

AMSSM/SOUTH BEND SPORTS ULTRASOUND; INCLUDING INJECTIONS

BEGINNING/INTERMEDIATE LEVEL COURSE

***CADAVER (FRESH TISSUE)
INJECTION WORKSHOP***

LIMITED REGISTRATION

**JANUARY
8-10, 2027**

South Bend, Indiana

Indiana University School of Medicine

All educational sessions will be held at Indiana University School of Medicine - South Bend.

FACULTY

Stephen M. Simons, MD, FAMSSM, RMSK

Course Director, St. Joseph's Regional Medical Center;
Director Emeritus, South Bend – Notre Dame Sports Medicine
Fellowship Program, South Bend, Indiana

David M. Harsha, MD, RMSK

Head Team Physician, DePauw University, Hendricks Regional
Health Sports Medicine, Danville, Indiana

Joel Jaeger, DO, RMSK

Major Health Partners Sports Medicine, Shelbyville, Indiana

Christopher Jordan, MD, ATC, RMSK

St. Joseph's Sports Medicine Institute, Mishawaka, Indiana;
Co-Director, South Bend – Notre Dame Sports Medicine
Fellowship Program, South Bend, Indiana

Joel Kary, MD

Community Health Network Sports Medicine, Indianapolis,
Indiana

Michael J. Kulju, MD

Coastal Orthopedics and Sports Medicine, Brunswick, Maine

Francis G. O'Connor, MD, MPH, FAMSSM, RMSK

Medical Director, Consortium for Health and Military
Performance; Professor, Uniformed Services University of the
Health Sciences, Department of Military and Emergency
Medicine, Bethesda, Maryland; Past President, American
Medical Society for Sports Medicine

COURSE DESCRIPTION/TARGET AUDIENCE

This course is designed for physicians who wish to acquire and/or enhance their skills in diagnostic sports ultrasound and ultrasound-guided injections of common musculoskeletal problems. There will be significant hands-on experience in both diagnostic scanning and injections in the (fresh) cadaver lab as well as ample opportunity for participants to ask questions and interact with faculty.



COURSE LOCATION

All educational sessions will be held at:

Indiana University School of Medicine - South Bend
Harper Hall
1234 Notre Dame Avenue
South Bend, IN 46617

GOALS AND LEARNING OBJECTIVES

At the conclusion of this program, the participant should be able to:

- Develop competence in utilization of an ultrasound machine for musculoskeletal scanning focusing on the shoulder, wrist, knee, ankle, elbow and hip;
- Acquire skills in standardized protocols and techniques for common sports ultrasound exams including: shoulder, wrist, knee, ankle, elbow and hip;
- Identify normal anatomy during sports ultrasound;
- Describe and explain the indications and benefits of sports ultrasound-guided injections;
- Formulate and apply appropriate record keeping, documentation and billing; and
- Develop an understanding of and acquire advance diagnostic and ultrasound-guided procedure skills for beginner and intermediate attendees.

CME Learner Information

Accreditation Statement



In support of improving patient care, Indiana University School of Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physicians

Indiana University School of Medicine designates this live activity for a maximum of 13.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Summary

Indiana University School of Medicine (IUSM) policy ensures that those who have influenced the content of a CE activity (e.g. planners, faculty, authors, reviewers and others) disclose all financial relationships with any ineligible companies so that IUSM may identify and mitigate any conflicts of interest prior to the activity. All educational programs sponsored by Indiana University School of Medicine must demonstrate balance, independence, objectivity, and scientific rigor.

There are no relevant financial relationship(s) with ineligible companies for anyone who was in control of the content of this activity.

An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products.

