

Animal Rehabilitation in Veterinary Medicine

Sponsored by Animal Rehabilitation Special Interest Group (ARSIG)

September 12–13, 2015

University of North Georgia, Dahlonega, GA

Course Description

Day one will cover the basic anatomy and biomechanics of the dog as it relates to rehabilitation, common canine conditions and canine evaluation. Heavy with live dog, hands-on techniques, the lab portion will constitute surface palpation, as well as orthopedic evaluation of the dog. Day two is a more advanced course covering the topics of the canine neurological examination, common conditions and rehabilitation, as well as therapeutic exercise for our canine patients. Hands-on skills will also be demonstrated and practiced on live dogs.

Hotel Information

The following are some of the hotels close to the meeting location. Please note: there are no rooms being held at these hotels, so please plan to book your room soon:

Days Inn Dahlonega | Dahlonega, GA | 800-329-1992
Quality Inn Dahlonega | Dahlonega, GA | 855-849-1513
Holiday Inn Express Dahlonega | Dahlonega, GA | 877-859-5095

Speaker List

Caroline Adrian, PT, PhD, CCRP

Director of Rehabilitation Services, VCA Animal Hospitals Los Angeles, CA

Director of Physical Therapy, VCA Veterinary Specialists of Northern Colorado Loveland, CO

Amie Lamoreaux Hesbach DPT, CCRT, CCRP EmpowerPhysioK9 | Maynard, MA

> **Lisa Bedenbaugh, PT, CCRP** North Georgia Veterinary Specialists Buford, GA

Registration Fees

	Early-bird (prior to 8/14/15)	Advance (prior to 9/1/15)	On-site (begins 9/1/15)
PT Students	\$120	\$130	\$140
PT Orthopaedic Section & APTA Members	\$250	\$270	\$290
PT Non-APTA Members	\$280	\$300	\$320



Contact	/Payment Info	ormation:			
Name:		Credentials:			
Mailing Address	s:				
City:		State:	Zip: _		
Billing Address	for Credit Card (if appl	icable):			
Daytime Phone:			APTA #:		
E-mail:					
Please check:	☐ PT Student	☐ Orthopaedic Section.	/APTA Member	☐ Non-APTA Member	
Ma	· ·	thopaedic Section, APTA, 2920 in and Visa, MC, American Expr		h, Suite 200, La Crosse, WI 54601 umber to: 608-788-3965	
Visa/MC/AmEx	/Discover (circle one)	Print name of Cardholder:			
Card #:			Expiration Date:		
Signature of Ca	rdholder:			Amount:	