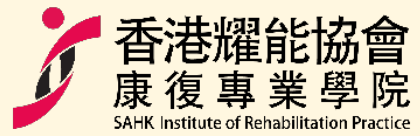


Assessment and Clinical Reasoning in Stroke Rehabilitation



(Course code: AE-22B-06)

Workshop 1 of a 3-Workshop Series

A 6-hour practicum-oriented clinical skill programme which integrates the concept of normal movement pattern into the observation, analysis, problem identification and intervention planning for stroke survivors with real patient demonstration.

What You will Gain

- the knowledge base for analysing the relationship between normal and pathological movement pattern and its compensation
- the underlying causes for the pathological pattern
- how pathological muscle tone affects movement



Venue

Date &
Time

4 Mar 2023 (Sat)
9:30 - 17:00

SAHK

Continuing Rehabilitation Centre

G/F, Tung Wong House, Tai Hang Tung Estate,
Shek Kip Mei, Kowloon

Fee: \$1,500@
Capacity: 10
(first-come-first served)

3-workshop
Combo: \$3,750

Speaker

Mr Jordan LIU Physiotherapist, MSc (Stroke & Clin. NeuroSci.)
Certified IPNFA Level 3A and IBITA-Basic Practitioner

Target

Physiotherapist and Occupational Therapist

Accreditations

CPD-PT: 6 points, CPD-OT: 6 points

Remarks

RAT is required for attending the workshop.

Online Enrollment



Enquiries

☎ 2778 6191

✉ irp@sahk1963.org.hk

🌐 <http://irp.sahk1963.org.hk>

Course Enrolment Form

PERSONAL INFORMATION

(Title) Mr/Ms/Dr/Mrs.* (Surname) _____ (First Name) _____

Occupation: _____ Organization: _____

Contact number: _____ (mobile) _____ (office)

Correspondence Address: _____

Email Address (1): _____ Email Address (2): _____

Registration No : _____ (for CPD-PT/ CPD-OT)

* Delete as appropriate

COURSE TO ENROL

	Course Name	Course Fee
<input type="checkbox"/>	Workshop 1: Assessment and Clinical Reasoning in Stroke Rehabilitation (AE-22B-06)	\$1,500-
<input type="checkbox"/>	Workshop 2: Neuro-Facilitation Technique on Patients with Stroke (AE-22B-07)	\$1,500-
<input type="checkbox"/>	Workshop 3: Sharing on the Use of Pilate's Principles in Motor Rehabilitation (AE-22B-08)	\$1,000-
<input type="checkbox"/>	Combo for 3 workshops	\$3,750-

PAYMENT

Payment should be made payable to "**SAHK**".

Bank name: _____ Cheque number: _____

I, the applicant, understand that the information provided on this form will be used by the SAHK Institute for course enrolment and administration purposes, and: (please '✓')

- I agree to the Institute keeping my personal data and wish to receive other course information from the Institute.
- I agree to the Institute keeping my personal data but do NOT wish to receive other course information from the Institute.
- I request to delete my personal data after the course completion and understand that the Institute cannot process my application for reissuing of certificate/receipt and checking of CPD/CNE points etc. after deletion).

Disclaimer: In consideration of SAHK Institute of Rehabilitation Practice accepting my registration to this Course, I hereby agree to waive all my claims (including, but not limited to, any loss, property damage, illness, injury or death that may sustain or cause as a result of my participation in the Course) against the Institute.

Applicant's Signature: _____

Date: _____



Application Method:

To register, complete and return this form together with a crossed cheque to:

SAHK Institute of Rehabilitation Practice
17/F, 21 Pak Fuk Road, North Point, Hong Kong SAR

Please mark “Course Application” on the envelope and put down the “applicant’s name” and “course title” on the back of the cheque.

Note:

1. Each enrolment form may only be used to apply for one course. Application to different courses must submit separate application with separate cheques.
2. Please fill out the required information in block letters and check the accuracy before mailing.
3. Course fees are non-refundable and non-transferable.
4. Refund will only be arranged upon course cancellation by the organizer.
5. Receipt acknowledgements and application results will be sent by e-mail.
6. For any enquiries, please contact us at (852) 2778 6191 or e-mail us at: irp@sahk1963.org.hk