	<b><i>Concussion: A Brief Review</i></b>  <b><u>Class Objectives:</u></b> <ol style="list-style-type: none"><li>1. Recite the current standards for treating a concussion.</li><li>2. Detail a plan of implementation of concussion treatment protocols into a specific patient care plan.</li><li>3. Identify when a concussion patient is ready to resume normal activities again safely.</li></ol>	<b>Dylan Saulsbery DC, DIBCN, DIBE –</b> With the epidemic of sports related concussions and the public spotlight, Dr. Saulsbery will review standards for the assessment, treatment and management of the concussion patient.
3:00 PM – 4:00 PM (1 CEU)	<b><i>Case: Autonomic Nervous System</i></b>  <b><u>Class Objectives:</u></b>	<b>Michael Hennings DC, FIACN –</b> With an emphasis on chiropractic care and the

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	<ol style="list-style-type: none"> <li>1. Recognize Cyclic Vomiting Syndrome in chiropractic practice.</li> <li>2. Cite possible etiologies of Cyclic Vomiting Syndrome and describe dysautonomia.</li> <li>3. List potential benefits of chiropractic care for patients suffering from Cyclic Vomiting Syndrome.</li> </ol>	nervous system, Dr. Hennings will discuss aspects of the autonomic nervous system function via a case of Cyclic Vomiting Syndrome which was successfully treated with chiropractic methods.
4:00 PM – 5:00 PM (1 CEU)	<p><b>Case: Neuro-Rehabilitaion</b></p> <p><b>Class Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Identify signs of patients suffering from Traumatic Brain Injury (TBI).</li> <li>2. Compare and contrast “low tech” neuro-rehabilitation modalities vs. “high tech” neuro-rehabilitation equipment.</li> <li>3. 3. Recognize markers for gauging outcome and improvement in suffering from Traumatic Brain Injury (TBI).</li> </ol>	<p><b>Henry Zaremba, DC, DIBCN–</b></p> <p>Dr. Zaremba will present a case of a severely brain injured race car driver who presented to his clinic for neurological rehabilitation. The session will be supplemented with actual patient video. The session will be supplemented with actual patient video.</p>
5:00 PM – 6:00 PM (1 CEU)	<p><b>Concussions &amp; Eye Movements</b></p> <p><b>Class Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Cite articles reviewed from scientific literature on the diagnosis of concussion.</li> <li>2. Explain the clinical diagnostic utility of eye movement assessment and its relation to concussion.</li> <li>3. Describe therapies for concussion based on eye movement exercises.</li> </ol>	<p><b>Amber Kingsley, DC, DIBCN–</b></p> <p>Dr. Kingsly will present a case of a severely brain injured race car driver who presented to his clinic for neurological rehabilitation. The class will follow the neuro-rehabilitation care of this individual.</p>

**Saturday, February 22, 2020**

**8 CEU**

**9:00AM - 6:00PM**

<u>Time</u>	<u>Topic/Objectives</u>	<u>Speaker</u>
9:00AM – 12:00 AM (3 CEU)	<p><b>Stroke, Beyond Imaging in Radiology</b></p> <p><b>Class Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Describe basic principles of MRI, primarily how it creates images based on composition of the tissue.</li> </ol>	<p><b>Munyeong Choi, DC, DACBR –</b></p> <p>Cardiovascular disease and stroke are the greatest killers of Americans. Diagnostic imaging quality, resolution and understanding is constantly</p>

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	<ol style="list-style-type: none"> <li>2. Draw out basic intracranial vascular anatomy.</li> <li>3. Compare and contrast benefits and pitfalls of T1 weighted images with T2 weighted images.</li> <li>4. List different pulse sequences of MRI used for stroke imaging.</li> <li>5. Appreciate the value of advanced imaging studies in diagnosis of stroke.</li> <li>6. Discuss different types of stroke and its presentation on diagnostic imaging studies.</li> <li>7. List types of imaging which would be preferred based upon the stroke presentation.</li> <li>8. Describe pathophysiology of stroke in relation to diagnostic imaging studies.</li> <li>9. Itemize and discuss diagnostic imaging options in stroke diagnosis.</li> </ol>	<p>improving and diagnostic imaging remains the major laboratory examination in stroke. Dr. Choi will review the use of diagnostic imaging in the diagnosis of stroke. He will focus on advanced imaging and the use of pulse sequences to help physicians with an accurate diagnosis.</p>
<p>12:00 PM 1:00 PM</p>	<p><b><i>IACN Luncheon</i></b></p>	
<p>1:00 PM 3:00 PM (2 CEU)</p>	<p><b><i>Cervical Manipulation and Stroke.</i></b></p> <p><b><u>Class Objectives:</u></b></p> <ol style="list-style-type: none"> <li>1. Outline methods used and estimations of the incidence of cervical spinal manipulative therapy and subsequent vertebrobasilar ischemia.</li> <li>2. Describe and discuss cerebrovascular hemodynamics.</li> <li>3. Review and discuss past and present scientific literature related to cervical spinal manipulative therapy and subsequent vertebrobasilar ischemia.</li> <li>4. Explore issues and examination procedures related to patient assessment as well as vertebrobasilar ischemia recognition and proper diagnosis.</li> <li>5. Define and contrast currently suggested procedures and develop a vertebrobasilar ischemia plan of action.</li> <li>6. Identify and define new theoretical concepts and disease prophylaxis.</li> </ol>	<p><b>Joseph S. Ferezy, DC, FIACN -</b> The chiropractic neurologist is uniquely qualified to be the world's foremost authority on the complex issue of cervical adjustments and any relation to cerebrovascular accidents (CVA). This class is designed to thoroughly discuss the issue of Cervical Spinal Manipulative Therapy (CSMT) and subsequent Vertebrobasilar Ischemia (VBI).</p>

