

SPORT MED SATURDAYS CONFERENCE

Presented by the Sport Medicine and Science Council of Saskatchewan

with administrative assistance provided by Continuing Physical Therapy Education,
University of Saskatchewan

The Sport Medicine and Science Council of Saskatchewan is proud to once again host a **Sport Med Saturdays Conference**. Sport Med Saturdays offers a multidisciplinary educational approach to sports injury management that is accessible to all practitioners throughout the province.

- Title/Topic:** “My Arm Hurts”
– Looking at Athletic Injuries in the Elbow, Wrist and Hand -
- Date:** Saturday, October 30, 2010
- Location:** Saskatoon, University of Saskatchewan, College of Kinesiology, Room 246
- Arrival/Registration:** 9:30am – 9:50am
- Session Times:** 10:00am – 4:00pm (includes lunch break which is provided).
- Target Audience:** Physicians, Physical Therapists, Chiropractors, Athletic Therapists, Massage Therapists, students, or other Health Care Professionals with an interest in sport
- Cost (includes GST):** Health Care Professional- \$95.00 Student Rate- \$25.

Payment/Registration Deadline: Friday, October 15, 2010, or first 125 registrants – REGISTER EARLY!

Course Description:

Professionals from a number of related disciplines will present current research, methods and techniques for the prevention, testing, diagnosis, and treatment of **the athlete with lower arm pain and injury**. Participants will have the opportunity to learn from multimedia presentations, demonstrations, and lecture sessions.

GREAT Line-up of Presenters and Topics:

- David Sauder - MD; FRCSC; Upper Extremity Surgeon – *Elbow Injuries in the Athlete*
- Geoff Johnston – BSc; MBA; MD; FRCSC; FACS; ABOS(C); CHE (Surgery of Upper Extremity) – *Athletic Injuries to the Hand & Wrist*
- David Leswick – MD; FRCPC; Assoc. Professor, Dep’t of Medical Imaging, U of S – *A Practical Approach to Imaging of the Elbow, Wrist, and Hand*
- DJO Inc. Representatives – *Demo - Shortwave Diathermy and Shockwave Therapy*
- Blaine Broker – DC; FCCRC(C) – *Manual Care Techniques*
- Cornelia Tan, RMT – *Elbow, Wrist and Hand Soft Tissue Conditions: Massage Therapy Prevention and Treatment Techniques*
- Jason Weber – PGD; BSPE; CEP; Coordinator-Human Performance Center – *Exercise Therapy Functional, Progression for Tendonopathy*
- Cathy Sajtos – BScPT; CHT; FCAMT; DipManipPT – *Treatment of the Unstable Wrist*
- Ryan Fitzpatrick – BMR(OT); OT Reg.SK; CWCE; OT(CWCE) – *Dynamic and Static Progressive Splinting-Indications for Referral to O.T.*
- Keith Russell – PhD; M.PE; Assoc. Prof. U of S; President, Scientific Commission, Int’l Gymnastics Federation – *Coach Education Regarding Injuries to the Arm In Gymnastics*
- Mark Levesque – Registered Orthopedic Technologist – *Demo -Functional Casting for the High Performance Athlete*

Course Objectives

Upon completion of the day's presentations, the participants will have an increased knowledge with respect to different injuries and considerations when dealing with the low arm pain and injury. The participants will gain knowledge in the areas of diagnosing and testing and of specific prevention and treatment techniques.

REGISTRATION FORM – *Sport Med Saturdays Conference*

“My Arm Hurts” – Looking at Athletic Injuries in the Elbow, Wrist, and Hand

Date: October 30, 2010 **Registration:** 9:30 a.m. **Sessions:** 10:00 a.m. to 4:00 p.m.
Location: Room 246, University of Saskatchewan, College of Kinesiology, Saskatoon, SK

Payment/Registration Deadline: Friday, October 15, 2010 or first 125 registrants

Registrant's Name _____ Discipline: _____

Address _____
(Street)

(City)

(Province)

(Postal Code)

Email: _____ Employer: _____

Telephone (Res.) _____ (Bus) _____ (Fax) _____

The above information is required so that SMSCS and / or CPTE can contact you with additional course information, confirmation and any announcements related to this course. This will be the sole use of the information that you provide unless you initial the following option:

_____ I agree that SMSCS / CPTE can include my mailing address, email address and business phone number associated with my name on a list that may be distributed to the course instructor and/or other course registrants for this particular course.

Registration Fee: \$95/Health professionals \$25/health discipline students Amount enclosed: _____
(Registration fee includes GST.)

*(Cheque made payable to Sport Medicine & Science Council of Saskatchewan (SMSCS).
(Cheque mailed to Continuing Physical Therapy Education).*

CONSENT AND WAIVER FORM: (This waiver MUST be signed and enclosed with registration form and fee.)

This course may contain lectures, discussion, demonstrations and practical sessions where you could be asked to act as a model for the instructor, assistant or for fellow participants during the course. The instructor, assistant or fellow participant may or may not be licensed. Acting as a model could involve following instructions, undergoing assessment or evaluation procedures, and/or undergoing treatment procedures. If, at any time, you feel uncomfortable or wish to refuse to participate, you must do so by telling the instructor prior to, or during the session. Signing below indicates that you have given consent to full participation in the course, including acting as a model for demonstrations and practical sessions, unless you express your refusal to the course instructor before or during participation in the course.

I accept all physical and legal risks in participating in this course. I hereby waive and release the Sport Medicine and Science Council of Saskatchewan, Continuing Physical Therapy Education, the University of Saskatchewan, the Saskatchewan Physiotherapy Association Inc., and the premises owner/occupier, as well as all employees, instructor(s) and assistant(s) from all of the above from any claims of loss, damage or injury which in any way results directly or indirectly from this course.

I have read and understand the waiver of liability appearing above and I INDICATE MY ACCEPTANCE OF THE SAID WAIVER BY SIGNING BELOW.

(Participant's Signature)

(Date)

Return completed registration form, waiver and cheque so that they are received by Friday, October 15, 2010.

Mail to:

**Continuing Physical Therapy Education
Room 116 - 1121 College Drive, Saskatoon, SK S7N 0W3**

For more information, contact:

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