**Program Schedule**

**April 7, 2006**

8:30 am Continental Breakfast and Registration

8:30 Introduction: Incidence and Importance

**Lewis Goldfrank, MD**

**Early Management of Lower Extremity Fractures**

Moderators: Nirmal Tejwani, MD; Moira Davenport, MD

8:45 Case Presentation (w/ Q&A)

**Joe Feito, MD**

**Hip Fractures: Early Management, Anticoagulation & Time to Operative Intervention**

Toni McLaurin, MD

9:00 Hip Dislocations (native/arthroplasty)

9:30 Ankle Fractures/Dislocations

Kenneth Mroczek, MD

9:45 Long Bone Fractures: Management in the ER

Nirmal Tejwani, MD

9:55 Coffee Break

10:00 Clinical Adjuncts in the Management of Orthopaedic Fractures Procedural Sedation

Peter Gordon, MD

10:15 Platelets and Initial Immobilization

Nancy Kwon, MD; Liz Borock, MD

10:30 Common Hand Injuries and Their Treatment

Nader Paksha, MD

10:45 Traumatic Amputations

Eric Legome, MD

11:00 Radiology: Principles & Pitfalls in Orthopaedic Radiology

David Schwartz, MD

11:15 Antibiotics and Analgesia in Orthopaedic Injuries

Mary Ann Howland, Pharm.D

11:30 Special Issues in Orthopaedic Management

**Keynote Address**

Joseph D. Zuckerman, MD

11:45 Pediatric Fracture Patterns and Child Abuse Recognition

Donna Phillips, MD; Susi Vasallo, MD

12:00 Common Sports Injuries

Presenting to the ED

Moira Davenport, MD

12:15 Trauma Resuscitation and Acute Critical Care

Ugo A. Ezenkwele, MD

12:30 Management of Soft Tissue Injuries (tendon lacerations, finger tip avulsions, crush injuries, ligamentous injuries)

Alexes Hazen, MD

12:45 Case Presentations Summary

Ugo A. Ezenkwele, MD, and Nirmal Tejwani, MD

1:25 Coffee Break

1:30 Continental Breakfast

1:30 Break

1:40 Management of Orthopaedic Injuries (native/arthroplasty)

David Schwartz, MD

2:05 Management of Orthopaedic Injuries (native/arthroplasty)

David Schwartz, MD

2:20 Radiology: Principles & Pitfalls in Orthopaedic Radiology

David Schwartz, MD

2:30 Physical Examination

Shawn Miller, MD

2:45 Coffee Break

2:45 Coffee Break

3:00 Acute Critical Care

Alexes Hazen, MD

3:15 Pediatric Fracture Patterns and Child Abuse Recognition

Donna Phillips, MD; Susi Vasallo, MD

3:30 Common Sports Injuries

Presenting to the ED

Moira Davenport, MD

3:45 Trauma Resuscitation and Acute Critical Care

Ugo A. Ezenkwele, MD

4:00 Management of Soft Tissue Injuries (tendon lacerations, finger tip avulsions, crush injuries, ligamentous injuries)

Alexes Hazen, MD

4:15 Case Presentations Summary

Ugo A. Ezenkwele, MD, and Nirmal Tejwani, MD

4:40 Closing Remarks

Ugo A. Ezenkwele, MD, and Nirmal Tejwani, MD

5:00 pm Course Evaluation and Adjourn

**General Information**

**Location**

NYU School of Medicine
Alumni Hall, Parkes Auditorium
550 First Avenue (31st Street)
New York, NY 10016

NYU School of Medicine is located in a predominately residential area on the east side of Manhattan.

**Photo Identification is Required to Enter the Medical Center.**

**Online Registration Preferred**

Applications will be accepted in order of their receipt. Visit our secure website www.med.nyu.edu/cme to submit online registration.

**Information**

Registration Office
NYU Post-Graduate Medical School
P. O. Box 1855, Murray Hill Station
New York, NY 10016

Phone: 212-263-5295 Fax: 212-263-5293

Please Note: We cannot accept telephone registration.

---

**Course Confirmation**

Please supply your e-mail address to receive a confirmation letter. Written confirmation will not be mailed.

**Accreditation Statement**

The NYU Post-Graduate Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

**Credit Designation Statement**

The NYU Post-Graduate Medical School designates this educational activity for a maximum of 6.75 Category 1 credits toward the AMA Physician’s Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

To obtain CME credit, you must: (1) have your ID badge electronically scanned for attendance once each day, and (2) complete and return the attestation form.

