



Dr. Jerome Rerucha

Arkansas Chiropractic Society Presents:

Performance Optimization

April 2/3, 2022

Fayetteville, Arkansas



About The Instructors and Courses

INSTRUCTOR: Dr. Jerome Rerucha graduated from Life University in Marietta, Georgia. He is a practicing clinician and international speaker, teaching integration of advanced clinical treatment applications and competitive strength and conditioning principles. Prior to clinical practice he was a full time strength coach, competed in powerlifting for 14 years and won a Lifetime Drug Free World Title and Best Lifter award in 1999. Having the personal competitive lifting experience, coaching numerous types of athletes and elite strength athletes, provides additional benefits when teaching his dynamic clinical applications.

This Course: will cover chronic pain which is widespread in our population today, evidenced by our ongoing opioid epidemic. Specific protocols and techniques for common conditions such as neck, shoulder and low back pain will be taught using traditional chiropractic and applying one of the newest technological advances in the healing arts, laser therapy. We will discuss statistics involving chronic pain conditions. Demonstrations of treating chronic heel and foot pain with laser therapy will be performed.

Seminar Details

- **DATE:** April 2/3,2022
- **ASBCE Approval #AR Applied**
Should you need approval for another state please call the ACS office.
- **FEES:** \$225 for twenty four hours (any or all hours/one flat registration fee) If you intend to register at the door, you should make prior confirmation by calling (479)806-1138.

LOCATION: The Hilton Garden Inn
1325 N. Palak Dr.
Fayetteville, AR 72704
Phone: 479-856-6040

- **Complimentary Lunch will be provided on Saturday.**

REGISTRATION FORM (April 2/3,2022)

- ▶ **CLASS:** "Performance Optimization"
- ▶ Check or money order enclosed in the amount of \$ _____
Make checks payable to: ACS & mail to P.O. Box 10213, Fort Smith, AR 72917
- ▶ For credit cards list # and sign. VISA, MASTER
_____ Signature: _____
DEBIT # _____
Expiration Date: _____

Name _____ Signed _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Your fax# _____ Doctors

License # _____

E-Mail acsexecsec@cox.net or Cell: (479) 806-1138