



BASIC ORTHOPAEDIC BIOSKILL WORKSHOP 2012

First course:

May 18th – 19th

Second course:

September 21st – 22nd

Registration required

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



Department of Orthopaedics and Traumatology, The University of Hong Kong 香港大學矯形及創傷外科學系







Basic Orthopaedic Bioskill Workshop 2012

Date:

May Course:

September 21st to September 22nd, 2012

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

<u>Organizers:</u>

- 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 lectures
 - 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 12th 2012

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)

(* Delete whenever appropriate)

Parking

There are only limited free parking spaces available for participants, and our parking reservation service are on first-come first-served basis. Please provide your car registration number to us and we will confirm with you as soon as possible.

Car registration no.

Please e-mail your application form to: Ms Doris Lau (<u>lws835a@ha.org.hk</u>) or fax to us at 2817 4392

Result of successful application will be announced August 17th 2012