Access Sports Medicine and CMSNE invite you to the 2013 Autumn Orthopaedic Forum Wednesday, October 16, 2013 8:00 am - 3:30 pm Portsmouth Harbor Events and Conference Center, Portsmouth, NH

8:00 - 9:00 am	Registration - Continental Breakfast - Opening Remarks			
9:00 - 10:00 am	A Multidisciplinary Approach to Concussion Management - Kevin D. Heaton, DO			
10:00 - 10:30 am	Vestibular Rehab for Concussion - Catherine "Christie" Hudson, DPT			
10:30 - 11:00 am	Break - Exhibitor Visiting			
11:00 - 12:00 pm	Demystifying the EMG - Daniel S. Zipin, DO			
12:00 - 12:45 pm	Lunch - Exhibitor Visiting			
12:45 - 1:15 pm	Platelet-Rich Plasma Therapy – Could this be the biologic treatment we have all been waiting for? Joshua A. Siegel, MD			
1:15 - 1:45 pm	Getting Back on your Feet, Managing an Ankle Injury - A. David Davis, MD			
1:45 - 2:00 pm	Break			
2:00 - 2:45 pm	"My Wrist Hurts" Common Pain Syndromes Affecting the Wrist - Roderick J. Bruno, MD			
2:45 - 3:30 pm	"The Not so Funny Bone" Common Pain Syndromes Affecting the Elbow - H. Matthew Quitkin, MD			
3:30 pm	Closing Remarks/Evaluation Collection			

"The content and views presented in this program are those of the independent speaker, while Access and CMSNE endorses the pursuit of educational opportunities attendees should exercise their own professional and independent judgment when interpreting the content of the program".

This forum has been made possible through sponsorship from:











Please sign me up for the Wednesday, October 16, 2013 Addumn Orthopaedic F address below. Prior registration is required by October 2, 2013, registrations after C Name				
Employer	Daytime phone			
Address				
City, State	Zip Code			
Please provide email to receive confirmation of registration and directions				
Registration Fees - after 10/2 add \$5 late fee: \$40 CMSNE Member, \$50 NHO materials and 5.5 RN and CCM credits, Maine Medical Education Trust designates of TM. Physicians should only claim credit commensurate with the extent of their particles.	ur October Forum fo	or a maximum of 5 AM		
Credit Card Payment Information: Type: V, MC, AMX Card #:		Exp Date:	Security Code:	
Name as it appears on the Card:		Total Amt to be Charged:		
Billing address as it appears on the credit card statement (if different from above): Address:				
City:	State:	Zip Co	de:	



2 Nashua Rd., Pelham, NH 03076 Phone: 603-329-7481 Fax: 888-314-7375 Email: CMSNE@comcast.net website: www.cmsne..org

