



Canadian Memorial Chiropractic College, Division of Continuing Education & The Canadian Society of Chiropractic Evaluators present:

AMA Guides to Impairment Rating: MUSCULOSKELETAL AND NEUROLOGICAL SYSTEMS

INSTRUCTORS

Leanne N. Cupon, DC, DACRB, DABFP
Past President & Board Chairperson CFS

- Board Certified in Chiropractic Rehabilitation and Forensics
- Certified in Impairment Rating (4th & 5th Edition)

Warren T. Jahn, DC, MPS, FACO, DABFP

- Board Certified in Biomechanical Trauma, Chiropractic Orthopedics, Sports and Forensics
- MPS degree concentrating in Biomechanical Trauma from Lynn University
- Certified in Impairment Rating (4th & 5th Edition)
- Certified by American Board of Independent Medical Examiners (ABIME)

Rocco Guerriero, B.Sc., DC, FCCSS(C), FCCRS(C), FCCO(C)

- Coordinator of the CMCC Rehabilitation and Assessment Services
- President of North York Rehabilitation Centre
- Certified in Impairment Rating (4th & 5th Edition)

J. Douglas Salmon, Jr., Ph.D., C. Psych.

- Neuropsychologist
- Executive Director, Rehabilitation Research, Evaluation and Education Services

DATES

November: 2 – 4, 2007

November: 30 – December 2, 2007

TIMES

Fridays: 1:00 pm – 7:00 pm

Saturdays: 8:00 am – 5:00 pm

Sundays: 8:00 am – 4:00 pm

LOCATION

CMCC

6100 Leslie St., Toronto, ON M2H 3J1

FEES (registration is for both weekends only and includes textbook)

\$950 for CMCC/CSCE members

\$1150 for non-CMCC members

\$500 for Auditing (accredited or attended previous AMA seminar - proof may be required)

CANCELLATION POLICY

Cancellation Policy: CMCC will endeavour to provide all programs as advertised. CMCC reserves the right, however, to modify speakers and/or location, commensurate with unanticipated needs and CMCC cannot be held responsible for such alterations. CMCC neither endorses nor supports comments or information provided by a speaker of a course. Notification of withdrawal from this course must be received in writing seven days prior to the course. A \$50 administration fee will apply. Refunds for non-attendance will not be issued once a program has been completed.

COURSE DESCRIPTION

This 44 hour didactic course deals with the use of methods of evaluation necessary to determine the presence, nature and extent of functional impairment of musculoskeletal and neurological systems utilizing the Guides to the Evaluation of Permanent Impairment 4th and 5th Edition. The seminar will highlight why the AMA guides are relevant to Ontario, Canada. The concept of Catastrophic Evaluations will be introduced.

COURSE GOALS

The chiropractic professional is expected to develop a level of knowledge, comprehension, and understanding of standardized criteria and methods of evaluation of the musculoskeletal and neurological systems and assignment of an impairment rating.

COURSE OBJECTIVES

1. To introduce the history, methods and responsibility of rating permanent impairment
2. To differentiate impairment, disability and handicap
3. To discuss the use of the AMA Guides in the evaluation of Worker's Compensation (United States) and the Auto Insurance System (Ontario)
4. To teach/workshop the use of spinal inclinometry (cervical, thoracic, lumbar)
5. To rate spinal, upper extremity, lower extremity, CNS, and pain related impairment as directed in the 4th and 5th editions of the AMA Guides
6. To introduce the Healthcare Practitioner in Ontario to the criteria for Catastrophic determination according to the SABS and how to apply the AMA Guides (4th edition)
7. To offer take home study questions and case examples to be reviewed at the following class
8. To review case studies of Catastrophic determination assessments and the role of the interdisciplinary team members involved in these cases
9. Optional certification in the 4th edition can be obtained by completing a take home exam with an additional fee of \$175 paid to the American Board of Forensic Professionals.

REGISTRATION

Impairment Rating: MUSCULOSKELETAL & NEUROLOGICAL SYSTEMS

Registrations accepted by mail, by fax or online at www.cmcc.ca. Fax to 416-482-1696.

First Name: _____ Last Name: _____

Address: _____ Province: _____ Postal: _____

Phone: _____ Fax: _____ Email: _____

Please indicate qualifications: DC MD PT RMT Other _____

A cheque payable to CMCC for \$ _____ is enclosed

I authorize \$ _____ to be charged to my VISA MC AMEX

Card Number: _____ Expiry Date: _____

Signature: _____