

ASSOCIATION OF EXTREMITY NERVE SURGEONS

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ADVANCED PERIPHERAL NERVE WORKSHOPS

2010 SCHEDULE

COURSE DATES:

April 24-26 Portsmouth, New Hampshire

November 3-5 Ft. Worth, Texas

(Space Limited to 16 per Course)

COURSE AGENDAS:

Day 1: Didactic Lectures 8:00am-5:00pm

Basic science of peripheral nerve injury
Neuropathy and its various etiologies
Diagnostic skills and techniques
Basic dissection techniques in nerve surgery
Intraoperative Nerve Monitoring
Microvascular techniques
EDIN vs. blind DTIM ligament release for
compression neuropathy of the forefoot.

Day 2: Cadaveric Dissection 8:00am-5:00pm

Cadaver Lab-Incision placement pearls
Surgical instrument & marker choices
Atraumatic nerve manipulation
Intraoperative Nerve Monitoring
Nerve Neurolysis including peroneal, tibial,
medial & lateral plantar.
Nerve Conduits & grafting techniques

Day 3: Live Surgery Presentation & Diagnostic Examinations 7:30am-5:30pm

COURSE DETAILS:

CV required with registration.Space Limited.

Provided with course:

FREE AENS membership, starter instrument set,
anatomy text, handout book , resource CD.
& access to faculty for post course mentoring

Total Workshop ACCME Credits Eligible=22



COURSE HOTEL INFORMATION:

April Course

Sheraton Portsmouth AENS Rate \$141

For reservations: 603-431-2300

* Events at hotel & Stratham Surgical Center

November Course

Omni Hotel, Ft. Worth AENS Rate \$159

For reservations : 817-535-664

* Events at hotel & Medtronic Labs

FACULTY:

James Anderson, DPM
Stephen Barrett, DPM
Damien Dauphinee, DPM
Kent DiNucci, DPM
Richard Jacoby, DPM
James Wilton, DPM



**DISCLOSURES: CME Credits are provided by
The New Hampshire Medical Society (ACCME)
Portsmouth Regional Hospital, NH.**

Refund Policy: Credit Only.

**The AENS Symposium is intended for
licensed physicians and health care providers
interested in extremity nerves. Topics and
faculty subject to change.**

REGISTRATION

**AENS Advanced Peripheral
Nerve Workshop 4/24-26 \$4500**

**AENS Advanced Peripheral
Nerve Workshop 11/3-5 \$4500**

TOTAL IN FULL

TOTAL PAID IN 2 EQUAL INSTALLMENTS
\$2250 with form & \$2250 6 wks prior to course

Physician Name: _____

DPM MD DO Other _____

Phone: _____

Fax: _____

Email: _____

Check VISA MC AMEX

Number: _____ Exp: _____

Billing Address: _____

Signature: _____

**CV must be sent with registration.
All confirmations will be sent via email.
You will not be confirmed until fully paid.**

Return to AENS:

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