

# SPIRE BUSHEY HOSPITAL PRACTICAL MUSCULOSKELETAL GP MASTER CLASS

Date: Wednesday 8<sup>th</sup> February 2017

Location: **The Hilton Hotel, Elton Way, Watford, WD25 8HA**  
Chairman - Dr Ian Gold

## Agenda & Booking Form

Time	Topic	Person
8.45	Coffee and Registration	
9.00	Welcome and Introduction	Dr Ian Gold
9.10	Foot & Ankle Problems	Mr David Gordon
9.45	Back Assessment & Treatment	Gemma Hammond
10.15	Back Pain – Case Histories	Mr George Verghese
10.50	<b>Coffee</b>	
11.10	Knee Problems – Case Histories	Mr Ghias Bhattee
11.45	Knee Assessment & Treatment	Steve Harris
<b>12.25</b>	<b>Lunch</b>	
13.25	Non-Surgical Interventions for Back Pain	Dr Tacson Fernandes
14.00	Hip Problems in Young Adults	Mr Aresh Hashemi-Nejad
14.35	Paediatric physiotherapy	Sarah Masters
<b>15.05</b>	<b>Tea</b>	
15.20	Shoulder Problems – Case Histories	Mr Mark Falworth
16.05	Shoulder Assessment & Treatment	Jessica Woodrow
16.35	Closing	

Scroll down for booking form:-

## BOOKING FORM

### PRACTICAL MUSCULOSKELETAL GP MASTER CLASS

Wednesday 8<sup>th</sup> February 2017 at  
**The Hilton Hotel, Elton Way, Watford, WD25 8HA**

**PLEASE NOTE:** We can only take reservations with a booking form and deposit cheque. If you do not book in advance and turn up on the day we may not be able to accommodate you due to the high volume of attendees and limited space.

**A certificate of attendance will be issued by e mail after the event.**

Name .....

Surgery Address .....

(In full please) .....

Postcode ..... Telephone No. ....

Email address .....

*(please write clearly as confirmation & certificate of attendance will be sent by e mail only)*

This meeting is free of charge but subject to a £50.00 'refundable on the day' deposit. Please make the cheque payable to Spire Bushey Hospital.

*No bookings will be accepted without a deposit cheque.*

A) Please reserve a place for me for the **whole day** [ ]

B) Please reserve a place for me for the **morning only** [ ]

C) Please reserve a place for me for the **afternoon only** [ ]

\*Please circle as appropriate: I am a **VEGAN\*** I am a **VEGETARIAN\***

Please print off this form and return to me with your cheque to the following address:

*Tina Moss, Marketing Department  
Spire Bushey Hospital, Heathbourne Road, Bushey, Herts. WD23 1RD*

A confirmation e mail will be e mailed to you once I receive your form and cheque – Thank you.