

## MEETING HIGHLIGHTS – BIENVENUE á MONTRÉAL

### Wednesday, September 10

#### Specialty Day

1:30 PM to 5:30 PM

This is a very special program that has been planned in answer to requests by the specialties within AACPDm for advanced, specialty-specific sessions. This year the sessions will focus on: limb deficiency (recommended for orthopaedic surgeons, physical therapists and nurses); adult transition issues planned by the AACPDm Life Span Care Committee; and the current management of epilepsy.

#### President's Welcoming Reception

Join exhibitors, friends, new members and guests at a welcoming reception Wednesday night at 6:00 PM in the exhibit hall. Light hors d'oeuvres will be served. Afterward, take advantage of one of the many great restaurants near the hotel. Check [www.aacpdm.org](http://www.aacpdm.org) to find a listing of restaurants. Don't forget to register any guest so they will have a badge and a drink ticket.

### Thursday, September 11

#### Dessert with the Exhibitors

12:15 PM to 1:00 PM

Don't have dessert while you are out at lunch. Come back to the exhibit hall for the ICE CREAM WAGON.

#### Business Meeting and Lunch

11:30 AM to 1:00 PM

Members-only lunch and business meeting will be held immediately following the morning free paper sessions. The meeting will be in the General Session room. Members are asked to quickly go through the buffet line and take a seat toward the front of the large room. Only members who sign up and have a ticket will get lunch, so please don't forget to sign up.

#### Bonjour Montréal City Tour – Montréal by Night

6:30 PM to 8:00 PM

Specially planned for AACPDm, this tour is ideal for first time visitors and takes participants past some of Montréal's most important sites: Mount Royal (affording a beautiful view of the city); the Latin Quarter, with its renovated Victorian row houses & unique outdoor staircases, restaurants and night clubs; the "Golden Square Mile" on Sherbrooke Street with its museums, boutiques and restaurants. The tour ends in Old Montréal at Notre Dame Basilica, a splendid example of English gothic revival architecture. Every year hundreds of thousands of visitors from around the world come to see the unique and richly decorated interior. After your visit, your guide will point out the many gourmet restaurants, cafes and bistros where you can enjoy dinner. Those who do not wish to stay in the Old Port for dinner can take the bus back to the hotel. If you stay for dinner, the hotel is within walking distance or you can take a taxi. **Tour cost is \$26 US per person.**

#### St. Lawrence River Dinner Cruise

6:30 PM to 11:00 PM

Enjoy the spectacular panoramic views while cruising on the

historic St. Lawrence River. You'll savor the local cuisine while being served by attentive waiters and waitresses. A sample menu might include; Cold Canapés, Wild Mushroom Terrine and Fine Herbs Vinaigrette, Seasonal Soup, Sauteed Fillet of Perch with A Fresh Basil Pesto or Pan-fried Breast of Chicken enhanced with Romanoff Sauce, Vegetable, and Saguenay Blueberry Cake with Passion Fruit Coulis. (Menu subject to change). The cost includes bus transportation to and from le Vieux-Port de Montréal. **Reservations limited so reserve early. \$70 US per person.**

### Saturday, September 13

#### International Affairs Lunch

11:30 AM to 1:00 PM

The topic of the International Affairs Luncheon will be international adoption. Lisa Albers, MD, MPH, a developmental pediatrician at Children's Hospital Boston, has traveled extensively with parents adopting children in China. She has also visited orphanages in Romania, Lithuania, and South East Asia. She has also co-authored several original publications on adoption. She serves on several boards including the Center for Family Connections. **Luncheon is \$35 US.**

#### Benefits you will receive by participating:

1. **Choose from 30 Instructional Courses, 51 Free Papers, and 8 "Breakfast with the Experts":** select topics and speakers to fit your educational needs.
2. **Take Away Resource Materials:** handouts are available from each instructional course you attend; abstracts of free papers are compiled and given to each registrant; tapes are available for purchase.
3. **International Participation:** learn what research and technical advances are taking place outside North America.
4. **Learn from Experts:** speakers who have written the textbooks and journal articles and are doing the research.
5. **Reduced-Rate Accommodations:** a block of reduced-rate accommodations has been reserved at the Fairmont Queen Elizabeth Hotel.
6. **Special Networking Opportunities:** join your colleagues at the Opening Reception Wednesday night, meet at the complimentary breakfasts each day.
7. **Access to others in your field:** possibly the one time so many different disciplines will be available; an opportunity to hear what your peers and teachers are doing.
8. **Internet Discussion Group:** continue the conference learning experience by participating in post-conference discussions. Visit the web page booth in the exhibit area and learn how to register. [www.aacpdm.org](http://www.aacpdm.org)
9. **Hear the latest in research:** results of the first clinical study on Hyperbaric Oxygen (HBO) in Cerebral Palsy were presented at a previous annual meeting.
10. **Continuing Medical Education Credits**

## GENERAL INFORMATION

### Registration Fees

To advance register for the 2003 Annual Conference, complete the registration form and return it along with the total registration fees by August 4, 2003. **Early registration deadline, August 4, 2003. Pre-registration closes August 22, 2003. After August 22, please register onsite.**

Those paying with either Visa or MasterCard may fax their registration to **847-823-0536** or mail the registration form with your payment to American Academy for Cerebral Palsy and Developmental Medicine, Dept. 77-6632, Chicago, IL 60678-6632. We can accept U.S. dollars only. **SEND CHECKS TO THE ABOVE ADDRESS ONLY.**

### Cancellation Policy

Registration fees are refundable if refund request is received in writing by August 4, 2003; 75% refund August 5 to September 5, 2003; no refund after September 5, 2003.

### Parking

We recommend not parking at the hotel, but use one of the nearby garages.

### Getting There

Dorval Airport is 22 km from downtown. There is a shuttle bus from the airport to the Fairmont Queen Elizabeth. Call 514-399-9877 or go to door #6 at International terminal to purchase your ticket. Buses run every hour from 7:00 AM to 1:00 AM. One way fare is \$11 CA and \$19 CA round trip.

We have appointed Air Canada as the official airline of the 67th Annual Meeting in Montréal, Quebec September 10-13, 2003. Simply contact Air Canada's North American toll free number at 1-800-361-7585 or local number 514-393-9494 and take advantage of Special Discounted Airfares. Our convention number is CV030525. By ensuring that the convention number appears on your ticket, you will be supporting our organization.

Air Canada's zone fares are competitive and applicable to most destinations to/from the USA. Air Canada and Air Canada Jazz(tm) in cooperation with our codeshare partner United Airlines offers over 100 destinations, including the most non-stop flights between Canada and the USA. **Convention number CV030525** must appear in the tour code box (IT box). Please make 21-day advance reservations to allow for ticket delivery.

Take advantage of negotiated airline discounts on UNITED and DELTA!

- 5% discount off lowest published airfare or 10% off the published unrestricted coach airfare
- An additional 5% discount on all published airfares if you purchase your ticket 30 days or more in advance of your travel date.
- Area and Zone fares apply with a 7-day advance purchase; no Saturday night requirement.

To call the airline directly:

**United 800.521.4041, File # 549KD**

**Delta 800.241.6760, File # 189071A**

### Documentation

Citizens or permanent residents of the US do not require passports or visas and can usually cross the US Canadian border without difficulty or delay, but since September 11, it is advisable to have a passport and definitely a government issued photo ID. However, to reenter the US, native-born US citizens should carry some identification papers showing their citizenship, such as a birth, baptismal or voter's certificate. Proof of residence may also be required. Naturalized US citizens should carry a naturalization certificate or some other evidence of citizenship. A passport will make re-entry easier.

When leaving Montreal, be sure to get to the airport at least two hours before your flight. Going through immigration and customs can take a considerable amount of time. There is also the airport tax that must be paid before you can enter immigration. Give yourself plenty of time.

Persons under 18 years of age who are not accompanied by their parents should bring a letter from a parent or guardian giving them permission to travel to Canada. Children accompanied by one parent must have a letter from the other parent giving permission to leave the United States.

### Goods and Services Tax (GST) and Rebates

Québec charges a 7% Provincial Sales Tax and a 7% GST sales tax on goods and services. The GST is charged on most goods and services purchased in Canada and on accommodations. Non-residents are eligible for rebates on the GST tax.

Foreign visitors may claim a rebate for GST paid on short-term accommodations (less than 30 days) or on goods they take out of the country within 60 days of purchase. The visitor rebate cannot be claimed for GST paid on alcohol, tobacco, or gasoline, or anything consumed (food) or left in Canada. Keep your receipts from the hotel and any purchases you make and get your rebate at the airport or any office listed on the rebate form. It can also be mailed in.

### Currency and Banking

Money in Canada is in dollars and cents, as in the US (check your newspaper for current rates). All prices in this program are quoted in US dollars unless stated otherwise. Although American money is readily accepted in Canada, visitors should exchange their funds for Canadian dollars to avoid exchange problems. US visitors are advised to change some of their currency at foreign exchange outlets in the US before going to Canada. To obtain the most favorable rates exchange your funds at any Canadian financial institution or use your ATM card. Using a credit card for payment is the best way to assure getting the exact rate each day.

## Tipping

Tips for service charges are not usually added to a bill in Canada. In general, a tip of 15% of the total amount is given. This applies to waiters, waitresses, barbers, hairdressers, taxi drivers, etc. Bellmen, doormen, skycaps, etc. at hotels, airports and railway stations are generally paid \$1.00 per luggage item.

## \$400 Exemption

US residents returning from Canada after more than 48 hours may take back free of duty \$400 worth of articles for personal or household use, based on fair retail value in Canada. Members of a family residing in one household, traveling together and having the same residence, may combine their personal exemptions.

## Who Should Attend

Orthopaedic surgeons, physical and occupational therapists, speech and hearing therapists, neurologists, developmental pediatricians, psychologists, PM & R physicians, nurses, special education teachers, researchers, educators, administrators, orthotists, rehab engineers, kinesieologists, and others concerned with the care of children with cerebral palsy and other developmental disabilities. All levels of skills will be addressed.

## Americans with Disabilities Act

The American Academy for Cerebral Palsy and Developmental Medicine wishes to ensure that no individual with a disability is excluded, denied services, or otherwise treated differently than other individuals because of the absence of auxiliary aids and services. If you need any auxiliary aids or services identified in the Americans with Disabilities Act please notify AACPDM at least 14 working days prior to the program to allow time to acquire the support needed.

## Purpose Statement and Objectives

### Purpose

The purpose of this meeting is to identify, discuss and describe advances in basic science, treatment, care and technology as it applies to the management of cerebral palsy and other developmental or neuromuscular disorders.

### Objectives

1. To provide a forum to present and evaluate recent scientific advances in the area of developmental health care.
2. To present current research pertaining to the study of cerebral palsy and other developmental disabilities.
3. To foster interdisciplinary communication and interchange that will provide more effective care for individuals with cerebral palsy or neurodevelopmental disabilities.

4. To demonstrate the latest practical applications in a clinical setting of a variety of therapies and assistive devices.

5. To provide tools to become advocates for the patient population.

## Continuing Medical Education Information

The American Academy for Cerebral Palsy and Developmental Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. This activity is designated for 21 hours in Category 1 of the Physician's Recognition Award of the American Medical Association. For credit that may be acceptable to state medical associations, specialty societies or state boards of medical licensure, please contact those organizations. Those who attend a "breakfast" are eligible for 1.25 credits, and Specialty Day attendance is eligible for 4.0 credits.

A passport book that can be stamped to indicate events attended will be provided as documentation along with a certificate of attendance with the number of hours credited.

This program has applied for a contract hours through Texas Scottish Rite Hospital for Children, an approved provider through the Texas Nurse Association. Physical Therapy credits and ABC credits will be applied for.

## FDA

Some medical devices or pharmaceuticals not cleared by the FDA or cleared by the FDA for a specific use only may be used "off-label" (i.e., a use not described on the product's label) if, in the judgement of the treating physician, such use is medically indicated to treat a patient's condition. "Off label" uses of a device or pharmaceutical may be described in Academy educational programs or publications so long as the lack of FDA clearance for such uses is also disclosed. Results from scientific studies known to the author or presenter relating to the described intended use should be discussed if so doing will not adversely affect the study or violate some other regulatory requirement. Some drugs or medical devices described or demonstrated in Academy educational materials or programs have not been cleared by the FDA or have been cleared by the FDA for specific uses only. The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or device he or she wishes to use in practice.

## On-Site Registration Hours

**The Annual Meeting Registration desk will be open:**

Wednesday . . . . . 10 am - 5 pm

Thursday . . . . . 7:00 am - 5 pm

Friday . . . . . 7:00 am - 5 pm

Saturday . . . . . 7:00 am - 5 pm

## Breakfast with the Experts

THURSDAY, SEPTEMBER 11, 7:00 – 8:15 AM

#1 Maureen O'Donnell, MD, MSc, FRCPC;  
Johanna M Darrah, PhD, PT

### **Sex, Drugs, and Rock & Roll: An Introduction to ICF**

(Same as Breakfast #5)

This breakfast will give attendees an opportunity to discuss and practice using the WHO's International Classification of Functioning, Disability and Health (ICF). At the end of this breakfast, attendees will:

- Have reviewed the evolution of the WHO's ICF, along with some of the key changes in the new (2001) version of the ICF
- Differentiate and have practice using the components of the classification including body structures and body function, activities and participation
- Understand the added value of the "contextual factors" domains of the ICF
- Have had a chance to think about the links that can exist between sex, drugs, rock and roll, game shows and ICF

#2 John P Pelegano, MD; Elaine Holland Vining  
**Learn to Advocate: National, Regional and Local Legislation and Initiatives Affecting Children with Special Health Care Needs**

This "Breakfast with the Experts" will present an update on current *national* legislative and advocacy efforts. A summary of pertinent *regional* and *state* initiatives, relating to children with special health care needs, will also be presented. These summaries, while educational in themselves, will be used to highlight effective local, regional and national advocacy activities and to prompt discussion of advocacy efforts with breakfast participants. The outcome from this "Breakfast with the Experts" will be an informed audience familiar with both basic and advanced advocacy strategies.

