

AMSSM/SOUTH BEND SPORTS ULTRASOUND; INCLUDING INJECTIONS

BEGINNING LEVEL COURSE

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

CME CREDIT AVAILABLE

LIMITED REGISTRATION



**JANUARY
10-12, 2020**

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, FACSM, RMSK

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

J. Bryan Dixon, MD

Advanced Center for Orthopedics, Marquette, Michigan

David M. Harsha, MD

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

Brian Jacobs, MD

Primary Care Sports Medicine and Family Medicine of
South Bend, South Bend, Indiana

Chris Jordan, MD, ATC

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

Joel Kary, MD

St. Vincent Sports Performance; Team Physician, Butler
University, Indianapolis, Indiana

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

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

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 sports ultrasound scanning;
- 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 skills in basic sports ultrasound-guided injections.

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**

REGISTRATION INFORMATION

CONFERENCE REGISTRATION

AMSSM Members \$1,450.00
Non-Members \$1,850.00

COURSE REGISTRATION DEADLINE: THURSDAY, JANUARY 2, 2020

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.
- 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)

[Kristin Ragsdale](#) • www.amssm.org

REGISTRATION INCLUDES:

- Conference and meeting materials
- Continental Breakfast: Saturday, January 11
- Continental Breakfast: Sunday, January 12

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 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 South Bend at Notre Dame at the room rates/night listed below plus applicable taxes. The room rates do not include the applicable state and local taxes (currently 13.00%) in effect at the time of check-out. The Fairfield Inn & Suites requires a deposit for one night plus tax by credit card.

Room Type	Room Rate/Night (plus applicable taxes)
Standard Guest Room (King Bed)	\$129.00
Standard Guest Room (2 Queen Beds)	\$139.00

The Fairfield Inn & Suites South Bend at Notre Dame offers complimentary on-site parking as well as WiFi and hot breakfast for hotel guests.

ROOM RESERVATION DEADLINE:

Room/rate availability can only be guaranteed until December 11, 2019 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 time is after 3:00 p.m.

Check-out time is by 12:00 p.m. (Noon)

FOR RESERVATIONS

- **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](#)

- **Telephone Reservations:** Please call (574) 228-2800 and request the room block group rate for the event "AMSSM South Bend Ultrasound Course".

Fairfield Inn & Suites South Bend at Notre Dame
1220 East Angela Blvd.
South Bend, IN 46617
(574) 234-5510 (Ask for Reservations)



PROGRAM

INDIANA UNIVERSITY SCHOOL OF MEDICINE • SOUTH BEND, INDIANA

FRIDAY, JANUARY 10, 2020

1:00 p.m.	Registration	
1:30 p.m.	Welcome, Introduction, Overview.....	<i>Stephen M. Simons, MD, FACS, RMSK</i>
1:45 p.m.	Lecture: Basic Principles.....	<i>Joel Kary, MD</i>
2:30 p.m.	Lecture: Knobology 101.....	<i>David M. Harsha, MD</i>
3:00 p.m.	Lecture: Joint Injection Principles — Indications for Ultrasound.....	<i>Francis G. O'Connor, MD, MPH, RMSK</i>
3:30 p.m.	BREAK	
3:45 p.m.	Scan Demonstration: Principles.....	<i>Stephen M. Simons, MD, FACS, RMSK</i>
4:15 p.m.	Hands-on Scanning.....	<i>All Faculty</i>
5:00 p.m.	Optional Scan Demonstration: Percutaneous Tenotomy	
6:00 p.m.	Recess	

