



**Physio Logic Ltd  
Presents**

# **The Elbow, Wrist & Forearm Uncovered**

## **A one day workshop**

For Physiotherapists, Osteopaths, Sports Therapists

**Wednesday 17<sup>th</sup> November 2010**

12 noon – 8pm

Course Fee: £105.00

Venue: Physio Logic Ltd, 26 Westgate, Otley, West Yorks, LS21 3AS

*Registration is at 11.45 am – coffee and biscuits will be served*

*(Please note that lunch / tea is **not** included)*

Tutor: **Prof. Graham N Smith** FCSP GradDipPhys DipTP CertED  
Chartered & HPC Registered Physiotherapist  
Rehabilitation & Sports Injury Consultant, Glasgow

### **COURSE AIMS:**

To give physiotherapists an understanding of the functional (and regional) anatomy of the elbow, wrist & forearm.

Also, to identify the common injuries, including those of a pathological/inflammatory cause, and the problems likely to be encountered in this tightly packed anatomical region.

Emphasis on assessment & treatment principles will also be reviewed and revised.

***As there is a strong demand for attendance on the above course, places will be limited and allocated on a 'first come, first served' basis. To avoid disappointment please complete the application form enclosed, for each applicant and send with appropriate payment as soon as possible to***

***Physio Logic Ltd, 26 Westgate, Otley, West Yorks, LS21 3AS***

*Physio Logic Ltd, 26 Westgate, Otley, West Yorks, LS21 3AS  
Tel: 01943 850723, Email: [cpd@physio-logic.co.uk](mailto:cpd@physio-logic.co.uk)  
Registered Office: 60 Riverside Park, Oley, LS21 2RW Registered No: 4594644 England*



**PHOTOCOPY IF NECESSARY**  
1 form per Applicant

**PHYSIO LOGIC LTD – COURSE PAYMENT FORM**

SURNAME..... TITLE: DR. / MR / MRS / MISS  
 FIRST NAME..... TEL(home) .....  
 ADDRESS (including house number) ..... TEL(work) .....  
 ..... MOBILE .....  
 ..... E-MAIL .....  
 ..... POSTCODE .....  
 YOUR PROFESSION.....

PLEASE RETURN COMPLETED FORM BY POST TO:

PHYSIO LOGIC LTD, 26 WESTGATE, OTLEY, WEST YORKSHIRE, LS21 3AS

On signing this form applicants accept responsibility for their own physical well being whilst participating in the post-graduate training courses at Physio Logic Ltd.

Applicant's signature ..... Date .....

**PAYMENT DETAILS: YOUR PLACE WILL ONLY BE SECURED ON PAYMENT OF THE FULL FEE.**

**NB: Monies will only be refunded in the event of a course being cancelled.  
We regret no refund will be offered for cancellation of a delegate place once confirmed.**

- I wish to attend The Elbow, Wrist & Forearm on Wed 17<sup>th</sup> November 2010 Fee: £105
- I have enclosed a cheque payable to PHYSIO LOGIC LTD for the total of £ .....
- I have enclosed my credit card details below

CARD NUMBER:..... CARD TYPE: VISA / SWITCH / MASTERCARD  
 EXPIRY DATE: \_\_ \_\_ / \_\_ \_\_ START DATE: \_\_ \_\_ / \_\_ \_\_ ISSUE NO: (switch only) \_\_\_\_\_  
 SECURITY CODE: \_\_ \_\_ \_\_ (last three digits of security code on back of card)

**I hereby authorise Physio Logic Ltd to deduct (please state amount in words)**

**from my credit / debit card in respect of my course fees. I understand that my details will not be held on record and will be immediately disposed of in accordance with their data protection policies.**

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