报名表格

姓名:							
□ 专家 □ 医师 □ 驻院医师 〔	□ 受训医师 □ 治疗师	□护士	性别:□ 男 / □ 女				
医院:							
邮寄地址:							
国家:		电邮:					
电话:		传真:					
(请钩选) 已是 □ HKSSH 会员(会员编号) □ APWA会员(会员编号)							
腕关节手术(诊断或治疗)之经验:[□ 无 □ 少于五次	□六至十次 □十一	至二十次 □ 多于二十次 *(必须钩选)				
课程 / 日期	报名费用 (2016年9月30日	或之前)	报名费用 (2016年9月30日之后)				
A 专题讨论会及临床工作坊 2016年12月10日 (星期六)	□ 主任/主治医师/住院医师□ 受训医师/治疗师/护士:港(只限香港医师报读)		□ 主任/主治医师/住院医师: 港币3,000元(390美元) □ 受训医师/治疗师/护士: 港币2,000元 (只限香港医师报读)				
B 中级课程 (两天课程内容相同) □ 2016年12月11日(星期日) 或 □ 2016年12月12日(星期一)	□ 主任/主治医师/驻院医师□ 受训医师: 港币5,000元(□ 主任/主治医师/驻院医师: HK\$8,000 (1,030美元) □ 受训医师:港币6,000元 (只限香港医师报读)				
	(参加者需完成初级课程或:	具备同等知识及技术)	(参加者需完成初级课程或具备同等知识及技术)				
C 高级课程 (此课程为期两天) 2016年12月11-12日(星期日至一)	□ 主任/主治医师/驻院医师 (参加者需完成中级课程或:		□ 主任/主治医师/驻院医师:港币15,000元(1,930美元) (参加者需完成中级课程或具备同等知识及技术)				
注意: 如同时报读研讨会及其中一个腕关节工作坊,会享有最多港币400元(50美元)之折扣优惠。(此优惠不适用于受训医师/治疗师/护士) 以上费用按港币收取,美金价格仅供参考。 课程费用包括: 讲议,出席证书,午餐及茶点,2016年12月10日欢迎晚餐会(只限报读研讨会之人士) 截止报名日期:2016年10月31日(名额有限,先到先得)。 一经报名之后,恕不退回任何费用。 付款方法: 如以支票付票,抬头写「香港中文大学」,请将支票连同本表格寄交「香港沙田威尔斯亲王医院李嘉诚专科诊所北翼一楼,矫形外科及创伤学进修培训中心」 如以信用咭付款,请填妥以下授权书后电邮到olc@ort.cuhk.edu.hk							
		言用咭付款授权书					
本人授权香港中文大学从本人下述之信用咭	·账户支取以下指定之费用作为_	上述人士参加上列课程之报名费。					
信用咭持有人名称:			□ VISA咭 □ MasterCard万事达咭				
信用咭号码:		有效期至:					
费用:港币							
信用咭持有人联络电话:		传真:					
持咭人签署:		(须与信用咭上	之签名相同) 日期:				

2016年度香港国际腕关节镜工作坊及研讨会 2016年12月10日至12日

课程主任: 何百昌

课程顾问: 熊良俭,陈启明,郑振耀

科研课程: 古兆昌 周静珊 技术委员: 谢永廉,黄咏仪

合办单位: 香港中文大学矫形外科及创伤学进修培训中心

亚太腕关节医学会

支持组织: European Wrist Arthroscopy Society

香港手外科医学会

海外受邀讲者及导师:

Eva-Maria BAUR (德国) Peter JØRGSHOLM (丹麦) Wei-jen CHEN (台湾) Sanjeev KAKAR (美国) Young-keun LEE (韩国) Keiji FUJIO (日本) Jan-Ragnar HAUGSTVEDT (挪威) Bo LIU (中国)

Guillaume HERZBERG (法国) Toshivasu NAKAMURA (日本)

本地受邀讲者及导师:

陈平德 周静珊 莫华康 王德铨 霍奂雯 伍永雄 甄志雄 陈永亮 郑喜珊 刘仁杰 尹少豪 叶家欣 郑沛霖 黄振丰 姚汉华 麦柱基 蔡启尧

专题讨论会及临床工作坊:

沙田威尔斯亲王医院公共卫生学院大楼地下继昌堂

腕关节镜操作班:

