

## Wound Healing Using Electrical Stimulation Therapy (EST)

**Friday, July 8, 2016  
Li Ka Shing Building  
Room 240 LKSKI  
8:30 AM – 4:30 PM**

**Instructor: Pamela Houghton, PT, PhD**

**By the end of this seminar, the participant should be able to:**

- Define Electrical Stimulation Therapy (EST) and what is entailed in providing this therapy to optimize healing outcomes.
- Identify mechanisms of action and how to use these to predict expected and favourable responses of EST on the wound healing process.
- Select appropriate clients for EST based on knowledge and understanding of the indications, contraindications, and precautions of EST.
- Design an appropriate EST protocol that can be safely and effectively incorporated into the current plan of care.
- Recognize common clinical scenarios that can arise when using EST and know how to adjust EST treatment protocols to ensure electrical signals are applied safely and effectively.

**Pre-course, mandatory on-line modules** will be required to attend this seminar (Basics of wound healing and septic technique). This will be provided at time of registration and must be demonstrated completed prior to attending July 8<sup>th</sup> seminar.

- Fee: \$175.00 (includes lunch and handouts)
- This course is limited to 20 participants
- Cancellation refunds will be granted with administration fee of \$50.00 if notified by email by June 24, 2016
- Registration and payment must be received prior to confirmation for all delegates on a first come, first serve basis
- Certificates issued with completion of on-line modules and full participation during the seminar

## Registration Form

<b>Session</b>	<b>Wound Healing Using Electrical Stimulation Therapy</b>
Date	<b>Friday, July 8, 2016</b>
Time	<b>8:30 AM – 4:30 PM</b>
Place	Room 240 Li Ka Shing Building
Name (Fill in your name)	
Professional Designation (Indicate your profession)	
Facility (Fill in your work name)	
Address (Fill in your work address)	
<b>Mandatory Contact information in case of changes/cancellation</b>	<input type="checkbox"/> Telephone _____ <input type="checkbox"/> E-Mail _____
Credit Card  <b>Fax</b>  <b><u>416-864-5824</u></b>	<input type="checkbox"/> Visa or Master Card Number _____ <input type="checkbox"/> Expiry Date _____ <input type="checkbox"/> Three digits card verification code listed on back of card _____  <b>Total Amount</b> _____
Cheque	<b>**Complete this form and make cheque payable to:</b> <b>SMH Wound Care Program</b> St. Michael's Hospital, Toronto 30 Bond Street Room # 1060 Bond Wing Toronto, Ontario M5B 1W8 Attention: <b>Christine Williams</b>