

Physical Rehabilitation in Cerebral palsy

Workshop on

U/S Guided Muscle Localization on Upper Limb Muscles

Course Director: Dr Joe Watt

*Professor, Department of Pediatrics,
Clinical Professor, Department of Physical Medicine and Rehabilitation, University of Alberta.
Medical Director, Neuromotor Programs, Syncrude Center for Motion and Balance,
Glenrose Rehabilitation Hospital*

Venue: Lecture Theatre, Wai Oi G/F, Caritas Medical Centre

Date: 8th Nov 2010

Time: 2 p.m. to 5 p.m.

Target audience: Paediatricians, Neurosurgeons, Orthopaedic Surgeons, Physiotherapists, Occupational Therapists, Paediatric Nurses

Deadline of registration: 1 Nov 2010 (Monday)

Registration Fee: Free of charge

*Hong Kong College of Paediatricians

CME Points – pending

*Hong Kong College of Orthopaedic Surgeons

CME Points – pending

*Hong Kong College of Surgeons

CME Points – pending

Department of Health – Nursing

CNE Points – pending

Nurses

CNE Points – pending

Light lunch available at 1:15 p.m.

Registration & Enquiry: Ms Angela Mok at 3408-7452 or via e-mail:

mokkma@ha.org.hk

Organized by the Department of Paediatrics & Adolescent Medicine, Caritas Medical Centre

Sponsored by Allergan and SonoSite





Kwong Wah Hospital

廣華醫院

Department of Paediatrics



Workshop on

"U/S guided muscle localization on lower limb muscles"

Speaker : Dr Joe Watt

Professor, Department of Pediatrics,

Clinical Professor, Department of Physical Medicine and Rehabilitation, University of Alberta

Medical Director, Neuromotor Programs, Syncrude center for Motion and Balance,

Glenrose Rehabilitation Hospital

Date : 9th November 2010(Tuesday)

Venue : Training Hall(8A), 1/F,
Administrative Building
Kwong Wah Hospital

Time : 10:30am. – 12:00 noon

Moderator : Dr Sharon Cherk, SMO

*Hong Kong College of Paediatricians

*Hong Kong College of Surgeons

*Department of Health – Nursing

CME points – pending

CME points – pending

CNE points – pending

All are welcome



Kwong Wah Hospital

廣華醫院

Department of Paediatrics



Lecture on "Perinatal Brachial Plexus Injury"

Speaker : Dr Joe Watt

Professor, Department of Pediatrics,

Clinical Professor, Department of Physical Medicine and Rehabilitation, University of Alberta

Medical Director, Neuromotor Programs, Syncrude center for Motion and Balance,

Glenrose Rehabilitation Hospital

Date : 9th November 2010(Tuesday)

**Venue : Training Hall(8A), 1/F,
Administrative Building
Kwong Wah Hospital**

Time : 2:30pm. – 3:30p.m.

Moderator : Dr Sharon Cherk, SMO

*Hong Kong College of Paediatricians

*Hong Kong College of Surgeons

*Department of Health – Nursing

CME points – pending

CME points – pending

CNE points – pending

All are welcome

Commissioned Training 2010/11
Physical Rehabilitation in Cerebral palsy

Organized by:
Child Assessment Service, Department of Health

Course Director: Dr Joe Watt

Professor, Department of Pediatrics,
Clinical Professor, Department of Physical Medicine and Rehabilitation,
University of Alberta.
Medical Director, Neuromotor Programs, Syncrude Center for Motion and Balance,
Glenrose Rehabilitation Hospital

