

Sequential Therapies in **Parkinson's Disease**

*for Internists, Family Practitioners, Geriatric Physicians, Neurologists,
Psychiatrists, Rehabilitation Physicians, Psychologists, Nurses,
Physical and Occupational and Speech Therapists*

Session I - February 10, 2009

**The Diagnosis and Treatment
of Early Parkinson's Disease**

Session II - March 18, 2009

**The Treatment of Motor and
Non-Motor Complications
in Advancing Parkinson's Disease**

Session III - April 7, 2009

**Deep Brain Stimulation
in Parkinson's Disease:
The Role of the Neurologist**

Faculty

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St. Louis, MO 63104

*All Sessions will be held at the
Chase Park Plaza Hotel*

*Each Session is Approved for
1.5 AMA PRA Category 1 Credits™*

*This event is
sponsored by
**Saint Louis University
School of Medicine**
and made possible
by an educational grant from
Teva Neuroscience*

GENERAL INFORMATION

TARGET AUDIENCE

Internists
Family Practitioners
Geriatric Physicians
Neurologists
Psychiatrists
Rehabilitation Physicians
Psychologists
Nurses
Physical Therapists
Occupational Therapists
Speech Therapists

PROGRAM

6:30 pm Registration and Wine Reception
7:00 pm Welcome and Introductions
7:15 pm Dinner and Faculty Presentation
9:00 pm Meeting Adjourns

OBJECTIVES

- Identify the clinical signs of early Parkinson's Disease.
- Outline the strategies of treatment of Parkinson's Disease in early stages.
- Diagnose and treat the different types of motor fluctuations and non-motor manifestations in Parkinson's Disease.
- Identify patients with Parkinson's Disease who are suitable for deep brain stimulation.
- Do a Levodopa challenge test for these patients.
- Understand the concepts of programming of deep brain stimulation.

LOCATION

The Chase Park Plaza
212 N. Kingshighway
St. Louis, Missouri 63108

FOR INFORMATION

Continuing Medical Education
Saint Louis University
(314) 977-7401 or toll free at (800) 553-2712
Fax: (314) 977-7345

CONTINUING EDUCATION

ACCREDITATION: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the sponsorship of Saint Louis University School of Medicine. Saint Louis University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide CME for physicians.

AMERICAN MEDICAL ASSOCIATION: Saint Louis University School of Medicine designates this activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

VALIDATION OF CONTENT: Saint Louis University School of Medicine follows the ACCME policy on Validation of Content for CME activities which requires that:

- All recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
- Saint Louis University School of Medicine will review this activity's disclosures and resolve all identified conflicts of interest, if applicable.

CANCELLATION POLICY:

Cancellations received two weeks prior to each session will be refunded in full. **NO REFUNDS WILL BE ISSUED AFTER** the two week deadline for each session.

ACCOMMODATIONS INFORMATION:

Saint Louis University CME rate at the Chase Park Plaza Hotel is \$155 per night. For reservations call toll free (877) 587-2427 or locally at (314) 633-3000 and request the SLU discounted rate.



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Please mark the Session(s) you wish to attend:

Session I - February 10, 2009

Session II - March 18, 2009

Session III - April 7, 2009

TUITION FEES PER SESSION:

_____ SLU Faculty/Residents/Allied Health Professional.....\$0/Session

_____ All Others.....\$25/Session

\$ _____ TOTAL DUE

Please Print or Type

Name: _____

Degree: _____ Position/Specialty: _____

Date of birth (used for CME ID): _____

Mailing Address: _____

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Business Phone: () _____ Fax: () _____

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Special Needs: _____

METHOD OF PAYMENT

Make Checks payable to "*Saint Louis University CME*" or register by fax if paying by credit card.

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Registrants will receive confirmation via the email address provided above within 48 hours of receipt of registration and payment.

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