The activity evaluation will be sent via email. Within 30-60 days following the activity, learners will receive a separate email with instructions on how to obtain proof of participation in this IUSM activity. For questions and concerns, please contact IU School of Medicine, Division of Continuing Education in Healthcare Professions, 317-274-0104, or cehp@iu.edu

REGISTRATION INFORMATION

CONFERENCE REGISTRATION

AMSSM Members \$2,000.00
Non-Members \$2,400.00

On the registration form, please indicate your level of training/ experience in diagnostic and ultrasound-guided procedure skills as either beginner (no experience) or intermediate (a little experience at diagnostic and ultrasound-guided procedure skills) AND on the registration form, registrants can suggest one to three diagnostic exams or procedures they would like to see demonstrated during the course. PLEASE NOTE: No SPINE exams or procedures can be requested and there is no guarantee that all requests will be demonstrated.

COURSE REGISTRATION DEADLINE:

MONDAY, DECEMBER 21, 2026

CONFERENCE REGISTRATION:

- [Online registration](#) is encouraged. You have the option to pay by check or credit card when registering online. A receipt will be generated upon completion of your online registration. If paying by check, please include a copy of the registration receipt you received through email with your check payment to the AMSSM office. Click [here to register online](#).
- OR, print and fax/mail the registration form along with your payment to the AMSSM office. Please be aware that your spot will not be secured until your registration is processed.

American Medical Society for Sports Medicine
4000 West 114th Street, Suite 100
Leawood, KS 66211
(913) 327-1415 (Phone) | (913) 327-1491 (Fax)
registration@amssm.org • www.amssm.org

REGISTRATION INCLUDES: Conference and meeting materials

REFUND POLICY

NO REFUNDS WILL BE OFFERED FOR THIS COURSE

The planners and sponsors of this event claim no liability for the acts of any suppliers to this meeting or the safety of any attendee at or while in transit to this event. The planners and sponsors reserve the right to cancel this event without penalty. Attendees who purchase non-refundable airline tickets do so at their own risk. The total amount of any liability of the planners and sponsors will be limited to a refund of the registration fee. Your submission of the registration form acknowledges acceptance of these terms.

IMAGE/ LIKENESS/ VOICE RELEASE

I understand and agree that, as a result of participating in an AMSSM conference, my image, likeness or voice may be recorded by photography, video or other medium. I hereby grant irrevocable and unrestricted permission to AMSSM and its representatives or assignees to use my image, likeness or performance in any medium and for any purpose. I hereby waive any right to inspect or approve such use of materials. Your submission of this registration form acknowledges acceptance of these terms.

HOTEL ACCOMMODATIONS

FAIRFIELD INN & SUITES BY MARRIOTT – NOTRE DAME

SOUTH BEND AT NOTRE DAME

Conveniently located within walking distance to the educational activity located in Harper Hall at IU School of Medicine. A block of rooms has been reserved at the Fairfield Inn & Suites By Marriott – Notre Dame South Bend at Notre Dame at the room rates/night listed below plus applicable taxes.

Room Type	Room Rate/Night (plus applicable taxes)
Standard Guest Room (King Bed) Maximum Occupancy: 2	\$165.00*
Standard Guest Room (2 Queen Beds) Maximum Occupancy: 4	\$165.00*

***PLEASE NOTE:** The room rate does not include the applicable state and local taxes in effect at the time of check-out (currently 15%) and subject to change without notice. The Fairfield Inn & Suites requires a deposit for one night plus tax by credit card.

The Fairfield Inn & Suites South Bend at Notre Dame offers complimentary WiFi, indoor pool, fitness center and hot breakfast for hotel guests.

ROOM RESERVATION DEADLINE:

Room/rate availability can only be guaranteed until Wednesday, December 9, 2026 OR UNTIL THE ROOM BLOCK IS SOLD OUT, WHICHEVER COMES FIRST. Please make your reservation early.

HOTEL CANCELLATION POLICY

Cancellation of room reservations must be received 48 hours prior to your arrival date or first night's room plus applicable taxes will be charged.

Check-in: After 3:00 p.m. | Check-out: By 12:00 p.m. (Noon)

EARLY DEPARTURE FEE

To avoid Early Departure Fee, guests must advise the hotel at or before check-in of any change in their scheduled length of stay.

