



NORTH CAROLINA MEDICAL SOCIETY
PRESENTS THE

39TH Annual
SPORTS MEDICINE SYMPOSIUM



July 24-26, 2009
Holiday Inn Sunspree Resort
Wrightsville Beach, NC

Presented by the NCMS Sports Medicine Committee

Sponsored by the North Carolina Medical Society



39TH ANNUAL SPORTS MEDICINE SYMPOSIUM Overview

YOU ARE INVITED

...to attend the 39th Annual Sports Medicine Symposium presented by the Sports Medicine Committee of the North Carolina Medical Society. The Symposium is scheduled for July 24-26, 2009 at the Holiday Inn Sunspree Resort at Wrightsville Beach, North Carolina.

ACTIVITY DESCRIPTION

The Sports Medicine Symposium is intended to provide a review and update on various athletic problems encountered by physicians, athletic trainers, therapists and others who are involved in the prevention, diagnosis, non-operative treatment and management of injuries and other concerns related to physical activity and sports.

OBJECTIVES

At the conclusion of this educational activity, participants should be able to:

- Assess the latest information on the use of supplements and how to effectively use them in treating athletes
- Evaluate and examine athletes with head injuries and be able to make a determination on who is able to continue to play or needs to be examined further
- Evaluate and make a preliminary diagnosis on athletes with elbow injuries, hip joint injuries, ankle problems and foot problems
- Interpret the capabilities of MRI evaluation
- Improve competency in examining a knee, shoulder and foot for common symptoms found in the athletic population

ACCREDITATION

This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education through sponsorship of the North Carolina Medical Society. The NCMS is accredited by the ACCME to provide continuing medical education for physicians.

CME CREDIT/CEU

The North Carolina Medical Society designates this educational activity for a maximum of **8.0 AMA PRA Category 1 Credit(s)**[™]. Physicians should claim credit commensurate with the extent of their participation in the activity.

The North Carolina Medical Society designates this educational activity for a maximum of 8 CEUs (8 contact hours).

AAFP CREDIT

This activity has been reviewed and is acceptable for up to 7.5 Prescribed credits and .5 Elective credits by the American Academy of Family Physicians (AAFP).

BOC APPROVED PROVIDER STATEMENT

The North Carolina Medical Society is recognized by the Board of Certification, Inc. to offer continuing education (CE) for Certified Athletic Trainers (ATs). This program has been approved for a maximum of 8.0 hours of Category A CE. ATs are responsible for claiming only those hours actually spent participating in the CE activity.

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Overview



DISCLOSURE

The North Carolina Medical Society adheres to ACCME Essential Areas and policies regarding industry support of continuing medical education. Commercial support for the program and faculty relationships within the industry will be disclosed at the activity. Speakers will also disclose when off-label or experimental use of drugs or devices is incorporated in their presentations.

AMERICANS WITH DISABILITIES ACT

The North Carolina Medical Society is fully committed to the principle of equal educational opportunities for all individuals and does not discriminate on the basis of any characteristics protected by federal or state law. If you require any of the auxiliary aids or services identified in the Americans with Disabilities Act in order to participate in this conference, please call Nancy Lowe at the NCMS at (919) 833-3836 no later than ten business days before the date of the activity.

ACCOMMODATIONS

To secure your hotel accommodations, please complete the attached Room Reservation Form and return it along with your deposit for the first night's rate plus taxes to the Holiday Inn Sunspree Resort. The rates are: Oceanfront, Single/Double \$239 plus 13% tax, or Standard, Single/Double \$219 plus 13% tax. Each additional person is \$10 per person per night. The Holiday Inn Sunspree Resort has set aside a block of rooms for the Symposium; however, these rooms will not be held beyond **June 22nd**, so you are urged to make your reservation promptly.

ATTIRE

Dress for the meeting and Friday reception is business casual.

REGISTRATION

The early-bird registration fee for the Sports Medicine Symposium is **\$175 for NCMS member physicians, \$250 for non-member physicians, \$50 for residents, FREE for medical students, and \$100 for athletic trainers and other allied health professionals.** Friday evening's Welcome Reception and Saturday and Sunday mornings' breakfasts and breaks are included in the registration fee. Please complete the attached Meeting Registration Form and return it to the NC Medical Society with your check or credit card information as indicated. **Early-bird rates end June 15.**

REGISTRATION CANCELLATION/QUESTIONS

Please note that refunds of registration fees will not be made after **Friday, July 10, 2009.** Refunds, less \$25, will be made for cancellations received prior to that date. If you have questions, call Nancy Lowe or Roni Baker at the NC Medical Society, (919) 833-3836 or (800) 722-1350, or via e-mail at nlowe@ncmedsoc.org.



