Introduction to Corticosteroid Injection Therapy

Venue: Northampton General Hospital
Date: 17th / 18th March 2012
Introduction to Corticosteroid Injection Therapy

Dear delegate

Thank you for your interest in the course. The course provides an introduction to corticosteroid injection therapy for common musculoskeletal conditions of the foot. The course will run over two days, to be followed by a period of supervised clinical practice (to be arranged by the delegate).

To successfully complete the course and receive accreditation for it, the delegate will need to pass an end of course MCQ exam and complete a series of 10 mentored injections.

Date
17th / 18th March 2012

Cost
£425
Includes tuition, course notes, lunch, and refreshments

Venue
Cripps Post-Graduate Medical Centre
Northampton General Hospital
Northampton
NN1 5BD

Course Leader

Mr. Ian Reilly FCPodS, DMS
Consultant Podiatric Surgeon

info@podsurgeon.co.uk
Entry Criteria for Podiatrists
Injection therapy is an advanced treatment technique. This course is open to members of the SoCaP who are current HPC registered Podiatrists that hold current certification in local anaesthesia.

Programme Outline
Day 1
1. Introduction to the course
2. Theory of injection therapy
3. Legislation/medical ethics
4. Pharmacology of steroids
5. Anatomy/foot pathology revision

Day 2
7. Surface anatomy
8. Techniques and regimen
9. Exam: 30 minute paper

Aims
1. To introduce clinicians to the advanced skills of injection therapy
2. To teach the principles of pharmacology of the drugs used
3. To advise on the indications and contraindications of injection therapy
4. To instruct in the legal and ethical considerations of injection therapy
5. To review the aetiology and pathology of common foot problems treatable by injection therapy
6. To review functional and surface anatomy related to needle placement

Learning outcomes
1. By the end of the course the student will be able to:
2. Confidently discuss the advantages and disadvantages of injection therapy
3. Demonstrate advanced clinical reasoning
4. Critically evaluate injection therapy as an adjunct to other treatment
5. Competently select patients suitable for injection therapy
6. Communicate effectively with colleagues regarding treatment choice
7. Discuss good aseptic techniques in the application of the treatment
8. Recognise warning signs of adverse reactions to any of the drugs used
9. Initiate appropriate management for adverse reactions
10. Clearly define all aspects of post-injection aftercare and rehabilitation

Pre-Course Reading
A full course pack will be issued covering the main areas of study. A pre-course anatomy test will also be issued. A sound knowledge of anatomy is key for successful injection therapy. The test is designed to highlight any areas of weakness and we strongly suggest that you complete it prior to the course. We will review the answers on day 1 of the course.
Post-Course Supervision
Some delegates will be taking the two-day course as part of their overall CPD without a desire to undertake mentorship in injection techniques. For those delegates who are planning to incorporate injection therapy into their clinical practice, before the period of mentored supervision starts the delegate must also be able to produce:

1. Current certificate in basic life support
2. Current certificate of vaccination for Hepatitis B

Prior to undertaking supervised injections the delegate must also supply written confirmation of an appropriate mentor/s who has/have agreed to supervise your clinical practice for a minimum of 10 injections. The mentor can be any doctor or clinician who regularly undertakes injection therapy for foot pathology.

Once all 10 injections have been performed, details of the supervision should be sent to the course administrator. Subject to SoCaP confirmation, delegates will receive accreditation and annotation on completion of the course.

Further Questions
If you have any further questions, please e-mail me at info@podsurgeon.co.uk.

Booking
To apply, please complete the booking form and send this to the Course Administrator. Please send supporting documentation, if available, together with your application form.

Upon receipt of your cheque you will be sent the pre-course reading pack. Course notes will be issued on the day.

Terms & Conditions
1. Delegate cancellation policy: £50 deductible more than one month prior to the commencement of the course. After this there is no refund.
2. We will endeavour to avoid course cancellation wherever possible. Delegates must, however, understand that in exceptional circumstances courses may have to be cancelled. In such an event there will be a full refund of the delegate fee. Course cancellations occur rarely but remain a possibility.
3. We reserve the right to adjust, amend or change course programmes as they deem appropriate. This is to ensure we can flexibly meet the needs of each group.
4. Exclusions – parking and accommodation are NOT included in the course fee.
**Booking Form**

**SECTION 1: YOUR DETAILS**

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**Dietary Requirements**

Date/place of qualification: ...............................................................

SoCaP / HPC Nos.: ......................................................... / ........................................

No. of years in practice: ............................................

**For delegates wishing to undertake supervised mentorship:**

- BLS certificate: Yes / No
- Hepatitis B vaccination: Yes / No
- Written confirmation from your mentor: Yes / No

(These can be confirmed prior to commencement of supervised practice)

**SECTION 2: BOOKING**

**PAYING FOR A COURSE YOURSELF**

Please enclose a cheque made payable to Ian Reilly for the sum of £425 or by BACS to the account detailed below.

Watford Court Spinney  
Church Street  
Watford  
Northants. NN6 7UR  
Reilly Consulting Ltd  
Lloyds TSB  
30 96 09  
40555360

**NHS/CORPORATE BOOKINGS**

Please send a letter of authority from your manager together with your application form or give full invoicing details below if you wish us to invoice your Trust directly. Ensure your finance department is aware of arrangements. The delegate is ultimately responsible for all course fees if not settled by employer.

- Finance Dept/Contact: ..........................................................
- Address (inc name of organization): ..................................................
- Postcode: ..............................................................  Tel: ..........................................

I have read and accept the course description, terms and conditions of booking and wish to reserve a place.

Signed (by you) ..........................................................  Date ..........................................

You will receive an email confirmation of your place upon receipt of payment.