SATURDAY, JANUARY 11, 2020

7:30 a.m.	CONTINENTAL BREAKFAST/Questions from Friday's Session	
8:00 a.m.	Instruction for Day <i>(For subsequent sessions: Attendees will be divided into Group A and Group B)</i>	
	GROUP A	GROUP B
8:15 a.m.	Scan Demonstration: Shoulder..... <i>All Faculty</i>	Joint Injection Lab..... <i>All Faculty</i>
8:45 a.m.	Hands-on Scanning: Shoulder..... <i>All Faculty</i>	Joint Injection Lab..... <i>All Faculty</i>
10:00 a.m.	BREAK	
	GROUP A	GROUP B
10:15 a.m.	Scan Demonstration: Elbow/Wrist/Hand..... <i>All Faculty</i>	Joint Injection Lab..... <i>All Faculty</i>
10:45 a.m.	Hands-on Scanning: Elbow/Wrist/Hand..... <i>All Faculty</i>	Joint Injection Lab..... <i>All Faculty</i>
12:00 p.m.	LUNCH <i>(on your own)</i>	
	GROUP A	GROUP B
1:15 p.m.	Joint Injection Lab..... <i>All Faculty</i>	Scan Demonstration: Shoulder..... <i>All Faculty</i>
1:45 p.m.	Joint Injection Lab..... <i>All Faculty</i>	Hands-on Scanning: Shoulder..... <i>All Faculty</i>
3:00 p.m.	BREAK	
	GROUP A	GROUP B
3:15 p.m.	Joint Injection Lab..... <i>All Faculty</i>	Scan Demonstration: Elbow/Wrist/Hand..... <i>All Faculty</i>
3:45 p.m.	Joint Injection Lab..... <i>All Faculty</i>	Hands-on Scanning: Elbow/Wrist/Hand..... <i>All Faculty</i>
4:45 p.m.	Review, Wrap-Up, Questions..... <i>Stephen M. Simons, MD, FACS, RMSK</i>	
	<ul style="list-style-type: none">• Shoulder: ACJ, GHJ, SAB• Wrist: Carpal Tunnel, Wrist Joint, deQuervains, CMC• Knee• Hip• Ankle/Foot: Ankle, MTP, Peroneal/Posterior Tibialis	
	Format	
	<ul style="list-style-type: none">• Live Demonstration (for landmarks, techniques)• Cadaver Demonstration of Injection• Cadaver Practice	
5:00 p.m.	Recess	

PROGRAM

INDIANA UNIVERSITY SCHOOL OF MEDICINE • SOUTH BEND, INDIANA SUNDAY, JANUARY 12, 2020

7:30 a.m.	CONTINENTAL BREAKFAST/Questions from Saturday's Session	
8:00 a.m.	Lecture: Administration — Billing, Coding, Documentation.....	<i>J. Bryan Dixon, MD</i>
8:30 a.m.	Scan Demonstration: Hip/Knee.....	<i>Joel Kary, MD</i>
9:00 a.m.	Hands-on Scanning: Hip/Knee.....	<i>All Faculty</i>
10:00 a.m.	BREAK	
10:15 a.m.	Scan Demonstration: Ankle/Foot.....	<i>Stephen M. Simons, MD, FACSM, RMSK</i>
10:45 a.m.	Hands-on Scanning: Ankle/Foot.....	<i>All Faculty</i>
11:45 a.m.	Wrap-Up/Questions	
12:00 p.m.	Adjourn	



AMSSM/SOUTH BEND
SPORTS ULTRASOUND; INCLUDING INJECTIONS
BEGINNING LEVEL COURSE
INDIANA UNIVERSITY SCHOOL OF MEDICINE • SOUTH BEND, IN
JANUARY 10-12, 2020



SCHOOL OF MEDICINE
INDIANA UNIVERSITY

SAINT JOSEPH
Regional Medical Center

REGISTRATION FORM

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 January 2, 2020.** Register early! Meeting space is limited.

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

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	Postal Code

PHYSICAL OR DIETARY REQUIREMENTS

☐ Please check here if you have physical or dietary requirements (not food preferences) which require accommodation in order to fully participate in this activity.

Please list requirements:

REGISTRATION FEE • ADVANCE REGISTRATION DEADLINE: JANUARY 2, 2020

<input type="checkbox"/> AMSSM Member Registration	\$1,450.00
<input type="checkbox"/> Non-Member Registration	\$1,850.00

ACCEPTANCE OF COURSE REFUND POLICY AND PAYMENT METHOD (Check made payable to AMSSM) Fed ID: 39-1715104

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:

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

Credit Card Number Expiration Date (mm/yy)

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: kragdale@amssm.org

Secured registration is available online at www.amssm.org