#3 Diane Damiano, PhD

### **Got Grants? A View from the Trenches on How to Get Started**

Successful and aspiring grant writers are invited to participate in this discussion on how to be more knowledgeable and competitive in this seemingly onerous process.

#4 Glen Aylward, PhD, ABPP; Michelle Macias, MD  
**ADHD: Psychopharmacologic, Diagnostic and Treatment Issues**

The presentation will address the pathophysiology of ADHD, pharmacokinetics, medication update, assessment issues, special considerations in children with developmental disabilities, and treatment options. There will be ample time allotted for group discussion.

FRIDAY, SEPTEMBER 12, 7:00 – 8:15 AM

#5 Maureen O'Donnell, MD, MSc, FRCPC;  
Johanna M Darrah, PhD, PT

### **Sex, Drugs, and Rock & Roll: An Introduction to ICF** (same as Breakfast #1)

This breakfast will give attendees an opportunity to discuss and practice using the WHO's International Classification of Functioning, Disability and Health (ICF). At the end of this breakfast, attendees will:

- Have reviewed the evolution of the WHO's ICF, along with some of the key changes in the new (2001) version of the ICF
- Differentiate and have practice using the components of the classification including body structures and body function, activities and participation
- Understand the added value of the "contextual factors" domains of the ICF
- Have had a chance to think about the the links that can exist between sex, drugs, rock and roll, game shows and ICF

#6 Ganesh Gupta, MD

### **Reimbursement Concerns for Providers to Special Health Care Needs Children**

Health care delivery has changed. If you work for a Foundation-based, Academic, or Private practice institute, common business principles still apply. How can providers for special needs children survive with HMO's, PPO's, reduced endowments, and state budget deficits? Services provided should be defined in order to justify the cost. The breakfast will discuss methods to measure production, review contracts, and allow a fair market valuation to be drawn. The presentation is general in nature, but the tools apply locally. The methods are useful for both employees and managers.

#7 Guy Molenaers, MD; H Kerr Graham, MD, FRACS;  
Kaat Desloovere, PhD

### **Botulinum Toxin A in Children with Cerebral Palsy: Tips and Traps**

- Overview of current management strategies of BTX-A treatment,
- Special focus on the strong interrelationship between BTX-A injections and crucial factors of the integrated approach, including serial casting, orthotic management and physiotherapy
- Interactive case presentations of different responders will be used to facilitate discussions.

#8 Henry G Chambers, MD; Scott A Hoffinger, MD  
**Orthopaedic Case Discussion**

Bring cases (x-rays) or digital images to project and discuss. This should be a fun discussion of both common orthopaedic issues as well as some esoteric ones. Areas we may explore are hip surgery, when is soft tissue not enough; scoliosis surgery is there ever a time not to operate; and does hip surgery really need a cast?

## Specialty Day

WEDNESDAY, SEPTEMBER 10, 2003

1:30 PM TO 5:30 PM

### SD #1 – The Limb Deficient Child – Overview

**Faculty:** Deborah Gaebler-Spira, MD;  
Kenneth J. Guidera, MD; Anita Bagley, PhD;  
Marie Laberge-Malo, MD;  
Norella Shorgan, BSc, PT, MA

Functional expectations for the child with limb deficiency are maximized with a multidisciplinary team of professionals. This course will provide a review and overview of the issues related to the limb deficient child and include the recent advances in prosthetic management and outcome evaluation.

- 1) Rehab Perspective
- 2) Orthopedic Realities
- 3) Prosthetic Components
- 4) Therapists Intervention

**Objectives:** The participant will:

- 1) Utilize the team approach in the care of the child with limb deficiency
- 2) Know the common syndromes and the predictable orthopedic complications
- 3) Evaluate and prescribe the appropriate prosthesis for the child
- 4) Incorporate a therapeutic program to maximize the child function

**Level:** Basic

**Who should attend:** occupational therapists, physical therapists, rehab physicians, nurses, orthopaedists, orthotists, prosthetists

### SD #2 – Issues in Health Care for Adults with Disabilities

**Faculty:** Kevin P Murphy, MD; Laura Vogtle, PhD, OTR/L; Leon Root, MD; Mark P Cohen, MD; Kristin Kratzert, MD

While there is a large body of literature about children with cerebral palsy and other disabilities, relatively little is known about health care issues for adults with developmental disabilities. As the number of individuals with developmental disabilities living to adulthood is increasing, it is important to develop a clearer picture of the health issues they face. This session will address both subspecialty and primary health issues in adults with disabilities. It will also include information regarding special challenges of orthopaedic surgery and women's health concerns.

**Objectives:**

- 1) Participants will be able to describe health conditions seen in persons aging with cerebral palsy.
- 2) Participants will be able to discuss benefits and problems seen in joint replacement surgery in adults with cerebral palsy.
- 3) Participants will develop an understanding of the challenges organizing primary care for adults with cerebral palsy.
- 4) Participants will be able to describe challenges to gynecological care in adult women with cerebral palsy.

**Level:** Intermediate

**Who should attend:** nurses, physical therapists, occupational therapists, orthopaedic surgeons, and anyone dealing with or concerned about issues in adolescence and adulthood for persons with CP

### SD #3 - Title: Intractable Epilepsy — What can we do?

**Faculty:** Seizure conference-Michael Shevell, MD, CM, FRCP; Quality of life measures in pediatric epilepsy-Gabriel Ronen, MD, FRCP; Novel treatments for intractable epilepsy-Frederick Andermann, MD, FRCP

The mini-symposia will provide an overview of the management issues involved in caring for the child with an intractable epilepsy. First there will be a seizure conference based on an actual case involving a variety of disciplines that will provide insight into how the decision to intervene surgically is approached. The second presentation will address quality of life issues in children with epilepsy by evaluating both the impact of disease on the child and family and how we measure the impact of our interventions. The final presentation will highlight novel modalities in the treatment of the child with a difficult to control epilepsy.

**Objectives:** 1) Understand the multi-disciplinary nature of the management of the child with an intractable epilepsy. 2) Understand the nature & process of collective decision making. 3) Understand surgical options and how an approach is selected. 4) Understand the concept of health related quality of life as applied to the child with epilepsy and its measurement. 5) Understand new drug options available in the management of intractable epilepsy.

**Level:** Basic/Intermediate

**Who should attend:** neurologists, neurosurgeons, pediatricians, psychologists, occupational therapists, speech language pathologists, nurses

<b>6:30 – 8:00 AM</b>	<b>Continental Breakfast</b>	<b>9:45 – 10:15 AM</b>	<b>Break</b>
<b>7:00 – 8:15 AM</b>	<b>Breakfast with the Experts #1 - #4</b>	<b>10:15 – 11:30 AM</b>	<b>Free Papers A, B, C</b>
<b>8:15 – 9:45 AM</b>	<b>Opening Session</b> Welcome: James A Blackman, MD	<b>11:30 – 1:00 PM</b>	<b>Business Meeting/Dessert with Exhibitors</b>
	<b>Exchange of Gavel/Presidential Address</b> Robert W Armstrong, MD	<b>1:00 – 2:30 PM</b>	<b>Free Papers D, E, F</b>
	<b>Presidential Guest Speaker</b> Martha Piper, PhD Physiotherapist and former member of the Academy President of the University of British Columbia	<b>2:30 – 3:00 PM</b>	<b>Break</b>
		<b>3:00 – 5:25 PM</b>	<b>Point-Counterpoint</b>

**Thursday  
September 11, 2003**

**Session A - Orthopaedics**

Location: Duluth/MacKenzie  
Moderator: Mark Abel, MD

**Session B - Eclectic**

Location: Joliet  
Moderator: Kenneth J Guidera, MD

**Session C – Botulinum Toxin A**

Location: Grand Salon/Marquette  
Moderator: Jeffrey S Shilt, MD

**10:15 – 10:23 AM**

**A1**  
**Pathophysiologic and Impairment Outcomes in a Randomized Control Trial of BTX-A for Children with Spastic Diplegic Cerebral Palsy**  
Ross M Hays, MD; Kristie F Bjornson, PT; Catherine S Graubert, PT; Robert Price, MS; Francine Won, PT; John McLaughlin, MD; Vanessa Pinedo

**B1**  
**Atlantoaxial Instability in Down Syndrome**  
Ismat B Ghanem, MD; Jihad Chalouhi, MD; Khalil E Karrat, MD; Fernand M Dagher, MD

**C1**  
**Accuracy of Intramuscular Injection of Botulinum Toxin A: A Comparison Between Manual Needle Placement and Placement Guided by Electrical Stimulation**  
Terence Yii-Perng Chin, MBBS; Paulo Selber, MD; H Kerr Graham, MD

**10:23 – 10:31 AM**

**A2**  
**Functional and Societal Limitation and Disability Outcomes in a Randomized Control Trial of BTX-A for Children with Spastic Diplegic Cerebral Palsy**  
Kristie F Bjornson, MS, PT; Ross M Hays, MD; Catherine S Graubert, PT; Francine Won, PT; Robert Price, MS; John F McLaughlin, MD; Vanessa Pinedo

**B2**  
**Spinal Deformity Following Selective Dorsal Rhizotomy**  
David Andrew Spiegel, MD; Randall T Loder, MD; Katie Alley, MPT; Sarah C Rowley, PT; Sarah Gutknecht, RN; Deborah Smith-Wright, MD; Mary E Dunn, MD

**C2**  
**Botulinum Toxin A (BTX-A) Combined with Hip Bracing Delays the Need for Surgery in Children with Bilateral Cerebral Palsy: A Randomised Clinical Trial and Survivorship Analysis**  
Roslyn Boyd, MSc, PT; H Kerr Graham, MD; Gary R. Nattrass, MD; Dinah S Reddihough, MD; Pamela J Thomason, PT; Fiona Dobson, PT; Jennifer Parrott, PT; Kevin G Lowe, MD; Ann Lancaster, PT; Alfield Larsen, MD; Jenine Oates, PT; Jane Valentine, MD; Sarah Love, PT; John Carlin, PhD

10:31 – 10:39 AM	<p><b>A3</b>  <b>Comparison of the Safety, Efficacy and Side Effects of Epidural Bupivacaine-Clonidine and Bupivacaine-Fentanyl by Continuous Infusion for Postoperative Analgesia in Children and Adolescents with Cerebral Palsy Undergoing Multilevel Orthopaedic Surgery</b>  George A Chalkiadis, FANZCA, FFPMANZCA; Marinis Pirpiris, PhD, FRACS; Michelle Tay, MMed; Janette Low, FANZCA; Stephanie J Dowden, RSCN, BEd, MEd; Sueann Penrose, RSCN, BEd; H Kerr Graham, MD, FRCS(Ed), FRACS</p>	<p><b>B3</b>  <b>Outcome Following Simultaneous Late Neurolysis, Shoulder Reconstruction and/or Bypass Grafting after Upper Brachial Plexus Birth Trauma</b>  John A I Grossman, MD, FACS; Lorna E Ramos, OTR/L; Herbert Valencia, Michael Tidwell, MD; Ilker Yaylali, MD; Israel Aflonso, MD; Andrew E Price, MD</p>	<p><b>C3</b>  <b>A Single Blind Randomised Trial of Botulinum Toxin A (BTX-A) and Upper Limb Training in Congenital Hemiplegia - Activity, Participation and Health Related Quality of Life</b>  Roslyn Boyd, MSc, PT; Tim Bach, PhD; Meg Morris, PhD; H Kerr Graham, MD; Christine Imms, OT; Lindy Johnson, OT; Ari Syngeniotis, MIT; David Abbott, PhD; Graeme D Jackson, MD</p>
10:39 – 10:52 AM	DISCUSSION	DISCUSSION	DISCUSSION
10:52 – 11:00 AM	<p><b>A4</b>  <b>Inter and Intra Observer Error in the Measurement of Reimer's Hip Migration Percentage</b>  Shihab Faraj, MD; W Guy Atherton, MA, FRCS; N Susan Stott, MD, PhD</p>	<p><b>B4</b>  <b>Responsiveness and Uniqueness of the Pediatric Outcomes Data Collection Instrument Compared to the Gross Motor Function Measure for Measuring Orthopaedic and Neurosurgical Outcomes in Cerebral Palsy</b>  Diane L Damiano, PhD, PT; Marc D Gilgannon, MS, PT; Mark F Abel, MD</p>	<p><b>C4</b>  <b>Time Course of Recovery of Skeletal Muscles Following Botulinum Toxin A Injection in Juvenile Rats</b>  Gamal A Elsaidi, DO; Jianjun Ma, MD; L Andrew Koman, MD; Francis O Walker, MD; Thomas L Smith, PhD; Beth Paterson Smith, PhD</p>
11:00 – 11:08 AM	<p><b>A5</b>  <b>Patterns of Functional Recovery Following Multilevel Orthopaedic Surgery in Children with Spastic Diplegia</b>  Christine A Olesch, FRACP; Dinah S Reddihough, MB, ChB, BSc, FRACP, FAFRM; H Kerr Graham, MD, FRCS(Ed), FRACS</p>	<p><b>B5</b>  <b>Electrical Stimulation for Muscle Strengthening in Cerebral Palsy: A Randomised Placebo-Controlled Trial</b>  Claire Kerr-Canning, BSc; Aidan Cosgrove, MD, FRCS; Suzanne McDonough, PhD; Brona McDowell, PhD; Deirdre Walsh, PhD</p>	<p><b>C5</b>  <b>Are Night Splints a Useful Adjuvant for Botulinum Toxin Therapy?</b>  Uri Givon, MD; Ella Bendel, BPT; Amos Schindler, MD; Gad Vitner, PhD; Abraham Ganel, MD; Milka Donchin, MD, MPH</p>
11:08 – 11:16 AM	<p><b>A6</b>  <b>Gait Correction Orthopaedic Surgery in Spastic Diplegia: How Successful Are We in Correcting Gait Deviations at the Pelvis and Hip?</b>  Christine A Olesch, FRACP; Dinah S Reddihough, MB, ChB, BSc, FRACP, FAFRM; H Kerr Graham, MD, FRCS(Ed), FRACS</p>	<p><b>B6</b>  <b>A Study of Modified Constraint Induced Movement Therapy Involving Play for Young Children with Hemiplegic Cerebral Palsy</b>  Cate E Naylor, MCSP; Eva Bower, PhD, FCSP</p>	<p><b>C6</b>  <b>Does Botulinum Toxin Treatment for Spasticity Improve Function in Children with Cerebral Palsy? Results of a Two Year Randomised Placebo Controlled Trial</b>  Lewis Rosenbloom, MD; Ruth Ade-Hall; Peter Moore, MD; Catrin Tudur Smith</p>

