



Clinical Reasoning for Physiotherapy Management in Stroke

10 – 13 March 2020

Introduction

This course will address current evidence and provide a holistic framework to guide clinical reasoning in physiotherapy management of people after stroke.

Course Objectives

At the end of this course, participants will be able to:

1. Describe medical management for stroke across the continuum of care (i.e., acute, subacute and chronic phase).
2. Use the International Classification of Functioning, Disability and Health (ICF) model as a framework to guide clinical management for stroke.
3. Explain the mechanisms underlying motor impairments after stroke.
4. Analyse motor performance, and link impairments to missing essential components of motor performance of people after stroke.
5. Select and interpret appropriate outcome measures to measure improvement of motor performance in people after stroke.
6. Create assessment and treatment plans for people after stroke and justify the plans using evidence-based practice.
7. Use functional electrical stimulation and other low-cost/affordable equipment to increase intensity of practice.
8. Implement strategies to manage behavioural and mood disorders after stroke.

Course Outline

- Medical management of stroke
- Movement analysis and treatment
- Set-up for semi-supervised practice
- Management of behavioural and mood disorders after stroke
- Implementation and interpretation of outcome measures in stroke

Course Details

Date	: 10 – 13 March 2020
Duration	: 16 hours over 4 half days
Time	: 1.30 pm – 5.30 pm
Venue	: Therapy Skills Training Lab Academia , Level 1 20 College Road, S (169856)
Fee	: S\$430 (SingHealth Staff/ SPA Member) S\$475 (Regular) (inclusive of 7% GST)

Target Audience

Physiotherapists who are working with stroke patients in any settings are welcome to join the course.

Teaching Faculty

Dr Shamala Thilarajah

Principal Physiotherapist
Singapore General Hospital

Ms Low Ai Ying

Senior Physiotherapist
Singapore General Hospital

A/Prof Li Khim Kwah

Health & Social Sciences Cluster
Singapore Institute of Technology

Dr Bok Chek Wai

Head & Senior Consultant
Department of Rehabilitation Medicine
Singapore General Hospital

Dr Kinjal Doshi

Principal Clinical Psychologist
Singapore General Hospital

Registration

Miss Joyce Lee

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Submit your registration form to **Joyce Lee** at joyce.lee.g.l@sgh.com.sg by **21 Feb 2020**

The information provided for course registration is true and accurate to the best of my knowledge. Submission of any false information will render my application void with no refund of registration fee. Submission of my professional certification or qualifications for auditing purpose may be required.

By registering for the course, you agree to the [terms & conditions](#) of PGAHI.

Quick links: [FAQs](#), [PGAHI Programmes](#), [Training Calendar and Directory](#)

PARTICIPANT'S PARTICULARS	FEE
Name <i>(to be reflected on cert)</i> :	S\$430 (SingHealth Staff/ SPA Member) S\$475 (Regular) <i>(inclusive of 7% GST)</i>
Contact no.: _____ Employee No.: _____	
Email: _____	
Profession: <input type="checkbox"/> AHP <i>(please indicate)</i> : _____ <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Others: _____	
Department: _____	
Organisation: _____	
SPA no. <i>(if applicable)</i> : _____	

Any cancellation or replacement must be conveyed to PGAHI in writing. A cancellation fee of 50% of course fee will be charged if the cancellation is made before **21 Feb 2020**. There will be no refund of course fee for cancellation on or after **21 Feb 2020**. PGAHI reserves the right to cancel the course and fully refund the amount of registration fee paid to the participants should unforeseen circumstances necessitate it.

For **cheque payment**, please issue a **crossed cheque** payable to “**Singapore General Hospital Pte Ltd**” and mail the cheque attention to **Joyce Lee, SGH-PGAHI, 20 College Road, Academia, Level 2, Singapore 169856**.

For **invoice to organisation**, please complete the below billing details:

BILLING DETAILS
Bill to: _____
Billing address: _____
Attention invoice to <i>(name & department)</i> : _____
Email of addressee: _____
Contact no. of addressee: _____

I consent to Singapore General Hospital and its related corporations (collectively ‘SingHealth’), their agents and SingHealth’s authorised service providers collecting, using, disclosing and/or processing my personal data, in order to send me marketing materials, etc.

I confirm and agree that my consents granted herein do not supersede or replace any other consents which I may have previously provided to SingHealth in respect of my personal data, and are additional to any rights which SingHealth may have at law to collect, use or disclose my personal data.

By providing the information set out in this form and submitting the same to you, I confirm that I have read, understood and consent to the SingHealth Data Protection Policy, a copy of which is available at <http://www.singhealth.com.sg/pdpa>. Hard copies are also available on request.