##### Instructor:

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| Day One |
| **9:00 am** | **Hands-On Scanning – Session 1 Upper Extremity Blocks****Model 1:**  |
| **10:00 am** | **Hands-On Scanning – Session 2 Lower Extremity Blocks****Model :**  |
| **11:00am** | **Hands-On Scanning – Session 3 Miscellaneous Blocks****Model**  |
| **11:00am** | **Hands-On Scanning – Session 4 Ultrasound Needle Guidance****Model : Phantom** |
| **12:00pm** | **Lunch** |
| **1:00pm** | **Hands-On Scanning – Session 5 Upper Extremity Blocks****Model 2:**  |
| **2:00 pm** | **Hands-On Scanning – Session 6 Lower Extremity Blocks****Model:**  |
| **3:00pm** | **Hands-On Scanning – Session 7 Miscellaneous Blocks** **Model :**  |
| **4:00pm** | **Hands-On Scanning – Session 8 Ultrasound Needle Guidance****Model : Phantom** |
| **5:00pm** | **Adjourn** |