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TOLEDO, OHIO  
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ProMedica Health System  
Continuing Medical Education Department  
2142 N. Cove Blvd., HMT 720  
Toledo, OH 43606

**THE ATHLETIC KNEE:  
Advanced Evaluation, Decision Making and  
Treatment for the Primary Care Physician**

Sat., Jan. 27, 2007  
7:30 Registration  
7:55 a.m. - 1:30 p.m. Conference

The Toledo Hospital Education Center Auditorium  
Toledo, Ohio



ProMedica Health System  
Sports Care and  
Continuing Medical Education Department  
*Present*

**THE ATHLETIC KNEE:  
ADVANCED EVALUATION, DECISION MAKING AND  
TREATMENT FOR THE PRIMARY CARE PHYSICIAN**



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The Toledo Hospital Education Center Auditorium  
2113 Hughes Drive  
Toledo, OH 43606

**OVERVIEW**

This conference will provide information on advanced evaluation, decision making and treatment of patients with sports-related knee injuries. The information will include anatomy, biomechanics, advanced examination, and the latest in therapeutic and surgical interventions for the athletic knee.

**AUDIENCE**

This activity is designed for primary care physicians. It may be of educational value to physical therapists, athletic trainers and nurses seeing patients with knee injuries requiring evaluation and treatment.

**LOCATION**

The Toledo Hospital Education Center Auditorium is located on the campus of The Toledo Hospital at 2113 Hughes Drive. Free parking is available in the parking structure located in front of the Education Center. A map will be sent with registration confirmation.

**FACULTY**

**Cathy Cantor, MD**

Sports Care Physician  
Sports Care  
ProMedica Health System  
Toledo, Ohio

**Stephen Saddemi, MD**

Orthopaedic Surgeon  
Toledo Orthopaedic Surgeons  
The Toledo Hospital  
Toledo, Ohio

**Paul Fenton, MD**

Orthopaedic Surgeon  
Toledo Orthopaedic Surgeons  
The Toledo Hospital  
Toledo, Ohio

**Brendan Smith, PT, ATC**

Physical Therapist, Athletic Trainer  
Sports Care Rehabilitation  
ProMedica Health System  
Toledo, Ohio

**Roger Kruse, MD**

Program Director  
The Toledo Hospital Primary Care  
Sports Medicine Residency  
Medical Director  
Sports Care  
ProMedica Health System  
Toledo, Ohio

**Art Squires, PT**

Physical Therapist  
Sports Care Rehabilitation  
ProMedica Health System  
Toledo, Ohio

## OBJECTIVES

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

- Discuss knee anatomy and identify how knee anatomy relates to knee mechanics.
- Recognize how knee anatomy and mechanics affect specific injuries and pathologies.
- Recognize and discuss historical information that will aid in accurate diagnosis of athletic knee injuries.
- Describe rationale for using advanced evaluation techniques for sports-related knee injuries.
- Employ advanced knee evaluation techniques to aid in diagnosing sports-related knee injuries.
- Utilize examination variants as they pertain to the pediatric population.
- Discuss diagnostic tools utilized in diagnosing articular cartilage injuries.
- Differentiate between sports-related cartilage injuries requiring surgical intervention and those that do not.
- Discuss surgical interventions relating to articular cartilage injuries.
- Discuss diagnostic tools utilized in diagnosing meniscal injuries.
- Differentiate between sports-related meniscal injuries requiring surgical intervention and those that do not.
- Discuss surgical interventions relating to meniscal injuries.
- Describe use of various therapeutic interventions for the sports-related injured knee.
- Prescribe therapeutic interventions to promote returning to sports after a knee injury.

## EDUCATIONAL CREDITS

The ProMedica Health System is accredited by the Ohio State Medical Association to sponsor continuing medical education for physicians.

The ProMedica Health System designates this educational activity for a maximum of 5.0 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

NATABOC, an approved Athletic trainer CE provider, has approved this Program.

# P2823: Sports Care Rehabilitation

This program has been submitted to the Ohio PT board for CEU's in physical therapy.

## REFUND POLICY

The registration fee, minus a \$10 administrative fee, will be refunded if a cancellation is received (in writing or by phone) no later than **Monday, January 22, 2007**. Refunds will not be given for failure to attend.

## AGENDA

**7:30 a.m.** Registration and Continental Breakfast

**7:55 a.m.** Welcome

**8 a.m.** Anatomy and Biomechanics  
**Art Squires, PT**

**9 a.m.** History Pearls  
**Roger Kruse, MD**

**9:20 a.m.** Advanced Examination and Pediatric Considerations  
**Cathy Cantor, MD**

**10 a.m.** Break and Exhibits

**10:30 a.m.** Articular Cartilage Injuries: Clinical Decision Making and Surgical Considerations  
**Paul Fenton, MD**

**11:30 a.m.** Meniscal Injuries: Clinical Decision Making and Surgical Considerations  
**Stephen Saddemi, MD**

**12:30 p.m.** Therapeutic Interventions  
**Brendan Smith, PT, ATC**

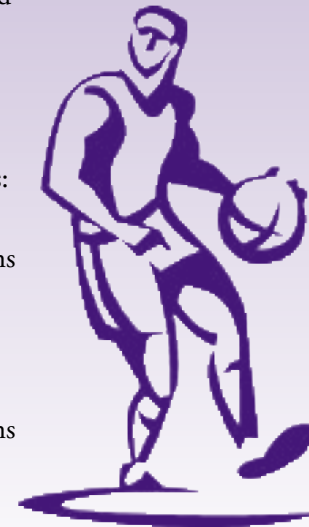
**1:30 p.m.** Evaluation and Adjournment

For your comfort, please bring a sweater or jacket to the conference.

For more information, please call the ProMedica Health System Continuing Medical Education Department at 419-291-4650.

**For future educational opportunities visit our web site at:**

<http://promedica.org>, click on Education & Research, Continuing Medical Education and go to the bottom of the page to view the calendars and access conference brochures.



## REGISTRATION FORM

**THE ATHLETIC KNEE:  
Advanced Evaluation, Decision Making and  
Treatment for the Primary Care Physician**

**Sat., Jan. 27, 2007**

7:30 a.m. – 1:30 p.m.

Due by: Mon. Jan. 22, 2007

Fee: \$40 *Fee includes continental breakfast, snacks and conference syllabus*

Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Office phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer/Practice \_\_\_\_\_

Please check your primary discipline:

MD/DO  Nurse  Physical Therapist  Athletic Trainer  Other

Please check if you require any assistance with hearing, vision or mobility.

## METHOD OF PAYMENT

MasterCard

Visa

Discover

American Express

Personal check

Employer check

(Checks payable to ProMedica Health System)

Card No. \_\_\_\_\_

Exp. date \_\_\_\_\_ Signature \_\_\_\_\_

*Please detach this form and mail payment to:*

ProMedica Health System Continuing Medical Education Department

2142 N. Cove Blvd., HMT 720

Toledo, OH 43606

If paying by credit card, you may fax to 419-479-6003.