

Kinesio Taping Seminar

Instructor: **Dr. R. Berton**

Presented by *Kinesio Canada*

in cooperation with

*Continuing Physical Therapy Education, University of Saskatchewan
and Sport Physiotherapy Saskatchewan*

Instructor: Dr. Roger Berton is a Certified Kinesio Taping Instructor, Chiropractic Physician, and operator of A Healthy Way Alternative Therapy Clinic. He also practices in the Athletic Department at St. Clair College treating varsity athletes for every type of sport injury. Dr. Berton has been trained under the Kinesio Taping Association. He is actively teaching classes across Canada to members of the health care profession.

Course Description: (Includes KT1 and KT2 Whole Body techniques)

This course includes the presentation of theory and proper taping techniques to decrease muscle tightness and fatigue, increase joint stability and proprioception, relieve pain, correct joint problems, modify scar tissue, and reduce edema. As a health professional dedicated to helping people overcome pain and injury, your rehabilitation therapies should include Kinesio Taping. The method is designed to work with the underlying muscles and fascia to facilitate healing and normal movement. It is applied over muscles to support them, reduce pain and inflammation, and allow full range of motion. This method of treatment is for muscular disorders and lymphedema reduction. Not only is it beneficial during physical activity, but also can be used in conjunction with many therapies. The Kinesio Taping method provides you with another modality for therapeutic use that your patients will appreciate. Each attendee will be provided with Kinesio Tape and an educational package.

Target Audience: Physical Therapists, Exercise Therapists, Athletic Therapists, Chiropractors, Physicians

Course Objectives

These courses are designed to provide information and instruction to maximize the participant's ability to use the Kinesio Taping Method.

- 1) Understand the concepts of Kinesio Taping.
- 2) Review of Muscular physiology as it is related to Kinesio Taping.
- 3) Learn application skills during lab.
- 4) Comprehend the various cutting techniques and their clinical applications.
- 5) Learn a time efficient method to relax overuse syndromes / spasms, stimulate weak muscles, and decrease pain and swelling.
- 6) Learn to do taping to gain mobility and stabilization

Continuing Education Units: 16-contact-hours will be submitted to the provincial or state association upon request.

COURSE INFORMATION:

Date: **March 4, 5 & 6, 2010**

Time: **March 4** – 5:30 p.m. to 9:30 p.m., **March 5** – 8:00 a.m. – 5:00 p.m.

March 6 – 8:00 a.m. to 12:00 noon

Location: Regina, Saskatchewan (Anderson Sports Medicine & Rehabilitation Ltd., 2166 Broad Street)

Registration Fee: **\$550 Early Registration (before February 10, 2010)** **\$600 after February 10, 2010**

(this course is GST exempt)

Registration limited to 30 participants.

Registration fee includes: course materials, lunches & refreshment breaks.

Reg. Deadline: **Wednesday, February 10, 2010**

On this date, a decision will be made whether there is sufficient registration to run the course(s). Pre-registration is required. Space is limited so please apply early. Applications will be considered after the registration deadline until the course fills or until a week before the course, whichever comes first.

CPTE provides courses for educational purposes, but in so doing, it does not imply endorsement of those courses or course content. Registrants are urged to be critical thinkers and active learners in all educational sessions.

REGISTRATION FORM: Kinesio Taping Seminar March 4, 5 & 6, 2010 **Regina, SK**
Registration Deadline: Wednesday, February 10, 2010

Registrant's Name _____ Professional Designation _____

Address _____
(Street) (City) (Province) (Postal Code)

email: _____ Employer: _____

Telephone (Res.) _____ (Bus) _____ (Fax) _____

The above information is required so that CPTE can contact you with additional course information, confirmation and any announcements related to this course. This will be the sole use of the information that you provide unless you initial the following option:

_____ I agree that CPTE can include my mailing address, email address and business phone number associated with my name on a list that may be distributed to the course instructor and/or other course registrants for this particular course.

Course Registration Fee: **\$550 /early** (before Wed, February 10, 2010)
\$600 /late (after Wed, February 10, 2010)

Method of Payment: Select One: _____ Company Cheque _____ Personal Cheque _____ Credit Card
For credit card payment: _____ Visa _____ Mastercard Card No: _____ Expiry date: _____

Name on card: _____ Authorizing signature: _____
(Cheque made payable to University of Saskatchewan - CPTE. Cheque may be post-dated to Feb 10, 2010. Cheques will be cashed on or after Feb 10, 2010.)

Courses are subject to cancellation if minimum number of applicants is not received by February 10, 2010. In this case, a full refund will be provided. Refund for withdrawal from the course shall be subject to date of notification of withdrawal. If notification of withdrawal is received by the CPTE Program Coordinator prior to 1:00 pm on February 10, 2010, a handling fee of \$30.00 will be withheld on all refunds. If notification of withdrawal is received after that time, the participant **will not be refunded unless the position can be filled**. Even if the course has been confirmed, CPTE is not responsible for travel/accommodation costs booked in advance, in the event of sudden unavoidable cancellation of the course (ie. instructor illness, Acts of God). If maximum number of applicants is received, names will be put on a waiting list in case of applicant withdrawal.

CONSENT AND WAIVER FORM: (This waiver MUST be signed and enclosed with registration form and fee.)

This course may contain lectures, discussion, demonstrations and practical sessions where you could be asked to act as a model for the instructor, assistant or for fellow participants during the course. The instructor, assistant or fellow participant may or may not be licensed. Acting as a model could involve following instructions, undergoing assessment or evaluation procedures, and/or undergoing treatment procedures. If, at any time, you feel uncomfortable or wish to refuse to participate, you must do so by telling the instructor prior to, or during the session. Signing below indicates that you have given consent to full participation in the course, including acting as a model for demonstrations and practical sessions, unless you express your refusal to the course instructor before or during participation in the course.

I accept all physical and legal risks in participating in this course. I hereby waive and release Continuing Physical Therapy Education, the University of Saskatchewan, the Saskatchewan Physiotherapy Association Inc., and the premises owner/occupier, as well as all employees, instructor(s) and assistant(s) from all of the above from any claims of loss, damage or injury which in any way results directly or indirectly from this course.

I have read and understand the waiver of liability appearing above and I INDICATE MY ACCEPTANCE OF THE SAID WAIVER BY SIGNING BELOW.

(Participant's Signature)

(Date)

Return completed registration form, waiver and payment so that they are received by Wednesday, February 10, 2010.

Mail to:

Continuing Physical Therapy Education
Room 116 - 1121 College Drive, Saskatoon, SK S7N 0W3

For more information, contact: Pat Tremaine Ph: (306) 966-2043 Fax: (306) 966-1986 Email: pat.tremaine@usask.ca