



MAYO CLINIC
College of Medicine

Advanced Techniques in Shoulder Arthroscopy

A Hands-On Surgical Skills Course



Mayo Clinic
Course Directors:
Scott P. Steinmann, M.D.
John W. Sperling, M.D.
Diane L. Dahm, M.D.

Saturday, July 8, 2006

Mayo Clinic • Rochester, Minnesota

Course Description

Shoulder Arthroscopy is an advanced course for orthopedic surgeons treating disorders of the shoulder. The course will include didactic sessions and laboratory experience using cadaver specimens. Live video demonstrations and panel discussion are an integral part of the overall learning experience. This Course will teach the principles and techniques for management of rotator cuff tears, SLAP lesions, instability and arthritis.

General Information

Course Learning Objectives

Upon conclusion of this program, participants should be able to:

- Recognize patterns of rotator cuff tearing, including supraspinatus, infraspinatus and subscapularis.
- Diagnose shoulder instability due to trauma and ligamentous laxity.
- Identify the indications for surgery in instability and rotator cuff pathology.
- Utilize the optimal surgical approach for treatment of each of the specific injuries.
- Employ various options for suture fixation of rotator cuff lesions and SLAP tears.
- Demonstrate the ability to repair ligamentous laxity, debride arthritic lesions and repair SLAP lesions.
- Evaluate the shoulder for rotator cuff tears, glenohumeral instability and arthritis.
- Understand the arthroscopic approach to the patient with arthritis, rotator cuff lesions, instability and SLAP tears.

Attendance at this Mayo course does not indicate nor guarantee competence or proficiency in the performance of any procedures which may be discussed or taught in this course.

Intended Audience

This advanced surgical skills course is targeted to practicing orthopedic surgeons who treat shoulder disorders and desire to enhance their skills with new techniques and technology which have developed in the rapidly expanding role of arthroscopy.

Credit

Mayo School of Continuing Education is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Mayo School of Continuing Education designates this educational activity for a maximum of 8.5 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits he/she actually spent in the activity.

The American Medical Association has determined that non-US licensed physicians who participate in this CME activity are eligible for AMA PRA category 1 credit.

Educational Grants

This course is supported, in part, by educational grants from Arthrex, Stryker, and Wright Medical in accordance with ACCME Standards.

At the time of this printing, a complete listing of commercial supporters was not available. Appropriate acknowledgment will be given to all supporters at the time of the meeting.

Location

Mayo Clinic's Surgical Skills Laboratory located on campus in the Stabile Medical Science Building offers a state of the art learning environment. The Mayo Medical Center connects by subway and a sky system to downtown Rochester and to the Marriott Hotel.

Travel

Rochester, Minnesota greets thousands of visitors from around the world each year. The city is serviced by a modern international airport with multiple flights daily from Chicago and Minneapolis via American and Northwest Airlines. Access to and from the airport is provided by taxi cab and shuttle service. The airport is located approximately ten miles from the Mayo Medical Center complex.

Should you require a larger variety in flight options, there is shuttle service available from Minneapolis to Rochester. Minneapolis is approximately 70 miles north of Rochester. Rochester Direct, a local shuttle company offers service daily. Their schedule is available on www.rochesterdirect.com. Reservations are strongly encouraged.

A Note to Travelers: Several cities in the United States are named Rochester. When you make airline reservations and check your baggage, be sure that your destination is Rochester, Minnesota (RST) and that your baggage has been properly tagged.

Parking

Parking is available in hotel, city and Mayo patient/visitor ramps. The cost for parking is not included in the registration fee. A map indicating the location of downtown parking facilities will be mailed with the registration confirmation letter.

General Information

Lodging Accommodations

A block of guest rooms for Shoulder Arthroscopy has been reserved with a special course rate of \$115 at the Marriott Hotel. To ensure accommodations and the discounted rate, please make your reservation by June 8th, 2006, and identify yourself as a participant of the *Advanced Techniques in Shoulder Arthroscopy*.

All reservations must be accompanied by a first night room deposit or guaranteed to a major credit card. The Marriott will not hold reservations unless secured by one of the above methods. The Marriott Hotel connects by a sky system to the Mayo Medical Center and downtown Rochester.

Rochester Marriott Hotel

101 First Avenue SW
Rochester, Minnesota
800-533-1655 or 507-280-6000
www.rochestermarriott.com

The above rate is based on single or double occupancy, plus tax.

Travel and hotel arrangements are the sole responsibility of the individual registrant.

For other accommodation options, you may also wish to visit the Rochester Convention and Visitors Bureau web site: www.rochestercvb.org

Registration

Please Note - To register, complete the attached registration form and return by mail or fax. The registration fee includes tuition, breakfasts, break refreshments, and lunch. Please indicate on your registration form if you plan to attend the reception.

Receipt of registration information does to ensure course attendance. We will attempt to accommodate all registrants, however with surgical classroom space being very limited it is highly recommended that you make your reservation immediately. Typically Mayo's surgical skills courses fill quickly. Accepted registrations are confirmed via e-mail and letter. Registrations are not confirmed verbally.

It is strongly recommended that you do not make hotel and air travel arrangements prior to receiving a written confirmation that your registration has been accepted. MSCME is not responsible for travel-related costs for non-confirmed registrations.

On-Site registrations are not accepted.

Please present the confirmation letter when checking in at the meeting registration desk.

Cancellation Policy

Your registration fee, less a \$75 administrative fee, will be refunded when written notification is received by the Mayo College of Continuing Medical Education before June 23, 2006 (fax#: 507-284-0532). No refunds will be extended after that date.

