

Prosthetic Advances Training Course

SPS is pleased to again offer the *Prosthetic Advances Training Course for 2009*. This eight (8) hour course is conducted in two segments; the Bionic i-LIMB hand is reviewed in one four (4) hour segment and the Plie' MPC is presented in the second four (4) hour segment. Practitioners may choose to attend one or both segments as desired. Seven (7) CEU's have been approved for the entire course and an additional one (1) is approved upon completion of the online course exam.



The **i-LIMB portion** of the Prosthetic Advances course covers the fundamental functional differences between the i-LIMB hand and other myo-electric devices. It includes instruction on the operation of the i-LIMB System, patient evaluation, functional testing of myoelectric control, fitting & integration, cosmesis options and use/care of the i-LIMB Hand. Participants who then pass the online course exam will be included in the list of "Accredited i-LIMB Hand Practitioners" on the Touch Bionics website.

PRE-REQUISITES:

- Practitioner must be certified and/or licensed in order to attend the i-LIMB Hand Training Course
- It is recommended that the Practitioner have attended a MyoBock certification course or Motion Control Utah Arm course within the past 3 years.
- This course does not provide instruction into basic myoelectric principles, casting & fitting a transhumeral or transradial amputee nor appropriate suspension. It is recommended therefore that participants have fit and successfully delivered a minimum of 2-3 myoelectric devices within the previous year. Recent experience fitting the Boston Arm, Utah Arm 3 and/or Utah Arm 3+ is beneficial.



The **Plie' MPC Knee portion** will include a live patient fitting and hands-on session to obtain a working knowledge of how to properly select and utilize all Plie' MPC Knee® functionality. Each participant will learn how to properly fit, align, and adjust this new technology. Proper function of the Plie' operating system, knee componentry and use will be covered. Maintenance, warranty, charging options, and billing will also be discussed.

For your convenience, a registration form is provided on the reverse side. Please fill out the form and fax to (800) 288-5607. Please call Vickie Quinn with any questions or issues at (800) 767-7776 x 183.

DATE

LOCATION

DATE

LOCATION

March 19, 2009

Anaheim, CA

June 16, 2009

Cleveland, OH

April 9, 2009

Dallas, TX

July 10, 2009

Boston, MA



Prosthetic Advances Training Course Registration Form 2009

SPS is pleased to offer the *Prosthetic Advances Training Course*. This eight hour course is conducted in two segments; the Bionic i-LIMB hand is reviewed in one four (4) hour segment and the Plie' MPC is presented in the second four (4) hour segment. Practitioners may enroll for either or both segments in the spaces provided below.

Please fill out this form completely and fax to (800) 288-5607. Please call Vickie Quinn with any questions or issues at (800) 767-7776 x 183.

Please check which segment(s) you wish to attend. You may attend both.

Bionic i-LIMB Hand Four Hour Course

Plie' MPC Knee Four Hour Course

BOTH i-LIMB and Plie' MPC Knee Courses

Please check the date and location you prefer to attend or write it in on the detailed section below the course schedule.

- | DATE | LOCATION | DATE | LOCATION |
|--------------------------------------|-------------|-------------------------------------|---------------|
| <input type="radio"/> March 19, 2009 | Anaheim, CA | <input type="radio"/> June 16, 2009 | Cleveland, OH |
| <input type="radio"/> April 9, 2009 | Dallas, TX | <input type="radio"/> July 10, 2009 | Boston, MA |

Name: _____ (as it appears on your certification) CP or CPO#: _____

Facility: _____ Phone: _____ Fax: _____

Address: _____ City: _____ St: _____ Zip: _____

Email: _____ Training Location: _____ Date: _____

Registration fee for the Prosthetic Advances Course is \$300, or \$150 per section. You may choose to pay the fee via any of the alternatives noted below:

Bill to my SPS account: _____ Pay by Check # _____
Mail Check to: Mrs. Vickie Quinn
c/o SPS; P.O. Box 406; Alpharetta, GA 30009

Pay by Credit Card: AMEX, MC, Visa Acct. # _____ Exp. _____

Name on credit card: _____