**Thursday  
September 11, 2003**

**Session D - Orthopaedics**

Location: Grand Salon/Marquette  
Moderator: Scott Hoffinger, MD

**Session E – Early Development**

Location: Joliet  
Moderator: Annette Majnemer, PhD

**Session F - Gait**

Location: Duluth/MacKenzie  
Moderator: Diane Damiano, PhD

**11:16 – 11:30 AM**

**DISCUSSION**

**DISCUSSION**

**DISCUSSION**

**11:30 – 1:00 PM**

**Exhibits, Posters, Dessert Buffet** Hochelaga 1-6/Saguenay

**11:30 – 1:00 PM**

**BUSINESS MEETING**

**BUSINESS MEETING**

**BUSINESS MEETING**

**1:00 – 2:30 PM**

**Free Papers D, E, F**

**1:00 – 1:08 PM**

**D1  
Fracture Rate in Children with Moderate or Severe Cerebral Palsy**  
Sara Lynn Cuthill, MD; Mark R Conaway, PhD; Richard C Henderson, MD; Richard D Stevenson, MD

**E1  
Comprehensive Assessment of Spoken Language Skills in Children with Myelomeningocele and Shunted Hydrocephalus**  
Behroze Vachha, MBBS, PhD-CCC/SLP; Richard C Adams, MD

**F1  
Comparison of Direct and Indirect Measures of Walking Energy Expenditure in Children with Cerebral Palsy**  
Daniel J Keefer, PhD; Kathleen Apperson, BS; Sheri McGreal, BS; Wayland Tseh, PhD; Jennifer Caputo, PhD; Don Morgan, PhD

**1:08 – 1:16 PM**

**D2  
Fractures in Patients with Cerebral Palsy**  
Ana Presedo, MD; Kirk W Dabney, MD; Freeman M Miller, MD

**E2  
Handwriting Performance in Preterm Survivors Compared to Peers**  
Katya Polena Feder, MSc,BMR,OT; Annette Majnemer, PhD, OT; Marc Blayney, MD; Anne Synnes, MD; Daniel Bourbonnais, PhD, OT

**F2  
Predicting Ambulation in Cerebral Palsy**  
Steven M Day, PhD; David J Strauss, PhD, FASA; Kelly A Ojdana, MS; Robert Shavelle, PhD, MBA; Yvonne W Wu, MD, MPH

**1:16 – 1:24 PM**

**D3  
Femoral Head Resection for Painful Hip Subluxation in Cerebral Palsy: Is Valgus Osteotomy in Conjunction with Femoral Head Resection Preferable to Femoral Head Resection and Traction?**  
Arabella I Leet, MD; Kimberlly Chorr, BA; Franck Launay, MD; Jane Kier-York, RN; Paul D Sponseller, MD

**E3  
Self-organization of Movement in Premature Infants: A Randomized, Controlled Trial**  
Vickie A Meade, MPH, PT; R Dolby, PhD; B Warren, MA

**F3  
Inter and Intra-Observer Error in the Classification of Gait Patterns in Spastic Diplegia**  
W Guy Atherton, MA, FRCS; Anna H Mackey, MS, PT; I Galley, MBCHB, FRACS; S J Walsh, MBCHB, FRACS; N Susan Stott, MD, PhD

**1:24 – 1:45 PM**

**DISCUSSION**

**DISCUSSION**

**DISCUSSION**

<b>1:45 – 1:53 PM</b>	<p><b>D4</b>  <b>Bilateral Pelvic and Femoral Surgery in Cerebral Palsy: Comparison of Staged versus Same-day Operations</b>  Steven S Lee, MD; C. Douglas Wallace, MD; Henry G Chambers, MD</p>	<p><b>E4</b>  <b>Influence of Supine Sleep Position on Early Motor Milestone Acquisition</b>  Annette Majnemer, PhD, OT; Ronald G Barr, MDCM</p>	<p><b>F4</b>  <b>Analysis of Gait Biomechanical Changes following Selective Dorsal Rhizotomy</b>  Marc D Gilgannon, PT; Mark F Abel, MD; Edward Laws, MD</p>
<b>1:53 – 2:01 PM</b>	<p><b>D5</b>  <b>Multidimensional Outcome Assessment of Gait Improvement Orthopaedic Surgery in Children with Spastic Diplegia</b>  Marinis Pirpiris, MD; H Kerr Graham, MD</p>	<p><b>E5</b>  <b>Effect of a Pre-feeding Oral Stimulation Program on the Feeding Performance of Pre-term Infants Born Between 26-29 Weeks Gestational Age</b>  Sandra Fucile, MSc, OT; Erika G Gisell, PhD,OT; Chantal Lau, PhD</p>	<p><b>F5</b>  <b>An Evaluation of the Changes in Gait Over Time in Persons with Myelomeningocele: A Preliminary Look</b>  Sylvia Ounpuu, MSc; Jeffrey Thomson, MD; Katharine Bell, MS; Melany Westwell, PT; Peter De Luca, MD</p>
<b>2:01 – 2:09 PM</b>	<p><b>D6</b>  <b>Kyphectomy and Limited Spine Fusion in Myelodysplasia Patients with Preoperative Tissue Expansion</b>  J David Thompson, MD</p>	<p><b>E6</b>  <b>Increasing Survival and Decreasing Neuro-Developmental Impairments in a Cohort of 18 Month-old Infants Born at Less Than 29 Weeks' Gestation From 1987 to 2000</b>  Francine Lefebvre, MD</p>	<p><b>F6</b>  <b>Treadmill-based Gait Intervention: Considerations for Children with Cerebral Palsy</b>  Taeyou Jung, MS, ATC, CAPE; Marc D Gilgannon, PT; Mark F Abel, MD</p>
<b>2:09 – 2:30 PM</b>	<b>DISCUSSION</b>	<b>DISCUSSION</b>	<b>DISCUSSION</b>
<b>2:30 – 3:00 PM</b>	<b>Break</b>	<b>Break</b>	<b>Break</b>
<b>3:00 – 5:25PM</b>	<p><b>Symposium—Point Counter Point</b>  1. Gait Analysis: Mandatory Test of Fun Tool  2. Autism: Vaccine Related or Not  3. Botulinum Toxin A: Panacea or Simply in Vogue</p>	<b>Symposium</b>	<b>Symposium</b>

## Friday, September 12, 2003

## FREE PAPER SESSIONS

6:30 – 8:00 AM	<b>Continental Breakfast</b>	10:00 – 12:00 PM	<b>General Session</b>
7:00 – 8:15 AM	<b>Breakfast with the Experts #5 - #8</b>	12:00 – 1:00 PM	<b>Lunch</b>
8:15 – 9:30 AM	<b>Free Papers G, H, I</b>	1:00 – 3:00 PM	<b>Instructional Courses #1-8</b>
9:30 – 10:00 AM	<b>BREAK</b>	3:00 – 3:30 PM	<b>BREAK</b>
10:00 – 11:00 AM	<b>MacKeith Basic Science Lecture</b> Charles A. Nelson, PhD	3:30 – 5:30 PM	<b>Instructional Courses #9-16</b>

### Friday, September 12, 2003

#### Session G – Functional Scales

Location: Grand Salon/Marquette  
Moderator: Maureen O'Donnell, MD

#### Session H - Imaging

Location: Duluth/MacKenzie  
Moderator: James Blackman, MD

#### Session I – Quality of Life

Location: Joliet  
Moderator: Susan Leibold, RN

8:15 – 8:23 AM

**G1**

**Intrathecal Baclofen Therapy Effects on Health-Related Quality of Life, Gross Motor Function and Caregiver Assistance in Children with Spasticity of Cerebral Origin**

Mary Anne McMahon, MD; Douglas G Kinnett, MD; Amy F Bailes, PT, MS, PCS; Judy Bean, PhD

**H1**

**Minor Neurological and Cranial Signs and Intellectual Performance of Children at School Age in Cases of Placental Circulatory Insufficiency**

Melanie Couture, OT; Julie Gosselin, PhD, OT; Claudine Amiel-Tison, MD; Jean-Claude Fournon, MD; Catherine Fournon, MSc; Claire Infante-Rivard, MD, PhD; Serge Larivee, PhD

**I1**

**Intensity, Perception, and Descriptive Characteristic of Chronic Pain in Children with Cerebral Palsy**

Christine Murray Houlihan, MD; Amber Hanson, Nicole Quinlan, Carol Puryear; Richard D Stevenson, MD

8:23 – 8:31 AM

**G2**

**Thematic Data for Development of a Condition Specific Measure of Quality of Life in Children with Cerebral Palsy**

Louisa Salmon, BA; Elizabeth Waters, PhD; H Kerr Graham, MD; Dinah S Reddihough, MD; Roslyn Boyd, MSc, PT

**H2**

**A Matched Group Comparison: MRI Findings Between Children in Persistent Low Response States with Spontaneously Emerging Children Following Acquired Brain Injury**

Peter D Patrick, PhD; Evelyn Boatwright, BS; Scott Boener, BS

**I2**

**Community Functioning Among Adult Spina Bifida Patients**

Richard J Mier, MD; Lou Ann Holcomb, BA; Christin Minter, MA

8:31 – 8:45 AM

**DISCUSSION**

**DISCUSSION**

**DISCUSSION**

8:45 – 8:53 AM

**G3**

**Reliability and Stability of the Gross Motor Function Classification System for Young Adults with Cerebral Palsy**

Ellen P Wood, MD; Deidre E McLean, MD; Wendy Stewart, MD; Ryan Hung, BSc; Kevin Gordon, MD; Joseph Dooley, MD

**H3**

**Changes in the Architecture of the Medial Gastrocnemius After Surgical Intervention in Spastic Diplegia**

Adam P Shortland, PhD; Nicola R Fry, MSc; Linda C Eve; Martin Gough, FRCS

**I3**

**Responsiveness of the Care and Comfort Hypertonicity Questionnaire**

Robin B Nemer, MD; Barry S Russman, MD; Peter A Blasco, MD

<b>8:53 – 9:01 AM</b>	<b>G4</b> <b>A New Functional Mobility Scale (FMS) for Children with Cerebral Palsy</b> Marinis Pirpiris, MD; H Kerr Graham, MD	<b>H4</b> <b>Cortico-Spinal (Re-)Organization in Congenital Hemiparesis: Transcranial Magnetic Stimulation (TMS) and Functional MRI (fMRI)</b> Martin Staudt, MD; Christian Gerloff, MD, PhD; Wolfgang Grodd, MD, PhD; Ingeborg Kraegeloh-Mann, MD	<b>I4</b> <b>Gastrostomy Tube Feeding Improves Quality of Life in Caregivers of Disabled Children</b> Peter Sullivan, MD; H Grant; A G Thomas; M Eltumi; B Lambert; A M E Bachlet; E Mclean; E Juszcak; C Jenkinson
<b>9:01 – 9:09 AM</b>	<b>G5</b> <b>Standardization of the Capute Scales</b> Paul F Visintainer, PhD; Mary L Leppert, MD; Pasquale Accardo, MD	<b>H5</b> <b>Feasibility and Reproducibility of Functional MRI Studies of Upper Limb Motor Tasks in Young Children with Cerebral Palsy</b> Roslyn Boyd, MSc, PT; Tim Bach, PhD; Meg Morris, PhD; H Kerr Graham, MD; Christine Imms, OT; Lindy Johnson, OT; Ari Syngeniotis, MIT; Emma Hornsey, MIT; David Abbott, PhD; Graeme D Jackson, MD	<b>I5</b> <b>Understanding the Well-being of Caregivers of Children with Cerebral Palsy: Testing a Conceptual Model</b> Parminder Raina PhD; Maureen E O'Donnell, MD; Peter L Rosenbaum, MD; Dianne J Russell, MSc; Stephen Walter, PhD; Jamie Brehaut, PhD; Marilyn E Swinton, BA
<b>9:09 – 9:30 AM</b>	<b>DISCUSSION</b>	<b>DISCUSSION</b>	<b>DISCUSSION</b>
<b>9:30 – 10:00 AM</b>	<b>Break</b>		
<b>10:00 AM – 12:00 PM</b>	<b>General Session</b> <b>Gayle G. Arnold Award</b> <b>Cathleen Lyle Murray Lecture</b> Monique LeFebvre		
<b>12:00 – 1:00 PM</b>	<b>Lunch on your own</b>		
<b>12:00 – 1:30 PM</b>	<b>Past President's Lunch</b>		
<b>1:00 – 3:00 PM</b>	Instructional Courses 1-8		
<b>3:00 – 3:30 PM</b>	<b>Break</b>		
<b>3:30 – 5:30 PM</b>	Instructional Courses 9-16		

