



ANIMAL REHAB DIVISION



ADVANCED MANUAL THERAPY FOR THE CANINE SPINE

COURSE DESCRIPTION: Through lecture and lab, participants will be led through a detailed evaluation of the canine spine from a mechanical perspective. Focus will include manual therapy concepts and evidence-based rationale for treatment selection. An integrated model for dealing with spinal mechanics will be covered, including force closure, form closure, and motor control and timing for the neck, back, pelvis and ribs. Participants will gain a greater depth of understanding of spinal mechanics, a better appreciation for the detection of spinal dysfunctions, and the ability to manually treat (via mobilization techniques) the spinal system. Instruction will also be given regarding testing of the musculoskeletal control of the spinal and prescription of therapeutic exercises targeted specifically at fine motor control and core stability and additional concepts regarding pain control and resolution of maladaptive postures and behaviours in this client population.

INSTRUCTOR: Laurie Edge-Hughes, BScPT, MAnimSt (Animal Physiotherapy), CAFCI, CCRT,

DATES: January 23th - 25th, 2016 - 9am—5pm (Saturday & Sunday), 9 – 12 (Monday) Registration will be at 8:30 am on Saturday with class commencing at 9:00am **REGISTRATION DEADLINE:** December 31st, 2015.

LOCATION: The Canine Fitness Centre Ltd. www.caninefitness.com 4515 Manhattan Rd SE, Calgary, AB - Ph (403)204-0823

CONTACT: Laurie Edge-Hughes physio@fourleg.com (403) 932-4432 or cell (403) 510-4050

ADVANCED MANUAL THERAPY for the CANINE SPINE – Registration Form

Eligibility: Licensed Physical Therapists. **Prerequisite:** Completion of *Advanced Canine Rehabilitation Course*
Special invitation to register extended to veterinarians or physical therapists with CCRP/CCRT training

Course Dates: January 23-25th, 2016 **Location:** The Canine Fitness Centre, Calgary, AB

Name: _____ **License #:** _____

Address: _____ **City:** _____ **Prov:** _____ **Postal Code:** _____

Ph: _____ **E-mail:** _____

Please Check:

[] Animal Rehab Division (ARD) member \$900 [] Non-ARD-member \$1000

Payment:

(1) Cheque payable to **The Animal Rehab Division** and **mail to:** Box 2001, Cochrane, AB, T4C 1B8, OR

(2) **Fax the form** and your Visa or M/C information to: (403) 932-4432 **(circle):** VISA or M/C

_____ Expiry: _____ CV # _____, OR

(3) [] (tick box) please invoice me through **PayPal's** secure online system.

*****The animal rehab division reserves the right to cancel this course at any time. Course confirmation will be sent out 3-weeks prior to the start date of the course. The Animal Rehab Division strongly recommends obtaining cancellation insurance for all travel.*****