



**Massachusetts Chiropractic Society 781-849-0000 [mcs@masschiro.org](mailto:mcs@masschiro.org)**

### **Fall Seminar 2025**

Saturday, October 4, 2025 • 8:00 a.m.–6:00 p.m. • 8 CEU (In Person & Virtual)

Sunday, October 5, 2025 • 4 CEU Virtual Only with Dr. Rob Silverman

Total: 12 CE Hours Offered (Approved in MA, NH, ME, VT, RI, CT)



**Featured Speaker: Dr. Chris Proulx, DC, MS, PhD (ABD), ATC (ret), CSCS**



Dr. Christopher M. Proulx is a doctor of chiropractic and sport scientist with more than 25 years of experience in sport and clinical sciences. He holds advanced training in clinical neuroscience, exercise physiology, and conservative sports medicine, and has built his career on integrating evidence-based approaches to patient care and performance optimization.

In addition to his private practice as a clinician and performance coordinator, Dr. Proulx serves as a guest lecturer and researcher at multiple universities. He has authored numerous peer-reviewed publications and has lectured nationally and internationally on topics including therapeutic technology integration, injury recovery models, and evidence-based rehabilitation.

A former Certified Athletic Trainer (ATC, ret), Dr. Proulx has extensive experience in the management of sports injuries across all levels of competition. His work bridges clinical practice, academic research, and professional education, making him a respected authority in both chiropractic care and sports medicine.

### Course Information

Hands-on technique seminar – wear comfortable clothing and bring a portable table if you have one to share. Course Topics

- Radial pressure wave therapy in chiropractic care
- What is radial pressure wave therapy?
- How radial pressure wave therapy works: Mechanical signal, neurological response
- In clinical context: When and why radial pressure wave therapy works
- RPW as a precision tool technique (not just entry-level shockwave)
- Myofascial pain
- Tendon-bone junctions (e.g., lateral elbow, Achilles insertion)
- Fasciopathies (e.g., plantar fasciitis, iliotibial band syndrome)
- Paraspinal hypertonicity
- Upper trapezius or gluteal tension disorders
- How RPW improves local tissue pliability and pain response
- Respecting manual therapy
- Patient experience and value perception
- Focused and defocused shockwave: When to progress
- The Plan and clinical efficiency in the real world
- Case example: Chronic low back pain with myofascial restrictions

### Featured Speaker: Dr. Rob Silverman SUNDAY SESSION ONLY VIRTUAL



See website for outline details (4CEU)

## Hotel Information

Embassy Suites • 550 Winter Street, Waltham, MA

Special Rate: \$189 per night

Copy and paste this link to your browser to reserve your room! Booking Code is #930

## Lunch Option

☐ Lunch @ Ruth's Chris Steak House – \$50

Hotel-provided lunches typically run closer to \$65 per person. We've negotiated a reduced per-person rate of \$50 at Ruth's Chris, and this price includes all taxes, tip, and non-alcoholic beverages—covered by Mass Chiro for our attendees. All things considered, \$50 is a great deal.

If additional sponsorship allows us to reduce the cost further, we will gladly refund the difference to all who have registered.

## Registration Options

☐ MCS Partner Member Doctor: \$199 for 12 CEU (such a great value)

☐ Renew Partnership Dues (\$1,000 paid in full): Yes, I want free CEU for Fall Seminar

☐ Join as a New Partner: Yes, I want free CEU for Fall Seminar (attend in person on Saturday)

☐ Non-Member Doctor: \$299 in person Saturday and Virtual Sunday

☐ Chiropractic Students: Free (scholarships available)

☐ Spouse Free/Staff Free, just cover lunch for you group.

☐ All Virtual Tickets are \$349 for 12 CEU for both days.

**Note:** Complimentary Fall CEUs are available only when dues are paid in full. This offer does not apply to affiliate partners, payment plan, or retirees on reduced partnership plans.

## Attendee Information

Full Name(s): \_\_\_\_\_

License #: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

## Payment Information

☐ Check enclosed

Please charge \$ \_\_\_\_\_ to my: ☐ VISA ☐ MasterCard ☐ AMEX

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

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

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ ZIP: \_\_\_\_\_

Register online at [www.masschiro.org](http://www.masschiro.org)

By phone: 781-849-0000

By mail: MassChiro, PO Box 850120, Braintree, MA 02185