

# Implementation and Interpretation of Spirometry in the Primary Care Practice



## MORNING SESSION

8:00-8:30 a.m.: Registration | Continental Breakfast

8:30-12:00 p.m.: Implementation of Spirometry

**Target Audience:** Health care professionals who have the responsibility to administer and implement the spirometry test

### Objectives:

- Review spirometry and its role in the diagnosis and management of lung disease
- Discuss ATS guidelines for acceptable spirometry tests
- Teach proper spirometry technique
- Discuss how to coach for the best results (*for both pediatric patients and adults*)
- Learn how to check for reproducibility
- Review how to recognize maneuver problems
- Review health history/pre-screening questions that may impact the spirometry results
- Describe the need for both pre- and post-bronchodilator tests

## AFTERNOON SESSION

12:00-12:30 p.m.: Registration | Lunch

12:30-4:00 p.m.: Interpretation of Spirometry

**Target Audience:** Primary care providers who will be interpreting the results to assist with diagnosis and disease management

### Objectives:

- Discuss how to integrate spirometry into an already busy practice
- Basic bronchial anatomy and physiology as it pertains to spirometry values
- Pathophysiology of an asthmatic airway and how it relates to changes in spirometric values
- Identify who should have a spirometry test and how often
- Describe measures within a spirometry test
- Discuss predicted values, actual values, and personal best
- Discuss spirometry findings as they relate to guidelines
- Teach interpretation of spirometry findings as they relate to obstructive and restrictive pathophysiology

## Faculty

Ed Corazalla, MS, RPFT

Director of Pulmonary Lab

University of Minnesota

## Registration

**\$90 per person**

for morning or afternoon session

**\$160 per person**

for entire day, plus lunch

**3.5 CEUs** will be offered  
for one session

**7.0 CEUs** will be offered  
for full day course

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This activity has been planned and implemented in accordance with the accreditation requirements and policies of the New Mexico Medical Society (NMMS) through the joint providership of Rehoboth McKinley Christian Health Care Services (RMCHCS) and American Lung Association. RMCHCS is accredited by NMMS to provide continuing medical education for physicians.

RMCHCS designates this live activity for a maximum of 7 AMA PRA Category 1 Credit(s)<sup>™</sup>. Each physician should claim only the credit commensurate with the extent of their participation in the activity.

Application has been made to the American Association for Respiratory Care (AARC) for continuing education contact hours for respiratory therapists.

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**See back of this form  
for registration information.**

# Spirometry Course Registration

Please reserve your spot today! | <http://bit.ly/2jfXRCs>

## Choose from the following sites

- |   |   |
|---|---|
| <input type="checkbox"/> January 26, 2018   Billings, Montana     | <input type="checkbox"/> June 22, 2018   Oklahoma City, Oklahoma          |
| <input type="checkbox"/> February 16, 2018   Santa Fe, New Mexico | <input type="checkbox"/> July 27, 2018   Chicago, Illinois                |
| <input type="checkbox"/> March 9, 2018   St. Paul, Minnesota      | <input type="checkbox"/> August 24, 2018   Seattle, Washington            |
| <input type="checkbox"/> March 23, 2018   St. Louis, Missouri     | <input type="checkbox"/> September 14, 2018   Houston, Texas              |
| <input type="checkbox"/> April 13, 2018   San Antonio, Texas      | <input type="checkbox"/> October, 2018   Dallas, Austin, TX or California |
| <input type="checkbox"/> April 20, 2018   Kansas City, Missouri   | <input type="checkbox"/> November 2, 2018   Arizona                       |
| <input type="checkbox"/> June 1, 2018   Portland, Oregon          | <input type="checkbox"/> December 7, 2018   Milwaukee or Madison, WI      |

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email (required) \_\_\_\_\_

Organization/Facility \_\_\_\_\_ Credentials/Profession \_\_\_\_\_

Indicate any special needs, including dietary \_\_\_\_\_

## REGISTRATION FEE

\$90 (one session)  \$160 (two sessions) I will be attending:  morning  afternoon  full day

Enclosed is my check for \$ \_\_\_\_\_ payable to the American Lung Association

Charge fee to my credit card

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_ Signature \_\_\_\_\_

**Training is limited: Register early!**