



Adult Joint Reconstruction Subspecialty Course

Date : 5th Nov. 2011
Time : 1:30 – 6:00 pm
Venue : Lecture Theatre, G/F, Block A, Queen Elizabeth Hospital
Coordinator : Dr. WH Yuen (Dept. of Orthopaedics & Traumatology, QEH)

Timetable

Time	Topics	Speakers
1:30-1:55	Basic material science in arthroplasty	DR. K H CHIU (PWH)
1:55-2:20	Biomechanics in hip & knee and design of THA/TKA	DR. Y C WONG (YCH)
2:20-2:45	Surgical approaches in THA & TKA	DR. K K LEUNG (PRIVATE)
2:45-3:10	TKA – pre-operative planning, surgical technique & how to stay out of trouble	DR. W H YUEN (QEH)
3:10-3:35	THA – pre-operative planning, surgical technique & how to stay out of trouble	DR. H L WONG (TMH)
3:35-3:55	Tea break	
3:55-4:20	Management of complications in arthroplasty	Dr. MF Lee (NDH)
4:20-4:45	Alternatives to total knee arthroplasty - conservative & operative	DR. K W CHEUNG (PWH)
4:45-5:10	Alternatives to total hip arthroplasty - conservative & operative	DR. H C CHENG (UCH)
5:10-5:35	Revision THA	PROF. K Y CHIU (QMH)
5:35-6:00	Revision TKA	DR. F Y NG (QMH)
6:00-6:05	Evaluation	

For official use only

Registration No.:

Date Received:



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS SUBSPECIALTY COURSE IN ADULT JOINT RECONSTRUCTION

Date: 5 November 2011 (Saturday)

Venue: Lecture Theatre, G/F, Block A, Queen Elizabeth Hospital

REGISTRATION FORM

(Please put a "✓" in appropriate box and fill it in BLOCK LETTERS)

Title: Prof. Dr. Mr. Ms.

Surname: _____ Given Name: _____

Chinese Name: _____ Position: _____

Hospital / Practice: _____ Department: _____

HKCOS Category: HKCOS Fellow HKCOS Trainee Others: _____

Mailing Address: _____

Contact Telephone: _____ Facsimile: _____

Contact Email: _____

Car Plate No.: _____ *(Limited free parking is available on first-come-first-served reservation basis)*

REGISTRATION FEE

HKCOS Trainees: HK\$300 and HKCOS Fellows: HK\$600

Registration will be made on a first-come-first-served basis. No refund will be made after the registration deadline (28 October 2011).

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
The Hong Kong College of Orthopaedic Surgeons
Room 905, 9/F
Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong

Tel: (852) 2871 8722 Fax: (852) 2873 4077 E-mail: hkcoss@hkcoss.org.hk Website: www.hkcoss.org.hk