





**INTRODUCTION TO PHYSICAL MEDICINE VOCABULARY # SCI.200.1.40**

**INSTRUCTOR: JUSTIN CORLEY, DC**

conditions and studies and names of specific diagnoses associated with physical rehabilitation

3. Learners should have a much better understanding of the vocabulary associated with physical medicine.

4. Learners should be able to speak knowledgeably with clients and health care professionals about medical terms and conditions.

**E. Topics**

<b>Class #1</b>	Suffixes and Prefixes of Medical Terms, Descriptive Terminology, Planes of Action
<b>Key Learning Point(s)</b>	<ol style="list-style-type: none"> <li>1. Combination and association of prefixes and suffixes (ability to dissect a word to establish meaning)</li> <li>2. Descriptive Terminology</li> <li>3. Planes of Action</li> </ol>
<b>Class #2</b>	Osteokinematics, 3 Types of Muscle Contractions, Case Study Review
<b>Key Learning Point(s)</b>	<ol style="list-style-type: none"> <li>1. Osteokinematics</li> <li>2. 3 types of muscle contractions</li> <li>3. Case Study review</li> </ol>
<b>Class #3</b>	Kinetic Chain Exercises, Levers, Case Studies
<b>Key Learning Point(s)</b>	<ol style="list-style-type: none"> <li>1. Kinetic chain exercises</li> <li>2. Levers</li> <li>3. Questions/Answers</li> </ol>

**F. Class Structure**

- 1 one-hour Teleconference: 70% of Class Leader Presentation - 30% of Student Participation
- 1 one-hour Teleconference: 50% of Class Leader Presentation - 50% of Student Participation
- 1 one-hour Teleconference: 50% of Class Leader Presentation - 50% of Student Participation

**G. COURSE TELECONFERENCE HOURS**

<b>Total Hours Teleconference: (Distance Learning): .4 CEU</b>	<b>Approx. Reading/Preparation Hours: 45 to 60 minutes</b> <b>Pre-Class Assignment: Emailed to you upon enrollment</b>	<b>Total Class Hours: 3</b>	<b>Total Evaluation Time: 15 min.</b>
<b>Software Application Requirements: Everything Below Applies – You Must Have The Following</b>			
<input type="checkbox"/> I HAVE Word For Windows <input type="checkbox"/> I HAVE Acrobat Reader for My PDF <b>Hardware Requirements:</b> <input type="checkbox"/> Computer <input type="checkbox"/> High Speed Data (DSL, Broadband, Satellite, etc.) Telephone			
<b>Teleconference Call Phone Number:</b>		<b>Call: TBA</b>	<b>PIN #: TBA</b>
<b>Included in your courseware.</b>			
<b>H. COURSE FEE AND MATERIALS</b>			
<b>TOTAL COST: Registration &amp; Courseware (USA): \$150.00</b>			
<b>Important Note: Courseware to be sent via email with a pdf attachment</b>			
<b>Cost for Recording of Class Makeup: See Policies and Procedures</b>			
<input type="checkbox"/> <b>USA \$28 USD (includes shipping)</b>		<input type="checkbox"/> <b>International \$33 USD (includes shipping)</b>	



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**Required Course Materials:** Courseware provided by SSZI. Courseware to be sent by email in a pdf file attachment

**Recommended References (Not Required):** www.amazon.com

1. Taber's Cyclopedia Medical Dictionary – Not required. Any medical office has one.

2. Clinical Kinesiology & Anatomy 4<sup>th</sup> Edition – by Lynn S. Lippert – (Approx. \$43)

- Sources to Obtain Book (new or used):

- Some Local Book Stores

To order from Amazon.com: [http://www.amazon.com/Clinical-Kinesiology-Anatomy-Lynn-Lippert/dp/0803612435/ref=pd\\_bbs\\_sr\\_1/103-4991395-6260659?ie=UTF8&s=books&qid=1173992959&sr=1-1](http://www.amazon.com/Clinical-Kinesiology-Anatomy-Lynn-Lippert/dp/0803612435/ref=pd_bbs_sr_1/103-4991395-6260659?ie=UTF8&s=books&qid=1173992959&sr=1-1)

**I. CEU Course Policies and Procedures**

**1. What if I need to cancel taking this course?**

If you are unable to take a CEU Course that you have registered and paid for, then you must cancel 2 weeks (14 calendar days) before the first class or forfeit the entire class fee.

**2. How to cancel taking this course – What to do:**

1. **Email: registrar@superslowzone.com**

2. The following information must be included: Your Name, Your Telephone Number, Your e-mail Address, Date Course Begins, Name of Course, Course Instructor.

