SYMPOSIUM AGENDA - Saturday, February 1, 2014

7:30 AM  Registration and Breakfast
8:00 AM  Welcome and Introduction
   - Tae Chong, M.D.
8:15 AM  Novel Strategies to Prevent Diabetic Foot Ulcers
   - Javier Lafontaine, M.D.
8:45 AM  Advanced Negative Pressure Wound Therapy
   Techniques on Surgical and Non-Surgical Wounds
   - Jean DeLeon, D.P.M.
9:15 AM  Controversies in Diagnosing and Managing
   Osteomyelitis of the Lower Extremity
   - Kavita Bavhan, M.D.
9:45 AM  Revascularizing the Diabetic and Chronic Dysvascular Foot
   - Jayee Chung, M.D.
10:15 AM  Early and Aggressive Management of Diabetic Foot Ulcers
   - Javier Lafontaine, M.D.
10:45 AM  Break
11:15 AM  From Bench to Bedside - Translational Research for the
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   - Lawrence Lavery, D.P.M.
11:45 AM  Soft Tissue Reconstruction of Lower Extremity
   - Tae Chong, M.D.
12:15 PM  Panel Q&A
12:30 PM  Lunch
1:30 PM  Update on the Indications and Outcomes of Hyperbaric Oxygen
   Therapy on Wound Management
   - Christine Johnson, M.D.
2:00 PM  Bringing It All Together - A Multidisciplinary Approach to
   Wound Care
   - Jean DeLeon, M.D.
2:30 PM  Panel Consultation - Challenging Cases - All
3:00 PM  Break
3:15 PM  Hands-On Skills Workshop with NPWT, Pressure Dressings,
   Total Contact Dressing
3:45 PM  Adjourn, Closing Remarks and Evaluation
   - Tae Chong, M.D.
Registration

The registration fees below entitles participants admission to the conference, all course materials, continental breakfasts, refreshment breaks and lunches. Registration is confirmed upon receipt of registration fee.

We are unable to process any registration without payment. On-site registration will be available, however, we cannot guarantee course materials and meals/refreshments on site on anyone registering after January 26, 2014.

Refund Policy

A $25 handling fee will be deducted from cancellation refunds. For a full refund, requests must be received by mail or fax prior to January 26, 2014. No refunds will be made thereafter.

Cancellation Policy

The Office of Continuing Medical Education reserves the right to limit registration and cancel courses, no less than one week prior to the course, should circumstances make this necessary.

Accreditation

 UT Southwestern University Hospitals is an approved provider of continuing nursing education for the State of Texas. This activity provides 6.0 contact hours. Application of Physical Therapy credits has been submitted and is pending approval.

The Texas Society of Health-System Pharmacists is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This activity is eligible for ACPE credit for program details go to our website at www.utsouthwestern.edu/courses.

The University of Texas Southwestern Medical Center Designates this live activity for a maximum of 10.0 AMA PRA Category 1 Credit™ Physicians should only claim credit commensurate with the extent of their participation in the activity.

Conference Contact Information

UT Southwestern Medical Center is committed to providing programs and activities to all persons regardless of race, color, national origin, religion, sex, age, veteran status, or disability. UT Southwestern Medical Center is an equal opportunity institution.

Conflict of Interest

It is UT Southwestern’s policy that participants in CME activities should be made aware of any affiliation or financial interest that may affect the speaker’s presentation(s). Each speaker has been requested to disclose any such associations at the beginning of each presentation. The faculty members’ relationships will be disclosed in the course syllabus.

Discussion of Off-Label Use

Because this course is meant to educate physicians with what is currently in use and what may be available in the future, there maybe “off-label” use discussed in the presentations. Speakers have been requested to inform the audience when off-label use is being discussed.

Additional Information

For additional information, please call The Office of Continuing Medical Education, 214-648-3138, 1-800-698-8878, fax 214-648-2317, or e-mail cmeregistrations@utsouthwestern.edu

To obtain information on other UT Southwestern programs, you can access The Office of Continuing Medical Education’s monthly program calendar, send your name, medical specialty, and current email address to: cmecalendar@utsouthwestern.edu

Program

We accommodate people with disabilities. Please call 214-648-3138 for more information, or mark the space indicated on the registration form. To ensure accommoda- tion, please register as soon as possible.

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UT Southwestern Medical Center is an equal opportunity institution.

Registration Form

Register online: utsouthwestern.edu/cme

Name: ____________________________
Address: ____________________________
City: __________________ State: _______ Zip Code: _______
Fax Last Four Digits of SSN: _______
Business Phone: ____________________
Fax: ____________________________
Degree: ____________________________ Speciality: ____________________________
Email Address: ____________________________
Please indicate preferred method to receive registration confirmation:
☐ Email
☐ Fax
☐ Mail
☐ Check here to receive our free monthly email calendar of upcoming CME activities.

Indicate Credit Desired:
☐ AMA PRA Category 1™
☐ General
☐ CME
☐ Pharmacy
☐ Physical Therapy

Registration Fees:

☐ Physicians $75 (Before 11/2/2013)
☐ Physicians $100 (After 11/2/2013)
☐ Advanced Health Professionals $50 (Before 11/2/2013)
☐ Advanced Health Professionals $95 (After 11/2/2013)
☐ UT Southwestern Alumni $95
☐ UT Southwestern Faculty and Staff - $10
☐ UT Southwestern Faculty and Staff - $10

Method of Payment:

acockcard ☐ VISA ☐ Mastercard ☐ Amex ☐ Discover Security Code: ____________

Exp. Date: ____________

Signature of Cardholder: ____________________________

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Billing Address of Cardholder: ____________________________

City: __________________ State: _______ Zip Code: _______

☐ American Express ☐ Check/Cash (Include Zip Code) ☐ Discover Security Code: ____________

Exp. Date: ____________

Signature of Cardholder: ____________________________

Print Cardholder’s Name: ____________________________

Billing Address of Cardholder: ____________________________

City: __________________ State: _______ Zip Code: _______

☐ Check: UT Southwestern CME

Fax completed registration form to 214-648-4984.

