

Orthotic Fabrication

SKILL BUILDING WORKSHOP



THE HAND
REHABILITATION
FOUNDATION



Saturday, September 21, 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 8 basic orthoses for the upper extremity including the following:

- Volar wrist orthosis
- Full wrist and thumb spica orthosis
- Resting hand and wrist orthosis
- Hand based thumb CMCJ orthosis
- Finger based orthoses: belly gutter, circumferential PIPJ, swan neck mallet, and mallet finger orthoses

The workshop will begin with a didactic presentation reviewing basic principles of orthotic fabrication. Each orthosis will then be presented with a discussion of the indications and rationale for the specific orthosis and a step by step description followed by a demonstration. Each participant will then fabricate the orthosis with a partner.

Each participant will fabricate all 8 orthoses. Handouts with detailed descriptions of orthosis fabrication will be provided. The workshop is intended for beginner level participants.

FACULTY:

- David M. Wolfe, OTR/L, CHT
- Terri M. Skirven, OTR/L, CHT
- Colleen Burke, PTA
- Marianne Dunphy, 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 \$450 and includes all orthotic fabrication materials.
- Continuing education certificates will be issued for 8 contact hours.
- Continental breakfast is included

COURSE REGISTRATION FORM

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

ORTHOTIC FABRICATION SKILL BUILDING WORKSHOP
SEPTEMBER 21, 2019 | \$450

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

Phone 610.768.5958
Fax 610.768.8887
hrf@handfoundation.org