GRAND ROUNDS IN OCCUPATIONAL MEDICINE ~
September 8, 2006
Mayo Clinic Hospital
5777 E. Mayo Blvd., SSB Building 103-104, Phoenix, AZ  85054  (480) 515-6296
Presented by Mayo Clinic College of Medicine in collaboration with Concentra, and Western Occupational and Environmental Medical Association

COURSE HIGHLIGHTS:
Kathryn Mueller, MD, MPH, Medical Director, Colorado Division of Workers’ Compensation and Professor at the University of Colorado will address:
- How do you use treatment guidelines in practice: obtaining history, performing an appropriate examination, analyzing causality and preparing and following a treatment plan?

COURSE LEARNING OBJECTIVES:
Upon completion of this educational activity, the attendee will be able to:
- Recognize the differences between and appropriate use of the ACOEM Guidelines, the “Official Disability Guidelines” (ODG, Medical Disability Advisor) and other publicly available guidelines.
- Apply a stepwise analysis process to determining causality in worker’s compensation.
- Practice disability management more effectively with employers, employees and workers’ compensation insurers and agencies in disability management.

PROGRAM AGENDA:
Friday, September 8, 2006 – Mayo Clinic Hospital, SSB Building, Room 103-104
7:30 am  Registration
7:50  Welcome (Robert R. Orford, MD and William R. Lewis, MD)
8:00  Review of Current Available Guidelines and Their Use in Practice, ACOEM Guidelines and Others – Making Sense Of It All
9:00  Discussion of Case Examples and Their Application to Guidelines
10:00  Using Evidence and Guidelines to Determine Causality – A Thorny Problem
11:00  Discussion of causality cases
(Kathryn Mueller, MD, MPH)
12:00  Adjourn

FACULTY DISCLOSURE:
As a provider accredited by ACCME, Mayo Clinic College of Medicine (Mayo School of CME) must ensure balance, independence, objectivity and scientific rigor in its educational activities. Course Director(s), Planning Committee Members, Faculty, and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Disclosure of this information will be published in course materials so those participants in the activity may formulate their own judgments regarding the presentation.

CREDIT:
Mayo Clinic College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Mayo Clinic College of Medicine designates this educational activity for a maximum of 4 AMA PRA category 1 credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
The American Medical Association has determined that physicians not licensed in the U.S. who participate in this CME activity are eligible for AMA PRA category 1 credit.

**Registration:**
To register, please complete the registration form and return with payment. If you are using a credit card, you may fax your registration form to (480) 301-8323. **Online registration is available now! Check our Website at [http://www.mayo.edu/cme/date.html](http://www.mayo.edu/cme/date.html).**

**Registration form** – 2006 Grand Rounds in Occupational Medicine  
SEPT. 8, 2006

Please print or type all information, and please duplicate this form for multiple registrations.

Name/Degree/Certification ______________________________________________________________________

Company/Institution__________________________________________________________________________

Address _____________________________________________________________________________________

City_________________________ State_____________ Zip______ E-mail:_______________________________

Telephone (____) _____________________________        Fax (___) __________________________________

Your type of Practice: [ ] Solo [ ] Group [ ] University [ ] Resident/Fellow [ ] Retired [ ] Other ______

Years in Practice: __________

Are you a:

- WOEMA member ___y ___n
- Concentra physician ___y ___n
- Mayo physician ___y ___n

**PAYMENT**

Fee: $25 for attendees and guests.

[ ] Check enclosed (U.S. currency) payable to Mayo Foundation    [ ] VISA [ ] MasterCard

Card Number ___________________________________________ Expires Mo/Yr____________________

Signature_______________________________________________ Date____________________________