

Trauma Review

Price:

Full - \$580 / Short - \$485

Register:

(866) 611-5599 or www.AmericanSeminar.com

**Special Association accreditation may vary. See website.*

**Trauma Care: Injuries of the Lower Extremity -
Joseph Borrelli Jr, MD, Andrew H. Schmidt,
MD, Ross Leighton, MD, Paul Tornetta III, MD,
Dr. Leighton and Dr. Tornetta**

Assess a patient with complex knee trauma for vascular injury; Identify and treat compartment syndrome in patients with knee injuries; Select the most appropriate material for filling voids in tibial plateau fractures; Predict complications in open tibial fractures; Apply appropriate fixation to syndesmotic injuries.

OR 39 - 21

**Highlights from the 17th Annual Chicago
Trauma Symposium - Clifford Jones, MD, Eric J.
Belin, MD, John Anderson, MD and Michael T.
Trucco, ESQ**

Implement a multidisciplinary program to optimize the management of fragility fractures; Repair fractures of the vertebral body; Assess the comorbidities of patients with osteoporotic ankle fractures; Minimize the risk of a lawsuit for malpractice; Actively participate in the defense of a malpractice lawsuit.

OR 40 - 01

Pediatric Concussion - Richard A. Hamilton, PhD

Recognize the signs and symptoms of concussion in children and adolescents; Use medical assessment and available tools to assess the severity of a concussion; Apply the principles of subsymptom threshold activity to treat signs and symptoms of concussion; Advise students, families, coaches, and others on actions that facilitate recovery; Determine when students are able to return to physical and cognitive activities.

NE 08 - 04

**Cardiopulmonary Resuscitation/Abdominal
Vascular Emergencies - John E. Tetzlaff, MD
and Brian Lin, MD**

Prioritize and implement the recommended techniques for cardiopulmonary resuscitation; Recognize the unique requirements of cardiopulmonary resuscitation in pediatric and obstetric patients; Formulate an algorithm for the emergency treatment of tachyarrhythmias; Utilize biomarkers for the workup of abdominal vascular emergencies; Choose imaging modalities for diagnosing abdominal vascular emergencies.

GS 63 - 22

**The Bleeding Patient - Daniel K. Nishijima, MD,
Scott Kaatz, DO and Col. Todd E. Rasmussen,
MD**

Apply strategies for the reversal of warfarin in a bleeding patient; Compare fresh frozen plasma with prothrombin complex concentrate for reversing warfarin-induced coagulopathy; Utilize idarucizumab for reversal of anticoagulation in patients taking dabigatran; Choose preferred approaches to reverse the anticoagulant effects of factor Xa inhibitors; Apply extravascular compression (eg, exovascular extracavitary techniques) to control hemorrhage from the extremities and junctional zones.

GS 64 - 03

**Evidence-Based Trauma Management - Brent
Thoma, MD**

Evaluate the risks and benefits of using ketamine-propofol vs propofol alone for procedural sedation; Describe the potential benefits of apneic oxygenation, direct laryngoscopy, and video laryngoscopy for intubation; Identify the appropriate use of antibiotics in hand lacerations; Demonstrate techniques for using epinephrine in digital blocks; Examine patients at risk for occult pneumothorax.

EM 34 - 04

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Psychotherapeutic Interventions/PTSD - Jodi Lofchy, MD and John R. McQuaid, PhD

Establish a therapeutic alliance with patients in crisis; Discuss psychotherapeutic interventions for patients in crisis who present to the emergency department; List diagnostic criteria for posttraumatic stress disorder; Identify risk factors for posttraumatic stress disorder and other major comorbidities; Propose evidence-based treatment strategies for posttraumatic stress disorder.

PG 06 - 06

Imaging for Pediatric Trauma - Judith Klein, MD and David Sheridan, MD

Recognize the risk factors for significant injury after pediatric blunt trauma; List the indications for computed tomography of the chest and abdomen in children; Counsel parents of children involved in trauma about the relative risks and benefits of radiation-based imaging; Identify the criteria for obtaining computed tomography for head trauma and cervical spine injury; Assess the risk for clinically important traumatic brain injury in asymptomatic children and those with findings such as emesis and loss of consciousness. QUALIFIES FOR TRAUMA

EM 34 - 07

Highlights from the 17th Annual Chicago Trauma Symposium - Eric E. Johnson, MD, Keith A. Mayo, MD, David Stephen, MD and Joshua T. Woody, MD

Stabilize patients with pelvic ring fractures; Assess and classify pelvic injuries; Determine whether surgical repair of acetabular fractures is indicated; Minimize complications after pelvic or acetabular surgery; Optimize the treatment of radial and ulnar shaft fractures.

OR 40 - 08

Elbow Fractures/Polytrauma - Craig Phillips, MD, David Templeman, MD and Mark Vrahas, MD

Evaluate patients with elbow fractures; Set attainable goals for repair of complex elbow fractures; Manage shock in patients with orthopedic injuries; Determine the appropriate time for operative repair of fractures in patients with polytrauma; Stabilize patients with orthopedic injuries and polytrauma.

OR 40 - 09