**3. Confirmation of your Course Cancellation**

You will receive a confirmation by email or regular mail that your cancellation has been received, and **you will be asked to acknowledge that you have received this notice.**

- If sent by email, we will use the email address that we have on file for you when you registered unless otherwise indicated.

**4. Administrative Fee** (for your course registration, un-registration, class logistics, coordination with instructor, etc):

There is a non-refundable \$35 administrative fee for each course that is cancelled regardless of when the cancellation is made.

**5. Rescheduling Fee** (rescheduling from one to another, logistics, coordination with instructor, etc.)

If you reschedule a substitute course at the time you cancel your course, you will pay only the rescheduling fee (\$25) and **not** incur the Administrative Fee above.

**6. Refund Policy:** This course is refundable – See Refund Terms

**Refund Terms:** If a refunded course fee is applicable, you will receive your refund within 30 calendar days of your cancellation notice. Not all courses are refundable.

**J. CEU Course Evaluation REQUIRED**

In compliance with IACET guidelines, prior to issuing your Continuing Education Units (CEUs), the SuperSlow Zone Institute (SSZI) is required to receive your completed assessment of the course you registered for and participated in. Your evaluation will be placed in your student file and a copy will be sent to Dr. Scott Preissler, Compliance Officer. Additionally your assessment will be used to give each instructor feedback on how registrants perceive him/her in teaching excellence. The confidential results of all evaluations will be tabulated and made available to faculty, through Continuing Education and Compliance (CECI) division of SSZI to help monitor the quality and outcomes of this instructional experience.

**\* IMPORTANT NOTE:**

**In order to receive your Continuing Education Credits for this course, you must complete and return all pre-class, class assignments and evaluation as indicated. Failure to comply will result in forfeiture of course.**



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ENROLLMENT FORM: Print Page 4 Only for Enrollment Purposes

Fax To: (866) 687-7585 (24/7 – No Cover Sheet Required)

If you prefer to e-mail your enrollment print, complete and scan it or create a PDF and e-mail to: [registrar@superslowzone.com](mailto:registrar@superslowzone.com)

<b>A. Your Name: Please print legibly</b>	
<b>B. Today's Date</b>	
<b>C. Phone Number where we can easily reach you about this course</b>	
<b>D. Your Email Address</b>	
<b>E. Name of Course</b>	<b>Introduction to Physical Medicine Vocabulary (Non-Medical Instructor)</b>
<b>F. Course Number</b>	<b>SCI.200.1.40-Session 7</b>
<b>G. Instructor(s)</b>	<b>Justin Corley, DC</b>
<b>H. CEU Credits</b>	<b>.4 (3 Classes)</b>
<b>I. Course Start Date</b>	<b>Tuesday, November 24, 2009</b>
<b>J. Course End Date</b>	<b>Tuesday, December 8, 2009</b>
<b>K. Class Size Requirements</b>	<p>▪ <b>Minimum: 8 Students</b>                      ▪ <b>Maximum 15 Students</b>          (If a minimum of 8 students have not registered by 5:00 pm ET, Fri., Nov 13, 2009 the course will be canceled.)</p>
<b>L. COURSE FEE &amp; MATERIALS</b>	
<b>1. Total Cost For Course Registration + Materials</b>	<b>\$ 150.00 (US)</b> (Includes courseware to be sent to you in an email with pdf attachment)
<b>2. If You Pay By Check</b> <input type="checkbox"/> Check here and mail to →	Make your check payable to: SuperSlow Zone, LLC Please mail your check to: SuperSlow Zone, Attn: Cont. Educ. 1326 Palmetto Avenue Winter Park, FL 32789
<b>3. If You Pay By Credit Card</b> (AmX, Discover, Visa, MasterCard)	<b>List your credit card number below:</b>
<b>4. Expiration Date &amp; Security Code</b>	<b>Exp Date:</b> _____ <b>3-Digit Security Code:</b> _____
<b>7. Name as it appears on card</b>	
<b>8. Billing Address (where your credit card statement is sent)</b> <b><i>Please print legibly!</i></b>	Street: _____
	City: _____ State: _____ Zip: _____
<b>9. If Courseware is to be mailed to an address other than the one provided above, please indicate:</b>	Street: _____
	City: _____ State: _____ Zip: _____
<b>10. Your Signature – <u>Required</u></b> <i>My signature also acknowledges that I will be prepared for the course by completing my course pre-assignments and evaluation as indicated. Failure to do so will result in forfeiture of class with no refund.</i>	<input type="checkbox"/> Yes! Enroll me:  _____
	<b>Your Signature Required Above</b>

**Return Instruction Options:**

- Fax To: 1-866-687-7585 (24/7) -- No cover sheet required.
- If you prefer to e-mail your enrollment print, complete and scan it or create a PDF and e-mail to: [registrar@superslowzone.com](mailto:registrar@superslowzone.com).