1 to 4, 10 November 2010

| <u>Date & Time</u> | <u>Programme</u> | <u>Venue</u> |
|--------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1.11.2010 (11am-1pm) | Lecture Cerebral Palsy: Classification and Management | 4/F Auditorium, School Dental Clinic, 147J Argyle Street |
| 2.11.2010 (11am-1pm) | Lecture Botulinum toxin injection for spasticity Constraint induced movement therapy for cerebral palsy | 4/F Auditorium, School Dental Clinic, 147J Argyle Street |
| 3.11.2010 (11am-1pm) | Lecture Instrumental gait analysis Identification and management of gait problem in children with CP | 4/F Auditorium, School Dental Clinic, 147J Argyle Street |
| 4.11.2010 (11am-1pm) | Lecture Neuromuscular disorders in children | 4/F Auditorium, School Dental Clinic, 147J Argyle Street |
| 10.11.2010 (11am-1pm) | Lecture Surgical Intervention in Cerebral Palsy | T9, Tuen Mun Hospital |

Please registered via e-mail (teresa_sl_yuen@dh.gov.hk) on or before 27 October 2010

Accreditation (for each lecture):

| | |
|--------------------------------------------|----------------------------------------------------------------------|
| Hong Kong College of Paediatricians | CME 2 Points per day, max. 10 points, Cat. A |
| Hong Kong College of Orthopaedic Surgeons | CME 2 Points per day, Cat A |
| Hong Kong College of Physicians | CME 2.5 Points per day |
| The College of Surgeons of Hong Kong | CME 6 Points per day, Passive, max. 18 points for the whole function |
| Hong Kong Physiotherapy Association | CPD 2 Points per day, total 10 points |
| Hong Kong Occupational Therapy Association | CPD 2 Points per day, total 10 points |
| MCHK CME Programme | CME 2 Points per day, total 10 points |
| Department of Health – Nursing | CNE 2 Points per day |

Deadline for registration: 27 October 2010

To: Ms Teresa YUEN, Child Assessment Service of Department of Health
(email: teresa_sl_yuen@dh.gov.hk)

Registration Form

Physical Rehabilitation in Cerebral Palsy

by Professor Joe Watt

1 to 4, 10 November 2010

I / We would like to register the following lecture(s):

| | Name | Rank / Post | Lecture Date* | Dept | Hospital / Institute |
|--|------|-------------|-----------------------------|------|-------------------------|
| | | | 1 / 2 / 3 / 4 / 10 Nov 2010 | | |
| | | | 1 / 2 / 3 / 4 / 10 Nov 2010 | | |
| | | | 1 / 2 / 3 / 4 / 10 Nov 2010 | | |
| | | | 1 / 2 / 3 / 4 / 10 Nov 2010 | | |
| | | | 1 / 2 / 3 / 4 / 10 Nov 2010 | | |
| | | | 1 / 2 / 3 / 4 / 10 Nov 2010 | | |

** Please delete the inappropriate*

Contact Person:

Name : _____

Rank / Post : _____

Dept / Hospital : _____

Tel No. : _____

Fax No. : _____

e-mail : _____

Date : _____

Deadline: 1 Nov 2010 (Monday)

To : Ms Angela Mok
(email: mokkma@ha.org.hk)
Fax : 2148-4399

Registration Form

Workshop on U/S Guided Muscle Localization on Upper Limb Muscles

Date: 8th Nov 2010
Time: 2 p.m. to 5 p.m.
Lunch: (1:15pm – 2pm)
Venue: Lecture Theatre, Wai Oi G/F, Caritas Medical Centre

I / We would like to register the above workshop:

| | Name (in Block Letter) | Rank / Post | Dept | Hospital / Institute | Join / Lunch |
|----|------------------------|-------------|------|----------------------|--------------|
| 1 | Mr/Ms | | | | Yes / No |
| 2 | Mr/Ms | | | | Yes / No |
| 3 | Mr/Ms | | | | Yes / No |
| 4 | Mr/Ms | | | | Yes / No |
| 5. | Mr/Ms | | | | Yes / No |
| 6. | Mr/Ms | | | | Yes / No |

Contact person::

Signature: _____

Name: _____

Rank/Post: _____

Dept/Hospital: _____

Tel No: _____

Fax No: _____

Date: _____