

Osteopathy's Promise to Children is pleased to sponsor

*Philippe Druelle, DO, MRO(CN)*

President of the College d'Etudes Osteopathiques,  
which is now fully validated by the University of Wales  
in

WORKSHOP XI

# TRADITIONAL OSTEOPATHY AND HEALTH

## "The Central Chain or Tree of Life"

January 21<sup>st</sup> – January 23<sup>rd</sup> , 2010

*Osteopathic Center for Children  
San Diego, California 92105*

*Course Director*

*Viola M. Frymann, DO, FAAO, FCA  
OCC Founder & Director*

or

*Register at [www.osteopathiccenter.org](http://www.osteopathiccenter.org) or use form attached*

### *Course Curriculum*

1. Work at the level of the fascia (the continuity between the central chain and other chains. Then central chain in gait).
2. Visceral normalization (biomechanics, Biodynamics and its parenchyma or viscus). New and essential techniques and methods.
3. The nervous and arterial reality in vasomotion. Vascularisation of the spinal cord and viscerae starting from the regulation of the central chain.
4. The methodology and its associations (thalamus-thyroid-pancreas, III ventricle-heart-mesentery, chronic vertebral lesions stemming from a central chain and visceral influence (somato-visceral, viscero-somatic, viscero-visceral).
5. Work of the plexuses following negative emotional aggressions for adults and babies. Demonstration of an important cerebral approach.
6. The tree of life and life purpose. The notion of health and healing
7. Applications of the various themes into practical sessions

# WORKSHOP XI REGISTRATION

**Palpation Course – “Workshop XI”  
Traditional Osteopathy and Health  
The Central Chain or Tree of Life**

January 21<sup>st</sup> to January 23<sup>rd</sup> 2010  
San Diego, CA

**Mail or Fax this form with your payment to:**

Osteopathic Center for Children and Families  
Attention: Anna Marshall  
4135 54<sup>th</sup> Place, San Diego, CA 92105  
Phone: 619-583-7611  
**Fax:** 619-583-0296      **E-Mail:** annam@osteopathiccenter.org

Full Name: \_\_\_\_\_ Title: DO, MD, DMD, Residents  
*\*Please PRINT LEGIBLY as you would like your name to appear on your certificate*

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

City, State, Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Medical School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

**Eligibility:** DO, MD, DDS, and Osteopathic Residents. **Prerequisite:** 40-Hour Basic Cranial Course

**Course Fees:**

\_\_\_\_\_ Physician                      \$ 1,100.00  
\_\_\_\_\_ *After January 3rd 2010*      \$ 1,200.00

**Please circle:**    Vegetarian meals    Gluten Free meals    Dairy free meals    Non-Vegetarian meals

❖ **Yes, I want to make a tax-deductible contribution to Osteopathic Center for Children in the amount of**  
\$ \_\_\_\_\_.

**Form of Payment** (Checks payable to Osteopathic Center for Children and Families)

\_\_\_\_\_ Check  
\_\_\_\_\_ Master Card # \_\_\_\_\_  
\_\_\_\_\_ Visa Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Course Cancellation Policy:** Written, mail, fax or e-mail notification of cancellation must be received 30 days prior to Course to receive a refund less \$75 processing fee, otherwise you will not be eligible for a refund.

**Hotels in Area:**

**Sommerset Suites** 619-692-5200

\*Transportation – Please reserve hotel directly and check transportation policies.