American Academy of Podiatric Sports Medicine along with the Oregon Podiatric Medical Association Present

“The Best Sports Medicine Meeting in the Country”

October 20–23, 2016

Portland Marriott Downtown Waterfront

Keynote speaker Alberto Salazar "Adjusting foot strike to improve running efficiency". Alberto is an AAPSM Golden Foot Award recipient, IAAF Coach of the Year, former Marathon World Record Holder and 3 time New York Marathon Winner!

25 Continuing Education Contact Hours

AMERICAN ACADEMY OF PODIATRIC SPORTS MEDICINE

MISSION STATEMENT

The American Academy of Podiatric Sports Medicine serves to advance the understanding, prevention and management of lower extremity sports and fitness injuries. We believe that providing such knowledge to the profession and the public will optimize enjoyment and safe participation in sports and fitness activities. We will accomplish this mission through professional education, scientific research, public awareness and membership support.

LEARNING OBJECTIVES

An example of what attendees will gain knowledge on…….

- Become proficient in the use of Diagnostic Ultrasound
- Gain understanding of use and applications of Platelet Rich Plasma (PRP)
- Learn surgical techniques during hands on cadaver lab – 10/20/16
- Become updated on latest information on Shock Wave (ESWT, RSW, EPAT)
- Understand why traditional treatments for plantar fasciitis, Achilles Tendinopathy and Medial Tibial Stress Syndrome are rapidly changing
- Check website at www.aapsm.org for updates on program and hotel registration

INVITED FACULTY/PROPOSED TOPICS

Doug Richie, Jr., DPM – Orthotic Update
Matt Werd, DPM – Pediatric Athlete
Paul Langer, DPM – Stress Fractures in Athletes
Rich Bouche’, DPM – Physical Exam of Foot and Ankle
Mike Lowe, DPM – Basketball Injuries
Rob Conenello, DPM – Communication with the Athlete
Amol Saxena, DPM – Achilles’ Tendon Pathology
John Grady, DPM – Hallux Limitus in the Athlete
Maggie Fournier, DPM – RED-s
Brian Fullem, DPM – Shockwave Updates
Michael Fredericson, MD – The Importance of Core
Jay Dichary, PT – Gait Examination –– Plus
Sonosite Diagnostic Ultrasound Lab, PRP Technique and Practice, Surgical Techniques Lab, Workshops, Fun Run, Shoe testing, case presentations along with Practice Management with Harry Goldsmith

Disclosure

All faculty participating in continuing medical education program sponsored by the AAPSM are expected to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentation(s). Faculty Members receive no honorariums.

Non-discrimination

This program is open to all healthcare professionals regardless of age, sex, race or professional credentials.

Approval Status

Kent State University will be applying for CME units and is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. Kent State University has approved this activity for a maximum of 25 continuing education contact hours. Schedule and speakers may be subject to change.
REGISTRATION FORM

Attendee’s Name: ____________________________________________________________

Mailing Address: __________________________________________________________

City: ______________________ State: ___________ Zip: ___________

Office phone: _______________ Home phone: _________________________

Cell Phone: ___________________ E-mail: ________________________________

**Early Bird Registration – Prior to September 1, 2016**

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**Regular Registration – After September 1, 2016**

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*Includes membership in AAPSM until July 1, 2016 - $75 application fee waived. Application attached.*

Register online today at [www.aapsm.org](http://www.aapsm.org) or mail payment to: AAPSM, 3121 NE 26th Street, Ocala, FL 34470

If making payment by mail - make check payment to AAPSM or circle appropriate credit card and return

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**SPECIAL INVITE TO FOR MEETING ATTENDEES**

(THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED)

**Education:** Please list in chronological order all undergraduate, graduate, professional and postdoctoral institutions attended. Feel free to attach additional information on separate sheet.

Institution: ______________________________________________________________________________________

City, State: ______________________________________________________________________________________

Degree or Certification: ___________________________________________________________________________

Major Field: _____________________________________________________________________________________

Dates Attended: From: ______________________ To: _______________________

**Professional Licenses:** Please list professional licenses, certifications or registration which you hold:

License/Certification/Registration: ______________________________________________________________________________________

State/Organization: ______________________________________________________

Date Issued: _____________________________________________________________________________________

**Professional Appointments:** Please list past, present professional appointments at institutions:

Institution: ______________________________________________________________________________________

Title Held: ______________________________________________________________________________________

Inclusive Dates: _________________________________________________________________________________

Organization: __________________________________________________________________________________

Date Joined: _____________________________________________________________________________________

Office Held: _____________________________________________________________________________________

**Associate/Affiliate Membership:** Candidate Shall:

1. Have earned a degree from an accredited college or university in the United States in a health related field.
2. Be a member in good standing of their respective national organization-APMA if a podiatrist
3. APMA Member Number: _______________________________________________________________________
4. Be licensed by their respective state

**Associate/Affiliate Membership—one-time $75.00 application fee waived. Regular annual membership dues are $200 (July 1-June 30) – students $10 annually.**

Please send completed form to: AAPSM, 3121 NE 26th Street, Ocala, FL 34470 or scan and email to info@aapsm.org