**Disclosure Statement**

The NYU Post-Graduate Medical School adheres to the ACCME Essential Areas and policies, including the Standards for Commercial Support, regarding industry support of continuing medical education. In order to resolve any identified Conflicts of Interest, disclosure information is provided during the planning process to ensure resolution of any identified conflicts. Disclosure of faculty and commercial relationships as well as the discussion of unlabeled or unapproved use of any drug, device or procedure by the faculty is listed at the symposium.

If there is a specific topic or question relating to this course that would help fulfill your educational needs, please submit it on the registration panel.

**Hotel Accommodations**

Rooms are in very heavy demand in New York City; we urge you to make your reservations early. You may obtain a list of hotels located near NYU School of Medicine by visiting our website.

**Parking**

Parking is available on 29th and 30th Streets between First and Second Avenues, as well as at the Schwartz Health Care Center garage on First Avenue and 30th Street.

---

**Course Registration Form**

Register Online at www.med.nyu.edu/cme

Clinical Management of Orthopaedic Injuries presenting to the Emergency Department

#104 April 7, 2006

Photoscopies permitted. Please do not reduce or enlarge this form.

Please print clearly in block letters and numbers.

**Name**

**Address**

**City**

**State**

**Zip**

**Day Phone**

**Fax**

**Course Confirmation:** Please supply your e-mail address to receive a confirmation letter. Written confirmation will not be mailed. Make sure your e-mail address is clearly written.

**E-Mail**

**Degree**

**Specialty**

**Check**

Check in U.S. Dollars Only: $________________________

Check payable to: NYU Post-Graduate Medical School

Send to: Registration Office, NYU Post-Graduate Medical School, P.O. Box 1855, Murray Hill Station, New York, NY 10016

**International Postal Money Order** (Foreign registrants, including those from Canada, must pay by either International Postal Money Order or Credit Card) $________________________

**Payment by Credit Card**

Credit card payments may be faxed to 212-263-5293.

**Amount to be charged:** $________________________

**Bill to**

**Visa**

**MasterCard**

**American Express**

**Credit Card #**

**Expiration Date**

**Card Member’s Name**

**Signature**

**Refund Policy:** An administrative charge of $50 will be assessed for cancellations prior to March 24, 2006. Cancellations must be in writing and postmarked no later than the above date. (Faxes are not accepted). Cancellations will not be accepted after the above date.

**Course Cancellation Policy:** In the unusual circumstance that this course is cancelled, two weeks notice will be given and tuition will be refunded in full. The NYU Post-Graduate Medical School is not responsible for any airfare, hotel or other costs incurred.

To help fulfill your educational needs, submit a question or topic relating to this course:

---

**Full Fee Physicians: $200 Reduced Fee: $150**

On-site registrants will incur an additional $20 charge.

Reduced fee applies to physicians-in-training with a letter from Chief of Service, NYU School of Medicine alumni, former students and fellows. M.D.s employed by the Department of Veterans Affairs Medical Center, full-time active military personnel, nurse practitioners and all other non-M.D. healthcare professionals.

Eligibility for reduced fee must be indicated below:

**Methods of Payment**

Check cash and telephone registration are not accepted.

If faxing, do not mail or return – this will result in a duplicate charge to your account:

- [ ] Check in U.S. Dollars Only: $
- [ ] Credit Card Payment (see below)
- [ ] International Postal Money Order

Make check payable to: NYU Post-Graduate Medical School

Send to: Registration Office, NYU Post-Graduate Medical School, P.O. Box 1855, Murray Hill Station, New York, NY 10016

**Payment by Credit Card**

Credit card payments may be faxed to 212-263-5293.

**Amount to be charged:** $________________________

**Bill to**

**Visa**

**MasterCard**

**American Express**

**Credit Card #**

**Expiration Date**

**Card Member’s Name**

**Signature**

**Refund Policy:** An administrative charge of $50 will be assessed for cancellations prior to March 24, 2006. Cancellations must be in writing and postmarked no later than the above date. (Faxes are not accepted). Cancellations will not be accepted after the above date.

**Course Cancellation Policy:** In the unusual circumstance that this course is cancelled, two weeks notice will be given and tuition will be refunded in full. The NYU Post-Graduate Medical School is not responsible for any airfare, hotel or other costs incurred.

**Special Needs or Requests:**