**Saturday, September 13, 2003**

<b>7:00 – 8:00 AM</b>	<b>Continental Breakfast</b>
<b>8:00 – 9:30 AM</b>	<b>General Session</b>
<b>9:30 – 10:00 AM</b>	<b>Break</b>
<b>10:00 – 11:30 AM</b>	<b>Multi-Center Study on Etiology of CP</b>
<b>11:30 AM – 1:00 PM</b>	<b>International Affairs Lunch</b>
<b>11:30 AM – 3:00 PM</b>	<b>Board of Directors Lunch/Meeting</b>
<b>1:30 – 4:30 PM</b>	<b>Family Forum</b>
<b>1:00 – 3:00 PM</b>	<b>Instructional Courses 17-24</b>
<b>3:00 – 3:30 PM</b>	<b>Break</b>
<b>3:30 – 5:30 PM</b>	<b>Instructional Courses 25-30</b>

## 2003 ANNUAL MEETING INSTRUCTIONAL COURSES

**Friday, September 12**  
**1:00 – 3:00 PM**

- 01** Assessment and Orthopaedic Management of Children with Cerebral Palsy—A Basic Course  
*Michael D Aiona, MD*
- 02** Complementary and Alternative Therapies (CAM) in Cerebral Palsy  
*William L Oppenheim, MD; Diane L Damiano, PT, PhD; Eileen G Fowler, PT, PhD; Scott A Hoffinger, MD*
- 03** Using the AACPD M Evidence Reports to Inform Your Practice and Research (Plus Learn How to Contribute an Evidence Report Yourself!) Presented by the Treatment Outcomes Committee  
*Charlene Butler, EdD; Lynn Logan, PT*
- 04** Physical Therapy Management of Children with Myelomeningocele  
*Stephanie B Figlioli, PT; Claudia Kelp-Lenane, PT*
- 05** Family-Centred Research: Collaborations Between Researchers and Parents  
*Peter L Rosenbaum, MD; Jan M Burke-Gaffney; Therese Szkut; Mary C Law, PhD*
- 06** Simultaneous Use of Oral Motor and Behavioral Interventions for Oral Dysphagia in Children with Cerebral Palsy  
*Eugenio A Monasterio, MD; Elizabeth Clawson, PhD, LCP; Carol Elliott, OTR/L; Ted Williams, MD*
- 07** Respiratory Failure in Neurodisability: Mechanical Ventilatory Assistance Options  
*Robert H Warren, MD; Sheila M Horan, BS, RRT*
- 08** Current Research and New Treatment Approaches in the Management of Rett Syndrome  
*Jane W Murphy; Sarojini S Budden, MD*

**Friday, September 12**  
**3:30 – 5:30 PM**

- 09** Using Joint Kinetics as a Tool for Treatment Decision-making  
*Sylvia Ounpuu, MSc; Melany Westwell-O'Connor, PT, MS*
- 10** Intramuscular Pharmacologic Management of Spasticity Associated with Cerebral Palsy  
*L Andrew Koman, MD; Beth Paterson Smith, PhD; Jeffrey S Shilt, MD; Kathleen Kolaski, MD*
- 11** The Year's Top Ten Articles on Developmental Disabilities  
*Gregory Liptak, MD, MPH; Gordon Worley, MD*
- 12** Is it Dystonia, Spasticity or Rigidity—And Why is this Distinction so Important in Cerebral Palsy?  
*Terence D Sanger, MD, PhD; Mauricio R Delgado, MD; Diane L Damiano, PhD, PT; Deborah Gaebler-Spira, MD*
- 13** Autism Spectrum Disorders: Controversies and Common Ground - Part I & II  
*Chris P Johnson, MEd, MD; Michelle M Macias, MD; Adrian D Sandler, MD; Marshalyn Yeargin-Allsopp, MD, MPH*
- 14** Pediatric Spinal Cord Injuries: Urological Management  
*Lawrence C Vogel, MD; Caroline J Anderson, PhD; Randal R Betz, MD; Mary Jane Mulcahey, MS, OTR/L*
- 15** The Evaluation and Treatment of Spine Deformity in Neuromuscular Patients  
*Kenneth J Guidera, MD; Robert Bernstein, MD; J Ivan Krajbich, MD; Sandra Smith, MSPT*
- 16** Safe Transportation of Children with Disabilities: Considerations for Selection of Safety Products  
*Marilyn J Bull, MD; Jean M Zimmerman, RPT*

**Saturday, September 13**  
**1:00 – 3:00 PM**

- 17** Plasticity of the Motor Cortex in the Developing Brain  
*Marjorie Ann Garvey, MB, BCh; Randolph J Nudo, PhD; Robert Chen, MD*
- 18** Developmental Disorders in International Adoptees  
*Nancy N Dodge, MD; John P Phillips, MD; Richard Campbell, PhD*
- 19** Telehealth Applications for Children with Special Health Care Needs.  
*Dennis C Harper, PhD; Joshua J Alexander, MD*
- 20** ● Clinician-Patient Communication to Enhance Health Outcomes—Part I  
*Vicki Kalen, MD; William W Robertson, MD*
- 21** After The Operation - So What Happens Now? Rehabilitation and Orthotic Management After Orthopaedic Surgery for Children with Cerebral Palsy  
*H Kerr Graham, MD; Adrienne Ruth Harvey, PT; Gavin Burchall*
- 22** Intrathecal Baclofen Therapy for Children with Cerebral Palsy: Advanced Programming and Troubleshooting  
*Susan S Ferson, MSN, CPNP; Signe Anderson Carlos, CPNP*
- 23** Cerebral Visual Disorders in Children With Cerebral Palsy: Main Characteristics and Techniques for Evaluation in the First Years of Life  
*Giovanni Cioni, MD; Andrea Guzzetta, MD*
- 24** The Use of Botulinum Toxin-A in the Management of Upper Extremity Spasticity  
*Darcy L Fehlings, MD; Roslyn Boyd, MSc, PT; Ilona Autti-Ramo, MD; Janet Bernstein, OT*

**Saturday, September 13**  
**3:30 – 5:30 PM**

- 25** Pediatric Constraint-Induced Movement Therapy for Young Children with Cerebral Palsy  
*Stephanie C DeLuca, PhD; Karen Echols, PT, PhD, PCS*
- 26** Introduction to the Internet, WWW Resources, and Digital Media Production for AACPD M Members  
*William L Oppenheim, MD; Dylan Schiemann, BA, MS; Loretta M Knutson, PhD, PT, PCS*
- 27** UPDATE: Selective Dorsal Rhizotomy  
*T. S. Park, MD; Joan A Puglisi, PT, PCS*
- 28** Operative Management of the Upper Extremity in Cerebral Palsy  
*L Andrew Koman, MD; Michelle Gerwin Carlson, MD*
- 29** ● Clinician-Patient Communication to Enhance Health Outcomes  
*Vicki Kalen, MD; William W Robertson, MD*
- 30** Myelomeningocele: Orthopaedic Management of Lower Extremity Deformities  
*Luciano S Dias, MD; Claudia Kelp-Lenane, PT; Stephen J Vankoski, MS; Nicholas J Gryfakis, MS*

- In order to receive the course book, you must register for both #20 and #29.

**For a complete description of the courses, listing of Scientific Posters, and Demonstration Posters, log on to [www.aacpdm.org](http://www.aacpdm.org)**

## 1 Orthopaedic Assessment and Management of Children with Cerebral Palsy - A Basic Course

Michael Aiona, MD

**Course Level:** Basic

**Purpose:** This course will introduce health professionals with minimal knowledge to the orthopaedic assessment of patients with cerebral palsy and present them with many of the basic treatment options, including orthotic management.

**Target Audience:** Health professionals and paraprofessionals who have little or no knowledge of the specifics of orthopaedic treatment of patients with cerebral palsy. This course will be relevant to pediatricians, physical therapists, occupational therapists, speech therapists, educators, psychologists, administrators, neurosurgeons and others.

**Course Summary:** The course will start with a discussion of basic deficits of patients with cerebral palsy. A brief discussion on orthotic devices, specifically AFOs as they relate to ankle function will be presented. Following this, there will be a discussion on the common gait abnormalities and the various surgical procedures with some details on technique which are utilized in their treatment. Gait analysis data, video and xrays will be utilized to illustrate the methods of evaluation and outcomes achieved during the case presentation portion of the course.

## 2 Complementary and Alternative Therapies (CAM) in Cerebral Palsy

William Oppenheim, MD; Diane Damiano, PT; Eileen Fowler, PT, PhD; Scott Hoffinger, MD

**Course Level:** Basic

**Purpose:** Parents and patients involved with chronic diseases are frequently attracted to therapies, which by their very definition remain unproven. Such therapies are pursued with or without medical supervision, supported by a belief system nurtured by anecdotal experiences, Internet chat rooms, and at times the charisma of 'caring' practitioners of various 'arts.' This course is designed to familiarize conventional practitioners with the more popular current alternative therapies offered for cerebral palsy, in order to allow informed discussion with patients seeking advice as to potential risks and benefits.

**Target Audience:** Health professionals who feel inadequate when approached by patients for recommendations or insurance support regarding alternative treatments.

**Course Summary:** A brief but comprehensive introduction to alternative medicine as concerns CP will be followed by

discussions of specific therapies in terms of scientific rationale, the targeted group of patients, costs, risks and potential benefits. Included will be passive therapies such as Hyperbaric Oxygen Treatment, Therapeutic Electrical Stimulation, Rolfing, Feldenkrais, and Craniosacral Therapy, as well as the more active therapies such as the Euromed system (Adeli Suit), Conductive Education, and Doman-Delacato Patterning. Finally the audience will become familiar with recreational therapies such as Therapeutic Horseback Riding (Hippotherapy), and disability sports. A panel discussion focused on how best to communicate with patients about these treatments will round out the program by actively soliciting audience participation and experiences.

## 3 Using the AACPDM Evidence Reports to Inform Your Practice and Research (Plus Learn How to Contribute an Evidence Report Yourself!)

Charlene Butler, EdD; Lynn Logan, PT

**Course Level:** Basic

**Purpose:** To introduce all health professionals to The AACPDM Database of Evidence Reports, present them with the systematic structure of these complex and detailed evidence reports so that they will be easy to understand and use, and increase the likelihood of greater participation by more people in growing this important Academy project.

**Target Audience:** All health professionals who want to access AACPDM evidence reports. Participants are encouraged to read one or more evidence reports in The AACPDM Database of Evidence Reports on the Academy website at [www.aacpdm.org](http://www.aacpdm.org) prior to attending the course.

**Course Summary:** Background about The AACPDM Database of Evidence Reports will be followed by presentation of the step-by-step systematic review process used to develop evidence reports: defining the intervention and population of interest; searching the literature for studies; summarizing the participants, interventions, research methods, treatment outcomes, and adverse side effects from the relevant studies; constructing the evidence table; and analyzing the evidence. Coding of treatment outcomes for dimensions of disablement (changed to the WHO classification, effective 2003) and levels of evidence will be explained.

This presentation will be punctuated by repeated intervals in which the audience will contribute to portions of a new evidence report that will be added to the Database. In large and small group activities, course participants will grapple with how to code outcomes from presented studies, complete summary tables, construct an evidence table, and analyze the evidence. This will increase appreciation of both the power and the limitations of the evidence reports.

## 4 Physical Therapy Management of Children with Myelomeningocele

*Stephanie Butler Figlioli, MPT; Claudia Kelp-Lenane, PT*

**Course Level:** Basic/Intermediate

**Purpose:** To introduce health professionals and others with minimal knowledge to physical therapy assessment, treatment, and orthotic intervention of children with myelomeningocele.

**Target Audience:** This course will be relevant to physical therapists, occupational therapists, pediatricians, physiatrists, orthotists, educators and others involved in the care of this population.

**Course Summary:** This course is designed to be an introduction to the evaluation and treatment of children with myelomeningocele. The course will begin with a discussion of the importance of early intervention, especially in the first year of life. Orthopedic and neurological considerations will be discussed, including muscle testing and the relationship to tethered cord. An overview of splinting and bracing options will be presented. Biomechanical information in relation to orthotics and gait will also be discussed.

## 5 Family-Centred Research: Collaborations Between Researchers and Parents

*Peter Rosenbaum, MD; Jan Burke-Gaffney; Therese Szkut; Mary Law, PhD*

**Course Level:** Basic

**Purpose:** The purpose of this course is to share experiences of a research group that has worked collaboratively with parents of children with developmental disabilities as equal partners in activities to plan, execute, analyze and disseminate research findings.

**Target Audience:** Any researcher interested in 'clinical' and 'health services' research, for whom the perspectives and contributions of parents might be important.

**Course Summary:** Families of children with long-term challenges of health or development are involved to an unprecedented extent in shaping their children's services in partnership with professionals. Family-centred services are widely taught and practiced, and there is accumulating evidence of the value of this approach. What is only beginning to be considered are the opportunities for partnerships between families and professionals to develop and execute the research agenda. The purpose of this course is for researchers and parents to describe our experiences in doing research collaboratively at the CanChild Centre for Childhood Disability Research. The experiences and lessons of these partnerships may be helpful to others doing clinical and health services research.

## 6 Simultaneous Use of Oral Motor and Behavioral Interventions for Oral Dysphagia in Children with Cerebral Palsy

*Eugenio Monasterio, MD, FAAPMR; Elizabeth P. Clawson, PhD, LCP; Carol Elliott, OTR/L; Ted Williams, MD*

**Course Level:** Intermediate

**Purpose:** To demonstrate that the simultaneous use of oral motor and behavioral interventions offer highly effective treatment for oral dysphagia seen in children with cerebral palsy.

**Target Audience:** Health professionals, paraprofessionals, and caregivers working with children with cerebral palsy and oral dysphagia.

**Course Summary:** The course will review dysphagia, feeding difficulties and growth issues in children with cerebral palsy. There will be instruction regarding the use of oral motor facilitation techniques administered with behavioral strategies:

**Oral Motor Interventions:** Beckman Oral Motor Interventions, pre-chewing and chewing exercises, texture grading, adaptive utensils, intervention strategies for oral defensiveness, and compensatory feeding techniques.

