

# Hand Surgery Update II

Presented by the  
Southern California Society  
for Surgery of the Hand

UC Irvine  
Tamkin Hall  
November 3, 2007  
8:00 am to 4:30 pm

Gerald Blatt MD  
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UCLA and UC Irvine*

Kyle W. Coker MD  
*South County Hand  
Center  
Laguna Woods, CA*

Myles J. Cohen MD  
*Cedars Sinai  
Clinical Professor, USC*

Diane Coker PT,CHT  
*Clinical Faculty Hand  
Therapy Fellowship  
Kaiser Permanente*

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Dept of Orthopedics,  
UC Irvine*

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*Long Beach, CA  
Clinical faculty, USC  
and UC Irvine*

James D. Matiko MD  
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Orthopedics, Loma  
Linda Universtiy*

Roy A. Meals MD  
*Clinical Professor of  
Orthopedics, UCLA*

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*Torrance, CA  
Assistant Professor of  
Orthopedics,  
Harbor UCLA*

Nicholas E. Rose MD  
*Instructor Harbor UCLA  
California Orthopedic  
Specialists, Newport*

Frances E. Sharpe MD  
*Kaiser Permanente  
Fontana Medical  
Center*

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*Professor, Department  
of Orthopedics, USC*

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*Kerlan Jobe Clinic  
Instructor, Dept. of Or-  
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*Torrance, CA  
Assistant Professor,  
Dept. of Orthopedics  
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Milan V Stevanovic MD  
*Clinical Professor of  
Orthopedics, USC*

Albert Swafford MD  
*Clinical Instructor,  
UC Irvine  
Bakersfield, CA*

Andres Taleisnik MD  
*Hand Care Center  
Orange, CA*

Julio Taleisnik MD  
*Clinical Professor of  
Orthopedics, UC Irvine  
Hand Care Center  
Orange, CA*

Norman P. Zemel MD  
*Kerlan Jobe Clinic  
Associate Professor of  
Orthopedics, USC*

# Course Program

## **Basic Science**

Moderator:  
*Nicholas Rose MD*  
*Welcoming remarks*

8:00-8:20 am  
Hand and Wrist  
Anatomy  
*Myles Cohen MD*

8:20-8:40 am  
Hand Radiography  
*Kyle Coker MD*

8:40-9:00 am  
Hand Infections  
*Stephen Schnall MD*

9:00-9:10 am  
*Question & Answer*

## **Trauma**

Moderator:  
David J. Slutsky MD

9:10-9:30 am  
Fractures of the  
Distal Radius  
*Gregory Rafijah MD*

9:30-9:50 am  
Scaphoid Fractures  
*Norman Zemel MD*

9:50-10:10 am  
Scapholunate  
Dissociation  
*Gerald Blatt MD*

10:10-10:30 am  
Elbow Fractures  
and Dislocations  
*James Matiko MD*

10:30-10:50 am  
Panel Discussion  
*Drs. Rafijah, Zemel  
Blatt, Matiko*

10:50-11:00 am  
Break

## **Reconstruction**

Moderator:  
*George Macer MD*

11:00-11:20 am  
Soft Tissue  
*M. Stevanovic MD*

11:20-11:40 am  
Carpal Instability  
*Julio Taleisnik MD*

11:40-12:00 am  
CMC arthritis  
*Roy Meals MD*

12:00 - 12:15 pm  
Panel Discussion  
*Drs. Stevanovic,  
Taleisnik, Meals*

12:15-1:00 pm  
Lunch Break  
(on your own)

# Course Program

## Trauma

Moderator:

*Kyle Coker MD*

1:00-1:20 pm

Flexor Tendon

*Andres Taleisnik MD*

1:20-1:40 pm

Extensor Tendon

*Albert Swafford MD*

1:40-2:00 pm

Tennis Elbow

*Steven Shin MD*

2:00-2:20 pm

Evidence based PT

*Diane Coker PT*

2:20-2:40 pm

*Panel Discussion:*

*Drs. Taleisnik, Shin-Swafford & D. Coker*

2:40 -3:00 pm

Break

## Nerve

Moderator:

*Frances Sharpe MD*

3:00-3:20 pm

Carpal Tunnel

*Nicholas Rose MD*

3:00-3:20 pm

Cubital Tunnel

*Ranjan Gupta MD*

3:40-4:00 pm

Radial Tunnel

*David Slutsky MD*

4:00-4:15 pm

*Panel Discussion:*

*Drs. Rose, Gupta, Slutsky*

4:15 pm

Adjourned

# Course Registration

Registration is limited to 100 and is available on a first come, first serve basis. To ensure your registration, please email, FAX, phone or mail your registration information.

## By Telephone:

Call N. Rose at (949) 759-3600 and a staff member will assist you.

## By FAX:

Fax your registration and credit card information to Kyle Coker MD at (949) 900 2158.

## By Mail:

Complete all parts of this form and mail it with your payment to:  
Kyle W. Coker MD  
24331 El Toro Rd., Ste 200  
Laguna Woods, CA 92653

Registration Fees:	<u>before 10/30/07</u>	<u>after 10/30/07</u>
Physician	\$225	\$250
Allied Health Professional	\$175	\$200
Residents and Fellows	\$125	\$150
Student	\$ 85	\$100

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First Name	MI	Last Name	Degree
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Mailing address

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City	State	Zip
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Phone	FAX	email
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## Payment Method:

- Check enclosed (US funds made payable to:  
The Southern California Society for Surgery  
Of the Hand.
- Visa       Mastercard       American Express

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Print name as it appears on card      signature

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By signing below and/or registering for the Program, I consent to the conditions of participation as set forth above.

Date

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Signature of Registrant

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