

5<sup>th</sup> Annual MacHANd Day of **Evaluation and Management of** the Upper Extremity





# 5<sup>th</sup> Annual MacHANd Day of **Evaluation and Management of the Upper Extremity**

## Thursday, November 29, 2012 **Royal Botanical Gardens**

680 Plains Road West, Burlington, Ontario (Free Parking)

The McMaster University Hand, Arm, Nerve (MacHANd) Group is an interdisciplinary team promoting excellence in education, clinical service and research for hand and upper limb injuries, diseases, and disorders.

## The Objectives of MacHANd Day are:

information

- To understand the evaluation and diagnosis of selected upper extremity disorders.
- To understand the therapeutic, surgical, and current evidence in the management of selected upper extremity disorders.

## Target Audience:

Family Physicians, Occupational Therapists, Physiatrists, Physiotherapists, Radiologists, Sports Medicine Physicians, Residents, Students, and all Other Health Professions interested in upper extremity disorders.

Visit their website: www.machand.ca

download the brochure





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## For more NATALIE PARK, Event Coordinator

please contact Continuing Health Sciences Education McMaster University, MDCL 3510

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Email: parkna@mcmaster.ca

Website: www.fhs.mcmaster.ca/conted



07:20-07:50		RATION AND BREAKFAST (HIBITORS	11:55-13:00	LUNCH AND VISIT EXHIBITORS							
07:50-08:00		UCTION AND WELCOME	13:00-14:25	Plenary Session: Updates in the Managemen of Neuropathy of the Upper Limb							
08:00-09:25		Session: Updates in the Management porosis after Distal Radius Fracture		Assista Rehabil							
	Profess	I <b>n Adachi, MD, FRCPC</b> or, Medicine ter University & St. Joseph's			McMaster University & St. Joseph's Healthcare Hamilton  Hema Choudur, MD, FRCPC Associate Professor, Radiology McMaster University & Hamilton Health Sciences						
	Healthc	are Hamilton  CDermid, BScPT, PhD		Associa							
	Profess	or, School of Rehabilitation Science ter University		Michae	I Vallely, BA, BScPT						
	Assistar	Moro, MD, FRCSC  nt Clinical Professor, Orthopaedic Surgery ter University & St. Joseph's		Rehabil	ional Associate, School of itation Science ter University & Upper Ottawa Physiotherapy						
		are Hamilton	14:25-14:30	0 & A							
09:25-09:35	0 & A		14:30-14:45	BREAK	AND VISIT EXHIBITORS						
09:35-10:00		AND VISIT EXHIBITORS	14:45-15:45	Break-c B1	out session (please rank your choices) Screening for Risks for Future Falls						
10:00-10:45	Improve	itional Diets and Vitamin Supplements Outcomes for Osteoporosis, Upper ty Impairments or Neuropathy?		B2	Physical Examination of the Wrist and Hand (to differentiate CTS from neuropathy)						
	Register	Moulden, Hon B. Kin, MSc(PT), RNCP, MCPA red Physiotherapist ter University David Braley Sport Medicine		В3	Physical Examination of the Shoulder						
		abilitation Centre		B4	Physical Examination of the Elbow						
10:45-10:55	0 & A		15:45-16:25		Only the Rotator Cuff: Labral Tears of ulder & Scapular Disorders						
10:55-11:55	Break-o A1	out session (please rank your choices) Screening for Risks for Future Falls			Ayeni, MD, FRCSC nt Professor, Orthopaedic Surgery						
	<b>A2</b>	Physical Examination of the Wrist and Hand (to differentiate CTS from		McMas	ter University & Hamilton Health Sciences						
		neuropathy)	16:25-16:35	0 & A							
	<b>A3</b>	Physical Examination of the Shoulder	16:35	ADJOU	RNMENT						
	<b>A</b> 4	Physical Examination of the Elbow									

#### LIABILITY

Continuing Health Sciences Education (CHSE) hereby assumes no liability for any claims, personal injury, or damage:

- To any individual attending this conference.
- That may result from the use of technologies, program, products and/or services at this conference.
- That may arise out of, or during this conference.

# DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

In keeping with accreditation guidelines, McMaster University; Continuing Health Sciences Education requires all speakers and planning committee members participating in this event to disclose any involvement with industry or other organizations that may potentially influence the presentation of the educational materials or program being offered. Disclosure may be done verbally or using a slide prior to the speaker's presentation.

#### STUDY CREDITS

As an organization accredited to sponsor Continuing Medical Education for Physicians, by both the Committee on Accreditation of Canadian Medical Schools and the Accreditation Council for Continuing Medical Education of the United States, Continuing Health Sciences Education, McMaster University designates this educational program as meeting the criteria for:

#### The College of Family Physicians of Canada Mainpro-M1

This educational program meets the accreditation criteria of The College of Family Physicians of Canada, and has been accredited for **7** Mainpro-M1 credits.

#### The Royal College of Physicians and Surgeons of Canada

This educational event is approved as an Accredited Group Learning Activity under Section 1 of the Framework of CPD options for the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada for a maximum of 7 credits per participant.

