**Academy of Geriatric Physical Therapy presents**

**Advances in Exercise for the Older Adult:**

**A Two Day Lab/Lecture PTA Focus Course**

**Date, Times & Location**

**Date:** June 7-8, 2019  
**Times:** 8 am - 4:40 pm both days  
**Location:** St. Catherine University- 2004 Randolph Avenue, St. Paul, MN 55105

**Audience:** A course specifically designed for the PTA who works with aging adults!  
*Spaces are limited so register early!*

*Registration priority will be given to St. Mary’s Junior College/St. Catherine University alumni until Feb. 1, 2019. The first 36 alumni to register will be given a discount of $100 (total cost $300).*

This two day lab/lecture course will focus on the Physical Therapist Assistant's (PTA) use of exercise as an advanced rehabilitation intervention for the aging adult. Several common functional outcome measures will be actively performed by participants or demonstrated by instructors. The physical stress theory regarding proper exercise intensity will be presented. PTAs will learn how to utilize this concept in exercise programs for aging adults, as indicated by the physical therapy (PT) plan of care (POC), for aerobic conditioning, balance, gait, and strength training.

Following the course on Saturday, St. Catherine University will be hosting a free reception celebrating the 50th anniversary of the PTA and St. Mary's/St. Kate's place in history as one of the first two PTA programs in the country. All alumni, PTAs from other programs, and non-PTA friends of the program are encouraged to attend!

**REGISTRATION FORM**

Please fill out and mail to: Academy of Geriatric Physical Therapy • 3510 East Washington Ave • Madison, WI 53704  
Fax: 608-221-9697, Email: karen.curran@geriatricspt.org

Please Circle One:

<table>
<thead>
<tr>
<th>Member Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGPT Member</td>
<td>$400</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$500</td>
</tr>
</tbody>
</table>

Name/Credentials: ________________________________________________________________

Address: __________________________________________________________ City/State/Zip: __________________________________________________________

Phone: ______________________ Fax: ______________________ AGPT Member: ___Yes ___No

APTA #: ______________________ Email: __________________________________________

-PAYMENT METHOD-

☐ Check (payable to AGPT) ☐ VISA ☐ MasterCard ☐ Discover

Cardholder’s Name (print) ______________________________________________________

Card Number: __________________________________________ 3-Digit Code: ________ Exp. Date: __________________

Signature: __________________________________________________________

**Questions?**

Call the **Academy of Geriatric Physical Therapy** at 866-586-8247 or email karen.curran@geriatricspt.org.