



Subspecialty Course in Sports and Arthroscopy

Date : 25 June 2011 (Saturday)
Time : 1:30 – 6:00 pm
Venue : Multi-function Room, G/F, Block D, Queen Elizabeth Hospital

Timetable

< Revised on 15 June 2011 >

Time	Topics	Speakers
1:30-1:50	Recurrent shoulder dislocation	P Tse
1:50-2:10	Biomechanics of ligament injury	YC Wun
2:10-2:30	ACL injury, an overview	J Cheng
2:30-2:50	PCL injury, an overview	KC Poon
2:50-3:10	Meniscus and cartilage injury, current update	Wilson Li
3:10-3:30	Algorithm in management of multiple ligaments injury of knee	Francis Lau

3:30-3:50 Tea break

3:50-4:10	Recurrent patella dislocation, the role of MPFL	WP Yau
4:10-4:30	Basic Musculoskeletal radiology in sports injury	Alex Chow
4:30-4:50	Rotator cuff tear	HM Ho
4:50-5:10	Acromioclavicular joint injury	YC Wun
5:10-5:30	Tips and tricks in hip arthroscopy	HC Cheng
5:30-5:50	Rehabilitation after Sports Injury	Patrick Yung
5:50-6:00	Evaluation	

For official use only

Registration No.:

Date Received:



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS SUBSPECIALTY COURSE IN SPORTS AND ARTHROSCOPY

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Venue: Multi-function Room, G/F, Block D, 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 (15 June 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
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Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road
Aberdeen, Hong Kong

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