香港中文大学矫形外科及创伤学进修培训中心 香港中文大学赛马会微创医疗技术培训中心

课程特点:

- 1. 在实体标本上作腕关节镜
- 2. 操作班每台两位参加者
- 3. 操作班每一至二台有一位导师指导
- 4. 现场手术演示
- *课程基本以英语教授

查询请联络: 钱小姐(852)26323074

电邮: olc@ort.cuhk.edu.hk 网页: www.olc-cuhk.org

* 主办机构有权更改课程内容或讲者而不另行作通知

初订课程

专题讨论会及临床工作坊

2016年12月10日 (星期六) 上午8:00 - 下午6:00

1. 慢性腕桡侧疼痛研讨会

腕桡侧疼痛: 系统性评估方法

腕桡侧疼痛的影像学检查: 我们需要关注什么?

肌腱疾患导致的腕桡侧疼痛: 仅仅是桡骨茎突狭窄性腱鞘炎?

关节镜下治疗腕部囊肿: 何时及怎样 腕部肌腱疾患的物理治疗进展

关节镜下Tightrope及大多角骨半切术: 是否有极限?

拇指腕掌关节假体成形: 有这个需要吗? 关节镜下热解碳假体成形术治疗STT关节炎

静态舟月不稳定: 我的治疗取向 舟月分离腕关节进展性塌陷(SLAC)的关节镜下治疗

腕关节的支具: 职业治疗师的观点 舟骨延迟愈合: 我是否应该干预? 关节镜下植骨治疗舟骨骨折不连的新进展 骨软骨移植治疗桡骨远端关节内骨折畸形愈合

腕关节置换治疗桡腕关节炎

2. 个案讨论环节

3. 腕关节临床检查技巧及手腕疼痛临床处理工作坊

演讲及演示腕关节临床检查技巧 慢性腕关节疼痛临床放射学综合研讨大会(现场演示)

腕关节镜操作班

中级课程

2016年12月11日 (星期日) 及 12日 (星期一), 上午8:30 —下午5:00 (此课程为期一天,两天课程内容相同)

- 三角纤维软骨复合体关节囊修补术
- 关节镜辅助下修复舟月腕骨不稳及克氏针固定
- 背侧及掌侧腕囊肿切除术
- 桡骨茎突骨切除术
- 关节镜下尺骨远端薄片切除术

2016年12月11日 (星期日) 至 12日 (星期一), 上午8:30 —下午5:00 (此课程为期两天)

- 下尺桡关节关节镜
- 三角纤维软骨盘复合体尺骨小窝修补术
- 掌侧入路
- •拇指腕掌关节关节镜
- 关节镜下肌腱移植重建三角纤维软骨复合体
- 关节镜下骨移植术
- 关节镜辅助下肌腱移植重建舟月韧带
- 关节镜下部分腕关节融合术
- 关节镜下舟大小多角骨间关节热解炭植入术

Hong Kong International **Wrist Arthroscopy**

2016年度香港国际腕关节镜工作坊及研讨会

Workshop and Seminar

10th - 12th December 2016





Supported by:



Arthroscopy Society

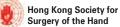












2016 Hong Kong International Wrist Arthroscopy Workshop and Seminar

10th - 12th December 2016

Course Director: Pak-cheong HO

Course Advisor: Leung-kim HUNG, Kai-ming CHAN, Chun-yiu Jack CHENG Scientific Program: Jeffrey Justin Siu-cheong KOO, Esther Ching-san CHOW Technical Committee: Wing-lim TSE, Clara Wing-yee WONG

Co-organizer: Orthopaedic Learning Centre (OLC),

Department of Orthopaedics & Traumatology, The Chinese University of Hong Kong Asia Pacific Wrist Association (APWA)

Supporting organization: European Wrist Arthroscopy Society (EWAS) Hong Kong Society for Surgery of the Hand (HKSSH)

International Faculty:

Eva-Maria BAUR (Germany) Wei-ien CHEN (Taiwan) Keiji FUJIO (Japan)

Ian-Raanar HAUGSTVEDT (Norway) Guillaume HERZBERG (France)

Local Faculty:

Ping-tak CHAN Wing-leung CHAN Sally Hi-shan CHENG Steve Pui-lam CHENG Alexander Kai-viu CHOI Esther Ching-san CHOW Margaret Woon-man FOK Yan-kit LAU