Faculty

COURSE DIRECTORS

Scott P. Steinmann, M.D.
Department of Orthopedics
Mayo Clinic

John W. Sperling, M.D.
Department of Orthopedics
Mayo Clinic

Diane L. Dahm M.D.
Department of Orthopedics
Mayo Clinic

MAYO CLINIC FACULTY

Robert H. Cofield, M.D.
Rochester, Minnesota

Scott F. M. Duncan, M.D.
Scottsdale, Arizona

Cedric J. Ortiguera, M.D.
Jacksonville, Florida

Joaquin Sanchez-Sotelo, M.D.
Rochester, Minnesota

SPECIAL GUEST FACULTY

Daniel D. Buss, M.D.
Minneapolis, Minnesota

Andrew Green, M.D.
Providence, Rhode Island

Joseph P. Iannotti, M.D.
Cleveland, Ohio

Sumant G. Krishnan, M.D.
Dallas, Texas

Matthew Ramsey, M.D.
Philadelphia, Pennsylvania

Anthony A. Romeo, M.D.
Chicago, Illinois

Glen Ross, M.D.
Boston, Massachusetts

Stephen J. Snyder, M.D.
Van Nuys, California

Program Schedule

Saturday, July 8th, 2006

Schedule is subject to change.

- 6:30 a.m. Registration – Stabile Medical Science Building, Ground Level
- 7:00 a.m. Breakfast – Stabile Medical Science Building, Ground Level
- 8:00 a.m. Lectures and Videos
- **Rotator Cuff**
 - Impingement Syndrome and Acromioclavicular Arthritis
 - Partial Thickness Rotator Cuff Tears
 - Rotator Cuff Repairs
 - Mini-open Rotator Cuff Repairs
 - Treatment Options for Massive Rotator Cuff Tears
 - Subscapularis Repairs
 - Biceps Tendonitis
- 9:30 a.m. Refreshment Break
- 9:45 a.m.
- **Instability**
 - Pathomechanics and Clinical Diagnosis of Instability
 - Bankart repairs
 - Multi-directional Instability
 - Posterior Instability
 - Thermocapsulorraphy
 - Options for Failed Instability
 - **Miscellaneous**
 - SLAP Tears
 - Frozen Shoulder
 - Ganglia and Suprascapular Nerve
 - Rehabilitation of the Shoulder
 - Shoulder Arthritis
- 12:00 p.m. Lunch – Stabile Medical Science Building, Ground Level
- 1:00 p.m. Lab
- **Portals**
 - **Rotator Cuff Repair**
 - **SLAP Repair**
 - **Instability Repair**
- 3:00 p.m. Refreshment Break
- 3:15 p.m. Lab Resumes
- 5:00 p.m. Panel Discussion – Participant Case Presentation to Faculty
- 6:00 p.m. Adjourn

Faculty Disclosure

As a provider accredited by ACCME, Mayo School of Continuing Education must ensure balance, independence, objectivity and scientific rigor in its educational activities. All faculties participating in a Mayo School of Continuing Education activity are required to disclose commitments to and/or relationships with pharmaceutical companies, biomedical device manufacturers or distributors, or others whose products or services may be considered to be related to the subject matter of the educational activity. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Disclosure of these commitments and/or relationships will be published in course materials so those participants in the activity may formulate their own judgments regarding the presentation.

Advanced Techniques in Shoulder Arthroscopy

July 8, 2006 • Rochester, Minnesota

Mail form and payment to:

Mayo School of Continuing Medical Education
 Plummer 2-60
 200 First Street SW
 Rochester, MN 55905

Phone 800-323-2688 or 507-284-2509
 FAX 507-284-0532
 E-mail cme@mayo.edu
 Web site www.mayo.edu/cme

Submit online registration at <http://www.mayo.edu/cme>

Contact Information

Name of Registrant - first name, middle name or initial, and last name		Degree - select all that apply <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> Other - specify	
Name of Institution		Medical Specialty	
Preferred Mailing Address - select one <input type="checkbox"/> Work/Business <input type="checkbox"/> Home			
Work/Business Address - street address		Work Phone - include all country and city/area codes as needed along with complete phone number	
City	State or Province	ZIP or Postal Code	Country
Home Address - street address		Home Phone - include all country and city/area codes as needed along with complete phone number	
City	State or Province	ZIP or Postal Code	Country
E-mail Address	FAX - include all country and city/area codes as needed along with complete phone number	FAX Location - select one <input type="checkbox"/> Work/Business <input type="checkbox"/> Home	
<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; font-weight: bold; margin-right: 10px;">SPECIAL NEEDS</div> <div>If you have special assistance needs or dietary restrictions, describe here:</div> </div>			

Credit/Registration

Type of Credit that you are interested in receiving: <input type="checkbox"/> AMA/Category 1						
<p>Registration Fee:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Physicians/Scientists</td> <td style="width: 20%;">\$ 650</td> <td style="width: 30%;">\$ _____</td> </tr> <tr> <td>Residents, Physician Assistants and Nurse Practitioners</td> <td>\$ 490</td> <td>\$ _____</td> </tr> </table>	Physicians/Scientists	\$ 650	\$ _____	Residents, Physician Assistants and Nurse Practitioners	\$ 490	\$ _____
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Residents, Physician Assistants and Nurse Practitioners	\$ 490	\$ _____				

Payment Information

<input type="checkbox"/> Check is enclosed in the amount shown at right - make checks payable to Mayo Foundation			Payment Total
Credit Card - select one <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Account Number	Exp Date - mm/yy	
Name of Cardholder - as it appears on the card		Signature of Cardholder - required X	



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