



## The 29<sup>th</sup> Scientific meeting of the Physiotherapy Research Society

**Date and place:** Thursday 27<sup>th</sup> May 2010,

Teesside University, Middlesbrough

### **Keynote speakers**

**Professor James Selfe**, Professor of Physiotherapy, University of Central Lancashire

*Thermal imaging in patellofemoral pain syndrome*

**Asst Professor Patrick McKeon**, University of Kentucky, USA

*The effect of textured insoles on postural stability and control*

**Liz Holey, Deputy Dean**, Teesside University

*Connective tissue manipulation*

**Professor Denis Martin**, Professor of Rehabilitation, Teesside University

*Virtual rehabilitation*

There will also be oral and poster presentations on the latest physiotherapy research, this will be across the whole spectrum of physiotherapy practice.

Deadline for abstract submission is **FRIDAY 26<sup>th</sup> of February 2010**.

### **Costs**

The conference fees will be £60 for members, £75 for non-members, and £20 for students. Booking form attached

For further details contact: Mrs Patricia Dziunka, PRS Secretariat, 14 Heath Ave, Littleover, Derby. DE23 6DJ, Email: [pdziunka@yahoo.co.uk](mailto:pdziunka@yahoo.co.uk), or visit our website [www.prs-uk.org](http://www.prs-uk.org)

---

## Attendance Application Form for PRS conference

For further details contact: Mrs Patricia Dziunka, PRS Secretariat, 14 Heath Ave, Littleover, Derby.  
DE23 6DJ  
tel 01332 299017 Email: [pdziunka@yahoo.co.uk](mailto:pdziunka@yahoo.co.uk), or visit our website [www.prs-uk.org](http://www.prs-uk.org)

Name & Title:			
Employer:			
Address:			
Contact Telephone:		e-mail:	
<b>Conference Fee:</b>	<b>PRS Member</b>	<b>Non-Member*</b>	<b>Student</b>
(please tick one)	£60 <input type="checkbox"/>	£75 <input type="checkbox"/>	£20 <input type="checkbox"/>

**Please send a cheque your completed application form to:**

Mrs Patricia Dziunka, 14 Heath Ave, Littleover, Derby. DE23 6DJ

Cheques should be made payable to **Physiotherapy Research Society**.  
Applications must arrive no later than 30<sup>th</sup> April 2010.

**Invoice request: please provide all below details:**

**Name:**

**Address:**

**Tel No:**

**Email:**

\*Non-Member fee includes one year's membership of the PRS.

Refreshments and lunch will be provided: please indicate any special dietary (or other) requirements

--