

# CRANIOSACRAL APPLICATIONS FOR PEDIATRIC POPULATIONS

INTRO  
COURSE

## Description:

The course is designed to promote understanding of the power of personal touch to heal and to train the participant with specific techniques applicable to the pediatric population. The presentation will explore the use of fascial and craniosacral techniques and discuss how they impact modulation, postural alignment and sensory processing. Through lab experiences, participants will learn 'hands on' techniques while getting a boost in their own energy. All techniques taught are usable in clinic and home programs. Applications to the pediatric population and how to integrate these techniques with current practice will be discussed. Presentation of 'self help' techniques for healing the healer is included. Dress comfortably for practical experiences and leave with skills that can be put to immediate use. Be sure to bring a pillow and blanket to use in this session.

**Suggested Audience:** OTs, PTs and SLPs

*This course is offered for 1.2 AOTA CEUs (Intervention & Assessment)*

*This course is offered for 1.2 ASHA CEUs (Introductory Level; Related Area)*

**Objectives:** Participants will be able to:

1. Describe and demonstrate three self-help techniques for clients and therapists.
2. Apply several practical techniques with the pediatric population.
3. Discuss the impact of these techniques on posture, modulation, health, and sensory processing.

**Schedule\*** (12 contact hours)

### Day 1

- 8:00 Registration
- 8:30 • History
- 9:15 • CranioSacral Therapy/Myofascial Release Definition
- 9:30 • Connective Tissue
- 10:00 Break
- 10:30 • Integrating these techniques: Impact on Function and Therapy Outcomes
- 12:00 Lunch on your own
- 1:00 • How these techniques work The "Energy Body"
- 2:00 • Lab A: Fascial Release of Thoracic Inlet
- 2:30 Break
- 3:00 • Lab B: Pelvic Release
- Lab C: Respiratory Diaphragm Release
- 4:30 Adjourn

### Day 2

- 8:30 • Lab D: Palpation at Head • Lab E: V-Spread • Hyoid
- 10:00 Break
- 10:30 • Self Help Techniques • V-Spread • Still point inducer
- 12:00 Lunch on your own
- 1:00 • Clinical Applications in Pediatrics • Identification of Children Needing CranioSacral Therapy/Myofascial Release
- 2:30 Break
- 3:00 • Integrated Approaches: Practical Application in Clinic/Home/School
- 4:30 Adjourn

\* Topic times may vary; contact hours do not

## FACULTY

**Nancy Lawton-Shirley, OTR/L** is an occupational therapist who has integrated many different techniques in her pediatric practice. She has training in Brain Gym, CranioSacral Therapy/Myofascial Release, Fast Forward, Interactive Metronome, and listening programs including Auditory Integration Training, SAMONAS, Therapeutic Listening, and LIFT. She is a co-founder of Camp Avanti-St. Croix, a sensory integration camp based on an intensive treatment model. Nancy lectures on topics related to Sensory Integration and CranioSacral Therapy.

## 2012 TUITION

**Tuition:** \$430.00 (Includes handouts, labs, and morning and afternoon refreshments)

### Deadlines:

Super Saver Deadline (8 weeks prior to course date): \$400  
Early-Bird Deadline (4 weeks prior to course date): \$420  
Registration Deadline 1 week prior to course date •  
**Regular Price:** \$430 (after this date, \$480)

**Space in this course is limited!  
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**Maximum combined discount limit for a Two-Day course is  
\$50.00 from the regular tuition.**

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Visit us at [www.pdppro.com/outreach.shtml](http://www.pdppro.com/outreach.shtml) for  
further information or email [outreach@pdppro.com](mailto:outreach@pdppro.com).



For more information please contact:

**Professional Development Programs**

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pathology and audiology. **See course information for number of  
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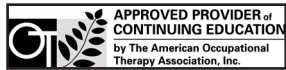
# PDP Registration Information

## Registration Procedures

Register by mail, phone, fax or on-line. Early registration is recommended. Mail completed registration form with check or money order to Professional Development Programs postmarked no later than the registration deadline. Make check payable to Professional Development Programs and mail to: 1675 Greeley St. So., Ste. 101, Stillwater, MN 55082. Designate the course and site you plan to attend. Full payment is required to confirm space. For Purchase Orders without payment add \$50 for the processing fee. Copy of PO must accompany registration. Phone, fax or on-line registration must include a valid VISA, MasterCard or Discover number with expiration date & signature.

## Documentation/Credit

All participants will receive certification of the number of contact hours attended. If additional information is required for specific credit or CEU purposes, contact Professional Development Programs 6-8 weeks prior to the course.



Professional Development Programs is an American Occupational Therapy Association (AOTA) Approved Provider of Continuing Education. The assignment of AOTA CEUs does not imply endorsement of specific course content, products or clinical procedures by AOTA. See individual course listing for specific information.



Professional Development Programs & Products is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. See course information for number of ASHA CEUs, instructional level and content area. ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

## Discounts/Additional Information

Group Size	1-Day Course Discount	2-Day Course Discount
3-5	\$10/person	\$20/person
6 or more	\$20/person	\$30/person

All registrations must be submitted together by the course deadline and all discounts must be taken at time of registration. No refunds are made retroactively or after the course deadline. Maximum combined discount limit is **\$50 for a Two-Day course and \$30 for a One-Day course** from the **regular tuition**. This brochure may be copied for informational and/or registration purposes.

## Cancellation Policy

All cancellations must be in writing, including the reason for cancelling and must be received by PDP at least three weeks prior to the course; no compensation will be granted after that date. If the cancellation meets the three week deadline, the registrant may choose a refund or a transfer credit, minus a \$75 processing fee, to be issued following the program. A transfer credit may be applied toward another PDP course within three years of the issue date.

PDP reserves the right to cancel any course with due cause and refund in full. Participants purchasing NON-refundable airfare tickets should verify course availability before final purchase. Weather and/or transportation difficulties are not the responsibility of the workshop sponsor, PDP, and failure of a chosen means of transportation is not grounds for tuition refund when the course is held.

Our ADA policy can be found online at: [www.pdppro.com/policies.shtml](http://www.pdppro.com/policies.shtml).

## Authorship disclosure:

The speakers may receive royalties from their authored publications and materials.

For a complete look at our courses and therapeutic products, visit us online at [www.pdppro.com](http://www.pdppro.com).

# ----- Professional Development Programs Registration Form: -----

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

**Please sign me up for the following workshop:**

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

Course Dates: \_\_\_\_\_

Course Location: \_\_\_\_\_

Additional Course Materials: \_\_\_\_\_

See individual course listings for any required materials

\_\_\_\_\_

Course Tuition: \_\_\_\_\_

8 Week Discount: \_\_\_\_\_

for registrations received 8 weeks prior to course dates.

4 Week Discount: \_\_\_\_\_

for registrations received between 8 and 4 weeks prior to course dates.

Group Discount: \_\_\_\_\_

\$50.00 Late Fee: \_\_\_\_\_

for registrations received < 1 week prior to course dates.

\$50.00 Processing Fee: \_\_\_\_\_

for purchase orders requiring invoicing.

Additional Materials: \_\_\_\_\_

Total Tuition: \_\_\_\_\_

Name: \_\_\_\_\_ Professional Title \_\_\_\_\_ Employer \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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