

SDO Training Course Application

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DATE

Contact Details	
Name :	
Company:	Male Female
Address:	
Profession :	Telephone:
Email :	
Additional	Information
Please indicated	your experience with dynamic Lycra products:
Please share you	ur objectives for attending this course:
Please indicate any dietary requirements or additional needs:	
SDO® Orig	inal Training Course
	accurately evaluate and assess clients to recommend SDO® Original and achieve optimal luals with neurological conditions.
and rehabilitation	vides an introduction to The World of SDO® and offers insights into using SDO® in therapy in programs to enhance posture, movement, and functionality. Participants will learn to identify quirements and select the most suitable garment style and reinforcement panels for each
garments, their o	on techniques, case studies, and training on measuring for SDO® Original.
This course is th	e second level out of five in the Medigarments SDO® Original training series.
2. We will regi	r: nd return this form by email to thrive@wellandable.com.au ster your interest in attending an SDO® Original Training Course and contact you with e next available course.
Name:	Signed: