



CHIROPRACTIC OFFICE MANAGEMENT TRAINING

BROUGHT TO YOU BY THE MISSOURI STATE CHIROPRACTORS ASSOCIATION

REHABILITATION TECHNIQUES: ACTIVE CARE

6 Hours
Continuing
Education
Credit!

Calling all Doctors, Office Managers and CAs!

Physical rehabilitation techniques should be incorporated in chiropractic treatments to help patients achieve an earlier return to function and have an improved outcome. Based on the work of Vladimir Janda, this seminar will help you master the Upper and Lower Crossed Syndrome System of Postural Analysis. It will provide you with an understanding of basic low-tech patient exercises. These exercises begin with Activity of Daily Living instruction and include at-home and in-office exercises involving range of motion, isometric, stretching and strengthening exercises. You will review Neuromuscular Re-education as an approach to the evaluation and functional treatment of soft tissue injuries.

Featured Speaker:

- ◆ Dr. Morgan Mullican
Sponsored by Breakthrough Coaching

THURSDAY, MARCH 22, 2012

TRUMAN HOTEL, JEFFERSON CITY

8:30 - 9:00 a.m.	Registration
9:00 - 10:15 a.m.	Upper & Lower Crossed Syndrome
10:15 - 10:30 a.m.	Break
10:30 - 12:00 a.m.	Low Tech Rehab
12:00 - 1:00 p.m.	Luncheon <i>Sponsored by: Breakthrough Coaching</i>
1:00 - 2:15 p.m.	Neuromuscular Re-Education Protocols
2:15 - 2:30 p.m.	Break
2:30 - 4:00 p.m.	Evaluation and Documentation



FOR MORE INFORMATION: 573-636-2553

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REGISTRATION FORM



**TRUMAN HOTEL
JEFFERSON CITY
(1510 JEFFERSON STREET)**

SPECIAL ROOM RATES

\$60

CALL

573-635-7171

TO ASSURE DISCOUNTED RATE,
MENTION YOU ARE WITH THE MSCA.

Doctor's Name: _____

1st Attendee: _____

NOTE: List doctor's name again, on the 1st Attendee line, if he will be attending.

2nd Attendee: _____

3rd Attendee: _____

4th Attendee: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Member Rate

First Attendee: 1 x **\$65** for MSCA Members = _____

Additional Attendees: _____ x **\$35** = _____

TOTAL = _____

Non-Member Rate

First Attendee: 1 x **\$95** for Non-members = _____

Additional Attendees: _____ x **\$45** = _____

TOTAL = _____

Registration includes: Seminar, breaks and luncheon.

Method of Payment

Please make checks payable to: **MSCA**

Check No. _____

Charge \$ _____ to my

Visa

MasterCard

Discover

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: ____ / ____

3-Digit Security Code: _____ Signature: _____



FOR MORE INFORMATION: 573-636-2553

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