



Pre-Conference Workshops

Monday, April 24, 2023

BASIC Diagnostic Musculoskeletal Ultrasound for the Wrist & Hand

5:00 p.m.-9:30 p.m. PT
Workshop Lead by: Albert Kozar, DO, FAOASM, R-MSK

Course Description: The Basic Diagnostic Musculoskeletal Ultrasound for the WRIST & HAND is designed for those who would like to gain more experience with diagnostic ultrasound scanning and have a practical hands-on experience with highly experienced faculty. This course will review the commonly recommended AMSSM/AIUM Guides for the completion of a complete and focused diagnostic ultrasound exam of the hand. This course will focus on the normal anatomy and how to scan it. The emphasis will be on scanning technique and probe position. Approaches to wrist and hand joint and ligament injections will be discussed.

Workshop Fee: \$395.00 (member*)
*(*This workshop is available at a separate fee from the Conference registration fee. For non-member, associate, retired, student, resident, or fellow pricing, please reference the registration form.)*

Your Workshop registration fee includes:

- Refreshment breaks
- Workshop materials
- Up to 4.00 AOA Category 1-A CME credits

Tuesday, April 25, 2023

Fascial Distortion Model Workshop

8:00 a.m.-12:00 noon & 1:30 p.m.-5:30 p.m. PT
Workshop Lead by: Todd Capistrant, DO

Course Description: In this introduction to the Fascial Distortion Model (FDM) learn how adding the principles of FDM to your thought process can improve an athlete's recovery and performance. We will explain why providers across the country call the FDM "The most powerful sideline tool I have!" By learning to think in the model and by applying simple manual therapy techniques that blend seamlessly with your osteopathic tool box, you will learn how to expand your differential diagnosis and quickly return athletes to participation. The principles of FDM are rapidly becoming a mainstay for athletes and teams. Attending this course will introduce you to the visual cues and verbal descriptions that drive the FDM. This is an opportunity for anyone, including those with little manual therapy experience, to bring hands-on techniques to their practice by practicing on your fellow attendees. We will discuss the basic principles of FDM while learning to address ankle, foot, and shoulder injuries.

Participants will leave this one-day introduction with a powerful tool that can address injuries to the fascial matrix, taking our diagnosis beyond inflammation. Be ready to put these techniques into practice the next day in the clinic or on the sideline.

Workshop Fee: \$495.00 (member*)
*(*This workshop is available at a separate fee from the Conference registration fee. For non-member, associate, retired, student, resident, or fellow pricing, please reference the registration form.)*

Your Workshop Registration Fee includes:

- Continental breakfast
- Refreshment breaks
- Workshop materials
- Up to 8.00 AOA Category 1-A CME credits

Tuesday, April 25, 2023

INTERMEDIATE/ADVANCED Diagnostic Musculoskeletal Ultrasound: An Exploration of the Forearm, Wrist and Hand

8:00 a.m.-12:30 p.m. & 1:30 p.m.-6:30 p.m.
Workshop Lead by: Albert Kozar, DO, FAOASM, R-MSK

Course Description: The Intermediate/Advanced Diagnostic Musculoskeletal Ultrasound Course on imaging of the forearm, wrist, and hand is designed to take the next step for those who have the basic, standard, examination of the wrist and hand down, but would like to take their game to the next level. In the first half of the day, we will focus on detailed cross sectional and origin-insertion anatomy of the forearm muscles for more accurate diagnosis of elbow and wrist pathologies. It will then delve into the intricacies of ligament stability of the elbow, wrist and hand. In the second half of the day, we will learn the detailed anatomy of the hand, fingers, and thumb. Our highly experienced faculty will focus on the normal anatomy and how to scan these topics, but with more detail, while also presenting some pathology examples with therapeutic ultrasound guidance where appropriate. The emphasis will continue to be on scanning technique, probe position and dynamic evaluation.

