

A SPORTS MEDICINE UPDATE

Pathologies and Treatment of the Hip and Athletic Pubalgia



After the knee and shoulder joints received most of the attention in the past 2 decades, the hip and pelvis are now at the forefront of current research and clinical investigation. Biomechanically complex like the shoulder and weight bearing like the knee, the hip presents numerous challenges for sports medicine clinicians. The numerous pathologies affecting the hip and pelvis make diagnosis, treatment and rehabilitation of the hip complex difficult. This conference addresses the most current research, conservative and surgical treatment, rehabilitation and preventative management of various hip complex injuries.

May 30th 2009

Sponsored by the Departments of Athletic Training and Physical Therapy

Cornell University

Friends Hall, Schoellkopf Stadium

Ithaca, NY



Program Faculty

Robert L. Buly, MD

Associate Professor of Clinical Orthopaedic Surgery, Weill Medical College of Cornell University
Associate Attending Orthopaedic Surgeon, The Hospital for Special Surgery and The New York Presbyterian Hospital

William C. Meyers, MD

Chairman of the Department of Surgery, Drexel University College of Medicine
Senior Associate Dean for Biotechnology Development, Drexel University College of Medicine

Matthew G. Scuderi, MD

Assistant Professor of Orthopaedic Surgery, Upstate Medical University
Orthopaedic Surgeon, Upstate Medical University, Department of Sports Medicine

Ed Kelly, MS, ATC

Assistant Athletic Trainer, Men's Hockey and Sprint Football Teams, Cornell University

Paul R. Geisler, EdD, ATC

Assistant Professor & Director of Athletic Training Education, Department of Exercise and Sport Sciences, School of Health Sciences and Human Performance, Ithaca College

Course Agenda:

8:00 - 8:30 a.m.	Registration and Continental Breakfast	
8:30 - 9:00 a.m.	Differential Diagnosis of the Hip	Dr. Matt Scuderi
9:00 - 10:30 a.m.	Hip Pathology: <ul style="list-style-type: none">• Evaluation• Surgical Treatment	Dr. Buly
10:30 - 10:50 a.m.	Break	
10:50 - 11:30 a.m.	Concurrent Didactic Session I <ul style="list-style-type: none">• Diagnostic Imaging and Surgical Techniques• Post-Operative Rehabilitation	
11:30 - 12:00 p.m.	Panel Discussion	Moderator: Jim Case
12:00 - 1:00 p.m.	LUNCH	
1:00 - 2:30 p.m.	Athletic Pubalgia: Signs, Symptoms, & Surgical Intervention	Dr. Meyers
2:30 - 3:00 p.m.	Prevention of Athletic Pubalgia	Paul Geisler
3:00 - 3:15 p.m.	Break	
3:15 - 4:00 p.m.	Concurrent Didactic Session II <ul style="list-style-type: none">• Rehabilitation of Athletic Pubalgia• Medical Treatment of Athletic Pubalgia	Ed Kelly Dr. Meyers
4:00 - 4:15 p.m.	Panel Discussion	Moderator: Dr. Matt Scuderi
4:15 - 4:30 p.m.	Wrap-Up & Course Evaluations	



Registration

A Sports Medicine Update: Pathologies & Treatment of the Hip & Athletic Pubalgia

Location: Friends Hall, Schoellkopf Stadium on the Cornell University Campus, Ithaca, NY

Registration Fees include continental breakfast, lunch, and all lecture handouts

- 7 CEUs provided by the BOC for Certified Athletic Trainers
- NYPTA application for CEU's in progress

Course Fees: Deadline April 1st. Seating is limited to 80 participants, so please register early.

- Physicians - \$175
- Athletic Trainers, Physical Therapists - \$150
- Other Allied Health Professionals - \$150
- Students - \$50

Refund Policy: All refund requests must be submitted by mail

- Notification received before 4/30/09, a 100% refund will apply
- From 5/1/09 to 5/20/09, a 50 % refund will apply
- No refunds will be given after 5/20/09

Payment by mail: Make checks payable to Cornell University; full payment due w/registration

Mail Registration Form and check to:

Susan A. Geisler, PT, ATC
Attention: Sports Medicine Update
Department of Physical Therapy, Schoellkopf Hall
Campus Road, Ithaca, NY 14853-3101

For further information, contact any of the following individuals:

Susan A. Geisler: sag52@cornell.edu
Ed Kelly: erk2@cornell.edu
Jim Case: jgc4@cornell.edu

Please note: Registration will not be processed unless accompanied by payment in full

Please complete and detach form, and send with payment.

Name: _____ Title: _____

Professional Place of Employment: _____

NATA Certification Number: _____ NYPT License Number: _____

E-Mail Address: _____ Daytime phone: _____

Mailing Address: _____ City/State/Zip: _____

Amount Enclosed: _____ Signature: _____

