



BASIC ORTHOPAEDIC BIOSKILL WORKSHOP 2011

First course: February $18^{th} - 19^{th}$

Second course: September 23rd – 24th

Third course: October $14^{th} - 15^{th}$

Registration required

Please contact Ms. Doris Lau at 2255-4581 for registration and car park reservation









Basic Orthopaedic Bioskill Workshop 2011

Date:

September Course: September 23rd – September 24th

October Course: October 14th – October 15th

Venue:

Friday course (2 pm - 6 pm)

- Lecture Theatre, 5/F, Professorial Block, Queen Mary Hospital, No. 102, Pokfulam Road, Pokfulam
- Saturday course (9 am 1 pm)
 - S7 OPD, Specialist Block, Queen Mary Hospital, No. 102, Pokfulam Road, Pokfulam

Organizers:

- The Hong Kong College of Orthopaedic Surgeons
- Department of Orthopaedics and Traumatology, Queen Mary Hospital,
 The University of Hong Kong

Course Co-ordinator:

Dr Yau Wai Pan

Content:

- Cover three areas
 - Trauma
 - Hand
 - Arthroscopy
- Lectures
 - 3 hours with 12 lectures
 - Lectures
 - ◆ Trauma: 7 lectures
 - Principle of CR and Plastering
 - Internal fixation: Screws
 - Internal fixation: Plates and Tension Band Principles





- Minimal Assess Biological Fixation
- Principles of Intramedullary Nailing
- Principles of External Fixation
- Fractures of Hip
- ◆ Hand: 3 lectures
 - Introduction to Microsurgery Artery repair
 - Introduction to Microsurgery Nerve repair
 - Tendon repair
- ◆ Arthroscopy: 2 bectures
 - Introduction to Arthroscopy Portals and Triangulation
 - Arthroscopic Knee Surgery
- Workshops
 - Three hours for six rotations (half hour each)
 - 2 candidates in each workshop
 - Workshop
 - ◆ Trauma: 3 workshops (Screw and Plate, Tension Band Principle, External fixator)
 - ♦ Hand: 2 workshops (Tendon repair, Use of Loupe and Nerve repair)
 - ◆ Arthroscopy: 1 workshop (loose body removal and meniscectomy)

Enrollment limit: 12 for each course

Enrollment Deadline: August 7th 2011

Enquiry and Registration:

Ms Doris Lau

Tel: 2255 4581 Fax: 2817 4392

Email: lws835a@ha.org.hk





Basic Orthopaedic Bioskill Workshop

Registration Form

Name:	
(First Name)	(Last Name)
Hospital:	
Correspondence	
address:	
Phone:	Fax:
E-mail:	
Year of Experience	* BST / HOT (Year)
Course Registered	* September course / October course / No preference
Parking	
parking reservation se	free parking spaces available for participants, and our rvice are on first-come first-served basis. Please provide umber to us and we will confirm with you as soon as
Car registration no.	
Please e-mail your applic	cation form to:
Ms Doris Lau (<u>lws835a</u>	<u>ı@ha.org.hk</u>)
or fax to us at 2817 4392	

Result of successful application will be announced on August 15th 2011