



"Chiropractic Care for Disc Patients" (8 CEU Hours)

Presented by Dr. Shawn M. Thistle, B.Kin (Hons.), D.C., Medical Acupuncture, C.S.C.S.

The contribution of intervertebral disc pathology to mechanical spinal pain syndromes is an important and often challenging aspect of daily care. Those with recurrent or episodic neck or low back pain may have a discogenic component to their clinical syndrome, ranging from early degenerative changes to progressive bulges or overt herniation.

This informative, clinically-relevant Seminar will get you right up-to-date on current research on intervertebral disc pathology, as well as contemporary clinical assessment, diagnosis and management strategies.



Dr. Shawn Thistle is a practicing chiropractor, educator, international speaker, knowledge-transfer leader, entrepreneur & medicolegal consultant. He is the Founder & CEO of RRS Education (www.rrseducation.com), a continuing education company providing weekly Research Reviews (CCA members get complimentary access!), informative Seminars & convenient Online Courses for chiropractors, physiotherapists & osteopaths around the world. He has also lectured as a part-time faculty member at the Canadian Memorial Chiropractic College in the Orthopedics Department for 15 years. He prides himself on making research translate into 'Monday morning' patient care with his entertaining and clinically-relevant style of speaking. He lives just north of Toronto with his wife Katie and two young sons (Calvin & Everett).

LOCATION:	Canad Inns - Polo Park 1405 St. Matthews Avenue
DATE:	Sunday, November 17, 2019
TIME:	8:00am - 5:00pm
COST:	\$375.00
HOTEL RESERVATIONS:	https://www.canadinns.com/stay/polo-park/home/

Lunch will be provided. Advise us of any special dietary needs at the time of registration.

Registration for this education seminar closes Thursday, November 14, 2019 at 4:00pm. To register please fax us at 204-942-3010 or email your registration to the MCA at info@mbchiro.org.



"Chiropractic Care for Disc Patients" Registration Form

Name: _____

Mailing Address: _____

Association: _____

Telephone: _____ Email: _____

Please retain this form as your invoice and return a completed copy with your registration fee by November 14, 2019 to the MCA either by:

- 1) Email: info@mbchiro.org
- 2) Fax: (204) 942-3010

Cheque (payable to the Manitoba Chiropractors Association 989 Portage Ave.; Wpg, MB; R3G 0R7) \$375.00

Visa

MasterCard

Name on Card: _____

Card Number: _____

Date of Expiry: _____ **Security Code:** _____

I hereby authorize the Manitoba Chiropractors Association to charge the above card in the amount of \$ 397.50 (\$375 fee + 2% service charge).

Signature

Date

A confirmation email will be sent out upon receipt of completed registration form and payment.