CONFERENCE ANNOUNCEMENT



CLINICAL CHALLENGES IN AEROSPACE MEDICINE

AEROSPACE MEDICINE GROUP SYMPOSIUM

LONDON / 4 MARCH 2014

This symposium will take the form of a 'Grand Round' and act as a forum for aerospace professionals to share and discuss the latest advances in aerospace medicine.

Delegates will get the opportunity to examine clinical cases that present new challenges and dilemmas for the aerospace medicine community. Attendees will also learn about advances in medical knowledge and treatment that have changed management in the context of flying.

Join practitioners in clinical aviation medicine and key UK bodies including the Civil Aviation Authority and Ministry of Defence, to understand what key advances in aerospace medicine you need to consider in medical fitness to fly assessments.

Details of the cases, which will come from both civil and military areas, will be available shortly.

The rates for this one day symposium are:

Non-member: £165 + VAT

RAeS Corporate Partner: £140 + VAT

RAeS Member: £110 + VAT

RAeS baseline member: £80 + VAT

RAeS Student Member: £45 + VAT

Register online at www.aerosociety.com/events or by calling the conference team on +44 (0)20 7670 4345.

Stewart Named Lecture 2014

Join us for the annual Stewart Named Lecture, which will take place directly after this Aerospace Medicine symposium, at No. 4 Hamilton Place. This year's lecture will be given by Dr Roberts, Chief Medical Officer at NATS Occupational Health Services and Aero-Medical Centre. Dr Roberts will discuss the rapid changes in technology and commercial and environmental pressures that affect Air Traffic Management today.

Refreshments will be served from 17.30, and the lecture starts at 18.00.

To book a place visit www.aerosociety.com/events

PROGRAMME

The clinical case details will be made available shortly so visit www.aerosociety.com/events for more information

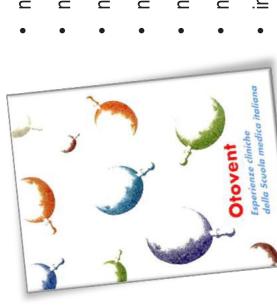
VENUE

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DIONCINO Per compensare



- nelle fasi di decollo e atterraggio, per facilitare la compensazione
- nella prevenzione di barotraumi ritardati dopo respirazione di O₂ in alta quota
- nella ossigenoterapia iperbarica, per limitare i danni da barotrauma
- nelle immersioni in apnea, per allenare le strutture tubariche e peritubariche
- nella ginnastica tubarica, per migliorare l'efficienza della Tuba di Eustachio
- nella rieducazione tubarica, per implementare la "speech therapy"
- in altre patologie come il reflusso gastroesofageo

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