



Release of Liability, Waiver of Claims and Assumption of Risk

Dear Course Participant:

During this course you may be asked to participate in interactive sessions with the instructor and other course participants. Your instructor is a qualified licensed physical therapist in the state of CA. In order for you to participate in this course, we ask that you carefully review and sign this release of liability form.

I agree to participate in this Mulligan Concept course. The nature of my participation may include interactive exercises and techniques or demonstration before the class. I understand and agree that the nature of any demonstration and/or techniques or exercises will be primarily directed to my spine and/or my extremities that may suffer from injury or pain. In addition I agree that no physical therapist-patient, physician-patient, or other similar type of relationship shall arise as a result of this limited demonstration. The purpose of this demonstration is to establish basic practical methods of application of the exercises or techniques being discussed.

I willingly and freely consent to participate in the course presentation. I understand that I may cease my participation at any time during the participation. I understand and agree that at the end of my tenure as a participant in any demonstration, that the relationship between myself and the instructor(s), course sponsors, and attending participants will terminate, except that if I am presently receiving medical treatment from one of those named individuals as part of their regular professional practice, the relationship with that individual will continue. If I am in need of professional services at the end of my tenure as a participant in any demonstration, it is my responsibility to seek such services from a medical professional.

In consideration for my participation in this educational program and clinical lab, I do hereby, for myself, my heirs, my executor and administrators, waive any and all rights and claims for damages I may have against Mark Thomson, and any sponsors, coordinating groups, and individuals associated with this event, together with their representatives, successors and assigns and I indemnify and save and hold them harmless for any and all injuries suffered, or alleged to have been suffered, in connection with my participation with this said event. I have full knowledge and acknowledge that:

1. I understand the risks of manual therapy. This risk extends not only to injuries incurred by manual therapy techniques performed by instructors, but also fellow participants who practice techniques upon me.
2. I have no known medical conditions including respiratory virus or contagious conditions, that would preclude me from participating in this course, and I am physically fit.
3. I enter into this agreement voluntarily, with full disclosure of the risks involved in my participation, including potential exposure to respiratory virus, contagious conditions or blood borne pathogens. I reserve the right to opt out of any techniques that I am not comfortable with being performed on myself.
4. I further acknowledge and consent to personal jurisdiction of the Courts of the State of California as the sole and exclusive jurisdiction to any action arising out of my participation in this educational program.

In entering into this agreement, I am not relying upon any oral or written representations other than what is set forth in this Agreement.

I have read and understand this Agreement and I am aware that by signing this agreement, I may be waving certain legal rights, including the right to sue Mark Thomson, or any other party who participates in this program.

Print Name _____ Sign _____ Date _____



MULLIGAN COURSE PRE-TEST

1. What is the definition of Mobilization with Movement?
2. How much pain should be provoked when doing an MWM?
3. Name two variables that can be modified to make the MWM more effective?
4. What is an MWM called in the axial skeleton?
5. True or False: MWMs should be performed to end of range with over pressure.
6. What is the standard number of MWM repetitions that should be performed for a simple non-irritable peripheral joint?
7. Is there anything that can be done to mitigate the pressure discomfort of the therapist's hand on the patient's tissue?
8. True or False: When applying an MWM on simple hinge joints the accessory glide is usually applied at right angles to the physiological movement that is being treated.
9. True or False: When applying a SNAG to a spinal segment, the glide should be perpendicular to the facet plane.
10. True or False: When applying a MWM, the patient should be asked to move in the opposite direction of their painful physiological movement.