



## EMERGENCY MEDICAL RESPONDER COURSE

8:30 am - 5:00 pm, Friday-Sunday

Date: 13-15 April, 2012

**WHO SHOULD ATTEND:** Physical Therapists/Physical Therapist Assistants, ATC's, and other health care providers who may provide sideline and court-side coverage for athletic events.

**Location:** Elks Rehab Hospital  
600 Robbins Rd  
4<sup>th</sup> Floor  
Caribou/Bitterroot Room  
Boise, ID 83701

**Cost:** SPTS members: \$395, Non-members: \$495, Students: \$250, One day refresher: \$175

### **PRIOR TO THE COURSE:**

1. You are required to obtain, and be familiar with, **Emergency Medical Response Textbook**, Rev 6/11, (\$69.95) and **Emergency Medical Response Workbook**, Rev 6/11, (\$43.95)

Both publications are available from:

Local American Red Cross or <https://www.shopstaywell.com>

**COURSE CONTENT:** This course is designed to be flexible and will meet, or exceed, the objectives set forth by the **Department of Transportation**. The course materials include video presentations, slides, and hands-on laboratory sessions

The final practical examination will include bleeding control and shock management, trauma victim assessment and management, airway insertion and suction, management of injuries to soft tissue and skeletal structures and management of head, neck and back injuries.

Following successful completion of the course, participants will be awarded a First Responder Certificate, good for three years, and a CPR/AED Certificate, good for two years. Additionally, the course fulfills the requirements for eligibility to submit an application for the ABPTS-SCS examination.

**PRESENTER:** Alan Crothers, PT, SCS. Member of the National Network of Red Cross Instructors.  
[acrothers@elksrehab.org](mailto:acrothers@elksrehab.org)

**DRESS:** Participants should wear comfortable clothing for CPR as well as bandaging and fracture management.

**CONTACT HOURS:** 22

**Maximum Enrollees:** 16

**REGISTRATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check enclosed     MasterCard/VISA # \_\_\_\_\_

Security Code: \_\_\_\_\_ Exp Date \_\_\_\_\_ Signature \_\_\_\_\_

Make Checks Payable to: St Lukes - Elks Rehab

Send Registration and Payment to

Alan Crothers, PT, SCS  
St Lukes-Elks Rehab  
3875 E Overland Rd  
Meridian, ID 83642  
([stlukeselksrehab.org](http://stlukeselksrehab.org))