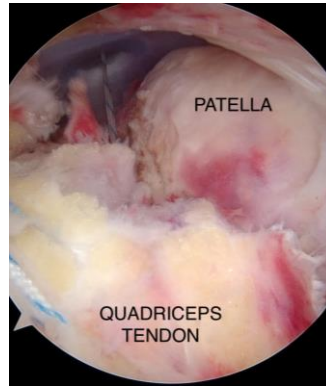
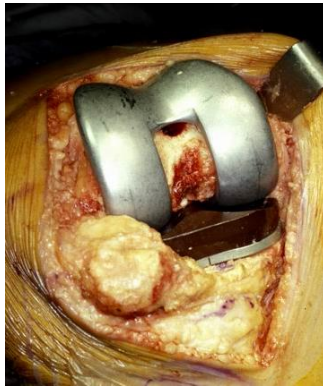
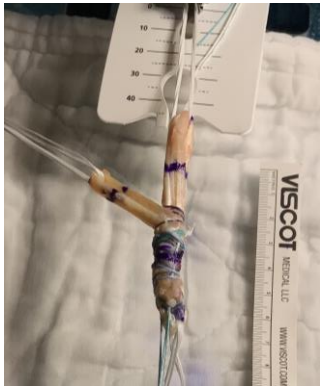


HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS POST-FELLOWSHIP DEVELOPMENT AND EDUCATION



EDUCATIONAL DAY IN KNEE – DAY ONE

DATE:

December 28th 2019 (Saturday)

TIME AND VENUE:

10:30 am to 1 pm:

Lecture Theatre, G/F, Block M, Queen Elizabeth Hospital

FACULTY:

Doctor CHAN Wai-lam

Doctor LI Wilson

Doctor ONG Tim-yun Michael

Professor YUNG Shu-hang Patrick

Doctor HO Hok-ming

Doctor LO Chun-kwong

Doctor YIP Wing-hang Gary

Registration: Free of charge

Please contact College Secretary at 2871-8722 for
registration and carpark reservation



HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS POST-FELLOWSHIP DEVELOPMENT AND EDUCATION

HKCOS EDUCATIONAL DAY IN KNEE – DAY ONE DECEMBER 28th 2019

10:30 am – 1:00 pm	PRIMARY ACLR – PART I	Lecture theatre, G/F, Block M, QEH
	DIDACTIC LECTURE SERIES	
10:30 – 10:45	Introduction - ACL Reconstruction in 21 st century	YUNG SH
10:45 – 11:00	Choice of graft in HK – A review	YUNG SH
11:00 – 11:15	Femoral tunnel position - Where should I place it?	LO CK
11:15 – 11:30	What is the optimal size of graft and how to achieve it?	YIP GARY
11:30 – 11:45	Suspensory fixation vs aperture fixation - does it matter?	HO HM
11:45 – 12:00	Concomitant ACLR and Anterior-lateral ligament reconstruction	CHAN WL
12:00 – 12:15	How to avoid early complications after primary ACLR?	LO CK
12:15 – 12:30	Infected ACLR - Incidence, prevention and management	ONG M
12:30 – 12:45	Persistent laxity and graft re-rupture	LI W
12:45 – 13:00	DISCUSSION AND ROUND-UP	



For official use only

Registration No.:

Date Received:



THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

EDUCATIONAL DAY IN KNEE – DAY ONE

Date: 28 December 2019 (Saturday)
Time: 10:30 am – 1:00 pm
Venue: Lecture Theatre, G/F, Block M, Queen Elizabeth Hospital

REGISTRATION FORM

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

Title:	<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Surname:	_____			Given Name:	_____
Chinese Name:	_____			Position:	_____
Hospital / Practice/ University:	_____			Department:	_____
HKCOS Category:	<input type="checkbox"/> HKCOS Fellow <input type="checkbox"/> HKCOS Trainee				
	<input type="checkbox"/> HKCOS Orthopaedic Student Group Member				
Mailing Address:	_____ _____				
Contact Telephone:	_____			Facsimile:	_____
Contact Email:	_____				
Car Plate No.:	_____ <i>(Limited free parking is available on first-come-first-served reservation basis)</i>				

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