

# SYSTEMS HEALTH CARE INTRODUCTORY COURSE

This 12 hour course will teach you accurate and comprehensive manual muscle testing skills and techniques if you are new to or just learning this type of biofeedback evaluation. After you attend this course you will have learned various muscle testing skills and principles as well as a basic understanding of the Systems Health Care protocol if you wish to continue on and take the full SHC Workshop Series. However, this course is not required to take the SHC Workshop Series.

- Become proficient in basic manual muscle testing skills and methods
- Practice many muscle testing procedures and understand the evaluation processes
- Learn how to treat various musculoskeletal conditions (e.g. plantar fasciitis, frozen shoulder)
- Learn the Systems Health Care methodology and how to implement it in your current practice
- Develop more thorough evaluation and treatment procedures to help all your patients
- And more, (there's always more!)

**Date:** August 26-27, 2017 (Saturday from 10am until 7pm and Sunday from 9am until 1pm)

**Location:** Dr. Gangemi's office – 213 Providence Rd, Chapel Hill, NC 27514

**Cost:** \$645 (General notes will be provided; the SHC Manual is not included.)

To register, fill in your info below and mail (address above), scan and email (drgangemi@gmail.com) or fax (919-419-9049) back. You can also call/text (919-434-4994) with any questions or to register and I'll get back to you. **Class is limited to 8 attendees! Inquire about CE credits for your state and profession.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please sign and date verifying that you understand that there will be no refunds for this course if you are unable to attend any or all of the course hours for any reason.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Payment Method: Check      Credit Card

Credit Card Number: \_\_\_\_\_

Ex. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sec. Code: \_\_\_\_\_

Amount: \$645

Credit card billing address if different than above: \_\_\_\_\_

Signature authorizing Dr. Gangemi to charge the above amount: \_\_\_\_\_