

# REGISTRATION FORM: The Lactating Breast

Course Location: GTA, ON

Date: January 12-14, 2018

### Cost:

**Early bird:** \$1149 + HST (**\$1298.37** incl. HST) - before December 1, 2017  
**Standard rate:** \$1279 + HST (**\$1445.27** incl. HST) – after December 1, 2017

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

Gender:  Female  Male Willing to pair with opposite sex partner  Yes  No

Employer: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(Street) (City)

(Postal code) (Province)

Email: \_\_\_\_\_ @ \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Credit card:  MC  VISA (a 3% surcharge will be added if paying by credit card)

Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CEC (3-digit # on back of card): \_\_\_\_\_

Signature: \_\_\_\_\_

If paying by cheque, please make cheque payable to Pelvic Health Solutions and mail to:

Pelvic Health Solutions  
31 Dairy Lane, Unit 307 / Huntsville, ON / P1H 2L7  
Fax: 888-653-4533 / Email: info@pelvichealthsolutions.ca

\*For post-dated cheques, please make sure the date is at least 1 month prior to the course\*

We reserve the right to change a course location if required  
Please visit our website to view our course policies

## LIABILITY WAIVER FORM

Course name: \_\_\_\_\_

Course date: \_\_\_\_\_

Registrants name: \_\_\_\_\_

Phone # (Cell) \_\_\_\_\_ (Bus) \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Province)

\_\_\_\_\_  
(Postal Code)

### CONSENT AND WAIVER FORM:

This course contains lectures, discussion, demonstrations and practical sessions where you could be asked to act as a model for the instructor, assistant or for fellow participants during the course. The instructor, assistant or fellow participant may or may not be licensed. Acting as a model could involve following instructions, undergoing assessment or evaluation procedures, and/or undergoing treatment procedures. If, at any time, you feel uncomfortable or wish to refuse to participate, you must do so by telling the instructor prior to, or during the session. Signing below indicates that you have given consent to full participation in the course, including acting as a model for demonstrations and practical sessions, unless you express your refusal to the course instructor before or during participation in the course.

I accept all physical and legal risks in participating in this course. I hereby waive and release Nelly Faghani and Carolyn Vandyken, as well as all employees of Pelvic Health Solutions, instructor(s) and assistant(s) from all of the above from any claims of loss, damage or injury which in any way results directly or indirectly from this course.

I have read and understand the waiver of liability appearing above and I INDICATE MY ACCEPTANCE OF THE SAID WAIVER BY SIGNING BELOW.

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Date)

# **Pelvic Health Solutions - The Lactating Breast for Physiotherapists**

\*All registrants must complete and return this document\*

## **What you can expect from the practical component**

The practical component for the Lactating Breast for Physiotherapists courses involves observation, palpation and performing manual therapy techniques such as whole breast manual lymphatic & fascial movements and massage and the use of taping of and on the breast. In order to learn these skills, participants will alternate roles as 'therapist' and 'client'. Participants will also learn effective application of electrophysical agents such as therapeutic ultrasound.

## **Informed Choice**

Participants are advised prior to acceptance into this course that the practical component involves learning these skills on and from each other. Participants are to provide their fully informed consent or refusal to participate in the practical component. In the event that a participant provides informed refusal to assume the role of 'client, that participant must provide another fully informed and consenting adult woman with mature breast tissue (lactating or not) who will assume the role of 'client'. The participant who provides informed refusal to assume the role of 'client' or 'patient' is responsible for any costs associated with providing this 'client'. Participants who are actively lactating at the time of participating in this course should be prepared for a heightened professional interest by the rest of the cohort.

