<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:00 – 8:30</td>
<td>Registration &amp; Continental Breakfast</td>
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<tr>
<td>8:30 – 8:40</td>
<td>Opening Remarks</td>
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<tr>
<td>8:40 – 9:30</td>
<td>Opening Keynote Address</td>
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<tr>
<td>9:30 – 10:00</td>
<td>Morning Break, Poster Viewing, Exhibit Viewing</td>
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<tr>
<td>10:00 – 11:00</td>
<td>Morning Breakout sessions</td>
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### Session A

From Emergency to Restorative Care: How direct admission to a rehab bed improves elderly patients' health outcomes and provides a new approach to geriatric rehabilitation and restoration

**Karen Truter RN(EC), MN, CHPCN(C)**
Nurse Practitioner, Post-Acute Specialty Services, Northumberland Hills Hospital

**Learning Objectives:**
- Application of gerontology practice where such knowledge/practices did not previously exist
- A new definition of high-risk population for increased frailty through GS data
- Foundation work for definition of ‘restorable’ – need to rethink ‘rehab’ for this cohort
- Gerontological NP-led Model of Care – system impact
- GEM nurse – system impact – early identification of GS and admission diversion
- A&R Model of Care provides a structure for clinical competencies – building capacity/standardization

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Malcolm Moffat, MHSc CHE
Chair, GTA Rehab Network Best Practices Day Planning Task Group
Executive Vice President, Sunnybrook Health Sciences Centre
**Conference Program**

- Direct admission to A&R in post-acute care - State of excellence for older persons

**Session B**

Supporting Caregivers across the Care Continuum  

*Jill I. Cameron, PhD*

Associate Professor, Department of Occupational Science and Occupational Therapy and Rehabilitation Sciences Institute, Faculty of Medicine, University of Toronto and an Affiliated Scientist at Toronto Rehabilitation Institute - UHN.

**Learning objectives:**
- Understand the important role family caregivers play across the care continuum
- Understand caregivers support needs and how they change across the care continuum
- Consider a model of caregiver support and mechanisms for intervention delivery
- Consider application of model to a broad range of illness populations

**Session C**

The Impacts of Botulinum Toxin-A on People with Spasticity secondary to an UMN Syndrome  

*Pearl Gryfe, M.Sc., B.Sc.OT Reg (ON)*  
Clinical and Managing Director, Assistive Technology Clinic, Sunnybrook Health Sciences Centre and Baycrest Brain Health Centre  

*Triina Forbell, B.Sc.Kin Kinesiologist*  
Assistive Technology Clinic, Baycrest Site

**Learning Objectives:**
- Clinical review of spasticity
- Examine common assessment tools; recognize how to assess spasticity and how to set the goals of treatment
- Review recognized instruments with regards to setting appropriate goals
- Appraise and discuss adjunctive therapies and rehabilitative treatment options for spasticity management
- Appraise the evidence with regards to multidisciplinary treatment of spasticity using BTX-A
- Case review/discussion and identify future directions in managing spasticity for complex clients.

**Transition time to RPP**

11:00 – 11:10

**Rapid Podium Presentations**

**Presentation #1**

Brain Gain: Technology-Infused Cognitive Rehabilitation for Kids with Brain Injuries
<table>
<thead>
<tr>
<th>Presentation #2</th>
<th>Matters of the Plate – A Volunteer Meal Assistance Program (MAP) to Improve the Dietary Intake of Stroke Patients in a Rehabilitation Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenters:</td>
<td><strong>Sara Stevens, Ph.D., C.Psych</strong> Clinical Neuropsychologist, Brain Injury Rehabilitation Team, Holland Bloorview Kids Rehabilitation Hospital Clinical Team Investigator, Bloorview Research Institute</td>
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<td></td>
<td><strong>Lisa Kakonge, M.Sc., Reg. CASLPO, SLP, CCC-SLP</strong>, Speech and Language Therapist, Brain Injury Rehabilitation Team, Holland Bloorview Kids Rehabilitation Hospital</td>
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**Presentation #3**
Expanding Professional Scope through Knowledge Translation and Collaboration

**Presentation #4**
The Implementation of a Care Stream Model in a Rehabilitation/CCC Facility to Support Coordination, Education and Service Delivery for an Integrated Regional Rehabilitation System across the Full Continuum of Care

**Presentation #5**
Advancing Stroke Expertise: Implementing the Southwestern Ontario Stroke Network Rehabilitation Stroke Unit Orientation Resource

**Presentation #6**
Introduction of iPad Patient and Family Satisfaction Surveys on the Lakeridge Health Integrated Stroke Unit

