



Wheeling Jesuit University
Physical Therapy Department
2017 Continuing Education Series

Kinesiotaping

KT3: Clinical Concepts (.8 CEU)

Pre-requisite KT 1-2
February 11, 2017; 8:00 a.m. - 5:00 p.m.

Clinical concepts: shoulder impingement, whiplash/ cervical pain, chondromalacia, basket weave, scar taping.

KT4: Sports Orthopedic Concepts (.8 CEU)

Pre-requisite KT 3
February 12, 2017; 8:00 a.m. - 5:00 p.m.

Bicipital tenosynovitis, overuse syndrome, AC joint, medial epicondylitis

Jimmy Welsh is a physical therapist with a board certification in orthopedics. He specializes in various orthopedic conditions with emphasis on the integration of manual and medical exercise. He practices in Baton Rouge, Louisiana, in a sports and orthopedic setting. He travels offering continuing education through Kinesiotape.

KT3-4

(Register before 1/5/2017)

For KT 3 or KT 4 **\$275.00**
For KT3 and 4 **\$500.00**

(Register after 1/5/17)

For KT 3 or KT 4 **\$300.00**
For KT3 and 4 **\$550.00**

Payment and registration due by 1/30/2017

Make checks payable to:

Wheeling Jesuit University

Mail to:

Wheeling Jesuit University
PT Department, Alison Kreger
316 Washington Avenue
Wheeling WV 26003

(Please note that the mailing address and location of course are not the same.)

-OR-

Pay by echeck or credit card: **(additional fees may apply)**

To pay online go to:

<http://www.wju.edu/studentaccounts/onlinepayments.asp>

- Select the "Connect to ECSI..." link
- Then select the "Visa..." link
- In the "Student Information" section:
Enter the last 4 digits of your social security number in the "Student Number" box.
- Under the "Payment Information" section:
Select "900117 PT CEU/CONF" from the drop down box.

If paying electronically, please mail, fax, or email registration form to the PT department.

Fax number: 304-243-7208

Email: akreger@wju.edu

Department of Physical Therapy
Continuing Education Registration

KT3, KT4, or KT3-4

February 11-12, 2017

Attn: Alison Kreger

316 Washington Ave.

Wheeling, WV 26003

304-243-7201 -or- 304-243-7208 (fax)

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

E-mail address: _____

Type of licensure/state: _____

(Needed for credits)

(The manual and supplies included, but you may want to bring scissors.)