**Behavioral Techniques:** Applied Behavioral Analysis, discrete trial learning, structured meals, prolonged presentation, desensitization, escape avoidance, reinforcement strategies, response cost, and shaping strategies.

The course will include video demonstration, case studies and discussion regarding the interventions and clinical outcome. Results demonstrate that oral motor and behavioral interventions offer highly effective treatment for oral dysphagia seen in children with cerebral palsy. With the use of handling techniques and positive reinforcement for oral motor skill development children improved their ability to eat by mouth. Patients significantly improved their caloric intake resulting in a reduction in tube feedings. These findings give professionals and caregivers another clinical approach when treating pediatric feeding difficulties.

## 7 Respiratory Failure in Neurodisability: Mechanical Ventilatory Assistance Options

*Robert H. Warren, MD; Sheila M. Horan, BS, RRT*

**Course Level:** Intermediate

**Purpose:** The purpose is to review the available options of mechanical ventilatory assistance in children, adolescents, and young adults with neurodisability who are developing chronic respiratory failure.

**Target Audience:** Information in this course is best suited for health professionals caring for patients with neurodisability who are progressing toward respiratory insufficiency and failure. Those who will play a role in the decision making process regarding the implementation of mechanical ventilatory support will find the course provocative. The course is relevant to physicians, nurses, respiratory, physical, and occupational therapists.

**Course Summary:** The material will follow-up the course on evolution of chronic lung disease in cerebral palsy presented in 2002 in New Orleans. A brief review of the development of chronic respiratory failure will be presented. The course will discuss the strategies used in decision making processes for implementation of mechanical ventilatory assistance. The concept of patient, family, and physician interaction in these decisions will be emphasized. Mechanical delivery systems and their theory of function will be reviewed. Choices for invasive or noninvasive airway attachments will be explained. The importance of comprehensive monitoring and management of patients in the home will be emphasized. Strategies for providing caregiver and patient education will be outlined.

## 8 Current Research and New Treatment Approaches in the Management of Rett syndrome

*Jane Murphy, MS; Sarojini Budden, MD*

**Course Level:** Intermediate

**Purpose:** To introduce health professionals, therapists, educators and parents to current research in the diagnosis of Rett syndrome and current management approaches with specific focus on the application of assistive technology.

**Target Audience:** Health professionals, therapists, educators and parents who have basic experience in the recognition and management of Rett syndrome.

**Course Summary:** Rett syndrome is frequently misdiagnosed as cerebral palsy, Autism and mental retardation of unknown etiology. This condition is a unique neurological disorder that occurs as a result of mutations in the MECP-2 gene. The developmental pediatrician will present the clinical diagnosis, current research and medical management of Rett syndrome. The speech-language pathologist will discuss communication options for individuals with Rett syndrome with special emphasis on augmentative communication strategies and tools. Data will be presented from studies done with families around the state of Oregon and the usefulness of a manual recently written and published by the speech-language pathologist and the occupational therapist on the management team.

## 9 Using Joint Kinetics as a Tool for Treatment Decision-making

*Sylvia Öunpuu, MSc; Melany Westwell, PT, MS*

**Course Level:** Intermediate

**Purpose:** The purpose of this tutorial is to 1) provide the needed background knowledge to apply joint kinetics and 2) illustrate the use of joint kinetics in a variety of pathologies so that the participant will have the skills necessary for using joint kinetics in treatment decision-making and evaluation.

**Target Audience:** Physical therapists, physicians, kinesiologists and other gait laboratory staff interested in application of joint kinetics to clinical gait analysis.

**Course Summary:** The course will review tools needed to interpret joint kinetic data and provide examples of how kinetic data provides the clinician with clinically relevant information for treatment decisions for a variety of pathologies.

The course will begin with an overview of the methods. Normal joint kinetic patterns will then be covered followed by an interactive exercise in identification of abnormal joint kinetics. Possible conclusions that can be made about the pathology based on the joint kinetic plot will be discussed. Finally, the impact of trunk positioning on lower extremity joint kinetics using patient examples will then be discussed.

In the second half, pathological gait will be discussed initially by identifying common abnormal joint kinetics patterns. This will be followed by case examples. In each case, the impact of the joint kinetic information on the understanding of the pathomechanics of the specific problem and the treatment decision will be reviewed.

## 10 Intramuscular Pharmacologic Management of Spasticity Associated with Cerebral Palsy

*L. Andrew Koman, MD; Beth Paterson Smith, PhD; Jeffrey S. Shilt, MD; Kathleen Kolaski, MD*

**Course Level:** Intermediate and Advanced

**Purpose:** To provide health professionals who manage children with cerebral palsy with an overview of the current status of intramuscular pharmacologic management of spasticity associated with cerebral palsy including the use of alcohol, phenol, and botulinum A toxin.

**Target Audience:** Health care professionals who treat children with cerebral palsy. This course is designed for pediatricians, physical therapists, occupational therapists, orthopaedic surgeons, psychiatrists, and neurologists.

**Course Summary:** This course will provide an overview of the intramuscular pharmacologic options in the management of spasticity associated with cerebral palsy. Topics to be covered include an overview of the historical use of intramuscular drugs and the mechanism of action of alcohol, phenol, and botulinum toxins. In addition, techniques to evaluate the outcomes of spasticity management will be discussed. The course will emphasize the preparation of intramuscular drugs for injections, post-injection clinical results, and current indications for intramuscular pharmacologic management based on the peer-reviewed literature.

## 11 The Year's Top Ten Articles on Developmental Disabilities

*Gregory S. Liptak, MD, MPH; Gordon Worley, MD*

**Course Level:** All

**Purpose:** To present summaries of the ten most clinically useful articles on developmental disabilities published in the past year (2002-2003)

**Target Audience:** Physicians, nurses and therapists who treat children with developmental disabilities and want to keep abreast of the latest scientific findings that have the greatest impact on evidence-based clinical care

**Course Summary:** The top ten clinically relevant articles published in English between 2002 and 2003 will be presented to the audience. Articles will be chosen from the presenters' personal experience as well as from searches in Medline and CINAHL (Current Information in Nursing & Allied Health Literature). Categories from which the articles will be chosen include the following: autism, cerebral palsy, spina bifida, mental retardation, spinal cord injury, Down syndrome, and attention deficit hyperactivity disorder. They will be selected using the following criteria: (1) impact on clinical care, (2) scientific merit of the study [validity], and (3) generalizability to practices. The presenters will summarize the ten articles in reverse order (saving number one for the end). Their impact on clinical practice, place in the context of current care, and their implications for future research will be discussed. The audience will be encouraged to respond to each article as it is presented. A copy of the references and abstracts will be given to the attendees.

## 12 Is It Dystonia, Spasticity or Rigidity – And Why is this Distinction So Important in CP?

*Terence Sanger, MD, PhD; Mauricio Delgado, MD; Diane Damiano, PhD, PT; Deborah Gaebler-Spira, MD*

**Course Level:** Basic/Intermediate

**Target Audience:** Pediatricians, neurologists, physical medicine physicians, orthopedic & neurosurgeons, therapists

**Purpose:** This course will provide definitions, assessment guidelines and the clinical rationale for the differentiation of dystonia, spasticity and rigidity in cerebral palsy. Recent information on the neurophysiological basis for dystonia in patients with hypertonic CP will be presented. Current and potential assessment tools and strategies will be reviewed and treatment options including therapy, medication and surgery for dystonia versus or in combination with spasticity will be discussed. Whether rigidity, as defined in the context of Parkinson's disease, is identifiable and treatable will also be explored. A case study format will be utilized to illustrate how these distinctions are essential for effective treatment planning and for optimizing functional outcomes and easing disability in these patients.

**Course Summary:** The ability to distinguish spasticity, dystonia and rigidity in a hypertonic child with cerebral palsy (CP) is critical in determining management and treatment goals. Hypertonia may limit voluntary function and increase the likelihood of contractures in a growing child. The increasing recognition of dystonia (and perhaps rigidity) as an additional hypertonic process has complicated and impacted treatments for tone that are aimed primarily at alleviating spasticity. The ability to prescribe effective treatments and predict outcomes when other disorders of movement or tone are present in combination with spasticity is difficult at best, and is dependent on the ability of the clinician to differentiate these components. While validated clinical scales are available to measure spasticity and dystonia individually, such as the Ashworth Scale and the Barry-Albright Dystonia Scale, these have recognized limitations and no scales exist for differentiating these. In order to improve the functional limitations, disability and increase participation in CP, the first step is to confidently assess the child and accurately describe the tone abnormalities.

This instructional course will provide the current clinical definitions of hypertonia, spasticity, rigidity and dystonia, and their distinguishing characteristics. Current rating scales will be presented as well as potential instrumented and clinical measures to aid in the identification and quantification of dystonia versus spasticity in particular. Treatment options and implications will be discussed ranging from oral medications to injections and surgical procedures. The second half will consist of case presentations that illustrate the challenges in assessing these patients and effects of treatments based on the accuracy or inaccuracy of these distinctions.

13

## Autism Spectrum Disorders: Controversies and Common Ground

Chris Johnson, MEd, MD; Michelle Macias, MD; Adrian Sandler, MD; Marshalyn Yeargin-Allsopp, MD, MPH

**Course Level:** Intermediate/Advanced

**Purpose:** To provide a comprehensive and current overview of epidemiology, etiology, developmental characteristics, and screening, diagnostic and management strategies pertinent to Autism Spectrum Disorders (ASD).

**Target Audience:** Physicians, nurses, psychologists, therapists, educators, and others interested in a comprehensive update on ASD

**Course Summary:** Many *controversies* surround ASD: the boundaries that define the spectrum, the perceived or real epidemic, the possible etiological role of vaccines and other environmental agents, ideal vs practical screening and diagnosis strategies, and the role of Complementary and Alternative Medicine (CAM). During the 1990's studies addressing prevalence, genetic mapping, standardized tools and intervention techniques revolutionized our understanding of the disorder. Towards the end of the decade, eight published policy statements / consensus guidelines attempted to provide a *common ground* upon which clinicians from various professional disciplines could agree. It is now generally accepted that ASD is a developmental disorder having strong neuro-genetic underpinnings, is more common than once thought, is now being recognized in younger children and is often associated with improved outcomes if children are identified early and enrolled in intense and individualized intervention programs. Now, in the new millennium, the literature continues to mushroom with both well-designed controlled studies and anecdotal miracle cures. The information explosion has made the task of "keeping up" an overwhelming challenge. Even more challenging is staying at least one step ahead of parents who ask advice about the newest CAM intervention promoted on "the web".

14

## Pediatric Spinal Cord Injuries: Urological Management

Lawrence C. Vogel, MD; Caroline J. Anderson, PhD; Randal R. Betz, MD; M. J. Mulcahey, MS/OTR/L

**Course Level:** Intermediate/Advanced

**Target Audience:** This course is applicable to physicians and allied health professionals who care for children who have sustained a spinal cord injury (SCI).

**Purpose:** The purpose of this course is to review and highlight new and innovative aspects of the urological management of pediatric SCI from an interdisciplinary focus.

**Course Summary:** The course will begin with an overview of the urological management of children and adolescents with SCI, including bladder management, follow-up and innovative approaches such as botulium toxin and continent urinary diversions. The next discussion will review our experience with continent diversions and their impact on participation and life satisfaction. The next presentation will review innovative approaches to bladder management utilizing functional electrical stimulation. The next presentation will address independence issues and bladder management, including standard therapy and nursing interventions, upper extremity reconstruction, and functional independence. The final presentation will be case studies of females with C6 tetraplegia and alternative treatment interventions that utilize the principles of this instructional course.

15

## The Evaluation and Treatment of Spine Deformity in Neuromuscular Patients

Kenneth Guidera, MD; Robert Bernstein, MD; Ivan Krajbach, MD; Sandra Smith, MSPT

**Course Level:** Middle to Advanced

**Purpose:** To introduce professionals to the principles of evaluation and treatment of spine deformities in the neuromuscular patient.

**Target Audience:** Health professionals from various disciplines who are involved in the treatment of neuromuscular patients who develop scoliosis and other spine deformities. This course will be appropriate and informational to physicians, surgeons and non-surgeons, physical therapists, occupational therapists, nurses, and orthotists.

**Course Summary:** The course will outline the evaluation and presentation of neuromuscular spinal deformity followed by a discussion of treatment modalities including conservative care, bracing, physical therapy, and seating modalities. Aspects of surgical care including anterior and posterior surgical procedures will be presented, as will the differences between some of the neuromuscular conditions such as myelomeningocele, cerebral palsy, and muscular dystrophy. Educational case presentations will be provided. At the end of the course the participant will have an understanding of the overall evaluation and potential methods of treatment for spinal deformity in this patient population and hopefully will be able to apply this information to their patients.

16

## Safe Transportation of Children with Disabilities: Considerations for Selection of Safety Resources

Marilyn J. Bull, MD; Jean M. Zimmerman, RPT

**Course Level:** Basic

**Purpose:** Enhance awareness of approaches for evaluation of children with disabilities and available resources to ensure provision of optimal methods of restraint for transportation in passenger vehicles and on the school bus.

**Target Audience:** Physicians and therapists who provide care for children with disabilities and participate in counseling about safe transportation and prescription of equipment.

**Course Summary:** Children with neurologic and physical disabilities often require special consideration in selection of resources for safe transportation. This course will introduce the principles for patient assessment and selection of equipment to meet the needs of children with prematurity, hypotonia, spasticity, myelodysplasia, and other orthopedic abnormalities. Discussion will also include the needs of children who are in a variety of casts. Guidelines for professionals to consider when prescribing and ordering car seats and wheelchairs that will be transported will be presented.

