

**“PAIN MANAGEMENT” Course:**



**OPIOIDS, PAIN & CHIROPRACTIC**

**Presented by: Dr. Todd Turnbull**

**April 14, 2020      July 7, 2020      Oct. 6, 2020**

**1 PM – 7 PM = 6 CE**



**Being Presented Quarterly At the Oregon Chiropractic Association Office  
Located at: 10570 SE Washington St. Suite 210 Portland, OR 97216  
This course meets DC general CE requirements & Year 2 DCs Pain Management – 6 CE**

Dr. Todd Turnbull, DC, CCSP, is an author, speaker and in private practice in Portland, Oregon. He graduated with his doctorate from Life University and is a Board Certified Chiropractic Sports Physician from Palmer University. He is an OCA member & a member of the OCA “Chiropractic Practice and Innovation Council” (formerly the Functional Chiropractic Council). **Dr. Turnbull has prepared this PAIN MANAGEMENT presentation course for the OCA and it has been APPROVED by the OBCE FOR CONTINUING EDUCATION as well as to meet the Year 2 DC requirement for 6 of the 7 Pain Management CE hours (The other hour is only available ONLINE from the Oregon Pain Management Commission).**

**Presentation overview:**

This course discusses the bio-psychosocial nature of pain, patient communication and the current opioid status in health care. History of opioid use and abuse will be discussed. Demonstration and performance of clinical assessment of the types of physiological pain, diagnosing pain syndromes and management of acute and chronic pain syndromes will be reviewed.

*{NO AT THE DOOR REGISTRATIONS -- NO REFUNDS WITHIN 14 DAYS OF SCHEDULED EVENT}*

- DC -- Diamond Members --NO \$\$ CHARGE (6 CE)      Online Registration NOT Available**  
**DIAMOND MEMBERS CALL THE OCA OFFICE!!!!**
- DC – ALL OTHER OCA Members      (6 CE)      \$ 129.00 or unused CE Member Benefit**
- DC -- Non-Members      (6 CE)      \$ 189.00**

**WHICH EVENT:     April 14, 2020     July 7, 2020     October 6, 2020**

**DC Name: \_\_\_\_\_ OCA Member: Yes    No**

**Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_**

**Chiro College/Univ: \_\_\_\_\_ Year Grad: \_\_\_\_\_ OR Lic# \_\_\_\_\_**

**Check: Payable to “OCA” or     Visa     MC     Amex     Discover**

**cc# \_\_\_\_\_ Exp: \_\_\_\_\_ VCode: \_\_\_\_\_ Zipcode: \_\_\_\_\_**

**I agree that the “Oregon Chiropractic Association” can charge my credit card for the \$\$ total above:**

**Name on CC: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

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