Kris Cooper, PT, DPT, OCS, MTC, FAAOMPT
Kris earned a Master of Science degree in Physical Therapy at Grand Valley State University in 1999. He completed a manual therapy certification program (MTC) followed by a year-long residency in orthopaedic physical therapy with the Ola Grimsby Institute (OGI) in 2004 to earn his Doctorate in Physical Therapy (DPT). He continued on with a fellowship in advanced orthopaedic manual physical therapy and became recognized as a Fellow in the American Academy of Orthopaedic Manual Physical Therapists (FAAOMPT) in 2006. He lectures around the country on manual therapy, exercise, and other orthopaedic topics.

TARGET AUDIENCE: PT, PTA, AT, SPT
LEVEL: Introductory/Essential
CONTACT HOURS: 14.5

Program Accreditation:
Select Medical is recognized by the Board of Certification, Inc. to offer continuing education for Certified Athletic Trainers. This activity is approved for 14.5 Category A hours. This course has been approved by the California Physical Therapy Association for 1.4 CEUs. This course is pending approval with the Nevada Board of Physical Therapy Examiners.

Non-Discrimination Statement:
Select Medical does not discriminate on the basis of race, color, national origin, religion, sex, disability, military status, sexual orientation or age. Select Medical is committed to accessibility and non-discrimination in all aspects of its continuing education activities. Participants who have special needs are encouraged to contact program organizers so that all reasonable efforts to accommodate these needs can be made.
Manual Therapy and Exercise for Cervical Spine Disorders

Course Description
This two-day lab-based course will introduce an evidence-based systematic physical therapy approach to the treatment of patients with neck and upper back disorders. Lab sessions will focus on soft tissue work, thrust and non-thrust manipulation of the cervical spine, and specific exercises for self-mobilization and coordination training.

Course Objectives
Upon completion of this course, the participant will be able to:
1. Participants to understand relevant anatomy and biomechanics and how they influence pathology and treatment techniques in the cervical spine
2. Participants to demonstrate soft tissue and joint play assessment and synthesize findings to select appropriate treatment techniques
3. Participants to demonstrate skilled soft tissue mobilization techniques for musculature affecting the cervical spine
4. Participants to understand and carryout appropriate precautionary testing prior to performing treatment of the cervical spine
5. Participants to perform skilled thrust and non-thrust manipulative techniques for the upper cervical, mid-cervical, and cervicothoracic spine
6. Participants to demonstrate specific exercise procedures based on examination findings

Agenda
Saturday
7:45 Registration
8:00 Introduction and Course Objectives
8:15 Functional Anatomy of the Cervical Spine
9:15 Palpation Lab
9:45 Break
10:00 Soft Tissue Work Lab
11:15 Precautionary Testing
12:00 Lunch
1:00 Applied Biomechanics
1:45 Examination Lab
1:30 Upper Cervical Mobilization/Manipulation Lab
3:00 Break
3:15 Mid-cervical and Cervicothoracic Mobilization/Manipulation Lab
5:30 Adjourn

Sunday
8:00 Headaches/Dizziness/Temporomandibular Disorders
9:00 Mid-Cervical and Cervicothoracic Mobilization/Manipulation Lab
10:15 Break
10:30 Exercise Lab
12:00 Lunch
1:00 Technique review
1:45 Exercise Lab II
2:15 Break
2:30 Cases and Technique Practice
4:00 Adjourn

Enrollment for SELECT MEDICAL EMPLOYEES only
http://smportal/Departments/OutpatientDivision/OutpatientEducation/SelectLiveProbrams/CourseCalendar/tabid/643/Default.aspx or contact mhoehne@selectmedical.com for an application form.

Manual Therapy and Exercise for Cervical Spine Disorders

Please check: □ATC □PT □PTA □OT □OTA □Other______

Name:__________________________________________
Address:________________________________________
City:___________________State:____Zip:_____________
Phone:_________________________________________
Email:__________________________________________
(Please provide E-mail to receive electronic confirmation)

Payment Options:
1. Fax completed registration/payment info to 717.547.8515
   Check payable to: Select Medical
2. Credit Card: □Visa □Mastercard
   Credit Card number:___________________________
   Expiration Date:______ CCV Code:___________
   Signature:_______________________________

3. Mail Registration and Check to:
   Select Medical Attn: Maureen Hoehne
   1340 Gaskins Rd Unit 12 Richmond, VA 23228
   Fax: 717.547.8515
   Email: mhoehne@selectmedical.com

Cancellation Policy: Written notification of cancellation 10 days prior to course date – Refund request will be honored (less $50 processing fee). Cancellation notification within 10 days prior to the course will result in full forfeiture of tuition amount. Select Medical reserves the right to cancel this program. In the event of course cancellation, a full refund will be given.