FOR RESERVATIONS

- **Hotel Reservations:** Call (888) 236-2427 (Group Name: AMSSM)
- **Online Reservations:** Making your reservations online is encouraged by the hotel. Online reservations will guarantee accurate booking and receipt of an electronic confirmation. Reservations can be made, modified or cancelled online using the following link:

[Book your group rate for AMSSM South Bend Ultrasound Course Booking Link](#)

**Fairfield Inn & Suites By Marriott – Notre Dame
South Bend at Notre Dame
1220 East Angela Blvd.
South Bend, IN 46617
(574) 234-5510 (Hotel Phone)**

PARKING

For hotel guests, parking (1 car) is included in hotel room rate. The Fairfield Inn & Suites by Marriott – South Bend at Notre Dame charges \$13 per night for parking plus applicable taxes.

TO/FROM AIRPORT

It is approximately 16 minutes (5.5 miles) to/from the South Bend International Airport and Fairfield Inn & Suites By Marriott – Notre Dame South Bend at Notre Dame. Taxi/Uber: \$18-\$20 (one-way).

COURSE INFORMATION

AMSSM CODE OF CONDUCT

The American Medical Society for Sports Medicine (AMSSM) is committed to providing a safe, productive and welcoming environment for all meeting participants and staff. All meeting attendees and other participants, including invited speakers and representatives of AMSSM, are expected to comply with this code of conduct, be considerate and contribute to a collaborative, positive and healthy environment in which all are respected and valued. AMSSM meetings aim to foster a collegial exchange of ideas and discussion of issues related to the practice of sports medicine. Civil discourse that includes and acknowledges a diversity of opinions and experiences is vital; it is the responsibility of all participants to help create an environment that will allow for such discourse.

MEETING EXPECTATIONS

- Treat others with respect, dignity, inclusivity, and consideration, recognizing that AMSSM meetings are places for diversity of thought, belief, and individuals.
- Listen actively and communicate quietly with respect for others
- Be respectful of participant diversity and privacy.
- Interact fairly, honestly, and in good faith with other meeting participants.
- Be an ally and advocate, intervening or taking action (as needed) if you witness something inappropriate.
- Inappropriate actions or statements related to an individual's or group's age, race, ethnicity, sexual orientation, gender identity, gender expression, marital status, nationality, political affiliation, ability status, educational background, or any other characteristic protected by law is prohibited.
- Disruptive or harassing behavior of any kind is prohibited. Harassment includes but is not limited to inappropriate or intimidating behavior and language, unwelcome jokes or comments, or unwanted touching or attention.

VIOLATIONS OF THE CODE OF CONDUCT

Violations of this code of conduct policy should be reported to the AMSSM Executive Director at jgriffith@amssm.org and/or the AMSSM President at president@amssm.org via e-mail or in-person. They will work with AMSSM staff and AMSSM Board leadership to determine appropriate actions, which may include a verbal warning, possible removal from the meeting without refund, or notifying appropriate authorities.

In the event of an emergency, please contact local authorities immediately.

AGREEMENT TO THE CODE OF CONDUCT

All registrants of the AMSSM/South Bend Sports Ultrasound Including Injections Beginning/Intermediate Level Course are required to indicate that they agree and accept the AMSSM Code of Conduct when they are completing their registration.



This course does not discriminate on the basis of race, color, national origin, religion, sex, disability, military status, sexual orientation, or age. We are committed to accessibility and non-discrimination in all aspects of its continuing education activities. Participants who have special needs are encouraged to contact the program organizers so that all reasonable efforts to accommodate these needs can be met.

