

REGISTRATION

Mail or Fax completed form to:

MSKUS
1035 E. Vista Way #128
Vista, CA 92084
760.940.8900 Office
760-630-5629 Fax
TClark@mskus.com

HOTEL RESERVATIONS:

Days Inn Inner Harbor
410-576-1000

Group Name:
Dr. Thomas Clark

Rates:
\$139.00/nite

QUESTIONS LARGE OR SMALL:

MSKUS
760.940.8900 Office

Dr. T. Clark
760.583.4138 Cell

Acute & Chronic Pain Cadaver Course

March 20-21, 2010
Baltimore, MD

Faculty:

Thomas Clark, DC, RVT
Musculoskeletal Sonoanatomist

Thomas M. Howard, MD
Fairfax Family Practice

Albert Kozar, DO
Sports & Neuromusculoskeletal Medicine

Course held at
University of Maryland
Cadavers provided by State
Anatomy Board (DHMS)

Emphasis on "Hands-On"
SonoAnatomy relating to
peripheral and paravertebral
nerve and MSK needle guidance

Sean Mulvaney, MD

Sports Medicine Physician, Kimbrough Clinic

Paul Tortland, DO

Valley Sports Physicians & Orthopedic Medicine

Nathan Wei, MD

The Arthritis & Osteoporosis Center of Maryland

W. Ben Zolper, MD

Northeast Pain Management

MSKUS CADAVER COURSE PROGRAM SCHEDULE

Track A. Pain (stations 1 & 2)

Track B. MSK (stations 3, 4, & 5)

SATURDAY, March 20, 2010

6:30 am	SPONSORED BREAKFAST AT HOTEL
8:00 am	A. Brachial Plexus & Stellate Ganglion B. A-C Joint & Subdeltoid Bursa
10:00 am	A. Greater Occipital & Suprascapular B. G-H Joint & Rotator Cuff
12:00 Noon	SPONSORED LUNCH
1:00 pm	A. Radial, Median & Ulnar Nerve B. Lateral & Medial Epicondyle
3:00 pm	A. Paravertbral, Costotransverse, Lumbar Facet and Caudal Block B. Carpal Tunnel & de Quervains
6:30 pm	SPONSORED DINNER

SUNDAY, March 21, 2010

6:30 am	SPONSORED BREAKFAST AT HOTEL
8:00 am	A. Sciatic, Piriformis & Sacroiliac B. Hip Joint & Trochanter Bursa
10:00 am	A. Femoral, Obturator & Lateral Femoral Cutaneous B. Knee Joint & Patellar Tendon
12:00 Noon	A. Saphenous, Popliteal & Peroneal B. Ankle Joint, Achilles & Plantar Fascia
2:00 pm	Conclusion of Course

Track Rotation not mandatory and
not monitored

**On-Line
Registration
Now Available**

REGISTRATION AND PAYMENT

1st Attendee

Title

Company

Address

City, State, Zip

Phone

Email

- check/Money Order
- Visa
- Mastercard
- Paypal (visit www.mskus.com)

**Cadaver
Course**
Cost: \$1995

Card Number _____ exp. date _____

Name as it appears on card _____

Authorized Signature _____

12 AMA
CAT 1
CREDITS

mskus
musculoskeletal ultrasound