39TH ANNUAL SPORTS MEDICINE SYMPOSIUM Schedule/Program

FRIDAY, JULY 24, 2009

- 3:00pm-5:00pm NC Medical Society Sports Medicine Committee Meeting
- 4:00pm-6:00pm Registration
- 6:00pm-7:00pm Welcome Reception (Advance registration required.)
Families are welcome!

SATURDAY, JULY 25, 2009

- 7:00am-12:30pm Registration
- 7:00am-8:00am Continental Breakfast / Visit Exhibits
- 8:00am-12:30pm Symposium

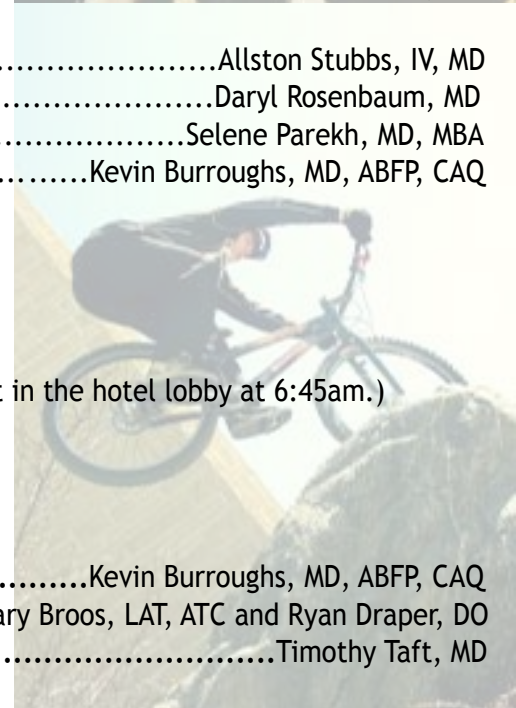
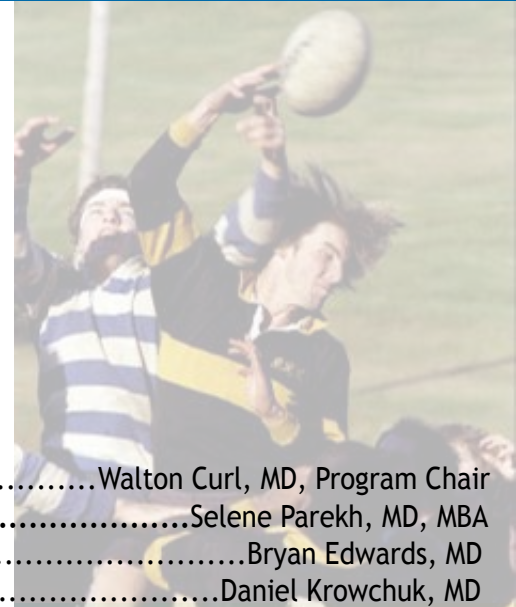
8:00am	Welcome & Announcements	Walton Curl, MD, Program Chair
8:10am	Foot Problems in the Athlete.....	Selene Parekh, MD, MBA
8:40am	Elbow Injuries in the Throwing Athlete.....	Bryan Edwards, MD
9:10am	Skin Problems in Athletes - What's Your Diagnosis?.....	Daniel Krowchuk, MD
9:40am	Break / Visit Exhibits	
10:00am	Hip Problems in Athletes.....	Allston Stubbs, IV, MD
10:30am	The Female Triad.....	Daryl Rosenbaum, MD
11:00am	Ankle Problems in the Athlete.....	Selene Parekh, MD, MBA
11:30am	Panel - Pardon the Sports Medicine Interruption	Kevin Burroughs, MD, ABFP, CAQ
12:30pm	Adjourn	

Free afternoon and evening

SUNDAY, JULY 26, 2009

- 7:00am Beach Run (Advance registration required. Runners should meet in the hotel lobby at 6:45am.)
- 7:00am-10:00am Registration
- 7:00am-8:00am Continental Breakfast / Visit Exhibits
- 8:00am-12:30pm Symposium

8:00am	Musculoskeletal Imaging.....	Kevin Burroughs, MD, ABFP, CAQ
8:30am	Organizing the Sports Medicine Team.....	Mary Broos, LAT, ATC and Ryan Draper, DO
9:00am	On the Field Management of Suspected Spine Injuries.....	Timothy Taft, MD
9:30am	Break / Visit Exhibits	
10:00am	Lessons Learned.....	Kevin Burroughs, MD, ABFP, CAQ
10:30am	Head Injuries.....	Oana Panea, MD
11:00am	Supplements.....	Dominic McKinley, MD, CAQ
11:30am	Workshops (30 minute rotations) - Choice of two: Organizing the Sports Medicine Team (Mary Broos, LAT, ATC and Ryan Draper, DO) Spine (Timothy Taft, MD) Foot & Ankle (Walton Curl, MD)	
12:30pm	Activity Adjourns	