PROGRAM

INDIANA UNIVERSITY SCHOOL OF MEDICINE • SOUTH BEND, INDIANA FRIDAY, JANUARY 8, 2027

1:00 p.m.	Registration	
1:30 p.m.	Welcome, Introduction, Overview.....	<i>Stephen M. Simons, MD, FAMSSM, FACSM, RMSK</i>
1:45 p.m.	Lecture: Basic Principles/Knobology.....	<i>David M. Harsha, MD, RMSK</i>
2:30 p.m.	Lecture: Joint Injection Principles/Intermediate/Advanced – Indications for Ultrasound.....	<i>Francis G. O'Connor, MD, MPH, FAMSSM, RMSK</i>
3:15 p.m.	BREAK	
3:30 p.m.	Ultrasound Cases.....	<i>All Faculty</i>
3:45 p.m.	Scan Demonstration: Principles.....	<i>Stephen M. Simons, MD, FAMSSM, FACSM, RMSK</i>
4:15 p.m.	Hands-on Scanning.....	<i>All Faculty</i>
5:00 p.m.	Recess	

SATURDAY, JANUARY 9, 2027

8:00 a.m. Instruction for Day
(For subsequent sessions: Attendees will be divided into Group A and Group B)

GROUP A

8:15 a.m.	Scan Demonstration: Shoulder.....	<i>All Faculty</i>
8:45 a.m.	Hands-on Scanning: Shoulder.....	<i>All Faculty</i>
10:00 a.m.	BREAK	

GROUP A

10:15 a.m.	Scan Demonstration: Elbow/Wrist/Hand.....	<i>All Faculty</i>
10:45 a.m.	Hands-on Scanning: Elbow/Wrist/Hand.....	<i>All Faculty</i>
12:00 p.m.	LUNCH (on your own)	

GROUP A

1:15 p.m.	Joint Injection Lab.....	<i>All Faculty</i>
1:45 p.m.	Joint Injection Lab.....	<i>All Faculty</i>
3:00 p.m.	BREAK	

GROUP A

3:15 p.m.	Joint Injection Lab.....	<i>All Faculty</i>
3:45 p.m.	Joint Injection Lab.....	<i>All Faculty</i>
4:45 p.m.	Wrap-Up, Questions.....	<i>Stephen M. Simons, MD, FAMSSM, FACSM, RMS</i>
5:00 p.m.	Recess	

GROUP B

Joint Injection Lab.....	<i>All Faculty</i>
Joint Injection Lab.....	<i>All Faculty</i>

GROUP B

Joint Injection Lab.....	<i>All Faculty</i>
Joint Injection Lab.....	<i>All Faculty</i>

GROUP B

Scan Demonstration: Shoulder.....	<i>All Faculty</i>
Hands-on Scanning: Shoulder.....	<i>All Faculty</i>

GROUP B

Scan Demonstration: Elbow/Wrist/Hand.....	<i>All Faculty</i>
Hands-on Scanning: Elbow/Wrist/Hand.....	<i>All Faculty</i>

Intermediate Attendees – Upper Extremity Diagnostic Scanning/Laboratory Injections TBD based on attendee preferences.

PROGRAM

INDIANA UNIVERSITY SCHOOL OF MEDICINE • SOUTH BEND, INDIANA
SUNDAY, JANUARY 10, 2026

All Attendees:

8:00 a.m. Lecture: Administration — Billing, Coding, Documentation.....*Joel Kary, MD and Michael J. Kulju, MD*

Beginning Level Attendees:

8:30 a.m. Scan Demonstration: Hip/Knee.....*Joel Kary, MD*

9:00 a.m. Hands-on Scanning: Hip/Knee.....*All Faculty*

10:00 a.m. BREAK

10:15 a.m. Scan Demonstration: Ankle/Foot.....*Stephen M. Simons, MD, FACSM, RMSK*

10:45 a.m. Hands-on Scanning: Ankle/Foot.....*All Faculty*

Intermediate Level Attendees:

8:30 a.m. - 11:45 a.m. LE Diagnostic Scanning

All Attendees:

11:45 a.m. Wrap-Up/Questions

12:00 p.m. Adjourn



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JANUARY 8-10, 2027
REGISTRATION FORM



SCHOOL OF MEDICINE
INDIANA UNIVERSITY

SAINT JOSEPH
Regional Medical Center

Please register online at www.amssm.org to reserve a place at the conference. By completing [online registration](#), you have the option to pay by check or credit card. A receipt will be generated upon completion of your online registration. If you prefer to fax or mail in your registration, please be aware that your spot will not be held until your registration is processed. To guarantee registration, register online and pay by check or credit card. For mailed or faxed registrations, please return the form below—type or print legibly. One form must be completed for each registrant. **The registration deadline is December 21, 2026.** Register early! Meeting space is limited.