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<p>3:00PM – 6:00PM (3 CEU)</p>	<p><b><i>Neurorehabilitation and the Vestibular Laboratory Assessment.</i></b></p> <p><b><u>Class Objectives:</u></b></p> <ol style="list-style-type: none"> <li>1. Describe the anatomical structures and basic physiology of parts of the nervous system typically involved in the production of dizziness and vertigo.</li> <li>2. Define modes of presentation, providers consulted and other aspects primary and secondary dizziness.</li> <li>3. Review serious and other uncommon causes of dizziness.</li> <li>4. Itemize tests designed to distinguish peripheral vestibular causes from central vestibular causes.</li> <li>5. Review and describe basic in office neuro-otologic tests, examination techniques and algorithms as well as specialty evaluations used in diagnosis and treatment of vertigo and balance disorders.</li> <li>6. Describe and explain the clinical utility of advanced testing and treatment considerations for dizziness including evaluation of vestibulo-ocular reflexes (VORs) and describe Vestibulospinal reflexes (VSRs).</li> <li>7. Discuss in detail the components and significance of the videonystagmogram (VNG).</li> <li>8. Discuss in detail the components and significance of Posturography.</li> </ol>	<p><b>J. Donald Dishman, DC, FIACN -</b> The complaint of dizziness is one of the most common in clinical practice for any number of providers, including the doctor of chiropractic. Many forms of vertigo, including a common condition, known as benign paroxysmal positional vertigo, or BPPV, may be differentiated, diagnosed and treated using a variety of “low tech” and “high tech” tests and therapies available today for the chiropractic physician. This class will focus on the vestibular laboratory assessment and various forms of neuro-rehabilitation for treatment of dizziness, vertigo and balance issues.</p>
<p>6:00 pm</p>	<p><b>CLASSES CONCLUDE</b></p>	

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*Sunday, February 23, 2020*

**3 CEU (x TWO TRACKS)**

**9:00AM - 12:00PM**

## TRACK A

<u>Time</u>	<u>Topic/Objectives Track One</u>	<u>Speaker</u>
<p>9:00AM – 12:00PM (3 CEU)</p>	<p><b><i>Cases in Electrodiagnosis: A Class Discussion.</i></b></p> <p><b><u>Class Objectives:</u></b></p> <ol style="list-style-type: none"> <li>1. Select proper electrodiagnostic tests based upon the patient presentation and examination.</li> <li>2. Refine electrodiagnostic testing practices and techniques.</li> <li>3. Defend reasoning behind test selection and performance.</li> <li>4. Critically evaluate the quality and necessity of motor latency, and motor and sensory nerve conduction tests in a particular case instance.</li> <li>5. Critically evaluate the quality and necessity of electromyographic tests in a particular case instance.</li> <li>6. Critically evaluate the quality and necessity of evoked potentials in a particular case instance.</li> <li>7. Review indications and contraindications for various types of electrodiagnostic testing.</li> <li>8. Discuss the possible addition of musculoskeletal ultrasound to electrodiagnostic studies.</li> <li>9. Critically evaluate the use of electrodiagnostic testing in each individual case.</li> </ol>	<p><b>Moderator: J. Donald Dishman, DC;</b></p> <p>This class includes multiple case presentations followed by group question/answer and case discussion. Cases include interesting and difficult cases to be submitted by the class and those brought by the Moderator.</p>

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## TRACK B

<u>Time</u>	<u>Topic/Objectives Track One</u>	<u>Speaker</u>
9:00AM – 12:00PM (3 CEU)	<p><b><i>The Chiropractic Neurological Evaluation: A Discussion and Practical.</i></b></p> <p><b><u>Class Objectives:</u></b></p> <ol style="list-style-type: none"> <li>1. Perform a proper patient history, with emphasis on issues relevant to the patient’s complaint.</li> <li>2. Perform a brief screening evaluation of cranial nerve function.</li> <li>3. Perform a brief screening examination of muscle strength, tone and volume.</li> <li>4. Perform a brief screening examination of deep and superficial sensation.</li> <li>5. Perform a brief screening examination of deep, superficial, visceral and pathologic reflexes.</li> <li>6. Practice patient motor, sensory, reflex and station and movement testing.</li> <li>7. Describe the steps involved, and practice special neurological tests including the Hallpike maneuver.</li> <li>8. Discuss the clinical relevance of special neurological tests including the Hallpike maneuver.</li> <li>9. List aspects related to age, ethnicity and gender which may alter your approach to the neurological examination</li> </ol>	<p><b>Joseph S. Ferezy, DC</b> – Dr. Ferezy has authored a textbook on the “Chiropractic Neurological Examination”. “Low tech” bedside-type clinical examination testing skills appear to be atrophying in other professions, as dependence on laboratory testing increases. The chiropractic neurologist must remain ever vigilant to maintain proficiency in these “hands on” clinical examination testing skills. Dr. Ferezy will review essentials of all aspects of the clinical neurologic evaluation, and participants will have time for supervised practice of these skills.</p>