MEETING REGISTRATION FORM
39TH ANNUAL SPORTS MEDICINE SYMPOSIUM
 JULY 24-26, 2009 • HOLIDAY INN SUNSPREE RESORT AT WRIGHTSVILLE BEACH, NC

1. PERSONAL INFORMATION (PLEASE PRINT)

Complete registration form (one per person) and return by fax or mail with payment due.

NAME: _____ DEGREE(S): _____ SPECIALTY: _____
 PRACTICE NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE: () _____ FAX: () _____
 LAST 4 DIGITS OF SS#: _____ E-MAIL: _____
 PREFERRED FIRST NAME FOR BADGE: _____ SPOUSE/GUEST ATTENDING: _____
 EMERGENCY CONTACT NAME AND PHONE: _____

 SPECIAL NEEDS: _____ DIETARY RESTRICTIONS: _____

2. REGISTRATION FEES
 (To qualify for member rate, 2009 dues must be current.)

PRIOR TO 6/15 AFTER 6/15

- NCMS Member Physician.....\$175..... \$200
- Non-Member Physician..... \$250 \$275
- Resident Physician.....\$50..... \$50
- Medical StudentFREE.....FREE
- Allied Health Professional \$100..... \$125
- Athletic Trainer\$100..... \$125

Registration Fee Total.....\$ _____

3. SOCIAL/RECREATION ACTIVITIES (Preregistration required.)

Indicate # attending:

Friday Evening Reception _____ adult(s) / _____ child(ren)

Sunday Morning Beach Run _____

4. TOTAL FEES (Total of section 2) (No refunds after July 10, 2009.)

Enclosed is check # _____ for \$ _____ payable to NCMS. Charge \$ _____ to my _____ VISA or _____ MasterCard


ACCT NO.: _____ 3-DIGIT CODE FROM BACK OF CARD: _____ EXP. DATE _____

SIGNATURE: _____
 Make checks payable and return to North Carolina Medical Society, P.O. Box 27167, Raleigh, NC 27611 / FAX 919-833-2023



ROOM RESERVATION FORM
39TH ANNUAL SPORTS MEDICINE SYMPOSIUM
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1. PERSONAL INFORMATION (PLEASE PRINT)

NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE: () _____ FAX: () _____
 SPECIAL NEEDS: _____

2. ARRIVAL

DATE: _____ TIME: _____ AM _____ PM _____

3. DEPARTURE

DATE: _____

4. HOTEL ACCOMMODATIONS (based on availability) Group Code: SMD CHECK-IN TIME: 4:00PM CHECK-OUT TIME: 11:00AM

_____ Oceanfront, Single/Double	\$ 239 + 13% per night	TOTAL NUMBER OF PEOPLE IN ROOM: _____
_____ Standard, Single/Double	\$ 219 + 13% per night	PERSON(S) SHARING ROOM: _____
_____ Each additional person is \$10 per person, per night		SMOKING OR NON-SMOKING ROOM: _____

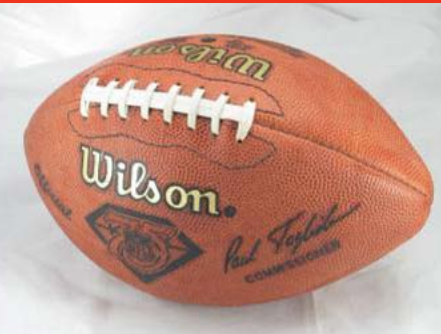
5. ROOM GUARANTEE: Reservation must be guaranteed by deposit with a check of one night's room rate or by accepted credit card (MasterCard, VISA, American Express and Discover). Deposit is refundable if reservation is cancelled at least **72** hours prior to arrival. Guaranteed reservations are held for arrival night only regardless of length of stay. Cancellation Policy will not apply to attendees who must cancel their reservation due to medical emergency circumstances or to medical practice responsibilities.

Deposit Check Enclosed
 Apply to Credit Card

CARD TYPE: _____ ACCT. NO.: _____
 EXP. DATE: _____ SIGNATURE: _____



North Carolina Medical Society
P.O. Box 27167
Raleigh, NC 27611
Return Service Requested



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