

Certificate Of Completion

This certifies that ______ has successfully completed the **Advanced Multi-Functional Movements Clinical Skills Course for Physical and Occupational Therapists** taught by IndeFree Association. The participant named has demonstrated a sound understanding of the advanced skills listed below, and has fulfilled all the requirements for this certification. The topics are listed below:

Advanced Clinical Skills Development

Critical thinking Patient profiling Quick-screening Medical differential diagnosing The Pre-screen Resource material mgmt Support staff/Delegation CAIR principles of excellence Evidence-based practice Patient compliance

Incorporating Yoga & Pilates

Into Your Clinical Movements Basics of These Movements Indications Chakras and Their Implications Documentation Quality assurance Contraindications/Precautions

Advanced MultiFunctional Movements

Review of the Neuromuscular Unit Muscle Fiber Types Exercises/Movements for Each Type The Anatomy of a Contraction Advanced Movement Concepts Patient Self-Testing of Strength National Averages Muscle Synergies NASM (National Academy of Sports Medicine) Concepts The 4 Subsystems of Movement Neuromuscular System Spiking Co-contractions and Their Importance The post-surgical candidate

Administration

Liability Waiver Medical Justification Medical Necessity Policies & Procedures

Documentation Primary Functional Impairment Goal Setting Audit-Proofing

Marketing and PR Development Advertising principles Promotions Public relations Fee-for-Service building

This participant is well prepared in the advanced skills of clinical performance with these advanced movement principles in their professional field.

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| Contact Hours: | | |
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| Date(s) of Attendance: | to | 20 |
| Authorized this day of | , 20 | |
| By | to | |

Authorizing Signature, James Ko, PT, Lead Instructor/Founder