Sharing on the Use of Pilate's Principles in Motor Rehabilitation



(Course code: AE-22B-08)

Workshop 3 of a 3-Workshop Series

A 4-hour practicum-oriented clinical sharing on the use of principles adapted from traditional Pilates to facilitate the stability in patients with motor control deficits using a movement-based classification and treatment model.

What You will Gain

- understand the concept of the movement-based classification and treatment model
- recognise different functional stability tests and exercises
- explore suitable mat and instrumental exercises for clinical and home settings





11 Mar 2023 (Sat)

9:00 - 13:00

Fee: \$1,000@ Capacity: 10 (first-come-first served)

3-workshop Combo: \$3,750

Continuing Rehabilitation Centre

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

Speaker

Mr Alan LAM Physiotherapist, MSc (Sports Med. & Health Sci.) Certified Clinical Pilates Practitioner

Target

Physiotherapist and Occupational Therapist

Accreditations

CPD-PT: 4 points, CPD-OT: 4 points

Remarks

RAT is required for attending the workshop.

Online Enrollment





For Office Use
Received on:
Handled by:

Tel: (852) 2778 6191 Fax: 3188 5700

Course Enrolment Form

PERSONAL INFOR	MATION
----------------	--------

(Titl	le) Mr/Ms/Dr/Mrs.* (Surname)	(First Name)	
Occ	upation:	Organization:	
Con	tact number:	(mobile)	(office)
Cor	respondence Address:		
Ema	ail Address (1):	Email Address (2):	
Reg	gistration No :	(for CPD-PT/ CPD-OT)	
* Dele	ete as appropriate		
cou	RSE TO ENROL		
	Course Name		Course Fee
	Workshop 1: Assessment and Clini (AE-22B-06)	ical Reasoning in Stroke Rehabilitation	\$1,500-
	Workshop 2: Neuro-Facilitation Te (AE-22B-07)	chnique on Patients with Stroke	\$1,500-
	Workshop 3: Sharing on the Use o	f Pilate's Principles in Motor	\$1,000-
	Rehabilitation (AE-22B-08)		
	Combo for 3 workshops		\$3,750-
Paym	MENT nent should be made payable to " SA k name:	\HK ". Cheque number:	
	tute for course enrolment and admir I agree to the Institute keeping	rmation provided on this form will be unistration purposes, and: (please ' \checkmark ') my personal data and wish to recei	,
	information from the Institute.		
		ation for reissuing of certificate/receipt	
this (Course, I hereby agree to waive all	itute of Rehabilitation Practice acception of Rehabilitation Practice acception of cause as a result of my partici	o, any loss, propert
Apr	olicant'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