

## FACULTY

**Scott D. Gould, OTR, CHT, CKTP** is an experienced Hand Therapist who currently practices at the Indiana Hand to Shoulder Center (formerly the Indiana Hand Center) in Indianapolis, IN. Scott's areas of expertise include post-operative acute trauma, staged reconstruction, splinting and upper extremity rehabilitation. He is a mentor and clinical instructor for Occupational Therapists and students interested in pursuing the specialization of hand therapy. He continues to teach and has been an invited speaker on upper extremity rehabilitation at numerous local and national meetings.

## 2023 DATES & LOCATIONS

- June 10/11** **Seattle, WA (Lynnwood)**  
Northwest Return to Work
- Oct. 21/22** **Boston, MA (S. Weymouth)**  
South Shore Hospital
- Nov. 4/5** **Melbourne, FL**  
Melbourne Regional Medical Ctr

A list of area hotels will be sent with confirmation. Please utilize hotel brand websites for guaranteed best rates for specified dates.

## AUDIENCE

This is an ***introductory level*** workshop designed for **OTs, OTAs, PTs, PTAs and ATs**

## CANCELLATION POLICY

**POLICY:** Registration fee less a **\$75 administrative charge** is refundable if cancellation received **14 days prior to program date**. **No refunds will be given after that time.**

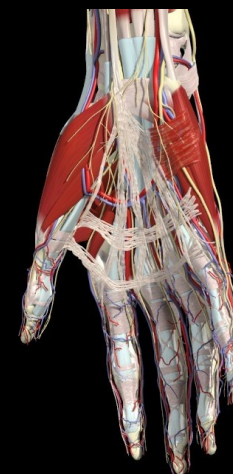
Therapy Network, Inc. reserves the right to cancel a seminar and will refund in full the registration fee only. TNS is **NOT** liable for registrants non-refundable airfare, accommodations or fees.

# INTRODUCTION TO HAND THERAPY

## EVALUATION & TREATMENT

### FACULTY

**SCOTT D. GOULD**  
*OTR, CHT, CKTP*



## THERAPY **NETWORK** SEMINARS

**www.TNSeminars.com**

## SEMINAR DESCRIPTION

This is a comprehensive, practical, and non-intimidating program designed for the clinician who is interested in pursuing hand therapy or is new to the field. This course takes an in-depth look at the management of common upper extremity diagnosis integrating anatomy and pathology with the evaluation and treatment process. Topics covered include exercise and activity progression, static and dynamic splinting, soft tissue assessment-treatment, flexor/extensor tendon injuries, RSI's, fractures, joint replacements, wound management, sensibility, physical agent modalities, taping and traumatic injuries.

## OBJECTIVES

Identify the proper procedures for an upper extremity evaluation including ROM, rapid grip, edema, and sensibility.

Identify signs and symptoms for a variety of diagnoses related to the upper extremity including RSIs, Dupuytren's and Traumatic Injuries.

Identify appropriate static and dynamic splints for the treatment of various upper extremity problems including splint wearing schedule, indications, and contra-indications.

Demonstrate Low Tech treatments based on diagnosis and treatment progression.

Demonstrate appropriate joint and soft tissue mobilizations of the Upper Extremity.

Demonstrate appropriate therapeutic taping for the Upper Extremity.

## EDUCATIONAL CREDIT

A certificate of attendance for **15 Contact Hours** will be awarded to each participant. All Therapy Network Seminars are pre-approved for CEUs in the state where the course is conducted when required for **PT, OT, AT and Assistants**.

Therapy Network, Inc. (BOC AP#: P2563) is approved by the Board of Certification, Inc. to provide continuing education to Certified Athletic Trainers. This program is eligible for a maximum of 15 Category A Category hours/CEUs. ATs should claim only those hours actually spent in the educational program.

Therapy Network Seminars is an AOTA Approved Provider of professional development (**Provider #3073**). This live/hands-on seminar is offered at 15 contact hours/1.5 CEUs. Introductory level, OT Service Delivery. The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA or indicate AOTA approval of a certification or other professional recognition.



## COURSE SCHEDULE

### SATURDAY

- 8:00 Registration, Continental Breakfast, and pre-course quiz
- 8:30 Upper Extremity Anatomy: bones, joints, ligaments, tendons, and nerves.
- 9:30 Wounds
- 10:00 BREAK
- 10:15 Upper Extremity Evaluation
- 11:00 Joint Replacements and Fusions of the Upper Extremity
- 11:30 **LAB:** Sensation Testing
- 12:00 LUNCH (On your own)
- 1:00 Fracture Management and Rehab
- 2:00 Repetitive Strain Injuries
- 2:30 BREAK
- 2:45 **LAB:** "No Sup for you" Tricks to increasing supination
- 3:15 Pediatrics and Hand Therapy
- 4:00 **LAB:** Joint and Soft Tissue Mobilization for the Upper Extremity
- 5:30 Questions and Adjourn

### SUNDAY

- 8:00 Flexor Tendon Injury and Rehab
- 9:00 Extensor Tendon Injury and Rehab
- 10:00 BREAK
- 10:15 Arthritis
- 10:45 Splinting: Indications, applications, and key components.
- 11:30 Traumatic Injuries and Complications
- 12:00 LUNCH (On your own)
- 1:00 Dupuytren's Disease
- 1:30 Low Tech vs High Tech treatment
- 2:00 **LAB:** Low Tech Treatments
- 2:30 PAMs: Physical Agent Modalities
- 3:00 BREAK
- 3:15 Tendon Transfers
- 4:00 **LAB:** Therapeutic Taping of the Upper Extremity
- 5:00 Questions and Adjourn

## REGISTRATION

### Hand Therapy

Please note the course location you are attending:  
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**Bring a Buddy Registration: \$445 p/p**

(No Deadline) Must be done simultaneously

**Early Registration: \$495**

Postmarked **30 days** prior to date of course

**Late Registration: \$545**

Postmarked within 30 days of course date

### 4 WAYS TO ENROLL

**BY MAIL**

Mail registration and payment to:

**Therapy Network, Inc.**

**168 Twisted Trail  
Waynesville, NC 28786**

**BY PHONE**

**1.828.452.0068**

**BY FAX**

**1.928.222.0578  
(Credit Cards Only)**

**ON-LINE**

**www.TNSeminars.com**

Name: \_\_\_\_\_

OT OTA PT PTA AT

Home Add: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_

Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_

**To Receive your Confirmation**  
Make check/money order payable to:  
**Therapy Network, Inc.**

**Charge my credit card: VISA MC AMEX DISC**

CC # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CV2 \_\_\_\_\_

Signature: \_\_\_\_\_

I agree to comply with the card holder agreement