



Tucson Osteopathic
Medical Foundation

Strain & Counterstrain

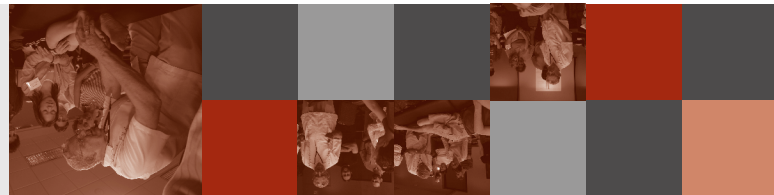
WORKSHOP | SEPTEMBER 11-12, 2010



An emphasis on hands-on training with Harmon L. Myers, DO

■ UPPER EXTREMITIES ■ CERVICAL SPINE ■ THORACIC SPINE ■ RIB CAGE ■ SHOULDERS ■

Strain & Counterstrain
WORKSHOP | SEPTEMBER 11-12, 2010



ADDRESS SERVICE REQUESTED

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TUCSON, AZ

Tucson Osteopathic Medical Foundation
3182 N. Swan Road, Tucson, AZ 85712
For more information on this and other CME events,
please visit our website www.tomf.org

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Strain & Counterstrain

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FACULTY

Harmon L. Myers, D.O.

Board Certified in Family Practice
Advanced Counterstrain Instructor
Board Certified Special Proficiency in
Manipulative Medicine

Assisted by:

F.P. Wedel, D.O., FACMQ
William H. Devine, D.O., C-NMM-OMM
Julie Jernberg, M.D.

CONTINUING MEDICAL EDUCATION

Eight hours of AOA Category 1A Credit have been approved for this workshop, and .8 CEU's have been approved for Arizona, Nevada and New Mexico Physical Therapists.

RECOMMENDATION

Each participant should have Dr. Myers' Clinical Application of Counterstrain Book. Copies will be available at a discounted rate of \$87.96 for purchase at the workshop.

ENROLLMENT

Limited to 30 participants.

REGISTRATION

\$185 Early Registration Fee
\$200 Registration Fee

Early registration deadline is August 31, 2010.

Registration will close for all participants on September 10, 2010 or before that date if maximum enrollment has been reached. Make tuition checks payable to Tucson Osteopathic Medical Foundation, or register online at www.tomf.org

REFUNDS

Pre-paid registration fees will be refunded upon written notice of cancellation before September 11, 2010, minus \$50 for processing fees.

DATES & TIMES

Saturday, September 11, 2010

1:15 p.m. – 1:30 p.m. Registration
1:30 p.m. – 3:00 p.m. Workshop
3:00 p.m. – 3:30 p.m. Break
3:30 p.m. – 5:30 p.m. Workshop

Sunday, September 12, 2010

7:30 a.m. – 8:00 a.m. Breakfast/Registration
8:00 a.m. – 10:30 a.m. Workshop
10:30 a.m. – 11:00 a.m. Break
11:00 a.m. – 1:00 p.m. Workshop
1:00 p.m. Adjourn

LOCATION

Tucson Osteopathic Medical Foundation

3182 N. Swan Road, Tucson, AZ 85712

Phone: (520) 299-4545

Toll Free: (800) 201-8663

Fax: (520) 299-4609

Contact: Nicole Struck, Operations Manager

HOUSING

For your convenience, a block of rooms has been reserved for workshop participants at the Sheraton Hotel & Suites. A special weekend rate of \$109 plus tax for a standard room or \$129 for a suite is available until September 3, 2010. After that date, room reservations will be on a first-come, first-served basis. Make all personal room reservations directly with Ana Pivalar at (520) 784-7507. Indicate that you are with the Tucson Osteopathic Medical Foundation Strain and Counterstrain group.

FOOD

Complimentary afternoon refreshments on Saturday and breakfast on Sunday will be served.

EMERGENCY PHONE MESSAGES

During workshop hours participants may be reached at (520) 299-4545 or (520) 990-1349.

COURSE OBJECTIVES

Strain and Counterstrain is an atraumatic way of treating somatic dysfunction that puts the patient in a position of comfort to relieve inappropriate neuro-muscular reflexes. Diagnosis and treatment will be correlated with the myofascial trigger point and referred pain pattern of the muscles being treated and clinical conditions will be addressed. It can be used with safety in almost any condition and with patients of any age.

The focus of this tutorial will be on the Cervical Spine, Thoracic Spine, Rib Cage, Shoulders and Upper Extremities (elbow, wrist, hand). A major portion of the training time will be devoted to "hands-on" techniques so that the participants will have the opportunity to learn and perform practical Counterstrain applications. Each participant will be able to practice the learned techniques on another person. Comfortable attire should be worn to facilitate the learning process.

REGISTRATION FORM (PLEASE PRINT)

Mail or fax registration and payment to TOMF (address above) or register online at www.tomf.org

Name: _____

Payment Information (please check one):

Billing Address: _____

Check Enclosed (payable to Tucson Osteopathic Medical Foundation)

City/State/Zip: _____

Visa MasterCard American Express

Business Phone: _____ AOA #: _____

Card #: _____ Exp. Date: _____

E-Mail: _____

Name (as it appears on card): _____

Please Check: DO MD Physical Therapist Other

Signature: _____