Are you currently lactating:  YES /  NO

Age of child/children currently breastfeeding:

\_\_\_\_\_

## **BISSI Register**

Consistent with professional ethics, the course developer is obliged to share validated evidence and research. Participants will be instructed in the use of a newly validated patient-report outcome measure, Breast Inflammatory Symptoms Severity Index (BISSI), representing a rare opportunity to receive first-hand instruction from the researchers themselves and thus among the first to access and use the tool. The validation process is, however incomplete. For the duration of the validation process, BISSI is the intellectual property of Monash University and its affiliates and until Whilst BISSI is undergoing further validation, the contact details of all its users are

required to track where the tool is and how it is being used. The contact details comprise the BISSI Register.

## **Hand Hygiene**

All participants will need to complete the IPAC hand hygiene course (no cost for this). You can follow this link to the IPAC course: <https://ipac-canada.org/hand-hygiene-e-learning-tool.php> <<https://ipac-canada.org/hand-hygiene-e-learning-tool.php>. You will need to show a **certificate of completion** at least one month prior to the start of the course emailed to Sarah (info@pelvichealthsolutions.ca). Participants must have professional indemnity insurance to participate. Please note that if this evidence is not provided, participation in the practical component of this course will not be possible.

## **Reading**

In the days prior to commencement of the course, participants will receive some reading material. It is expected that all participants will be familiar with the content.

## **Items to Bring to the Course:**

Participants are encouraged to wear sleeveless garments such as singlets or camisoles from which their bra can be removed without unnecessary exposure of breast tissue. Please wear comfortable clothes for movement practice.

- Stamped, self-addressed A4 envelope
- Water bottle & mug
- Wear or bring strappy tops/singlets
- Shawl, poncho, large scarf
- Eye mask – lavender bag type
- Coloured pen
- Red pen
- Note taking items including paper, pens, pencil

## **Your checklist before the course:**

- Informed choice form completed
- Consent to and provision of contact details for BISSI
- Hand Hygiene Certificate
- Pre-course reading

### Informed Choice for Participants

Please carefully read the following information regarding the practical components of The Lactating Breast for Physiotherapists Courses. Practical sessions designed to teach assessment and treatment of the breast will involve observation and palpation and participants will swap roles of therapist and 'client'. It is acknowledged that participants who are unfamiliar with this type of peer learning may feel uncomfortable. However, acting as the 'client' and having the opportunity to practice assessment and treatment techniques is an essential part of developing clinical proficiency. Practical sessions will be conducted in a professional manner and taught in small groups.

If you have any questions regarding this component of the course it is important you contact the course convenor as soon as possible. If you feel you will be unable to act as the 'client' you are expected to provide another consenting adult woman who will act as the surrogate 'client' or 'patient'

As participants in this course you are required to signify your consent to participate in the practical sessions. Please note that if this form is not completed

and returned, your application to attend this course will be forfeited.

### Record of Informed Consent to:

Participate in breast assessment and treatment practical sessions, performing and receiving breast examinations

- I have had an opportunity to ask any further questions and that I will raise any concerns with the course convenor
- I have been adequately informed about the learning I will be undertaking
- I have understood the information provided
- I consent to participate in the proposed procedure

OR

- I do NOT consent to participate as 'client' If this box is ticked, then
- I will provide another consenting adult woman who will act as 'client' \* \* Any adult woman who is not a participant in the course and is attending as a surrogate 'client' is required to complete a separate form signifying her consent.

**Signed (applicant):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

- I consent to provide my contact details to be included in the BISSI Register. My contact details may also be used for collegiate networking, referral, support and dissemination of information and research relevant to clinical practice.

**Work email address:** \_\_\_\_\_

**Home email address:** \_\_\_\_\_

**Mobile phone #:** \_\_\_\_\_

**City / Province/ Postal code:** \_\_\_\_\_

**Year of Graduation in Physiotherapy:** \_\_\_\_\_

**School/University of qualification in Physiotherapy:** \_\_\_\_\_

Were you taught to use Therapeutic Ultrasound in your pre-clinical / University qualification:  YES /  NO

Were you taught to use Low Level LASER therapy in your pre-clinical / University qualification:  YES /  NO