



Accreditation

This program is designed to assist clinicians in recognizing and evaluating congenital and acquired musculoskeletal conditions in children of all ages.

Contact hours and continuing medical education credits are being applied for through American Academy of Physician Assistants (AAPA) and National Association of Pediatric Nurse Practitioners (NAPNAP).



Shriners Hospitals for Children is here to stay!



**Shriners Hospitals
for Children™**
Medical Staff Office
516 Carew Street
Springfield, MA 01104



**Shriners Hospitals
for Children™**

*Continuing to Help Children
Defy the Odds*

Seventh Annual Orthopaedic Update

**For
Physician
Assistants
&
Pediatric
Nurse
Practitioners**

Date: Thursday, November 12, 2009
Time: 11:30 AM to 4:30 PM
Place: Shriners Hospitals for Children
in Springfield, MA



Come and join us for an afternoon of informative learning in a relaxed and comfortable atmosphere.

Seize the opportunity to ask questions of the Pediatric Orthopedic Specialists you often refer your patients to. Gain a better understanding of whom to refer and when.

Join us for lunch and pick up some CMEs. Meet and network with your peers throughout the New England Area.

Hot lunch will be served from

11:30 AM to 12:15 PM

Course begins at 12:30 PM

Hospital tours available before course.

For more information contact:

Lori Lemon @ 413-787-2027

Email: llemon@shrinenet.org

<http://www.shrinershq.org/Hospitals/Springfield/>



7th Annual Orthopaedic Update for Physician Assistants & Pediatric Nurse Practitioners

Lisa McCarthy, PA-C

Pediatric Chest Wall
Deformities



John Hauschild, PA-C

Evaluation and Treatment of
Scoliosis in Adolescents &
Children



Sarah Durgin, PA-C

Foot Deformities: Birth to
Adolescence



Amy Arguin, PNP

Childhood Hip Conditions



At the end of the program, the faculty will be available for one-on-one consultations.



Registration Form

Sign up:

Price

- | | |
|---|-------|
| <input type="checkbox"/> Registration Fee with CMEs/Contact Hrs | 50.00 |
| <input type="checkbox"/> Student Fee | 25.00 |
| <input type="checkbox"/> Yes, I will be attending lunch | |

Last Name First Name Title

Company

Address

City State Zip Code

Phone

E-mail (*Registration Confirmation will be sent via Email*)

CME Credits/Contact Hours:

Must provide State Licensed in and License # for CME Credits. Please also provide NAPNAP #, if applicable.

State State License # NAPNAP #

Send CME Credits to this address below, if different from above.

Address

City State Zip Code

DEADLINE DATE TO REGISTER: OCTOBER 29, 2009

Please complete registration form and return with your check made payable to:
Shriners Hospitals for Children

Mail to: Shriners Hospitals for Children
Attention: Lori Lemon
516 Carew Street
Springfield, MA 01104