Examples of representative equipment will be displayed for inspection and discussion.

17

## Plasticity of the Motor Cortex in the Developing Brain

Marjorie A. Garvey, MB, BCh; Randolph J. Nudo, PhD;  
Robert Chen, MD

**Course Level:** Intermediate to Advanced

**Purpose:** To present information on physiologic and neuroimaging methods of assessing re-organization of the sensory-motor cortex after an injury to the developing brain, to review the neural basis for plasticity of the motor cortex and to present the theoretical concepts underlying biofeedback therapies that exploit these adaptive processes.

**Target Audience:** This course will be relevant to pediatricians, neurologists, physiatrists, physical therapists, occupational therapists, and other health professionals who are interested in or are carrying out research on novel rehabilitative techniques in children with motor disorders such as cerebral palsy.

**Course Summary:** Recent advances in neuroscience research suggest that the cerebral cortex is functionally and structurally dynamic. New rehabilitative techniques such as constraint induced therapy and sensorimotor biofeedback draw on this dynamic quality of the motor cortex. To

evaluate these therapies it is important to be familiar with the theoretical concepts underlying these new therapies and the methods used to assess their effect on the motor cortex. In addition, it is important to have an understanding of the physiologic and anatomical basis of plasticity of the motor cortex.

The first speaker will address the basic physiologic and neuroanatomic changes that accompany the acquisition of new motor skills. This will be followed by an overview of the neurophysiologic and neuroimaging methods used to assess re-organization of the motor cortex. The course will draw to a close with a presentation of the theoretical concepts underlying biofeedback therapies in motor disorders.

18

## Developmental Disorders in International Adoptees

Nancy N. Dodge MD; John Phillips MD; Richard Campbell PhD

**Course Level:** Basic/Intermediate

**Purpose:** To help practitioners recognize and address the developmental problems to which international adoptees are uniquely predisposed.

**Target Audience:** Nurses, therapists, physicians, social workers and psychologists who may encounter international adoptees in the practices.

**Course Summary:** In 2002, the US government issues more than 20,000 visas to children newly adopted by US families. The vast majority of these children come from institutional settings and have frequently been exposed to conditions which would be delirious to optimal development, such as malnutrition, deprivation and abuse. They also are unlikely to have received timely treatment of physical conditions, such as cerebral palsy. This course is designed to familiarize practitioners to the unique development challenges faced by these children. Emphasis will be placed on the cognitive and behavioral effects of deprivation and the capacity for recovery, with discussion of Reactive Attachment Disorder and "Quasi- Autistic" behavior. A brief overview of specific interventions to ameliorate the neurosensory sequelae of deprivation will be presented.

19

## Telehealth Applications for Children with Special Health Care Needs

Dennis C. Harper, PhD; Joshua J. Alexander, MD

**Course Level:** Basic

**Purpose:** To introduce health professionals: to the many potential applications of telehealth technology in their daily clinical practice; to present basic information on office-

based telehealth technology; and to the review clinical experience of two ongoing telehealth services for children and youth with special health care needs. The course will conclude with a self-assessment on telehealth in the participants practice.

**Target Audience:** Health professionals and paraprofessionals who have clinical expertise in caring for children with special health care needs, but little or no knowledge of the specific of telehealth applications or uses. This course will be relevant to pediatricians, physical therapists, occupational therapists, speech therapists, educators, psychologists, administrators, neurosurgeons, orthopedists, and others.

**Course Summary:** Telehealth is the use of communications technologies to provide and support health care at a distance. This course will highlight services currently being provided to children with special health care needs across North America and will discuss the application of telehealth technology to particular clinical populations with specific reference to clinical efficacy of this venue. Technological applications will be reviewed with both hospital and office-based practitioner in mind. Funding and reimbursement opportunities will be reviewed along with research funding sources. Relevant examples from two established telehealth programs will be reviewed emphasizing, “lessons learned” from the field and daily practice. Future trends in telehealth will be discussed. And each practitioner will be provided with a self-assessment tool to help begin setting up his or her own telehealth program.

## 20 Clinician-Patient Communication to Enhance Health Outcomes – Part I

*Vicki Kalen, MD; William Robertson, MD*

**Course Level:** Basic

**Target Audience:** Any clinicians, healthcare professionals or paraprofessionals who have direct interactions with patients, particularly in terms of patient interviewing, patient education and responsibility for patient adherence to treatment plans.

**Purpose:** To teach clinicians of all types to communicate better with their patients through the use of specific techniques which have been proven to be successful.

**Course Summary:** Patient communication is an essential component of the clinician’s role and can not be delegated to others. Successful patient communication has been shown in scientific research to lead to improved health outcomes, improved diagnostic accuracy, better patient adherence to treatment plans, higher patient satisfaction, more clinician satisfaction and reduced malpractice claims.

This 4 hour workshop has been developed by the Bayer

Institute for Healthcare Communication in West Haven, CT. It is a nonprofit organization whose mission is to improve clinician-patient communication through education, research and advocacy.

This workshop consists of one short lecture on the premises which underlie the model and the techniques which will be taught, and two others on the techniques of proper communication using a model of Engagement, Empathy, Education and Enlistment. More than one-half of the workshop time is devoted to four interactive sessions including brainstorming about communication frustrations, two video presentations of actual clinician-patient interactions for participant analysis and discussion, and a “consultation” which involves participant role-playing. **Both sessions must be attended.** See #29.

## 21 After The Operation – So What Happens Now? Rehabilitation and Orthotic Management After Orthopaedic Surgery for Children with Cerebral Palsy

*H. Kerr Graham, MD; Adrienne Harvey, PT; Gavin Burchall (Orthotist)*

**Course Level:** Basic/Intermediate

**Purpose:** To present a systematic and practical overview of orthotic management and rehabilitation for children with cerebral palsy, after simple/single and complex/multiple orthopaedic surgeries. The course will include a brief surgical overview, detailed orthotic management based on biomechanical principles and the early identification and management of surgical complications.

**Target Audience:** Physical therapists, Orthopaedic Surgeons, Orthotists and Physicians involved in the management of children with cerebral palsy following orthopaedic interventions.

**Course Summary:** This course will cover all aspects of postoperative management for children with spastic hemiplegia and diplegia who undergo common orthopaedic surgeries. The format is based on specific clinical cases, illustrated with clinical, video and motion analysis data. Ranging from simple calf lengthening through to multilevel surgery, principles of postoperative orthotic management and rehabilitation are established. The course will cover pre-operative planning, immediate postoperative/ inpatient management, outpatient management and rehabilitation throughout the first postoperative year. The physiotherapy aims and treatment focus on maintenance of muscle length, regaining muscle strength, regaining function and independence particularly in ambulation. The orthotic management will include appropriate prescription, troubleshooting and changes in prescription as the child progresses. The critical role for the floor reaction AFO in the immediate postoperative period is emphasized, balanced by

practical advice on progression to less rigid support in solid or hinged AFO's during the first postoperative year.

The course will also cover the identification, management and prevention of complications following surgery and their impact on rehabilitation and outcome.

## 22 Intrathecal Baclofen Therapy for Children with CP: Advanced Programming and Troubleshooting

*Susan S. Ferson, MSN, CPNP; Signe A. Carlos, MSN, CPNP*

**Course Level:** Intermediate

**Purpose:** To outline options for customizing intrathecal baclofen delivery to patients' specific needs and to define an algorithm for diagnosing malfunctions of pump and catheter.

**Target Audience:** This course will be relevant to physicians, nurses, and physician's assistants who have involvement with patients undergoing baclofen pump therapy and/or who manage intrathecal baclofen dosing and troubleshooting.

**Course Summary:** This course will begin with a review of the programming of baclofen pumps for children with specific challenges to baclofen therapy, such as dystonia, marked fluctuation in tone, and those who require high doses. Use of the complex continuous mode and the periodic bolus mode will be particularly highlighted, using case studies, videos, and sample programs. There will then be a presentation of case studies which outline the diagnosis and treatment of malfunctioning baclofen systems. An algorithm for evaluating problems will be discussed and the management of the patient in withdrawal will be reviewed. The last half hour will be devoted to a discussion of cases and questions presented by audience participants.

## 23 Cerebral Visual Disorders in Children with Cerebral Palsy: Main Characteristics and Techniques for Evaluation in the First Years of Life.

*Giovanni Cioni, MD; Andrea Guzzetta, MD; IRCCS Stella Maris, Division of Child Neurology and Psychiatry, University of Pisa, Italy*

**Course Level:** Basic

**Purpose:** To introduce professionals dealing with infants and children with CP to cerebral visual disorders, and in particular 1) to their main characteristics and incidence, 2) to the methods for an early assessment and 3) to the principles of therapy.

**Target Audience:** Health professionals with little

knowledge of the early diagnosis and treatment of cerebral visual disorders in children with CP. This course will be relevant to child neurologists, physical therapists and others.

**Course Summary:** The course will start with a general review of the incidence of visual disorders in the different types of CP, demonstrating the high relevance of this aspect. Then, the different types of cerebral visual disorders will be described, discussing the correlation with the characteristics of the lesion on brain MRI. Behavioural and electrophysiological instruments suitable for an early assessment will be presented with direct and filmed demonstrations, with a particular attention to the new and most predictive tools available. Finally, some neurobiological models sustaining the main types of visual disorders will be shown, introducing the basic principles of possible therapeutic intervention.

The program will also be introductory towards advanced Courses based on a full overview of the recent therapeutic strategies for the main types of visual disorders of central origin.

## 24 The Use of Botulinum Toxin-A in the Management of Upper Extremity Spasticity

*Darcy L. Fehlings, MD; Roslyn Boyd, PT; Ilona Autti-Rämö, MD; Janet Bernstein, OT*

**Course Level:** Intermediate

**Purpose:** To enhance the understanding of the use of Botulinum Toxin-A injections in the management of upper extremity spasticity. It will include information on the selection of children for this intervention, injection techniques and therapy considerations post injection.

**Target Audience:** Health professionals involved in the management of children with upper extremity spasticity including pediatricians, occupational and physical therapists, and orthopedic surgeons.

**Course Summary:** This course will discuss the role of BTA injections in the management of upper extremity spasticity. A focus of the course will be on the clinical assessment of the child to determine if he/she is a "good" candidate to receive BTA. Participants will enhance their knowledge of which baseline characteristics to assess that will predict response. Injection techniques for upper extremity muscles will be reviewed including the use of EMG guidance, electrical stimulation and anatomical palpation. Therapy intervention post injection will be discussed including splinting and activities to promote hand function. Participants will test their knowledge through participation in case presentations.

25

## Pediatric Constraint-Induced Movement Therapy For Young Children with Cerebral Palsy

Stephanie C. Deluca, PhD; Karen Echols, PT, PhD, PCS

**Course Level:** Basic

**Purpose:** To introduce health professionals, specifically those involved with pediatric rehabilitation to Pediatric Constraint-Induced Movement Therapy (Ped. CI Therapy). Ped. CI Therapy is a new pediatric rehabilitation treatment designed to improve upper extremity skills in children with neuromotor disorders that result in hemiparesis. Ped. CI Therapy was adapted from Constraint-Induced Movement therapy, a new treatment developed at the University of Alabama at Birmingham to improve upper extremity motor function in adults with central nervous system lesions. Functional upper extremity improvements in adults have also been correlated with cortical reorganization using Transcranial Magnetic Stimulation. The course will include results from a randomized controlled trial, provide videotaped examples of the therapeutic process with examples of functional and developmental motor changes in children receiving Ped. CI Therapy.

**Target Audience:** Health and pediatric rehabilitation professionals who work with children and families affected by neuromotor disorders involving the upper extremities. This course will be relevant to physical and occupational therapists, pediatricians, special educators, psychologists, and others who might be involved with the treatment of neuromotor disorders.

**Course Summary:** This course will introduce professionals to Ped. CI Therapy and the evidence of its efficacy in the treatment of children with hemiparesis. The course will present videotape documentation of children throughout the course of their Ped. CI Therapy treatment and promote a better understanding of the essential components of Ped. CI Therapy. Participants will have an opportunity to discuss the need for future research on Ped. CI Therapy and its clinical implementation.

26

## Introduction to the Internet, WWW Resources, and Digital Media Production for AACPDM Members

William L. Oppenheim, MD; Dylan Schiemann, BA, MS; Loretta M. Knutson, PhD, PT

**Course Level:** Basic to Intermediate

**Purpose:** This course is designed for the beginner or intermediate level computer user who wishes to become more knowledgeable about Internet resources, and how to research and utilize these resources in daily practice. A

portion will deal with improving one's skills in formulating computer-based presentations.

**Target Audience:** AACPDM members who wish to improve their online skills, who may not have done online Medline searches, and who may have questions about locating and joining online discussion groups or email listservs. Those who have a computer but don't use it as much as they would like, and those who want to catch up to the computer revolution.

**Course Summary:** The goal of this course is to help members utilize Internet resources to the betterment of patient care. We will define the internet, explain how to access it, how to search for material in a variety of ways, and how to explore the various communication tools available from pertinent websites, including the Academy's own site, government based sites, newsgroups and listservs. The second topic is designed to help users come up to speed in creating their own slide presentations, web sites, and educational CD ROMs.

27

## UPDATE: Selective Dorsal Rhizotomy

T. S. Park, MD, Joan A. Puglisi, PT, PCS

**Course Level:** Basic

**Purpose:** To update health professionals on Selective Dorsal Rhizotomy (SDR) as a safe, effective and permanent means to reduce or eliminate Spasticity in children with cerebral palsy.

**Target Audience:** Health professionals and paraprofessionals who would like to learn more about SDR: the surgery, candidate selection, outcomes and physical therapy protocols. This course will be relevant to pediatricians, orthopedists, neurologists, neurosurgeons, physical therapists, occupational therapists, and others.

