Tracheostomy in infants and young children is a specialized area of practice for the Speech-Language Pathologist. Whether clinical care is provided in an acute care setting or in a rehabilitative or home-based milieu, the clinician must acquire a medical knowledge base pertaining to pediatric tracheostomy and achieve competency in its application to diagnostics and clinical management of infants and young children with tracheostomies. Foundations and trend data in medical management of the pediatric airway will be presented with application to the clinical process. Evaluation and treatment of pediatric patients with tracheostomies will be addressed, targeting the evidence-based physiological consequences of tracheostomy related to secretions, secretion management, airway protective responses, and swallowing, as well as the use of the Passy-Muir tracheostomy valve. Assessment procedures to determine candidacy for Passy-Muir valve placement and a coordinated treatment protocol for progressing from the initial Passy-Muir valve trial to full-time Passy-Muir valve wear time and to home carryover will be detailed. Video segments will afford participants opportunities to visualize concepts and procedures presented.

Upon completion of this seminar, the participant will:

1. Describe the current population of pediatric patients with tracheostomies in the United States.
2. Identify the evidence-based physiological consequences of tracheostomy in infants and young children.
3. Delineate four main categories of assessment to determine Passy-Muir placement candidacy in infants and young children with tracheostomies.
5. Specify the scope of swallowing treatment when managing infants and young children with tracheostomies.
6. List treatment procedures for reducing the physiological consequences of tracheostomy in infants and young children.
SEMINAR LOCATION
CORPORUS CHRISTI, TEXAS • May 22-23, 2010
Driscoll Children’s Hospital Auditorium
3333 South Alameda
Corpus Christi, TX 78411
Phone: 361-494-5000

NEARBY ACCOMMODATIONS
Holiday Inn Corpus Christi & Convention Center
1102 South Shoreline
Corpus Christi, TX 78410
Phone: 361-831-5711

Audiator parking available in front of the hospital.

Ask for the NSU special rate of $89. The Hotel is located less than 2 miles from the Children’s Hospital.

4 WAYS TO REGISTER:
1. Online: www.northernspeech.com
2. Phone: 888-237-1866
3. Mail: NSS, P.O. Box 1247
Gardy, MI 49734
4. Fax: 888-896-9655

PRICE: $325.00
2 or more $295.00
5 or more $275.00

REGISTRATION:
EARLY RATES - SPACE IS LIMITED
Late Fee: Add $20 if registering less than two weeks prior to seminar.

WHAT THE SEMINAR OFFERS

• Intensive understanding of videofluoroscopy
• Examination and Critical Review of basic videofluoroscopic
studies
• How videofluoroscopy complements and integrates with
other diagnostic tools
• Compare and contrast videofluoroscopic images from
children and adults
• Mini-module on videofluoroscopic interpretation
• Review and analysis of videofluoroscopic images for
sub-glottic airway evaluation

ACCREDITATION
This program is offered for 0.5 CEU (intermediate level, professional level). AOTA: Approved Provider of Continuing Education by the American Occupational Therapy Association, Inc. #04035.

Not all CEUs are approved in every state. For information on approval for your state, please call the CEU Provider identified above or visit http://www.aota.org/CU/CEUProvider

Two Excellent Study Guides to Improve Your Ability to Diagnose and Plan Treatment for Pediatric Dysphagia Through Videofluoroscopy

TWO EXCELLENT STUDY GUIDES TO IMPROVE YOUR ABILITY TO DIAGNOSE AND PLAN TREATMENT FOR PEDIATRIC DYSPHAGIA THROUGH VIDEOFLUOROSCOPY

Program Contents:
Each study guide includes a DVD containing 25 videofluoroscopic programs based only on signs and symptoms of dysphagia less than two weeks prior to seminar.

SPACE IS LIMITED AND REGISTRATION MUST BE CONFIRMED ON CAPACITY BASED FIRST-COME, FIRST-SERVE BASIS.

Online registration: www.northernspeech.com

MAIL Registration To: NSS, P.O. Box 1247, Gardy, MI 49734 or Call: 888-337-3866 Fax: 888-986-9655 email: info@northernspeech.com

Cancellations: Tuition will be refunded, less a $25 processing fee, if written notification is received at least five weeks prior to the seminar. Two weeks to seminar date. Two weeks to seminar date, February 8, 2010 for April 27-28, 2010 seminar. Two weeks to seminar date, March 12-13, 2010 for May 22-23, 2010 seminar.

