

Course Information

COURSE DESCRIPTION

This course will review the anatomy and mechanics of each region: cervical, shoulder, elbow, hip, knee, ankle, and foot.

The manual therapy lab includes: soft tissue mobilization, non-thrust joint mobilizations, contract relax, muscle energy, and mobilizations with movement.

COURSE OBJECTIVES

At the conclusion of this course, the participant will be able to use:

1. Cervical stretching techniques of the aging spine.
2. Cervical and shoulder impingement treatment interventions
3. Manual cervical stretching interventions/ techniques
4. Manual therapy including both dynamic and static joint mobilization
5. Shoulder impingement interventions
6. Physical Agent Modalities with the shoulder
7. Precautions, contraindications, specific palpation of abnormal findings
8. Therapeutic interventions with the unstable shoulder (due to advanced arthritis)
9. Manual therapy for the lower quarter (hip, knee, ankle, and foot)
10. Manual therapy including both dynamic and static joint mobilization

Instructor's Biography

PHILIP TOAL
PT, DPT, OCS, C-OMPT, FAAOMPT

Dr. Toal is a graduate of the State University of New York at Buffalo, graduating with a doctor of physical therapy degree. He has also completed an Orthopaedic Physical Therapy Residency at the Institute of Therapeutic Science (ITS) as well as a Fellowship in Orthopaedic and Manual Physical Therapy. Dr. Toal is also board certified in orthopaedic physical therapy, is certified in orthopaedic and manual physical therapy, a fellow of the American Academy of Orthopaedic and Manual Physical Therapists and is a certified clinical instructor. He is the Program Director for the Cleveland Clinic's Orthopaedic Physical Therapy Residency. He is Medina Hospital's center coordinator of clinical education. Currently, he serves as adjunct faculty at ITS for its residency program, is Adjunct Faculty in Cleveland State University's DPT program teaching medical screening, manual therapy, and complex conditions for extremities, and teaches continuing education courses to other PT's nationally.

Presented By:

Healthcare Management Solutions
16170 South Kingsport Road
Orland Park, IL 60467

C.E. Sponsor Licenses:

IL PT #216.000134
IL OT #224.000056
IL SLP #202.000191
IL Nurses #236.000011
IL Social Worker #159.000904
IL Nursing Home Administrator #139.000184

Sponsored By:



Manual Therapy for Upper and Lower Quarters



Saturday, April 30, 2016
8:00am - 4:30pm
Palos Park, IL

Instructor:
Philip Toal

PT, DPT, OCS, C-OMPT, FAAOMPT

7.5 CE Hours

Appropriate For:
**Occupational and Physical
Therapists**
(OT, OTA, PT, PTA)

Manual Therapy for Upper and Lower Quarters — Saturday, April 30, 2016

SCHEDULE

7:30am	Check-In/Breakfast
8:00am	Start
10:00am	Break (15 minutes)
12:00pm	Lunch On-Site (30 minutes)
2:00pm	Break (15 minutes)
4:30pm	Conclusion



CE HOURS

7.5 hours, HMS is an IDFPR licensed sponsor of C.E. for OT, OTA, PT, PTA, SLP, Nurses, Social Workers, and Nursing Home Administrators. If a registrant is late arriving to the course or leaves early, their certificate of course completion/CE hours will be adjusted accordingly.

REFUNDS/CANCELLATIONS

Any and all cancellations MUST be received on or before Friday, April 22, 2016 and are refundable less 20% of the original course fee paid (processing/supply charge) per registrant. Any cancellations received after 04/22/2016 will not be refunded. *Please note that if you register and do not attend, you are still liable for full payment.*

SEMINAR LOCATION

Holy Family Villa
12220 South Will Cook Road
Palos Park, IL 60439

ONLINE REGISTRATION

www.qtctherapy.com > Continuing Education > Course Registration Form

ADDITIONAL REGISTRATION OPTIONS

Mail: Healthcare Management Solutions
16170 South Kingsport Road | Orland Park, IL 60467
Email: CE@qtctherapy.com
Fax: (708) 326-1557
Phone: (708) 326-1550

REGISTRATION CONFIRMATION

If you have not received a confirmation within 5 days of the program, please email CE@qtctherapy.com.

Cost: \$199/pp (\$189/pp for groups of 3+)

Includes Breakfast, Lunch, Snacks and all course materials.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

Employer: _____

Discipline: _____

Professional License Number: _____

Payment Methods

- Check (enclosed & payable to Healthcare Management Solutions)
- Credit Card (circle one: VISA *or* MasterCard)

Card Number: _____

Expiration Date: _____

Name on Card: _____

Authorized Signature: _____

Billing Address: *(if different from above)*

City: _____

State: _____ Zip Code: _____