**Course Summary:** This course will introduce health professionals to SDR: surgical technique, physician and physical therapy assessment, physical therapy protocols for preoperative and postoperative patients and the prediction of outcomes of the surgery.

28

## Operative Management of the Upper Extremity in Cerebral Palsy

L. Andrew Koman, MD; Michelle G. Carlson, MD; OT, to be announced

**Course Level:** Intermediate and Advanced

**Purpose:** To introduce principles of diagnosis and operative management of the upper extremity in pediatric cerebral palsy patients. The course will include discussions of both non-operative and operative options and the rationale for their use.

**Target Audience:** Health professionals who treat cerebral palsy patients.

**Course Summary:** This course will provide an overview of the diagnosis and management of spasticity of the upper extremity in pediatric cerebral palsy patients. Discussions will include the use of standardized history and physical examination techniques to identify treatment options. In addition, validated functional, health-related quality of life, and utility instruments used in outcome assessment of operative and non-operative interventions will be reviewed. Operative options for the management of specific deformities of the upper extremity (shoulder, elbow, forearm, wrist, and hand and digits) will be discussed using a case presentation format. Rehabilitation options and specific therapeutic protocols also will be discussed.

## 29 Clinician-Patient Communication to enhance Health Outcomes – Part II

*Vicki Kalen, MD; William Robertson, MD*

**Course level:** Basic

**Target Audience:** Any clinicians, healthcare professionals or paraprofessionals who have direct interactions with patients, particularly in terms of patient interviewing, patient education and responsibility for patient adherence to treatment plans.

**Purpose:** To teach clinicians of all types to communicate better with their patients through the use of specific techniques which have been proven to be successful.

**Course Summary:** Patient communication is an essential component of the clinician's role and can not be delegated to others. Successful patient communication has been shown in scientific research to lead to improved health outcomes, improved diagnostic accuracy, better patient adherence to treatment plans, higher patient satisfaction, more clinician satisfaction and reduced malpractice claims.

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This workshop consists of one short lecture on the premises which underlie the model and the techniques which will be taught, and two others on the techniques of proper communication using a model of Engagement, Empathy, Education and Enlistment. More than one-half of the workshop time is devoted to four interactive sessions including brainstorming about communication frustrations, two video presentations of actual clinician-patient interactions for participant analysis and discussion, and a "consultation" which involves participant role-playing. **Both sessions must be attended.** See #20.

## 30 Myelomeningocele: Orthopaedic Management of Lower Extremity Deformities

*Luciano Dias, MD; Claudia Kelp-Lenane, PT; Steven Vankoski, MS; Nicholas Gryfakis, MS; Michael El-Shammaa, MS*

**Course level:** Intermediate/Advanced

**Target Audience:** Health professionals who are involved in the care of children with myelomeningocele. This course is relevant to orthopaedic surgeons, physiatrists, physical therapists, and gait laboratory professionals.

**Purpose:** To provide an objective evaluation of the orthopaedic pathology, using the clinical examination and motion analysis in the decision making process. The clinical application of spina bifida gait analysis will be presented.

**Course Summary:** The course will start with a brief discussion of the functional motor levels, their bracing needs and their typical gait patterns with an emphasis on the relationship between muscle strength and the kinematic data. This will follow by a brief discussion on energy cost and its relation to motor level. The course will then focus on the orthopaedic deformities of the hip and knee as well as rotational deformities and how they can affect gait, and we will present the orthopaedic management of these deformities. The usual pre and post operative motion analysis will be used during the entire course. We will finish discussing the principles of treatment of foot deformities.



## SCIENTIFIC POSTERS

### Bone Density

- 01 Self-Perception of Competence: Children with Types III and IV Osteogenesis Imperfecta Compared with Nondisabled Peers**  
Holly Cintas, PT, PhD; Deborah Bauer, DPT; Jerome Danoff, PT, PhD; Gloria Furst, OTR/L, MPH; Lynn Gerber, MD
- 02 Calcitonin Treatment of Osteoporosis in Quadriplegic Cerebral Palsy**  
Audrius Plioplys, MD, FRCPC, FAAP, CMD; Irene Kasnicka, RN; Shelley Lewis, RN
- 03 Osteoporosis in Quadriplegic Cerebral Palsy: Risk Factors, Protective Effect of Epilepsy and Anticonvulsants**  
Audrius Plioplys, MD, FRCPC, FAAP, CMD; Irene Kasnicka, RN; Shelley Lewis, RN

### Family Providers

- 04 Patient and Health Care Provider Knowledge of Wheelchair Transportation Issues**  
Lori L Brinkey, MPT; Christopher Savoie, ATS, CRTS; Edward A Hurvitz, MD
- 05 Long Term Adjustment of Families of Children with Spinal Cord Injury**  
Jin Shin, PhD; Allen Heinemann, PhD; Charles Sisung, MD; Deborah Gaebler-Spira, MD; Janet M Simpson, RN
- 06 Promoting Wellness in Adults with and without Disabilities: Survey of Physician's Attitudes and Practices**  
Anne E Turner, MSPT; Jason Wingert, MSPT; Gloria Krahn, PhD, MPH; Nancy Wile, EdD; Andrew Downs, PhD; Sabrina Rhee, MEd
- 07 Parent Facilitation of Social Intergration for Children with Congenital and Acquired Brain Trauma**  
Pamela J Dixon, PhD; Seth Warschusky, PhD

### Feeding

- 08 Outcome of Intensive Oral Motor and Behavioral Interventions for Treatment of Oral Dysphagia in Children with Cerebral Palsy.**  
Elizabeth P Clawson, PhD; Carol Elliott, OTR/L; Ted Williams, MD, Eugenio A Monasterio, MD, FAAPMR

### 09 A 12 Month Prospective Study of Gastrostomy Feeding in Disabled Children

Peter Sullivan, MD; H Grant; A G Thomas; M Eltumi; B Lambert; A M E Bachlet; A Vernon-Roberts; E Mclean; E Juszcak

### 10 Eating and Feeding are Not the Same: Caregivers' Perceptions on Gastrostomy Feeding

Mario C Petersen, MD; Satish Kedia, PhD; Pam Davis, MA; Lisa Newman, PhD; Carrie Temple, MA, CCC-SLP

### General — Developmental

- 11 Early Experiences and Participation Patterns of Children with Developmental Coordination Disorder**  
Cheryl Missiuna, PhD, OT; Sandra Moll, MSC, OT; Mary C Law, PhD; Gillian King, PhD; Susanne King, MSc
- 12 Characteristics and Incidence of Pain in 100 Children with Cerebral Palsy**  
Vincenzo Buonaguro, MD; Francesco Motta, MD
- 13 Impact of Birthweight Status on School Age Outcomes in the 1997-2000 National Health Interview Surveys**  
Michael E Msall, MD; Michelle L Rogers, PhD; Roger C Avery, PhD; Dennis P Hogan, PhD
- 14 Establishing Reliability of a Telephone Interview Format for Developmental Monitoring Using the Vineland Adaptive Behavior Scale**  
Catherine Limperopoulos, PhD, OT; Annette Majnemer, PhD, OT(C); Lis aSteinbach, MA; Michael Shevell, MD, CM
- 15 Long-Term Follow-up of Individuals with Continuous Infusion of Intrathecal Baclofen by Implanted Programmable Pump**  
Linda E Krach, MD; Anna F Nettleton, MA, OTR/L; Brenna Klempka, MA, OTR/L
- 16 Sleep Issues in Families of Children with Physical Disabilities**  
Marilyn J Wright, PT; Betty Yundt, BHSc(PT); Annamaria Tandredi; BHSc(PT); Helene M Larin, PhD
- 17 Motor and Cognitive Development in Infants with Torticollis: Presentation and One Year Outcome Data**  
Mitchell Schertz, MD; Jeffrey Lowengrub, MD; Luba Zuk, PhD; Robert Bienkowski, PhD; Sheri Yablon, MD; Sandra Zin, BPT; Anat Ortner BPT; Lilach Nadam, BPT; Kirsi Hadad, PT; Pam Friedman, PT; Michal Noiman, PT; Dorit Schwartz, RPT

**18 The Effect of Health Insurance Coverage on School Age Outcomes for Low and Very Low Birthweight Children in the 1997-2000 National Health Interview Surveys**

Michael E Msall, MD; Michelle L Rogers, PhD;  
 Rogert C Avery, PhD; Dennis P Hogan, PhD

**19 Promoting Wellness in Children with and without Disabilities: Survey of Pediatrician's Attitudes and Practices**

Anne E Turner, MS, PT; Jason Wingert, MS, PT;  
 Gloria Krahn, PhD, MPH; Nancy Wile, EdD;  
 Andrew Downs, PhD; Sabrina Rhee, MEd

**20 Survey of Children from an Interdisciplinary Cerebral Palsy Clinic in the Inner City of Atlanta**

Leslie Rubin, MD; Mandy Rubin, MPH;  
 Karen Carter, MD

## Gait, Physical Therapy

**21 Effects of NMES Treatment on Strength and Spasticity in Children with Spastic Hemiplegia**

Derek Kamper, PhD; Audrey M Yasukawa, MOT;  
 Kenley Barrett; Deborah Gaebler-Spira, MD

**22 Therapeutic Riding: Its Effect on Gait and Gross Motor Function in Children with Cerebral Palsy**

Sheryl M Low, MPH, PT; Gina Collins, MPT;  
 Cynthia Dhagat, MPT; Pilar Hanes, MPT;  
 Janet Adams, DPT; Ronald Fischbach, PhD

**23 Analysis of Drop Foot Gait Patterns in Children with Hemiplegic Cerebral Palsy Following an Anterior Tibialis Home Based Neuromuscular Electrical Stimulation (NMES) Strengthening Program**

Melany Westwell-O'Connor, PT;  
 Matthew Luginbuhl, PT; Janet L Zahradnik, MD

**24 Do Dynamic (and Static) Clinical Measures Correlate with Gait Analysis Data in Children with Cerebral Palsy?**

Kaat Desloovere, PhD; Guy Molenaers, MD;  
 Hilde Feys, PT, PhD; Catherine Huenaers, PT;  
 Patricia Ehimagunwende, PT; Jos DeCat, PT

**25 Participation Patterns of Children with Physical Disabilities**

Mary C Law, PhD; Gillian A King, PhD;  
 Susanne M King, MSc; Marilyn Kertoy, PhD;  
 Nancy L Young, PT, PhD; Steven E Hanna, PhD;  
 Peter L Rosenbaum, MD; Patricia Hurley, BA

**26 Energy Balance and Body Composition in Children with Cerebral Palsy**

Peter Sullivan, MD; Allison M E Bachlet;  
 Angharad Vernon-Roberts; Lyn D Stirling;  
 Justin Warner; Jonathan Wells; Ed Juszcak

**27 Postural Stability Tests in Children with Cerebral Palsy**

Peter A Smith, MD; Sahar Hassani, MS;  
 Mohammed Ferdjallah, PhD; Kathryn Reiners;  
 Charlene Johnson; Gerald F Harris, PhD

**28 Comparison of Electromyographic (EMG) Mean Frequency during Gait between Children with and without Cerebral Palsy**

Richard T Lauer, PhD; Brian T Smith, MS;  
 Randal R Betz, MD; James J McCarthy, MD

**29 Efficacy of Botulinum Toxin Type A in the Treatment of Equinus in Children with Hereditary Spastic Paraparesis Compared to Spastic Diplegia**

Mary P Combes, RN, MPA, CCRC;  
 Maureen Bowman, BS; Charter L Rushing, PT;  
 Darla Kalb, MS, PT; Mauricio R Delgado, MD, FRCPC

## Imaging

**30 Magnetic Resonance Imaging in Children with Cerebral Palsy**

Ebtessam El Meleigy, MD; Sahar N Saleem, MD;  
 Ahmed M Said, MD

**31 Brain Imaging as an Early Predictor of Outcome following Traumatic Brain Injury in Children**

James A Blackman, MD, MPH; Sydney A Rice, MD;  
 Julie A Matsumoto, MD; Mark R Conaway, PhD;  
 Kevin M Elgin, MHSA; Peter D Patrick, PhD;  
 Walter J Farrell, OTR; Janet H Allaire, MA;  
 Douglas F Wilson, MD

## Measures

**32 The Reliability of the Modified Tardieu Scale in the Upper Limb of Children with Hemiplegia Cerebral Palsy**

Anna H Mackey, MSc, PT; Glenis Anne Lobb, BA, PT;  
 Sharon Walt, PhD; N Susan Stott, MD, PhD

**33 Validation of a Perceived Efficacy and Goal Setting (PEGS) System with Young Children with Disabilities**

Cheryl A Missiuna, PhD, OT; Nancy Pollock, MSc,  
 OT; Mary C Law, PhD, OT; Stephen Walter, PhD

**34 The Measure of Processes of Care (MPOC):  
Validation of the Dutch Translation**

Petra E M van Schie, MA, PT;  
Renate C Siebes, MA; Adri Vermeer, PhD

## Orthopaedics

**35 Long Term Outcome of Soft-Tissue Release for  
Hip Subluxation in Children with Cerebral Palsy**

Ana Presedo, MD; Chang-Wug Oh, MD;  
Kirk W Dabney, MD; Freeman M Miller, MD

**36 At What Age Should Surveillance for Spastic Hip  
Displacement Commence?**

Pamela J Thomason, PT; Roslyn Boyd, MSc,PT;  
Fiona Dobson, PT; Jenny Parrott, PT;  
Gary R. Nattrass, MD; H Kerr Graham, MD

**37 Cervical and High Thoracic Catheter Tip  
Placements for Intrathecal Baclofen Therapy in  
Pediatric Spastic Quadriplegia.**