Tuition Amount ____________________________________________________________________________
Cost of the seminar (2 days) includes hotel, meals, and signed Tuition Agreement.

State License Number _______________________________________________________________________
State License Number _______________________________________________________________________
State License Number _______________________________________________________________________
State License Number _______________________________________________________________________
Name of Registrant ________________________________________________________________________
Name of Registrant ________________________________________________________________________
Name of Registrant ________________________________________________________________________
Name of Registrant ________________________________________________________________________
Facility Name & Address ______________________________________________________________________
Facility Name & Address ______________________________________________________________________
Facility Name & Address ______________________________________________________________________
Facility Name & Address ______________________________________________________________________
Mailing Address ____________________________________________________________________________
Mailing Address ____________________________________________________________________________
Mailing Address ____________________________________________________________________________
Mailing Address ____________________________________________________________________________
Phone: Work (________) _____________________________________________________________________
Phone: Work (________) _____________________________________________________________________
Phone: Work (________) _____________________________________________________________________
Phone: Work (________) _____________________________________________________________________
Credit Card # ______________________________________________________________________________
Credit Card # ______________________________________________________________________________
Credit Card # ______________________________________________________________________________
Credit Card # ______________________________________________________________________________
CV# ________________________________________________________________________________________
CV# ________________________________________________________________________________________
CV# ________________________________________________________________________________________
CV# ________________________________________________________________________________________
Expiration Date CV# _________________________________________________________________________
Expiration Date CV# _________________________________________________________________________
Expiration Date CV# _________________________________________________________________________
Expiration Date CV# _________________________________________________________________________

Mail Registration To: NSS, P.O. Box 1247, Gardy, MI 49734 or Call: 888-337-3866 Fax: 888-986-9655 email: info@northernspeech.com

胧 CORPORUS CHRISTI, TEXAS • May 22-23, 2010 (4095)

胧 SPACE IS LIMITED AND REGISTRATION MUST BE CONFIRMED ON CAPACITY BASED FIRST-COME, FIRST-SERVE BASIS.

胧 Online registration: www.northernspeech.com

胧 MAIL Registration To: NSS, P.O. Box 1247, Gardy, MI 49734 or Call: 888-337-3866 Fax: 888-986-9655 email: info@northernspeech.com

胧 Cancellations: Tuition will be refunded, less a $25 processing fee, if written notification is received at least five weeks prior to the seminar. Two weeks to seminar date. Two weeks to seminar date, February 8, 2010 for April 27-28, 2010 seminar. Two weeks to seminar date, March 12-13, 2010 for May 22-23, 2010 seminar.

胧 Tuition Amount ____________________________________________________________________________
胧 Cost of the seminar (2 days) includes hotel, meals, and signed Tuition Agreement.

胧 State License Number _______________________________________________________________________
胧 State License Number _______________________________________________________________________
胧 State License Number _______________________________________________________________________
胧 State License Number _______________________________________________________________________
胧 Name of Registrant ________________________________________________________________________
胧 Name of Registrant ________________________________________________________________________
胧 Name of Registrant ________________________________________________________________________
胧 Name of Registrant ________________________________________________________________________
胧 Facility Name & Address ______________________________________________________________________
胧 Facility Name & Address ______________________________________________________________________
胧 Facility Name & Address ______________________________________________________________________
胧 Facility Name & Address ______________________________________________________________________
胧 Mailing Address ____________________________________________________________________________
胧 Mailing Address ____________________________________________________________________________
胧 Mailing Address ____________________________________________________________________________
胧 Mailing Address ____________________________________________________________________________
胧 Phone: Work (________) _____________________________________________________________________
胧 Phone: Work (________) _____________________________________________________________________
胧 Phone: Work (________) _____________________________________________________________________
胧 Phone: Work (________) _____________________________________________________________________
胧 Credit Card # ______________________________________________________________________________
胧 Credit Card # ______________________________________________________________________________
胧 Credit Card # ______________________________________________________________________________
胧 Credit Card # ______________________________________________________________________________
胧 CV# ________________________________________________________________________________________
胧 CV# ________________________________________________________________________________________
胧 CV# ________________________________________________________________________________________
胧 CV# ________________________________________________________________________________________
胧 Expiration Date CV# _________________________________________________________________________
胧 Expiration Date CV# _________________________________________________________________________
胧 Expiration Date CV# _________________________________________________________________________
胧 Expiration Date CV# _________________________________________________________________________
胧 Mail Registration To: NSS, P.O. Box 1247, Gardy, MI 49734 or Call: 888-337-3866 Fax: 888-986-9655 email: info@northernspeech.com