AGREEMENT TO THE AMSSM CODE OF CONDUCT

All registrants are required to agree and accept the AMSSM Code of Conduct below in order for your registration to be processed.

☐ I agree and accept the AMSSM Code of Conduct (listed on page 4 of the brochure)

BADGE AND REGISTRATION INFORMATION (Mailing address listed will be placed on the participants' list)

☐ I agree to allow AMSSM to share my preferred address with participants/faculty/ultrasound companies.

Full Name
Registrant's Mailing Address Line 1
Mailing Address Line 2
City State/Province Postal Code Country (if outside USA)
Office Phone Office Fax Cell Phone

REGISTRATION RECEIPT WILL BE EMAILED TO THE EMAIL ADDRESSES LISTED BELOW

Registrant's Email Address:

For reimbursement purposes, please email my receipt to:

BADGE INFORMATION

Nickname or First Name

First Name Last Name Degree

Company/Affiliation

City State

PHYSICAL OR DIETARY REQUIREMENTS

☐ Physical/dietary restrictions (not food preferences) requiring accommodation in order to fully participate in this activity.

Please list requirements:

REGISTRATION FEE • ADVANCE REGISTRATION DEADLINE: DECEMBER 21, 2026

☐ **AMSSM Member Registration** \$2,000.00
☐ **Non-Member Registration** \$2,400.00

PLEASE INDICATE YOUR LEVEL OF EXPERIENCE/TRAINING IN DIAGNOSTIC AND ULTRASOUND-GUIDED PROCEDURE SKILLS

☐ Beginning Level (no experience) ☐ Intermediate Level (a little experience with diagnostic ultrasound/basic injections)

PLEASE INDICATE BELOW DIAGNOSTIC EXAMS OR PROCEDURES (UP TO THREE) YOU'D LIKE TO SEE DEMONSTRATED

PLEASE NOTE: NO SPINE EXAMS OR PROCEDURES CAN BE REQUESTED & THERE IS NO GUARANTEE THAT ALL REQUESTS WILL BE DEMONSTRATED.

Please enter one suggestion in each space below with a diagnostic exam or procedure you'd like to see demonstrated (max: 3)

(Continued on next page)



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JANUARY 8-10, 2027



SCHOOL OF MEDICINE
INDIANA UNIVERSITY

SAINT JOSEPH
Regional Medical Center

REGISTRATION FORM (Continued)

ACCEPTANCE OF COURSE REFUND POLICY

COURSE REFUND POLICY: No refunds will be offered for this course. The planners and sponsors of this event claim no liability for the acts of any suppliers to this meeting, or the safety of any attendee at or while in transit to this event. The planners and sponsors reserve the right to cancel this event without penalty. Attendees who purchase non-refundable airline tickets do so at their own risk. The total amount of any liability of the planners and sponsors will be limited to a refund of the registration fee.

☐ I agree and accept the refund policy as stated above. Attendee's Signature:

PAYMENT METHOD (Check made payable to AMSSM) Fed ID: 39-1715104

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ Check Payment (*payable to AMSSM*)

Credit Card Number Expiration Date (mm/yy)

Postal Code Associated with Credit Card Account

Security Code (CVV) (last 3 digits on back; 4 digits on front of AMEX)

Cardholder's Name Cardholder's Signature

For information and if mailing or faxing your registration, return this form and payment to:

AMSSM | 4000 W. 114th Street, Ste. 100 | Leawood, KS 66211 | (913) 327-1415 (Phone) | (913) 327-1491 (Fax) | Email: registration@amssm.org

Secured registration is available online at www.amssm.org