FACULTY

Rarry Poole, OTR/L, CHT is a private practice hand therapist and consultant in Clemson, SC. Prior to moving to Clemson Mr. Poole owned and operated The Hand Rehabilitation Center in San Diego, CA which he founded in 1987. Mr. Poole brings with him 27+ years of experience in the treatment of orthopedic and upper extremity conditions. He is a Charter Member of the American Society of Hand Therapists and has lectured nationally on splinting and rehabilitation of the upper extremity for the past 17 years. He earned his degree in Occupational Therapy in 1981 from Florida International University and is a Certified Hand Therapist. Barry is an accomplished clinician, instructor and author in the field of upper extremity management and considered one of the best hand therapist in the United States.

PARTICIPANTS COMMENTS

"Lot's of hands-on! Good opportunity to practice & become comfortable with splinting." OTR

"Having never splinted before I can honestly say I am well prepared now -thanks to this course - PT

"I learned not just how to splint but the why and when to splint as well - in-valuable" - OTR

Absolutely terrific! Small class size and equipment and space for everyone; instructor was extremely patient & fun. I never felt intimidated once. -COTA

2022 LOCATIONS & DATES

March 19/20	Las Vegas, NV (Henderson) Encompass Health Henderson FULL
April 23/24	Seattle (Lynnwood) FULL Northwest Return to Work
May 21/22	Richmond, VA FULL Chippenham Medical Center
June 25/26	Boston, MA (Hopkinton) FULL Physical Therapy Innovations

Sept. 24/25 Atlanta, GA (Decatur)
Emory Decatur Hospital

Nov. 5/6 Louisville, KY
Norton Healthcare

Dec. 10/11 New York, NY (Garden City)
Metro Physical Therapy

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

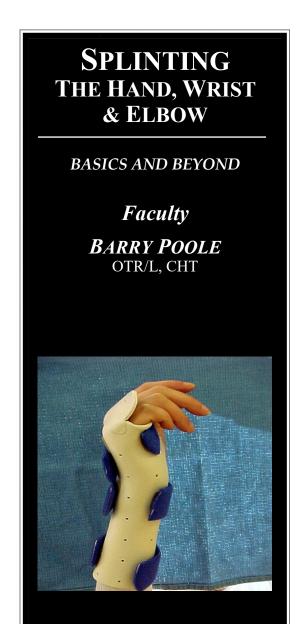
AUDIENCE

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

NOTE: Nothing in this course is to enable or permit the learner to apply techniques outside of the scope of practice in their individual state and discipline.

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 responsible for registrants non-refundable airfare, accommodations or fees.



THERAPY **NETWORK** SEMINARS

www.TNSeminars.com

OBJECTIVES

- *Identify the characteristics, components and "feel" of splinting materials
- *Demonstrate and Identify the preparation and tools needed for successful splinting.
- *Successfully complete the fabrication of finger, hand, wrist and forearm based splints
- *Identify the biomechanical and anatomical features of splint design.
- *Identify the indications and contraindications for splinting the upper extremity involving contractures, arthritis and CTDs
- *Identify the clinical guidelines for splinting including patient evaluation, education and safety

DESCRIPTION

The art of custom splinting is an often frustrating and challenging skill to master. Invariably we find our best efforts in a pile of very expensive and awkward to handle mass of materials leaving both our patients and ourselves baffled by the outcome.

Taking control of the materials through understanding their properties, characteristics and "feel", along with a strong foundation of upper extremity biomechanics and surface anatomy can quickly turn the tables in your favor.

Holding true to the title, this introductory course creates a remarkable formula for mastering splint fabrication in an introductory environment that incorporates ample opportunity to both observe and fabricate custom splinting, all the while, sharing the dos and don'ts that can only come from 20 years of trial and error. A fun, relaxed and non-intimidating workshop developed to replace frustrated and baffled with enlightened and confident.

Diagnosis and conditions covered in this workshop include fractures, arthritis, contractures, CTDs and wounds. Emphasis is placed on replicating the actual patient environment. Course handouts and labs are designed to allow immediate clinical application of splinting techniques.

SCHEDULE

Registration -Continental Breakfast
Anatomy
Splint Types
Break
Splint Materials
Finger Based Splints
Lab-finger gutter
Lunch (on your own)
Biomechanics
Splint Fabrication
Lab-swan neck
Break
Clinical Guidelines
Hand Based Splints
Lab-ulnar nerve palsy
Questions and Adjourn
Day Two
Lab-short opponens
Lab-trigger finger
Break
Forearm Based Splints
Lab-wrist support
Lunch (on your own)
Lab-thumb spica
Lab-resting hand
Break
Mobilization Splints
Elbow Splints
Questions and Adjourn

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.

AOTA Approved Provider of Continuing Education # 3073 The assignment of AOTA CEUs does not imply endorsements of specific course content, products, or clinical procedures by AOTA





REGISTRATION

SPLINTING

Please note the course location you are attending: $\overset{\downarrow}{\downarrow}$

(No Deadlin Early Regi Postmarked Late Regis	ddy Registration: \$545 p/p ie) Must be done simultaneously stration: \$595 i 30 days prior to date of course tration: \$645 d within 30 days of course date	
4 WA	YS TO ENROLL	
BY MAIL	ail registration and payment to: Therapy Network, Inc. 217 Paragon Pkwy, #201 Clyde, NC 28721	
BY PHONE	1.828.452.0068	
BY FAX	SECURE DIGITAL 928.222.0578 (Credit Cards Only)	
ON-LINE	www.TNSeminars.com	
Name:		
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Home Add:		
City:	State:	
Zip		
Cell Ph:		
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