

Practical Method for Retraining Running Mechanics

A continuing education seminar for physical therapists, athletic trainers and other professionals who work with running clients.

Running Well Seminars[®] in Denver, CO

Presented by

Peter Szymanski, PT, CFMT, IOC &
Karen Voss, MS, OT, SIPT, FOC, CHT
www.CatalystTherapies.com

Hosted by: University of Colorado, Denver
Physical Therapy Program, Anschutz Medical Campus



Course Background: Peter and Karen began assessing running efficiency in 2000. They began *Running Well Seminars*[®] in 2003. This 2-day Running Well[®] course will focus on drills to train form and alignment for efficiency in movement and joint health with reduced muscle strain. We emphasize what the research supports, the need for repeat videotaping and drills to train body awareness for lasting changes for efficient running. *Your Running Clients Will Thank You!*

Course Objectives, each participant will have:

- an understanding of basic biomechanics & kinematics of running & common dysfunctions which occur
- an understanding of the importance of repeat videotaping & body awareness training
- the ability to complete an assessment form & understanding of *contact time to double float ratio*
- the ability to identify “errors” & misconceptions that may lead to injury and use clinical reasoning to provide effective treatment.
- techniques to address joint & soft tissue restrictions and muscle imbalances.
- mastered drills to teach to their running clients.
- Made a positive change in his/her own running form

Each Participant receives:

*Video-taped Analysis;
Illustrated Manual & Video of
Alignment, Movement Drills &
Exercises; Treatment Techniques.
You Will Immediately Use These
Tools in Your Clinic !*

About the presenters:

Peter graduated from the University of Colorado and is certified in Integrated Orthopedic, Functional Manual Therapy and Trigger Point Dry Needling Techniques.

Karen graduated from the University of Minnesota. She is certified in Sensory-Integration & Praxis Testing, Functional Orthopedics and Hand Therapy.

Peter and Karen have been practicing in the Denver area for over 25 years.



Go to the next page to see the course schedule and registration form.



Phone: 303-458-9660

Fax: 303-458-9661

E-mail: Info@CatalystTherapies.com

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Day One/November 5th/Saturday	Day Two/November 6th/Sunday
7:30 Registration	8:00 Exercise Lab #3 Review Day One
8:00 Course begins/introduction	Continue Aston® Loosening
8:15 Videos of participants	8:45 Drills Lab #3 Review/Repetition of Day One Drills
8:45 Lecture/PowerPoint/Video presentation	Upper body/shoulder stability with running
Components of efficient/economical running gait	Axial elongation run
Research regarding efficient/economical running	10:15 Break
Common dysfunctions/deviations	10:30 Exercise Lab #4 Combination flexibility
How to train better running form	Breathing
9:45 Break	11:00 Drills Lab #4
10:00 View participants' videos	Review/repeat and combinations
10:30 Drills Lab #1 Marching and walking	Final videos of participants
Lifting and running	12:00 Lunch
12:15 Lunch	1:00 Exercise Lab #5 Warm-ups/run preparation
1:00 Lecture/PowerPoint/Discussion	Self-STM
Flexibility/Stretching	1:45 Drills Lab #5
Breathing	Plyometrics for runners
1:30 Exercise Lab #1 Quadriceps	Sport Specific Strengthening
Hamstrings	2:45 Break
Stability Series	3:00 Drills Lab #5 Take it into run "change-ups"
2:15 Drills Lab #2 Aston® Arcing/Postural Alignment	3:45 Watch/analyze final videos
Fall to run	Review & discussion
Resisted Pelvis	Q&A
3:15 Repeat videos of participants	Stride length/frequency
View and analyze	Footwear
4:00 Exercise Lab #2 Introduction Aston® Loosening	Cross Training
Shoulder Stabilization	5:00 Course ends
Pectoralis Lengthening	
Axial Elongation	
5:00 Q & A/ End of Day One	

Fee: \$425.00, cancellation will be accepted until 10/21/11 with a full refund minus an administration fee of \$75.00. If paying by check, please make **payable to Catalyst Therapies, LLC at 2680 18th st. #150B, Denver, CO 80211.**

Name: _____ **Profession:** _____
Address: _____ **City** _____ **State** _____ **Zip Code** _____
Email: **Phone:**

Payment: I authorize you to charge my: VISA MC
 # _____ Exp.Date ____/____

Name and Address for card (___ same) : _____

I have read your refund policy above and understand. Catalyst Therapies reserves the right to cancel in the event of insufficient registration or extenuating circumstances. In such case the paid registrants will be reimbursed for the course fee only if another course cannot be arranged. Catalyst Therapies is not responsible for any expenses outside of registration incurred by participants if the course must be cancelled.

Participant Signature: _____