Workshop Fee: \$795.00 (member*)
*(*This workshop is available at a separate fee from the Conference registration fee. For non-member, associate, retired, student, resident, or fellow pricing, please reference the registration form.)*

Your Workshop registration fee includes:

- Continental breakfast
- Refreshment breaks
- Workshop materials
- Up to 9.00 AOA Category 1-A CME credits



Pre-Conference Workshops (Continued)

Tuesday, April 25, 2023

AOASM Sports Medicine Board Review Course

7:30 a.m.-5:30 p.m. PT

Course Co-Directors:

Jason Smith, DO, FAOASM

Mark Rogers, DO, FAOASM

Course Description: The AOASM Sports Medicine Board Review Course for Initial Certification and Recertification will provide the sports medicine physician with an overview of the important aspects of sports medicine. Educators in each field will give in-depth, engaging, fast paced, and high-yield lectures on board-relevant subjects in sports medicine. Each lecture will be followed by a question and answer session. Although this course is designed specifically to prepare the sports medicine specialist for the CAQ Sports Medicine Board Exam, it will also provide the practicing physician with an update on the latest knowledge and advances in sports medicine. The course will conclude with a take-home written exam with relevant questions and answers that can be used for board preparation.

Course Topics Include:

- Upper and Lower Extremity Sports Injuries
- Neurovascular Sports Injuries, Fractures, Dislocations, Bracing, and Casting
- Sports Nephrology, Cardiology, Pulmonology, Hematology, and Rheumatology
- Exercise Physiology, Biomechanics, and Musculoskeletal Rehabilitation
- Sports Eye, Ears, Nose, and Throat
- Pediatric Sports Injuries, Concussion and TBI
- Sports Infectious Disease and Dermatology
- Sports Psychology, Nutrition, Pharmacology, and Doping
- Role of the Team Physician, Legalities, and the PPE
- The Master, Female, Adaptive, and Pregnant Athlete

Workshop Fee: \$849.00 (member*)

(*This workshop is available at a separate fee from the Conference registration fee. For non-member, associate, retired, student, resident, or fellow pricing, please reference the registration form.)

Your Workshop registration fee includes:

- Refreshment breaks
- Workshop materials
- Up to 9.0 AOA Category 1-A CME credits

Pre-Conference Workshop On-Site Registration Open Hours:

Monday, April 24
4:00 p.m.-5:30 p.m.

Tuesday, April 25
7:00 a.m.-8:30 a.m. PT

American Osteopathic Academy of Sports Medicine - REGISTRATION FORM

38th Annual Clinical Conference • April 26-29, 2023 • Disneyland® Hotel • Anaheim, California

Please complete this registration form. Type or print legibly. One form must be filled out for each registrant and payment must accompany the registration form. Registration by telephone will not be accepted. Register by **February 28, 2023**, to take advantage of Early Registration discounts!. (Please keep a copy of this form for your records.)

Registration Information

First Name: _____

Last Name: _____

Credential(s): _____

Place of Employment: _____

Mailing Address: _____

City: _____

State/Province: _____ Zip: _____

Country: _____

Is this address: Business? Home?

Daytime Phone: _____

Email Address: _____

(Your registration confirmation will be sent via email to this address.)

Badge Information

This is how your badge will read. Please print clearly and complete only those lines that are different from the "Registration Information" above.

First Name or Nickname: _____

Full Name: _____

Place of Employment: _____

City: _____

State: _____

General Information

Please check here and list any special dietary restrictions (i.e. vegetarian, gluten free): _____

Please check if you need special assistance and an AOASM staff member will contact you shortly via email.

Check here if you wish to OPT IN to the attendee directory for the 2023 exhibitors.

Check here and list the name of the institution if you are a program director or co-director: _____

Please provide the following information in case of emergency:

Emergency Contact Name: _____

Daytime Phone: (_____) _____

Evening Phone: (_____) _____

Email: _____

AOASM Photo Release

I acknowledge that AOASM may take photos/videos at the Clinical Conference for future marketing purposes in print or electronically.

