

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

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)[™]. 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.

**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!