



Direct Anterior Hip Replacement

Date: Tues., Nov. 13, 2018
Time: 7:30 am—8:30 am
Place: Monroe County Medical Society
 The Park at Allens Creek Rd.
 132 Allens Creek Road
 Rochester, NY 14618

FREE FOR MCMS MEMBERS AND THEIR STAFF

Learn more about the benefits of Direct Anterior Hip Replacement and which patients may be good candidates.

Direct anterior hip arthroplasty refers to a surgical approach that does not violate any major muscle or tendon groups, resulting in a faster recovery as well as negating the need for traditional motion restrictions.

Total hip arthroplasty is a highly effective treatment for end-stage hip osteoarthritis and often results in significant and measurable gains in quality of life.

The procedure has become safer and more streamlined over time, and an emphasis has been placed on faster recovery.

Program Registration Fees
 MCMS & 7th District Members & Staff: Free
 Non-members: \$20 per person



Presenter:
Matthew Bessette, MD

Dr. Matthew Bessette grew up in the Rochester area and is a graduate of Pittsford Mendon High School. He attended college at the University of Pennsylvania and medical school at the University of Virginia. He completed a residency in Orthopaedic Surgery at the University of Rochester Medical Center, as well as a fellowship in Sports Medicine at the Cleveland Clinic. He is a Candidate Member of the American Academy of Orthopaedic Surgeons and the American Orthopaedic Society for Sports Medicine, and a Fellow member of the Arthroscopy Association of North America. He is currently in private practice at Rochester Community Orthopaedics.

For more information, contact Ronaele King at (585) 473-7573 or rking@mcms.org.

MCMS Grand Rounds: Direct Anterior Hip Replacement — Nov. 13, 2018
Online registration is available at www.mcms.org

Name(s): _____

Practice Name: _____

Phone Number: _____ Email: _____

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Registration Fees: MCMS and 7th District Members: Free Non-members: \$20 per person

**Note to Nonmembers: If you complete a MCMS membership application within three months, the registration fee will be applied to your first year's dues payment.*

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Please bill my credit card in the amount of \$ _____

Cardholder Name: _____

Card Number: _____ Exp. Date: _____ Verification Code: _____

Address associated with card: _____ Zip: _____

Signature: _____

Send completed form and payment to:
 Monroe County Medical Society, 132 Allens Creek Rd., Rochester, NY 14618
 Fax: (585) 473-7641 Email: rking@mcms.org

MCMS Cancellation Policy: Cancellation requests must be sent via e-mail to Ronaele King at rking@mcms.org with "Cancellation Request" in the subject line. Correspondence must include event title, date and time, registrant's name, and payee's contact information. If cancellation notice is provided at least 7 days prior to the scheduled event, a refund may be requested, minus a 20% processing fee. If cancellation notice is provided at least 1 day prior to the scheduled event, a credit voucher will be issued for the full amount paid that may be used by anyone in the practice within one year of the original event date. Questions? Contact Ronaele King at rking@mcms.org or at 585-473-7573.