No, I do not give consent for my image to be used.

Registration

	On or Before 2/28/23	After 2/28/23
Member: Physician:	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600
Member: Associate:	<input type="checkbox"/> \$260	<input type="checkbox"/> \$360
Member: Fellow*:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Member: Resident/Intern:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Member: Student:	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
Member: Retired:	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400
Non-Member: Physician:	<input type="checkbox"/> \$660	<input type="checkbox"/> \$800
Non-Member: Associate:	<input type="checkbox"/> \$410	<input type="checkbox"/> \$540
Non-Member: Fellow*:	<input type="checkbox"/> \$260	<input type="checkbox"/> \$340
Non-Member: Resident/Intern:	<input type="checkbox"/> \$260	<input type="checkbox"/> \$340
Non-Member: Student:	<input type="checkbox"/> \$200	<input type="checkbox"/> \$260
Non-Member: Retired:	<input type="checkbox"/> \$400	<input type="checkbox"/> \$520

*A Fellow is a physician currently participating in a sports medicine fellowship.

One-Day Conference Registration Fee

	On or Before 2/28/23	After 2/28/23
Physician/Associate Professionals	<input type="checkbox"/> \$300	<input type="checkbox"/> \$325
Student/Resident/Fellow	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100

Which Day? Wednesday Thursday Friday Saturday

Pre-Conference Workshop Registration*

The Pre-Conference Workshops are available at a separate fee. Register on or before 2/28/2023 to receive the discounted registration fee. (*Space is limited; registration is on a first-come, first-served basis.)

Basic MSK US Workshop	On or Before 2/28/23	After 2/28/23
Member: Physician:	<input type="checkbox"/> \$395	<input type="checkbox"/> \$495
Non-Member: Physician:	<input type="checkbox"/> \$595	<input type="checkbox"/> \$695
Student/Resident/Fellow:	<input type="checkbox"/> \$95	<input type="checkbox"/> \$195

Fascial Distortion Model Workshop	On or Before 2/28/23	After 2/28/23
Member: Physician:	<input type="checkbox"/> \$495	<input type="checkbox"/> \$595
Non-Member: Physician:	<input type="checkbox"/> \$595	<input type="checkbox"/> \$695
Student/Resident/Fellow:	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395

Intermediate/Advanced MSK US Workshop	On or Before 2/28/23	After 2/28/23
Member: Physician:	<input type="checkbox"/> \$795	<input type="checkbox"/> \$895
Non-Member: Physician:	<input type="checkbox"/> \$895	<input type="checkbox"/> \$995
Student/Resident/Fellow:	<input type="checkbox"/> \$195	<input type="checkbox"/> \$295

Sports Medicine Board Review Course (Certification and Recertification)	On or Before 2/28/23	After 2/28/23
Member: Physician:	<input type="checkbox"/> \$849	<input type="checkbox"/> \$995
Non-Member: Physician:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,150
Student/Resident/Fellow:	<input type="checkbox"/> \$649	<input type="checkbox"/> \$795

Continuing Education Credits

Register for continuing education credits by checking ALL applicable boxes below:

Yes, I would like to receive Continuing Medical Education (CME) credit hours and/or Board of Certification (BOC) credit hours for the **Pre-Conference Workshop(s)**.

AOA Number: _____

BOC Number: _____

Yes, I would like to receive Continuing Medical Education (CME) credit hours and/or Board of Certification (BOC) credit hours for the **Annual Clinical Conference**.

AOA Number: _____

BOC Number: _____

Please Note:

- You will receive a link to the credit reporting form electronically during the AOASM Conference. Attendees will be responsible for completing and submitting the form according to directions on the form.
- CME and BOC credits are NOT included in the cost of student/resident/fellow registration fees. Please contact the registrar if you'd like to add credits.

