



Hong Kong Association of Sports Medicine and Sports Science  
Asian Federation of Sports Medicine  
CUHK-WHO Collaborating Centre for Sports Medicine and Health Promotion

# TEAM PHYSICIAN DEVELOPMENT COURSE

Date: June 9-10, 2007

Venue: Postgraduate Education Centre,  
Prince of Wales Hospital, NT, Hong Kong SAR

Course Directors: Professor Kai-ming Chan (Hong Kong, China)  
Dr. James Lam (Hong Kong, China)

Advisors: Professor Li Guo Ping (China)  
Dr. Wahid Al-kharusi (Sultanate of Oman)  
Professor Tony Parker (Australia)

Accreditation: CME & CPD (pending for approval)  
CEC 12 points



Please click here for  
the course website



**Application deadline: May 18, 2007**

Contact Information

Tel: 26461477 (Miss Bell Chung)

Email: [bellise@ort.cuhk.edu.hk](mailto:bellise@ort.cuhk.edu.hk)

Course website: <http://www.cuhk.edu.hk/whoctr/smart07/course.html>

## HKASMSS/AFSM TEAM PHYSICIAN DEVELOPMENT COURSE

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Professor Tony Parker (Australia)

Faculties: Prof Stephen Wong (Hong Kong, China)

Dr. Lobo Louie (Hong Kong, China)

Dr. Gary Mak (Hong Kong, China)

Dr. John PS Wong (Hong Kong, China)

Mr. Raymond So (Hong Kong, China)

Miss Mimi Sham (Hong Kong, China)

Dr. Yvonne Yuan (Hong Kong, China)

Dr. Trisha Leahy (Hong Kong, China)

Dr. TW Wong (Hong Kong, China)

Dr. Zheng Zheng Xu (Hong Kong, China)

Dr. KS Yu (Hong Kong, China)

Dr. Raymond Yip (Hong Kong, China)

Dr. PC Ho (Hong Kong, China)

Dr WL Tse (Hong Kong, China)

Dr. Patrick Yung (Hong Kong, China)

Dr. Eric Ho (Hong Kong, China)

Mr Billy So (Hong Kong, China)

Dr Raymond Li (Beijing, China)

Dr Shideh Doroudi (Tehran, Iran)

Programme Details

*June 9, 2007(Saturday)*

<u>Time</u>	<u>Topic</u>	<u>Faculty</u>
1400-1430	The Modern Day Team Physician - Role qualification, & continuous professional development	KM Chan/Wahid Alkharusi
1430-1500	Sports science for team physicians	T Parker
1500-1530	Sports Injuries Prevention – The Current Evidence	James Lam
1530-1600	The pre-participation examination: a cornerstone of sports injury prevention	John PS Wong
1600-1615	TEA BREAK	
1615-1645	Sports nutrition & supplements	Mimi Sham
1645-1715	Principles of exercise physiology	Stephen Wong
1715-1745	Cardiovascular and other medical conditions affecting sports participation	Gary Mak
1745-1815	Sports psychology - psychological preparation for games and approaches to injury & rehabilitation	Trisha Leahy

*June 10, 1007 (Sunday)*

<u>Time</u>	<u>Topic</u>	<u>Faculty</u>
0830-0900	Drug testing, doping and medication	Yvonne Yuan
0900-0930	Environmental Extremes & Sports Participation	Lobo Louie
0930-1000	Sports Opportunities for the physically disables	James Lam
1000-1030	Sports in extreme Ages	Shideh Doroudi
1030-1045	Tea Break	
1045-1115	Physiotherapy modalities & their scientific basis	Raymond Li
1115-1145	Traditional Chinese medicine & methods in sports Rehabilitation: Acupuncture & Manipulative Therapy	ZZ Xu
1145-1215	Fatigue Recovery – How to help your Athletes?	Raymond So
1215-1300	LUNCH	
<b>Hands-on Workshop – On field management</b>		
1300-1400	Fieldside assessment, evaluation, triage & initial treatment of head & neck injury	TW Wong
1400-1500	Taping, strapping & Splinting	Raymond Li Billy So
<b>Hands On Workshop – Physical examinations &amp; clinical case studies</b>		
1500-1600	Neck, Spine & Shoulder	KS Yu Raymond Yip
1600-1700	Elbow, Hand & Wrist	PC Ho WL Tse
1700-1800	Hip, Knee & Ankle	Patrick Yung Eric Ho



# SMART Convention 2007

## Registration Form for Team Physician Development Course (TPDC) June 9, 2007 (1400-1815) & June 10, 2007 (0830-1800)

**\*Registration Deadline: May 18, 2007**

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### Personal Particulars

Title (Please ✓)  Prof.  Dr.  Mr.  Mrs.  Ms.  other (please specify): \_\_\_\_\_

\_\_\_\_\_

First name	Last Name
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### Professions (please ✓)

- |  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Orthopaedic Surgeon       | <input type="checkbox"/> Physicians                    | <input type="checkbox"/> Physiotherapist      | <input type="checkbox"/> Sport Coach |
| <input type="checkbox"/> Emergency Medicine        | <input type="checkbox"/> Surgeon                       | <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Nurse       |
| <input type="checkbox"/> Family/Community Medicine | <input type="checkbox"/> other (please specify): _____ |   |                                      |

Organization (& Department): \_\_\_\_\_

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Tel: (     )                      (office)                      (mobile) Fax: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Correspondence address: \_\_\_\_\_

\_\_\_\_\_

### **PAYMENT**

**Course Fee: USD250 / HKD 2000** (Inclusive of tea reception (June 9 & 10) & Course Manual)

#### **By Cheque**

Please send the registration form with a crossed cheque payable to **The Chinese University of Hong Kong** to Dept. of Orthopaedics and Traumatology, Rm. 74029, 5/F Clinical Sciences Building, Prince of Wales Hospital, Shatin, N.T., Hong Kong, **on or before May 18, 2007.**

**[Note: Please quote TPDC Registration on the envelop & your Name, Contact no. at the back of the cheque]**

#### **Credit Card**

If you are using credit card payment, please complete Credit Card Payment Authorization Form. Please send the **Credit Card Payment Authorization form along with registration form** to us by **fax** at (852) 2646 3020 or by **post (please quote TPDC Registration on the envelop) on or before May 18, 2007.**

## Credit Card Payment Authorization Form

### **HKASMSS/AFSM Team Physician Development Course June 9-10, 2007 Hong Kong**

Name: \_\_\_\_\_  
*Last name* *First Name*

Title: Prof/ Dr/ Mr/ Ms/ Miss\*

Tel: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**To: Convention Secretariat, SMART Convention 2007**

#### **Credit Card Payment of Registration Fee**

I hereby authorize the **Chinese University of Hong Kong** to debit the following credit card in the total amount indicated below for payment of the registration fee for the above mentioned person.

Paying Card member Name : \_\_\_\_\_(as shown on card)

Paying Card Number : \_\_\_\_\_ Expiry Date : \_\_\_\_\_

VISA 

MasterCard 

Total Amount to be debited : **HK\$ 2000**

Paying Card member Contact: Tel.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Authorized Signature : \_\_\_\_\_(as shown on card)

Date: \_\_\_\_\_

**Deadline for registration: May 18, 2007**