

Primitive Reflexes:

Strategies to Promote Integration Strengthening Foundational Skills

Janine Wiskind MS, OTR/L, CBIS



Faculty

Janine Wiskind MS, OTR/L, CBIS engages her audience with her dynamic teaching style and makes intense information easy to understand and apply. As a pediatric occupational therapist, beginning her career in brain injury, Janine cultivated her specific concentration in vision, which has in turn, led her to specializing in primitive reflex integration. Janine published articles relating to dysfunction in the pediatric population and has been involved in research on the pediatric brain injury unit. Working for inpatient rehab, outpatient, home health, the school system, and now within her own clinic has provided Janine with an extensive opportunity to work with a variety of pediatric populations and has led to her diverse array of expertise. Her clinic, On Solid Ground, focuses on primitive reflex integration, sensory integration, and, also focuses on the family unit to tie clinic gains to functional changes within the home and family system. The goal of her teaching and class work is to provide effective concepts that will be pertinent in your everyday practice.

Disclosures: Financial: Janine Wiskind receives an honorarium from Education Resources, Inc. Non-financial: Janine Wiskind has no relevant nonfinancial relationships to disclose

About this Course

Hone your skills in the evaluation and treatment of primitive reflexes through interactive labs and case studies by utilizing a functional and play-based approach. This approach provides your pediatric clients with the foundation they need to reach function goals more quickly. Labs to allow therapists to practice the evaluation skills and walk away with the tools, resources, and supporting research to effectively treat their clients and improve functional outcomes.

Objectives

At the completion of this course participants will be able to:

- ① Explain the three levels of motor control in the central nervous system, articulate the functions of each area, and their relationships to each other
- ① Correlate current research to the evaluation and treatment of primitive reflexes
- ① Describe the importance of structural development and alignment of the pelvis and trunk
- ① Effectively perform a primitive reflex integration assessment
- ① Design a treatment plan to address retained primitive reflexes to utilize effective intervention strategies to strengthen your client's foundational skills, improve client outcomes, and increase engagement in functional activity

Audience

OTs, OTAs, PTs, And PTAs working with the pediatric population.

"Fantastic speaker and great information related to functional abilities and clinical practice." – H. Wrezinkski, PT

Help your patients achieve better outcomes.

Schedule – Day 1

7:30-8:00	Registration/Continental Breakfast
8:00-8:15	Course Overview and Introductions
8:15-9:45	The Neuroanatomy of Primitive Reflexes: Neural Pathways, Research, and Relevance to Evaluation and Treatment
9:45-10:00	Break
10:00-12:00	Posture, the Ribcage and Pelvis: Impact of Structure on Reflex Integration
12:00-1:00	Lunch (on your own)
1:00-1:30	The Somatosensory System: Where Reflex Integration Begins
	The Haller Method Body Mapping
1:30-2:45	LAB: Haller Method Body Mapping
2:45-3:00	Break
3:00-4:30	LAB: Evaluation and Intervention Strategies of Primitive Reflexes: <ul style="list-style-type: none"> ④ Moro Reflex ④ Hands Pulling and Hands Supporting Reflex ④ Tonic Labrynthine Reflex ④ Landau Reflex ④ Symmetrical Tonic Neck Reflex

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Schedule – Day 2

7:30-8:00	Registration/Continental Breakfast
8:00-9:45	LAB: Evaluation and Intervention Strategies of Primitive Reflexes: <ul style="list-style-type: none"> ④ Spinal Galant ④ Asymmetric Tonic Neck Reflex ④ Amphibian Reflex ④ Babinski Reflex
9:45-10:00	Break
10:00-12:00	LAB: Evaluation and Intervention Strategies of Primitive Reflexes: <ul style="list-style-type: none"> ④ Babkin-Palmomental Reflex ④ Palmar Reflex ④ Plantar Reflex
12:00-1:00	Lunch (on your own)
1:00-1:45	LIVE CASE STUDY: Evaluation of 1-2 pediatric clients
1:45-2:45	Case Study Discussion: Designing Treatment Plans Discussing Evaluation and Treatment Ideas
2:45-3:00	Break
3:00-4:30	Synthesize Evaluation with Treatment of Primitive Reflexes: <ul style="list-style-type: none"> ④ Putting it all together: Evaluation and Treatment of all Primitive Reflexes ④ Formulating a “recipe” of treatment to use on Monday

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Credits

This course meets the criteria for 14 contact hours (1.4 CEUs). Application has been made to the **NJ** Board of Physical Therapy Examiners. The **PA** State Board of Physical Therapy recognizes other state board approvals. This workshop meets accepted standards for continuing competence as outlined by the **CT** General Statutes.

Approved provider by the **NY** State Board of Physical Therapy for 16.8 contact hours.



Approved provider of continuing education by the American Occupational Therapy Association #3043, for 14 contact hours - Intermediate Level Occupational Therapy Process: assessment, intervention. The assignment of AOTA CEUs does not imply endorsement of specific course content, products or clinical procedures by AOTA.

NBCOT professional development provider – 14 PDUs

12 hours of this course qualify towards the discipline-specific hours for the 20-hour requirement for NDTA re-certification. They do NOT qualify towards the 8-hour NDTA Instructor requirement for re-certification.

Please contact us with any special needs requests: info@educationresourcesinc.com or 508-359-6533

Locations and Dates - 2020

Aug 22-23	Staten Island, NY	Staten Island University Hospital
Sept 25-26	Pittsford, NY	Camp Arrow Head



\$435 fee. Group rate (3 or more must register together) \$410. Registration will be accepted after deadline on a space available basis. Cancellation accepted up until 2 weeks before course, minus an administration fee of \$75. NO REFUNDS WITHIN 2 WEEKS OF COURSE.

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Limited enrollment. We encourage you to register online!

Primitive Reflexes/Wiskind

☐ Aug/NY ☐ Sept/NY

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Needed in the event of an emergency scheduling change

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