胧 SPACE IS LIMITED AND REGISTRATION MUST BE CONFIRMED ON CAPACITY BASED FIRST-COME, FIRST-SERVE BASIS.

胧 Online registration: www.northernspeech.com

胧 MAIL Registration To: NSS, P.O. Box 1247, Gardy, MI 49734 or Call: 888-337-3866 Fax: 888-986-9655 email: info@northernspeech.com

胧 Cancellations: Tuition will be refunded, less a $25 processing fee, if written notification is received at least five weeks prior to the seminar. Two weeks to seminar date. Two weeks to seminar date, February 8, 2010 for April 27-28, 2010 seminar. Two weeks to seminar date, March 12-13, 2010 for May 22-23, 2010 seminar.

胧 Tuition Amount ____________________________________________________________________________
胧 Cost of the seminar (2 days) includes hotel, meals, and signed Tuition Agreement.

胧 State License Number _______________________________________________________________________
胧 State License Number _______________________________________________________________________
胧 State License Number _______________________________________________________________________
胧 State License Number _______________________________________________________________________
胧 Name of Registrant ________________________________________________________________________
胧 Name of Registrant ________________________________________________________________________
胧 Name of Registrant ________________________________________________________________________
胧 Name of Registrant ________________________________________________________________________
胧 Facility Name & Address ______________________________________________________________________
胧 Facility Name & Address ______________________________________________________________________
胧 Facility Name & Address ______________________________________________________________________
胧 Facility Name & Address ______________________________________________________________________
胧 Mailing Address ____________________________________________________________________________
胧 Mailing Address ____________________________________________________________________________
胧 Mailing Address ____________________________________________________________________________
胧 Mailing Address ____________________________________________________________________________
胧 Phone: Work (________) _____________________________________________________________________
胧 Phone: Work (________) _____________________________________________________________________
胧 Phone: Work (________) _____________________________________________________________________
胧 Phone: Work (________) _____________________________________________________________________
胧 Credit Card # ______________________________________________________________________________
胧 Credit Card # ______________________________________________________________________________
胧 Credit Card # ______________________________________________________________________________
胧 Credit Card # ______________________________________________________________________________
胧 CV# ________________________________________________________________________________________
胧 CV# ________________________________________________________________________________________
胧 CV# ________________________________________________________________________________________
胧 CV# ________________________________________________________________________________________
胧 Expiration Date CV# _________________________________________________________________________
胧 Expiration Date CV# _________________________________________________________________________
胧 Expiration Date CV# _________________________________________________________________________
胧 Expiration Date CV# _________________________________________________________________________
胧 Mail Registration To: NSS, P.O. Box 1247, Gardy, MI 49734 or Call: 888-337-3866 Fax: 888-986-9655 email: info@northernspeech.com

胧 SPACE IS LIMITED AND REGISTRATION MUST BE CONFIRMED ON CAPACITY BASED FIRST-COME, FIRST-SERVE BASIS.

胧 Online registration: www.northernspeech.com

胧 MAIL Registration To: NSS, P.O. Box 1247, Gardy, MI 49734 or Call: 888-337-3866 Fax: 888-986-9655 email: info@northernspeech.com

胧 Cancellations: Tuition will be refunded, less a $25 processing fee, if written notification is received at least five weeks prior to the seminar. Two weeks to seminar date. Two weeks to seminar date, February 8, 2010 for April 27-28, 2010 seminar. Two weeks to seminar date, March 12-13, 2010 for May 22-23, 2010 seminar.

胧 Tuition Amount ____________________________________________________________________________
胧 Cost of the seminar (2 days) includes hotel, meals, and signed Tuition Agreement.