Steven J Janselewitz, MD; Ellen S Kaitz, MD

**38 Early Subluxation of Hip in Children with  
Cerebral Palsy**

Young Jin Kim, MD; In-Young Sung, MD;  
Woo Hyun Song, MD

**39 Comparison of Antagonistic Muscles using  
Quantitative Electromyography(QEMG) in  
Pediatric Foot Deformity**

Jeong Mee Park, MD; Yang Tark Lee, MD;  
TaekSun Kim, MD; Ic Soo Kim, MD;  
Sang Min Jang, MD

**40 Lower Extremity Rotational Profiles in Children  
with Diplegic Cerebral Palsy**

Douglas A Barnes, MD; Janine W Calmes, PT,  
MS; Elroy Sullivan, PhD; Nancy R Scarborough, PT

**41 Comparative Multidisciplinary Neurosurgical  
Evaluation of MRI, Intra-operative  
Neurophysiology, and Frozen Section Histology  
for Determining Viability of Spinal Nerves in  
Brachial Plexus Birth Injuries**

Ilker Yaylali, MD, PhD; Oscar S Papazian, MD;  
Israel Alfonso, MD; Prasanna Jayakar, MD, PhD;  
Andrew E Price, MD; Herbert Valencia;  
Ana Sotrel, MD; Santiago Medina, MD;  
John A I Grossman, MD, FACS



## DEMONSTRATION POSTERS

### Baclofen

**01 Reduction of Intrathecal Baclofen Dose After Prolonged Delivery Interruption: 2 Cases**

Steven J Janslewitz, MD; Susan D Apkon, MD;  
Pamela E Wilson, MD

**02 Intrathecal Baclofen: A Description of Ten Children Over Ten Years**

Patrice S Rawlins, ARNP, MN

**03 Management of Complex Complications of Intrathecal Baclofen Withdrawal.**

Michelle B Blate, RN,FNP-C; Katherine F Leonard, MD; Mary Lynn Chu, MD; David Feldman, MD; Michelle Rabito, PA-C; Debra Anne Sala, MS, PT; Howard L Weiner, MD

**04 An Enhanced Radiographic Catheter Access Dye Study Method to Investigate Intrathecal Baclofen Pump Systems**

Rita N Ayyangar, MD; Douglas Quint, MD;  
Margaret Fox, RN, MS

### Cultural

**05 Community Based Multidisciplinary Feeding Service for Disabled Children in Caerphilly Wales UK**

Vera Antao, MD, DCH, MRCP, FRCPC; Jo Males, BSc (Hons), SRD

**06 Shaping an Effective Children's Service - An Australian Perspective**

Louise Coomer, MAppSc

**07 Factors Affecting the Use of Formal Respite Services Among Caregivers of Children with Cerebral Palsy from across Ontario**

Gissele Damiani; Peter L Rosenbaum, MD;  
Dianne J Russell, MSc; Marilyn E Swinton, MSc

### Devices & Measurement

**08 Treatment and Outcome of Individuals with Spina Bifida in Kenya**

Kimberly B Augenstein, MD; Virginia S Nelson, MD; Richard S Bransford, MD; Agnes Jeruto, RN; William Jackson, PT; Edward A Hurvitz, MD

**09 The Variable Abduction Hip Orthosis for Management of Children with Spastic Diplegic Cerebral Palsy**

Sunni Solveson, CO

**10 Saliva Measurement and Evaluation Techniques to Study Sialorrhea**

Carrie J Brown, PhD; Janet H Allaire, MA, CCC-SLP

**11 Pulmonary Vest Therapy in Quadriplegic Cerebral Palsy**

Audrius Plioplys, MD, FRCPC, FAAP, CMD; Shelley Lewis, RN; Irene Kasnicka, RN

**12 The Use of Accelerometers to Quantify Upper Extremity Use in Children with Hemiplegic Cerebral Palsy**

Simone V Gill, MS, OTR/L; Jeanne R Charles, MSW, PT; Andrew M Gordon, PhD

**13 Manual Ability Classification System: MACS, for Children with Cerebral Palsy: A Field Version**

Ann-Christin Eliasson, OT,PhD; Birgit Rosblad, PhD, PT; Lena Krumlinde-Sundholm, PhD, OT; Eva Beckung, PhD, PT; Marianne Arner, PhD, MD; Peter L Rosenbaum, PhD, MD

### General

**14 Evidence-Based Practice: The Role of the Cochrane Systematic Review**

James Edward Rice, MBBS, FRACP; Maureen E O'Donnell, MD, MSc, FRCPC

**15 International Classification of Functioning, Disability and Health (ICF): The Implications for Treatment of Children**

Walter J Farrell, OT; Kevin M Elgin, MHSA; Janet H Allaire, MA

**16 Congenital Myasthenic Syndrome: Not as Rare as Previously Thought**

Janice L Cockrell, MD

### Physical, Speech, Occupational Therapies

**17 Modification of Constraint-Induced Movement Therapy for Children with Hemiplegic Cerebral Palsy**

Jeanne R Charles, MSW, PT; Steven Wolf, PhD; Edward Taub, PhD; Andrew M Gordon, PhD

**18 Considerations for Seating Children with Cerebral Palsy who have a Visual Impairment**

Marnie J Eastman, PT

## 19 Looking Beyond Speech/Language Delays: Do Motor Difficulties Exist?

Cheryl A Missiuna, PhD, OT;  
B Robin Gaines, PhD, CCC-SLP

## Orthopaedics

### 20 Remodeling of the Proximal Femur after Varus Osteotomy in Children with Cerebral Palsy

John M Mazur, MD; Suzanne Murphy, PhD;  
Roy J Carls, MD; Shawn C Standard, MD;  
Samuel Fernandez, MD; Eric A Loveless, MD;  
R Jay Cummings, MD

### 21 Colonna Capsular Arthroplasty for the Treatment of Chronic Hip Dislocation in Children with Cerebral Palsy

Jeffrey P Schwab, MD; David Charles DeWitt, MD

### 22 Bisphosphonates in Osteopenic Children with Cerebral Palsy: A Case Series

Maurice G Sholas, MD; Beverly Tann, RN;  
Deborah Gaebler-Spira, MD

## Recreation

### 23 Adapted Karate as a Tool for Rehabilitation of Pediatric Cerebral Palsy: A Multiple Case Study

Katherine White; Paul Wright, PhD; Maurice G Sholas, MD, PhD; Deborah Gaebler-Spira, MD

### 24 Therapeutic Gymnastics: An Alternative Treatment Program

Holly E Neeson, PT

### 25 The Use of Adapted Bicycles as Adjuncts to Therapy Programs with Pediatric Clients

Linda E Fieback, PT; Deborah Organ, MSPT

## Services

### 26 Interdisciplinary, Intensive and Group Rehabilitation Program for Children with Cerebral Palsy Associated with Severe Incapacities and Their Parents

Jean-Francois Marchand, MSW; Sylvie Thibault

### 27 The Physician's Outreach Program for Screening and Identifying Children with Autistic Disorder

Raun D Melmed, MD

### 28 Family Volunteering on an Intermediate to Long Term Stay In-Patient Pediatric Unit

Nancy A Pelegano, APRN, MSN;  
Benjamin Pelegano; Hannah Pelegano;  
Sandy Bower Murdoch, BS, CAVR;  
Terri Larson, CTRS; Jaci Fricks, MSSW, LCSW;  
John P Pelegano, MD

### 29 The Use of a Life Care Plan to Create an Integrated Continuum

Susan N Riddick-Grisham, RN;  
Paul M Deutsch, PhD

### 30 Serving Persons Who Have Developmental Disabilities in the Healthcare Setting: A Multimedia Module for Medical Education

Kenneth L Robey, PhD; Gary E Edey, MD

### 31 The National Airway Clearance Registry (NACR): A Registry Program Designed to Gather Information About Airway Clearance Therapy (ACT) Utilization and Related Outcomes of Patients with Neuromuscular Diseases and Other Disorders

Kerstin M Sobus, MD; Jean C Stansbury, CPNP;  
Virginia S Nelson, MD



## POSTER PRESENTATIONS

The 57th Annual Meeting Scientific and Demonstration Posters will be available for viewing at all times during the meeting beginning at 6:00 PM on Wednesday, September 10 until 10:30 AM on Saturday September 13.

## EXHIBITS

The Scientific Program Committee welcomes our exhibitors and encourages you to visit the exhibits during the Welcome Reception on Wednesday, September 10 from 6:00 PM to 8:00 PM. The exhibitors will also be available during all the continental breakfasts and the breaks. The displays are informative and of great assistance to you in delivering quality health care.

### Partial List of 2003 Exhibitors

AACPDM Membership Committee	Exceptional Parent Magazine
AACPDM Web Site	Gillette Children's Specialty Healthcare
Adaptive Switch Labs	IREX
Advanced Respiratory	Lifest, USA
Allergan	Medtronic, Inc.
Altimate Medical, Inc.	Progressive Gaitways, LLC
Becker Orthopedic of Canada, Inc.	Therasuit LLC
BTS North America	Ultraflex Systems, Inc.
Camp Healthcare	Uniform Data System for Medical Rehab
Cambridge University Press	Vicon Motion Systems
Convoid Inc.	

*A special thanks to our exhibitors – We appreciate their support*

# 2003 AACPDM 57TH ANNUAL MEETING REGISTRATION

Early Registration Deadline: August 4, 2003

Please Print or Type

1. Name: \_\_\_\_\_  
Last First Middle  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Office ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Tel: ( ) \_\_\_\_\_  
 Hotel name, if not Fairmont \_\_\_\_\_

CME or CEU Credit needed

- MD  PT  
 CP/CO  OT  
 RN  Speech language  
 PhD  Other \_\_\_\_\_

Make check payable to AACPDM  
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 (Phone) 847-698-1635  
**Fax to: 847-823-0536**

2. Do you require any special assistance with accessibility or diet?  Yes  
 Describe: \_\_\_\_\_  
**All program presenters must pay a registration fee. Fee includes the opening reception, 3 continental breakfast, coffee breaks, and printed material.**

3. I am an:

	Early Registration	After Aug. 5
<input type="checkbox"/> AACPDM Member/EACD Member .....	\$325.00	\$375.00
<input type="checkbox"/> Non-Member .....	\$425.00	\$475.00
<input type="checkbox"/> Full-Time Student, Intern, Resident (Proof of special status <i>must</i> accompany registration) .....	\$125.00	\$150.00
<input type="checkbox"/> Past President (Complimentary instructional courses.) .....	\$160.00	\$160.00
<input type="checkbox"/> One day fee (more than one day must pay full fee) I will only attend on ____/____/____ .....	\$125.00	\$175.00
<b>4. Wednesday Specialty Day</b>		
<b>SD1. Limb Deficiency in Children</b> .....	\$50.00	\$50.00
<b>SD2. Adult Issues</b> .....	\$50.00	\$50.00
<b>SD3. Management of Epilepsy</b> .....	\$50.00	\$50.00

5. Please register me for the following instructional courses:

Courses	1st choice	2nd choice	List by number		
Friday 1:00 pm				\$50.00	\$55.00
Friday 3:30 pm				\$50.00	\$55.00
Saturday 1:00 pm				\$50.00	\$55.00
Saturday 3:30 pm				\$50.00	\$55.00
<b>Breakfast Seminar</b>	<b>Circle number</b>	Limited to 90 each (an additional 1.25 CME credits)			
Thurs. 7:00 am	1 2 3 4			\$25.00	\$25.00
Fri. 7:00 am	5 6 7 8			\$25.00	\$25.00

6. Spouse/Accompanying Person..... \$35.00 per person ..... \$35.00 \$35.00  
 (includes Presidential Reception and administrative costs)  
 Name: \_\_\_\_\_

7. Members Business Meeting Lunch - Thursday - NC (Must sign up for lunch) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 8. City Highlights - Thursday ..... \$26.00 ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 9. St. Lawrence River - Dinner Cruise - Thursday ..... \$70.00 ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 10. International Affairs Luncheon - Saturday ..... \$35.00 ..... \$ \_\_\_\_\_ \$ \_\_\_\_\_

How Many
_____
_____
_____
_____

11. If paying by credit card:  Mastercard  VISA (American Express and Eurocards **NOT** accepted)  
**US DOLLARS ONLY**  
 Credit card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Print name as it appears on card: \_\_\_\_\_ Signature: \_\_\_\_\_

**A confirmation will be mailed upon processing your registration form.**

12. **Refund Policy:** A request for a full refund must be submitted in writing on or before Aug. 4, 2003; 75% refund Aug. 5-Sept. 5, 2003; No refunds after Sept. 5, 2003. **All payment must accompany completed Registration Forms. NO WIRE TRANSFERS**

13. **Pre-Registration closes August 22, 2003.** After the 22th, register onsite.

Fairmont The Queen Elizabeth is pleased to Welcome . . .



### American Academy for Cerebral Palsy & Developmental Medicine

57th Annual Meeting, September 10 – 13, 2003

Montréal, Québec

**Group ID #: PALSU**

Reservations must be received prior to August 9th , 2003. After this date, the reservations will only be accepted based on availability and at regular rates. If rates and category requested are not available, next available rate and category will be reserved. *Cancellations Must be received 48 hours before arrival.*  
For changes or cancellations, please call us at (514) 861-3511 or Toll Free (800) 441-1414.

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<b>(City)</b>
<b>(State)</b> <b>(Zip Code)</b>
<b>(Telephone #)</b>

Fairmont President's Club# \_\_\_\_\_

<b>(Arrival Date)</b> Check in time After 4pm	<b>(Departure Date)</b> Check out time Before 12noon Additional charge thereafter
<b>CHECK IN TIME IS AFTER 4:00PM</b>	
Estimated Time of Arrival: _____ ACCOMODATIONS PRIOR TO THIS TIME CANNOT BE ASSURED	
Please List any Special Needs / Requests You may have:	

**Note:** Convention Rates will be extended (3) Days prior and (3) Days after the scheduled convention dates, based on Availability.

\$2.00 Cdn room tax, 7% GST, and 7% PST taxes will be added to room change. GST is refundable.

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