Mail completed registration form to:

UT Southwestern Medical Center
5522 Harry Hines Blvd., Dallas, Texas 75390-8089

☐ Dietary Restrictions:

Refund Policy

A $25 handling fee will be deducted from cancellation refunds. For a full refund, requests must be received by mail or fax prior to September 2, 2013. A 50% refund request must be received by mail or fax prior to November 1, 2013. No refunds will be made thereafter.

ADA Statement

Please check this box if you require assistance because of a disability to make this program accessible to you. Someone from our office will be in touch with you.
This conference will benefit diabetes and wound healing specialists, podiatrists, foot and ankle surgeons, plastic surgeons, family practitioners, internal medicine physicians, physical medicine and rehabilitation physicians, nurse practitioners, physician’s assistants, and registered nurses.

This conference is to provide all members of the healthcare community with a comprehensive update on wound care management for limb salvage. This conference highlights the importance of a multidisciplinary approach to this problem with presentations from diverse clinicians and researchers who specialize in wound care. The content of the program is universal and tailored to all healthcare practitioners involved in the treatment of limb threatening wounds and to those interested in the state of the art in limb salvage. The meeting format will include didactic lectures, interactive panel discussions, and opportunities for hands-on application of wound dressings.

This conference will reinforce and update the attendees background knowledge on wound management for limb salvage and provide information on translational research being performed in this field. At the conclusion of the CME activity, participants should be able to:

- Review and apply novel strategies to prevent diabetic foot ulcers
- Identify the different modalities for diagnosing osteomyelitis of the lower extremity
- Apply novel negative pressure wound therapy for the management of wounds
- Identify options for the revascularization of ischemic lower extremities
- Review the possible plastic reconstructive surgical options for patients after restoration of arterial blood flow and pressure relief
- Understand the role of hyperbaric oxygen therapy on wound management
- Describe the importance of the multidisciplinary team for limb salvage
- Apply novel wound care dressings including negative pressure wound therapy, pressure dressings, and contact dressings

The University of Texas Southwestern Medical Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. This activity provides 6.0 AMA PRA Category 1 Credits™. Physicians should only claim credit corresponding to the group in which they are interested in the state of the art in limb salvage. The meeting format will include didactic lectures, interactive panel discussions, and opportunities for hands-on application of wound dressings.

The Texas Society of Health-System Pharmacists is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This activity is eligible for ACPE credit; for program details go to our website at www.utsouthwestern.edu/courses.

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UT Southwestern University Hospitals is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

It is UT Southwestern’s policy that participants in CME activities should be made aware of any affiliation or financial interest that may affect the speaker’s presentation(s). Each speaker has completed and signed a conflict of interest statement. The faculty members’ relationships will be disclosed in the course syllabus.

Because this course is meant to educate physicians with what is currently in use and what may be available in the future, there may be “off-label” use discussed in the presentations. Speakers have been requested to inform the audience when off-label use is being discussed.

Registration
The registration fees below entitles participants admission to the conference, all course materials, continental breakfasts, refreshment breaks and lunches. Registration is confirmed upon receipt of registration fee. We are unable to process any registration without payment. On-site registration will be available; however, we cannot guarantee course materials and meals/refreshments on site to anyone registering after January 26, 2014.

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Cancellation Policy
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Accreditation and Credit Designation
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Conflict of Interest
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Location
Lectures: UT Southwestern Medical Center
T. Boone Pickens Biomedical Building - N33.112 Auditorium
6001 Forest Park Road
Dallas, Texas 75235

Registration
Registration is confirmed upon receipt of registration fee.

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Additional Information
For additional information, please call The Office of Continuing Medical Education, 214-648-3138, 1-800-935-7373, fax 214-648-2117, or email CMEregistrations@utsouthwestern.edu.

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Name
Address
City__________State_______Zip Code______
Last Four Digits of SS#______
Business Phone:______Fax___
Degree__________Specialty_______
Email Address:______________

Please indicate preferred method to receive confirmation:
☑ Email
☑ Fax
☑ Mail

☑ Check here to receive our free monthly email calendar of upcoming CME activities.

Method of Payment:
☑ MasterCard
☑ VISA
Security Code_______
CARD #______________
Exp Date_______Signature of Cardholder_______
Print Cardholder’s Name:_____________________
Billing Address of Cardholder:_________________
Address__________City_______State_______Zip Code______

☑ American Express
☑ Discover
Security Code_______
CARD #______________
Exp Date_______Signature of Cardholder_______
Print Cardholder’s Name:_____________________
Billing Address of Cardholder:_________________
Address__________City_______State_______Zip Code______

☐ Check:
If paying by check make checks payable to: UT Southwestern/CME
Fax completed registration form to 214/648-4884.
Mail completed registration form to: UT Southwestern Medical Center
5323 Harry Hines Blvd., Dallas, Texas 75235

☐ Dietary Restrictions:

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ADA Statement
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