

**HEALING OASIS WELLNESS CENTER
NEUROLOGY FOR REHAB PRACTITIONERS
CONTINUING EDUCATION SEMINAR SERIES
Enrollment Agreement**

Name: _____; DC, DVM, VMD, LPT, CVT, LVT, Other: _____

Address: _____

Phone number: _____ Fax: _____

Email ***** (required) *****: _____

Emergency / cell phone number (will be kept private): _____

Program that was successfully completed: CRI, HOWC, U-Tennessee (**circle appropriate one**) **Year of completion:** _____

Above said applicant is requesting enrollment for:

- 1. Continuing Education Attendance for module (specify I – V): _____ (Please indicate module number).**

Admissions requirements:

1. Must have a current valid license as a health care practitioners (or equivalent depending on the country like MVSc). **Include a copy of your current (un-expired) license and diploma**
2. Successfully completed program at Canine Rehabilitation Institute; Healing Oasis Wellness Center or Univ. of Tennessee. **MUST include COPY of certificate of attendance or certification.**
3. Professionals registering from outside the North American continent please provide copy of the pertinent Visa, Diploma of the school and proper governmental licensure of the country that you are currently practicing and that have successfully completed above mentioned requirement #1.
4. Two passport-size photos
5. All participants must include a signed letter stating that you understand your state's rules and regulations as they apply to animal or veterinary rehabilitation therapy.
6. Cost of modules:
 - a. Fee to be included with application form: \$880.00 per module
 - b. PLEASE NOTE that if you use a credit card, there is a 2.1% surcharge will be added to all credit card transactions (Visa, MasterCard, Discover)

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All courses / modules to be held at the school facility located at:

The Healing Oasis Wellness Center
2555 Wisconsin St
Sturtevant, WI 53177-1825
262-898-1680; 262-886-6460FAX
US Toll free: 866-203-7584
CONTACT@HEALINGOASIS.EDU OR WWW.HEALINGOASIS.EDU

Refund policy for CE seminars:

1. All cancellations **must be received in writing via email or fax**. No phone messages will be honored.
2. Refund percentage:
 - a. If cancellation is received no less than 6 weeks from scheduled dates: 90% refund
 - b. If cancellation is received between 4 – 6 weeks from scheduled dates: 50% refund
 - c. If cancellation is received between 3 – 4 weeks from scheduled dates: 25% refund
 - d. If cancellation is received between 2 – 3 weeks from scheduled dates: 10% refund
 - e. If cancellation is received less than 2 weeks from scheduled dates: NO REFUND

Signature of Applicant: _____ **Date:** _____

Please print name: _____

******By signing above, you are attesting that you have read the school catalog and that you are in good standing with your appropriate licensing board******

Neurology For Rehab Practitioners

Seminar Series

Basic Proposed Outline

Program Director: Pedro Luis Rivera, DVM, FACFN

Module I (June 19th – 21st, 2015)

Neuro-embryology

Anatomy of the nervous system, including cortical lobes

Anatomy of the spinal cord

Cellular immediate early gene response (CIEGR)

Blood supply to the central nervous system

Muscle, tendon and ligament anatomy and physiology

Inflammatory cascade

Lab practicums

Current research as it applies to Rehab

Module II (Aug 14th – 16th, 2015)

Cervical, brachial and lumbo-sacral plexus

Cranial nerves

Ascending and Descending tracts

Anatomy dissection

Neurological differential diagnosis (bacterial, viral, fungal and parasitic, among others)

Differential diagnosis of organ / system failure with neurological consequences

Neurological examination – what does it tell you?

Lab practicum – Neurological Examination

Nutrition – How it affects the nervous system

Neurotransmitters

Saddle fitting

Lab practicum - rehab

Module III (Nov 6th – 8th, 2015)

Brain stem – the basics

Brain stem syndromes

Plasticity

Eye movement

Cerebellum

Vestibular system and vestibular nuclei

Lab practicums – how to improve balance

Case presentations

Module IV (Jan 22nd – 24th, 2016)

Gait analysis

Lameness evaluation

Central pattern generators

Biomechanics

Stomatognathic system

Neuro-ophthalmology

Inter and intra-professional communications

How to write a case report

Diagnostics: Radiography, Ultrasonography, MRI, CT, Myelogram, Thermography, CSF analysis, Electromyography, Electro-cardiography

Adjunct therapies: laser therapy; ECSWT; Stem Cell

Module V (Feb 26th – 28th, 2016)

Hemisphericity

Long term potentiation

Vertigo

From thought to movement

Basal ganglia and motor disorders

Autonomics

Micturition and Defecation

Reproduction / Sexual function

Amygdala and limbic system