FACULTY

Barry 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

LOCATIONS & DATES

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.

SPLINTING
THE HAND, WRIST & ELBOW

BASICS AND BEYOND

Faculty

BARRY POOLE
OTR/L, CHT



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

8:00	Registration -Continental Breakfast
8:30	Anatomy
9:15	Splint Types
10:00	Break
10:15	Splint Materials
10:45	Finger Based Splints
11:00	Lab-finger gutter
12:00	Lunch (on your own)
1:00	Biomechanics
1:30	Splint Fabrication
2:00	Lab-swan neck
3:00	Break
3:15	Clinical Guidelines
4:00	Hand Based Splints
4:30	Lab-ulnar nerve palsy
5:30	Questions and Adjourn
	Day Two
8:00	Lab-short opponens
9:00	Lab-trigger finger
10:00	Break
10:15	Forearm Based Splints
10:45	Lab-wrist support
12:00	Lunch (on your own)
1:00	Lab-thumb spica
2:00	Lab-resting hand
3:00	Break
3:15	Mobilization Splints
4:15	Elbow Splints
5:00	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.

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.

REGISTRATION

SPLINTING

Please note the course location you are attending:

***** _____

Bring a Buddy Registration: $645 p/p
(No Deadline) Must be done simultaneously

Early Registration: $695
Postmarked **30 days** prior to date of course

Late Registration: $745
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 **SECURE DIGITAL**
928.222.0578
(Credit Cards Only)

ON-LINE **www.TNSeminars.com**

Name: _____

OT PT OTA 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