<p>| Presenters:    | <strong>Wendy Lopez, RD</strong>, Registered Dietitian, St. John's Rehab program, Sunnybrook Health Sciences Centre |
|                | <strong>Julia Foster, MScOT, OT Reg. (Ont.)</strong> Coordinator, Vision Technology Service &amp; SNOW, Inclusive Design Research Centre |
|                | <strong>Denise Taylor, PT MPH, BScPT</strong> Physiotherapist, St. Joseph’s Care Group, Lakehead Psychiatric Hospital |
|                | <strong>Susan Franchi, MA (SLP), MA (Mgt)</strong> Director of Outpatient Rehabilitative Care and Chronic Disease Management, St. Joseph’s Care Group, Lakehead Psychiatric Hospital |
|                | <strong>Lyndsey Butler, OT Reg. (Ont.)</strong> Southwestern Ontario Stroke Network |
|                | <strong>Amy Maebrae-Waller, B.Sc.(PT), BS(KIN)</strong> District Stroke Coordinator, Lakeridge Health |</p>
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<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>12:10 – 1:30</td>
<td>Lunch, Poster Viewing, Exhibit Viewing, Voting for People’s Choice Awards</td>
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<tr>
<td>1:30 - 2:10</td>
<td>Afternoon Breakout sessions &amp; presenters</td>
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### Session A
**Early Mobility in the ICU - Translating the Rehab Approach into Acute Care**

**Vincent Lo, BSc.PT**  
Lecturer, University of Toronto  
Critical Care Physiotherapist, Medical Surgical Intensive Care Unit  
Toronto General Hospital, UHN

**Learning Objectives:**
- To gain a better understanding of the impact of critical illness.
- Specifically to appreciate the profound weakness and deconditioning associated with a protracted ICU stay.
- Discuss barriers to early mobility.
- See and experience first-hand modern ICU rehab approaches and observe actual treatment sessions via videotapes.

### Session B
**Not Confident? Feeling Unsafe? Empowering Staff to Manage Challenging Behaviours in Rehabilitation**

**Edith Ng, MSc, BSc(OT), OT Reg.(Ont.)**  
Toronto Rehab, University Health Network  
**Nathalie Brown, RP, BA**  
University Health Network

**Learning Objectives**
- At the end of the session participants will be able to:
  - Understand the behaviour management strategy selection process
  - Describe the type of process used to support staff in managing behaviours
  - Discuss the impact of the processes implemented

### Session C
**Implementation and Evaluation of a Community-Based Intensive Rehabilitation Program to Transition Patients Home Earlier from “Assess and Restore” Rehabilitative Care and Build Rehabilitative Care System Capacity**

**Joan DeBruyn, MSc  BScOT OT Reg. (Ont.)**  
Project Manager, Waterloo Wellington Community Care Access Centre  
**Helen Janzen Ezekiel  HBSc (Bio), Registered PT, BHSc (PT)**
### Conference Program

**Director of Patient Services with the Waterloo Wellington Community Care Access Centre (Post-transition Waterloo Wellington Local Health Integration Network) and Physiotherapist. Waterloo Wellington CCAC**

**Learning objectives:**
- Identify the patient outcomes and patient experience of the Rapid Recovery Therapy Program
- Describe the components and key success factors of the Rapid Recovery program that support an earlier transition to rehabilitative care in the community.
- Identify how the program impacts access to inpatient rehabilitative care and contributes to reduced ALC days
- Identify the financial implications of implementing the program
- Consider how a similar program could be implemented in your context

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<tr>
<td>2:10 – 2:20</td>
<td><strong>Transition Time</strong></td>
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<td>2:20 – 3:30</td>
<td><strong>Closing Keynote Address</strong></td>
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<tr>
<td></td>
<td>The challenge of frailty in providing rehabilitation to older adults.</td>
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<td><strong>Dr. Ken Rockwood MD FRCP, FRCP</strong></td>
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<td>Professor of Geriatric Medicine, Dalhousie University, Halifax, Canada.</td>
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<td>As populations age, so too and inevitably does the number of people whose many medical and social needs define them as frail. The challenge of frailty is its complexity, which is “the burden and the glory” of caring for older adults. Nowhere is this truer than in providing rehabilitation. Effective rehabilitation requires individualized care plans. These in turn require multidisciplinary assessments and effective interprofessional collaborative practice. Done well, each of these is deceptively easy. Done less well, the process can range from being merely inefficient to being broadly excruciating. Many teams fall somewhere away from either extreme. This presentation will focus on exactly what it is about frailty that makes care a challenge, and which types of best practices are most likely to address that challenge. It will offer a self-diagnostic for how well your team might be doing. Patient-centredness will be promoted, both to resolve many of the issues that arise from complexity, and to focus practice and its evaluation. Several useful clinical signs relevant to a rehabilitation practice (such as the “fridge sign” on home visits, or the crucial importance of change in bed mobility in signaling acute illness) will be offered. Prior to a formal questions/comments period, audience members will be invited to offer their own such clinical pearls.</td>
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<tr>
<td>3:30 – 3:45</td>
<td><strong>People’s Choice Awards and Closing Comments</strong></td>
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<td><strong>Charissa Levy</strong></td>
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<td>Executive Director, GTA Rehab Network</td>
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