

M3 "NO MAN'S LAND"

AN EXTERNAL EVALUATION AND TREATMENT OF CHRONIC PELVIC PAIN SYNDROME

PRESENTED BY:

Tom Ockler, P.T.,
Alternative healthcare solutions

WHEN:

Saturday, March 14, and Sunday, March 15,
7 a.m. to 6 p.m.

WHERE:

South Tower, 2nd floor Rehab Gym
3601 West 13 Mile Road
Royal Oak, MI 48073

REGISTRATION FEE:

Beaumont employee - \$375
Non-Beaumont- \$575
Save \$25 if payment received by Feb. 1, 2020
Registration deadline is March 1, 2020.

MPTA CEUs for PT/PTA will be provided,
pending approval.

See seminar brochure for details:
TomOcklerPT.com

Please return completed registration form along
with payment to Linda Schmidt
at linda.schmidt@beaumont.org or mail to:

PM&R Administration
3601 W 13 Mile Road
Royal Oak, MI 48073-6769
Attn: Linda Schmidt

Cancellations and refunds: Registration fee, less \$20
will be refunded, if written cancellation is received 2
weeks prior to seminar. No refunds after March 1, 2020.

COURSE OBJECTIVES:

- understand basic concepts of muscles and spindles as they relate to somatic dysfunctions
- understand the overwhelming advantages of MET/Counter-strain vs manipulation
- be able to palpate a "barrier" and understand the physiologic significance
- externally palpate the basic boney and tissue landmarks of the pelvis, sacrum and pelvic floor
- evaluate the pelvis, sacrum, and pelvic floor for asymmetry, hypo mobility and trigger points
- decide on a proper sequence for treating disorders of the pelvis and pelvic floor
- perform muscle energy counter-strain, ischemic release techniques for the pelvis/ pelvic floor
- be able to dialogue with patients about physical and emotional perpetuating factors and precautions
- demonstrate basic stabilization exercises for the pelvis, sacrum and pelvic floor
- demonstrate the basic use of EFT for issues of the pelvic floor and related diseases
- demonstrate basic tissue mobilization for the surrounding connective tissues of the pelvis and pelvic floor

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Check number (made payable to Beaumont Health)

Credit card: ___ Visa ___ MC ___ American Express

Card number: _____

Expiration date: _____ Amount: _____

Signature: _____



FOR MORE INFORMATION EMAIL
linda.schmidt@beaumont.org
OR CALL **248-898-0184**.