



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

Subspecialty Course in Trauma

Date : 30 October 2010 (Saturday)
Time : 14:00 – 19:00
Venue : Seminar Room 1, 2nd Floor, Clinical Science Building (outside Li Ping Medical Library), Prince of Wales Hospital, Shatin, N.T.

Timetable

< Updated on 27 September 2010 >

Time	Topics	Speaker
14:00-14:20	Trauma overview (fracture healing, biomechanics etc.) (20 min.)	KS Leung
14:20-14:40	Surgical decision making (Pre-op assessment, planning etc.) (20 min.)	WY Shen
14:40-15:00	Plating development and principles (20 min.)	Frankie Leung
15:00-15:15	Fracture dislocations around elbow (15 min.)	HF Tsui
15:15-15:30	Management of open fractures (15 min.)	SK Kou

15:30-15:45 Break

15:45-16:05	Pelvic-acetabular fracture (20 min.)	WK Ngai
16:05-16:20	Navigation and arthroscopy in trauma surgery (15 min.)	N Tang
16:20-16:35	Proximal humerus and Humeral shaft fracture (15 min.)	KB Lee
16:35-16:50	Damage control surgery (15 min.)	KB Lee
16:50-17:10	Forearm fracture dislocations (20 min.)	YY Chow

17:10-17:25 Break

17:25-17:45	Fragility fracture and osteoporosis (Geriatric hip fractures) (20 min.)	KS Leung
17:45-18:00	Long bone fractures of lower limb (15 min.)	N Tang
18:00-18:20	Articular fractures of lower limb (20 min.)	WY Shen
18:20-18:40	Complications of fracture (20 min.)	Frankie Leung
18:40-19:00	Q&A (20 min.)	



The Hong Kong College of Orthopaedic Surgeons

香港骨科醫學院

<< Teaching Faculty >>

Dr. YY Chow	Dept. of Ortho. & Trauma., TMH
Dr. SK Kou	Private Orthopaedic Surgeon
Dr. KB Lee	Dept. of Ortho. & Trauma., QEH
Dr. Frankie Leung	Dept. of Ortho. & Trauma., QMH
Prof. KS Leung	Dept. of Ortho. & Trauma., PWH
Dr. WK Ngai	Dept. of Ortho. & Trauma., NDH
Dr. WY Shen	Dept. of Ortho. & Trauma., QEH
Dr. N Tang	Dept. of Ortho. & Trauma., PWH
Dr. HF Tsui	Dept. of Ortho. & Trauma., TMH

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Registration No.:

Date Received:



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS SUBSPECIALTY COURSE IN TRAUMA

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Prince of Wales Hospital, Shatin, N.T.

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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