Support-a-Student

Contribution to Support-a-Student Registration Scholarship (optional)

\$100 each student X _____ # of student(s) = _____

Optional Events

Student/Resident/Fellow Luncheon (no charge)*

Thursday, April 27, 2023 – 12:00 noon to 1:00 p.m. PST

*Please sign up for this event only if you are a student/resident/fellow.

Pre-registration is required to attend this event.

Award of Fellow Red Carpet Event

Friday, April 28, 2023 – 6:00 p.m. to 9:00 p.m.

Physician/Associate/Retired/Guest:

Number of tickets: _____ X \$45 each = _____

Student/Resident/Fellow:

Number of tickets: _____ X \$30 each = _____

Fees

Pre-Conference Workshop Registration Fee \$ _____

Annual Clinical Conference Registration Fee \$ _____

Support-a-Student Registration Scholarship (optional) \$ _____

Red Carpet Event \$ _____

Total Enclosed: \$ _____

Payment

Check a payment method and enclose your payment for registration fees, as well as any optional events in which you wish to participate.

Check (made payable in US funds, drawn on a US bank to AOASM)

Mastercard Visa American Express

Card Number: _____

Exp. Date: _____ CVV: _____

Signature: _____

Print Name: _____

Mail or fax this two-page registration form and fees to:

AOASM
2424 American Lane
Madison, WI 53704

Phone: +1-608-443-2477

Fax: +1-608-333-0310

Email: info@aoasm.org

Website: <http://www.aoasm.org>

Cancellation Policy

Any Clinical Conference registration cancellation must be made in writing directly to AOASM. If received on or before **February 28, 2023**, AOASM will apply a \$50 USD administrative fee and refund the remainder of your registration fee after the meeting. After February 28, 2023, no refunds will be given. Walk-ins and replacements are always welcome.



AMERICAN
OSTEOPATHIC
ACADEMY OF
SPORTS MEDICINE



Membership Application - January 1 through December 31

Full Name: _____ Suffix: _____ Birth Date (optional): _____ Gender (optional): _____

Institution: _____

Street Address or PO Box #: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____ Mailing Address: Work Home

Email: _____ AOA #: _____ BOC #: _____

Membership Directory (required):

- Yes, please include my information in the online directory.
 No, I waive my directory listing benefit.

I am a team physician for the following sports teams: (check all that apply)

- Youth Sports Special Olympics
 High School USA Team
 College Olympic Coverage
 Professional

Please list the teams you cover: _____

What percentage of your practice is related to sports medicine?:

- 1%-25% 26%-50% 51%-75% 75%-100%

Do you practice in a sports medicine clinic?: Part Time Full Time

Years of Practice in Sports Medicine: _____

Name of Medical School: _____

Date of Graduation: _____

Residency Completed At: _____

Date of Completion: _____

Primary Board Certification: _____

- DO MD

Sports Medicine Fellowship Site: _____

Date of Completion: _____

I did not complete a sports medicine fellowship

Do You Have a CAQ in Sports Medicine?:

- Yes No

All membership categories receive an online subscription to the journal.

Membership Categories:

Physician \$320

Early Career \$220

This rate is available to members within one year of their fellowship graduation date.

International \$200

Qualified members must reside and practice outside of the United States.

Associate Member \$295

PhD, PA, ATC, PT

Fellow \$200

Currently participating in a Sports Medicine Fellowship.

Resident/Intern \$200

Provide proof of residency/internship.

Lifetime \$100

Qualified members must be pre-approved by the Board.

Student

Please check years left until graduation.

- 1 year (\$0) 2 years (\$0) 3 years (\$0) 4 years (\$0)

I would like to add a print subscription of the journal for \$50/year.

Payment Total:

- Check payable to AOASM, US funds only, drawn on a US bank
 Visa/MasterCard/American Express

Name of Cardholder: _____

Card Number: _____

Expiration Date: _____ CVV: _____

Signature of Cardholder: _____

Please send completed form, payment, & proof of residency/internship or student status (if applicable) to:

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