

Orthotic Fabrication

SKILL BUILDING WORKSHOP



THE HAND
REHABILITATION
FOUNDATION



Saturday, May 18, 2019 | 8:00AM – 5:00PM

Hand Therapy Learning Lab at the
Philadelphia Hand to Shoulder Center
950 Pulaski Drive, Ste 100, King of Prussia, PA



PHILADELPHIA
HAND TO SHOULDER
CENTER Formerly The Philadelphia & South Jersey Hand Center

DESCRIPTION:

This full day program includes demonstration and participant fabrication of 6 specialized orthosis designs for the upper extremity including the following:

- Static progressive wrist extension orthosis
- Mid-carpal instability orthosis
- Reverse Muenster orthosis
- Static progressive elbow flexion orthosis
- Dynamic radial nerve palsy orthosis
- MCP joint alignment orthosis (anti-ulnar drift)

The faculty will provide a short didactic session reviewing principles and rationale for the orthoses followed by a demonstration. Each participant will then fabricate the orthosis with a partner. Each participant will fabricate all 6 orthoses. Handouts with detailed descriptions of orthosis fabrication will be provided. Participants should be at the intermediate level.

FACULTY:

- Jeanine A. Beasley, EdD, OTR, CHT, FAOTA
- Lauren J. O'Donnell, OTR/L, CHT
- Terri M. Skirven, OTR/L, CHT

- Registration is limited and is offered on a first come first served basis. Workshop registration is non-refundable.
- Workshop registration fee is \$500 and includes all orthotic fabrication materials.
- Continuing education certificates will be issued for 8 contact hours.
- Continental breakfast is included*

**Lunch is not provided as a part of the course*

COURSE REGISTRATION FORM

Name/Credentials will appear on your contact hours certificate exactly as entered below.

ORTHOTIC FABRICATION SKILL BUILDING WORKSHOP

Saturday, May 18, 2019 \$500

Name _____ Credentials _____

Address _____ City, State, Zip _____

E-Mail (Required) _____

Telephone (Work) _____ (Cell) _____

Visa MasterCard American Express Check or Money Order in U.S. funds payable to Hand Rehabilitation Foundation.

Credit Card Number _____ Exp. Date _____ Security Code _____

Print Name as it appears on card _____

Cardholder's Signature _____



Please indicate if you have any need for auxiliary aids or special assistance services.

Please complete form and mail or fax to:

Hand Rehabilitation Foundation
120 Huntingdon Pike, Suite 100
Rockledge, PA 19046

Hand Rehabilitation Foundation Contact Information

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