



The Hong Kong College of Orthopaedic Surgeons
香港骨科醫學院

Spine Subspecialty Course

Date : 28 March 2009 (Saturday)
Time : 1:30 – 6:00 pm
Venue : Multi-function Room, G/F, Block D, Queen Elizabeth Hospital

Timetable

Time	Topics	Speakers
1:30-1:50	Embryology and functional anatomy of vertebral column	YW Wong
1:50-2:10	Basic principles of spine surgery: biomechanics and genetics	KMC Cheung
2:10-2:30	Complete neurological examination and its interpretation	YW Wong
2:30-2:50	Neck pain, cervical radiculopathy and cervical myelopathy	KDK Luk
2:50-3:10	Approaches for back pain: acute, chronic and fail back	YK Chan
3:10-3:30	Spinal infection: pyogenic and tuberculous spondylitis	KH Mak
3:30-3:50	Tea break	
3:50-4:10	Spinal problems in association of common inflammatory diseases e.g. RA, AS	KK Cheung
4:10-4:30	Management principles of the benign and malignant vertebral tumours. Primary and secondary tumours are included.	KK Li
4:30-4:50	Management of spinal deformities: scoliosis, Scheuermann's disease	Bobby Ng
4:50-5:10	Common cervical injuries and their management	KY Fung
5:10-5:30	Common thoracolumbar injuries and their management	RNM Wong
5:30-5:50	Lumbar spondylolisthesis	WC Wong
5:50-6:00	Evaluation	



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS S P I N E S U B S P E C I A L T Y C O U R S E

For official use only

Registration No.:

Date Received:

Date: 28 March 2009 (Saturday)

Venue: Multi-function Room, G/F, Block D, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon, HKSAR

REGISTRATION FORM

(Please put a "✓" in appropriate box and fill it in block capitals)

Title: Prof. Dr. Mr. Ms.

Surname: _____ Given Name: _____

Chinese Name: _____ Position: _____

Institution: _____ Department: _____

HKCOS Category: Fellow Trainee Others: _____

Mailing Address: _____

Telephone: _____ Facsimile: _____

E-mail: _____

REGISTRATION FEE

HKCOS Trainees: HK\$300 and HKCOS Fellows: HK\$400

Registration will be made on a first-come-first-served basis. No refund will be made after the registration deadline.

PAYMENT

A cheque or bank draft No. _____ in HK\$ _____ made payable to
" THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS " is enclosed.

I hereby agree with the terms & conditions above.

Signature: _____ Date: _____

Please return the completed form with payment to:

Secretariat
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Aberdeen, Hong Kong

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