#### **American Medical Association PRA Category 1**

This educational activity is approved for a maximum of **7** hours in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

### **CONFIRMATION OF REGISTRATION**

A written acknowledgement of your registration will be sent prior to the event should you provide CHSE with your email address. Receipts will be provided in your registrant package.

#### **CANCELLATION POLICY**

The University reserves the right to cancel a course due to insufficient registration or any circumstances that are beyond our control. Cancellations received before **November 7th, 2012** will be refunded less a 25% administrative fee. No refunds will be issued for cancellations received after this date.

### **DIRECTIONS**

#### **From Toronto and East**

Queen Elizabeth Way to Highway 403 West (Hamilton). Exit at Waterdown Road. Travel 800 metres south along Waterdown Road to Plains Road West.

Turn right onto Plains Road West and travel 2km.

Turn left into the RBG parking lot.

#### From Kitchener-Waterloo and West including Detroit (U.S.A.)

Highway 401 East to Highway 6 South.
Follow Highway 6 South for about 25 km.
Exit onto York Road, make a left and then a right on the new Plains
Road and drive south crossing over the 403.
Turn left at the lights to continue on Plains Road West for about 1 km, passing the glass building.
Turn right into the RBG parking lot.

#### From the Niagara Region and Buffalo (U.S.A.)

Queen Elizabeth Way to Highway 403 West (Hamilton). Exit at Waterdown Road. Travel 800 metres south along Waterdown Road to Plains Road West. Turn right onto Plains Road West and travel 2km. Turn right into the RBG parking lot.

### PLANNING COMMITTEE

Janice Harvey, MD, CCFP, FCFP, Dip. Sport Med., Conference Co-Chair McMaster University

Carolyn Levis, MD, MSc, FRCSC, Conference Co-Chair McMaster University & St. Joseph's Healthcare Hamilton

#### Monica Alderson, BSc. OT(Reg) ON

McMaster University & St. Joseph's Healthcare Hamilton

#### Olufemi Ayeni, MD, FRCSC

McMaster University & Hamilton Health Sciences

#### Pam Ball, BSc. OT(Reg) ON

McMaster University & Hamilton Health Sciences

#### Allison Blain, MD, FRCPC

McMaster University & Hamilton Health Sciences

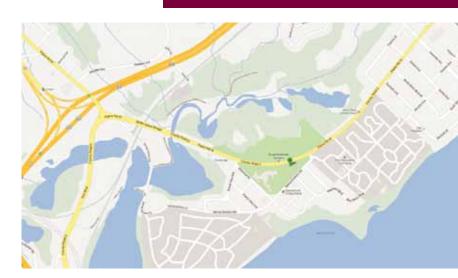
Todd Bentley, MD, FRCPC, Dip Sport Med, ABEM McMaster University & St. Joseph's Healthcare Hamilton

Margaret Lomotan, BA McMaster University

Joy MacDermid, BScPT, PhD McMaster University

#### **Sheilah Laffan**

Program Administrator Continuing Health Sciences Education FHS, McMaster University, Hamilton



The **Royal Botanical Gardens Centre** is located at 680 Plains Road West, on the border of Burlington and Hamilton in Ontario, Canada.

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The information on this form is collected under the authority of the McMaster University Act, 1976. The information will be used for administrative purposes, including: your registration in the course; preparation of course materials for your use and to notify you of other courses or pertinent information. Financial information will be used to process applicable fees and will be retained for future reference. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210 McMaster University.



## **Registration Form**

5th Annual MacHANd Day of Evaluation and Management of the Upper Extremity

## **Registration Fees**

Trainees/Students/Residents....... \$75.00

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*Please choose the breakout sessions you want to attend;							SPECIAL DIETARY REQUIREMENTS: For those with special dietary needs some accommodation may be available: Vegetarian: Other:  PLEASE IDENTIFY ANY ACCESSIBILITY NEEDS:																							
Session #1       □ A1       □ A2       □ A3       □ A4         Session #2       □ B1       □ B2       □ B3       □ B4								·	CHILDREN ARE NOT PERMITTED in the live conference setting as it distracts from the learners.  If you require personal support to the conference, the health aid provider must register in advance at the general public rate.																					



REGISTER ONLINE AT: www.fhs.mcmaster.ca/conted

Visit the **MacHANd website** at: **www.machand.ca** 



#### **REGISTER BY PHONE**

Call **905 525-9140 ext 22671** (Visa, MasterCard or AMEX are accepted)



#### **REGISTER IN PERSON**

Bring your completed registration form with Visa, MasterCard, AMEX, Cheque or Cash payment to the Continuing Health Sciences Education, MDCL 3510 office, Monday to Friday between the hours of 9:30 am  $-\,4:00~\text{pm}$ 



#### **REGISTER BY FAX**

Fax the completed registration form with a Visa, MasterCard or AMEX number to **905-572-7099** 



#### **REGISTER BY MAIL**

Send your completed registration form with Visa, MasterCard, AMEX, or Cheque to: Continuing Health Sciences Education (CHSE) McMaster University, MDCL 3510 1280 Main Street West, Hamilton, ON L8S 4K1