Michael Chu-kay MAK

Daniel Wah-hong MOK Alex Wing-hung NG Iames Siu-ho WAN Chin-hong WONG Tak-chuen WONG Chi-hung YEN Emily Ka-yan YIP Oliver Hon-wah YIU

Symposium and Clinical Workshop on Wrist Pain Management: Kai Chong Tong, G/F, Postgraduate Education Centre (PEC), Prince of Wales Hospital, Shatin

Hands-on Wrist Arthroscopy Workshop on Anatomical Specimens: Orthopaedic Learning Centre (OLC)

The CUHK Jockey Club Minimally Invasive Surgical Skills Centre (MISSC)

Special Features:

- 1 Fresh frozen cadaver limb
- 2 2 students per station
- 3 1 tutor per 1-2 station
- 4 Live surgery demonstration
- * Programmes are basically conducted in English

For enquiries, please contact: Natalie Chin (852) 2632 3074

* Programmes, materials and contents of the symposium and workshops are subject to change

Email: olc@ort.cuhk.edu.hk website: www.olc-cuhk.org

Peter JØRGSHOLM (Denmark)

Toshiyasu NAKAMURA (Japan)

Sanieev KAKAR (USA)

Bo LIU (China)

Young-keun LEE (Korea)

Preliminary Programme

Symposium and Clinical Workshop

10th December 2016 (Sat) 8:00am - 6:00pm

1. Symposium on Chronic Radial Wrist Pain

- Evaluating Radial Wrist Pain: a Systemic Approach
- Imaging in Radial Wrist Pain: What Do We Look For?
- Tendinopathy: Is it all about DeQuervain?
- Arthroscopy for Wrist Ganglion: When and How?
- Advance in Physiotherapy for Tendinopathy
- Arthroscopic Tightrope and Hemi-trapeziectomy: What's the Limit?
- Implant for Thumb CMCI: Do We Need This?
- Arthroscopic Pyrocarbon Interposition in STT Arthritis
- Static SL Instability: My Preference
- Arthroscopic Treatment in SLAC Wrist
- Splinting the Wrist: An Occupational Therapist Perspective
- Scaphoid Delayed Union: Should I Intervene?
- Update on Arthroscopic Bone Grafting in Scaphoid Nonunion
- Osteochondral Graft in Distal Radius Intra-articular Malunion
- Wrist Arthroplasty in Radio-carpal Arthritis

2. Quick Clinical Quiz

3. Clinical Workshop on Wrist Examination and **Wrist Pain Management**

- Lecture & Demonstration on Wrist Examination
- Clinical-Radiological Conference on Chronic Wrist Pain (Live Demonstration)

Hands-on Wrist Arthroscopy Workshop on Anatomical Specimens

Intermediate Course

11th and 12th December 2016 (Sat and Sun) 8:30am - 5:00pm (1-day course, identical on both days)

- TFCC Capsular Repair
- Arthroscopic Assisted Reduction Pinning SL Instability
- Ganglionectomy Dorsal / Volar
- Radial Styloidectomy
- Arthroscopic Wafer Procedure

Advanced Course

11th and 12th December 2016 (Sat and Sun) 8:30am - 5:00pm (2-day course)

- DRUI Arthroscopy
- TFCC Foveal Repair
- Volar Portal
- Thumb CMC Joint Arthroscopy
- Arthroscopic TFCC Tendon Graft Reconstruction
- Arthroscopic Bone Grafting
- Arthroscopic Assisted SL Ligament Tendon Graft Reconstruction
- Arthroscopic Partial Wrist Fusion
- STT Joint Arthroscopy with Pyrocarbon Interposition

Registration Form

(Family Name)

Specialist 🗅 Physicia	ın □ Resident □ Tra	inee 🗅 Therapist	□ Nurse		G	ender: □ M □ F	
ospital:				Country:			
orrespondence Address:							
on espendence, tauress.							
mail:		Phone:		Fax:			
Please tick the appropriate bo	ox) I am a member of 🚨 HKS:	SH(membership no.)		□ AP	WA(membe	ership no.)	
	,	` ' '			`	, ,	*(Required Field)
Program	Date	Early-bird Registration	on (On or befo	ore 30 th Sep 2016)	Registra	tion after 30 th Sep	2016
Symposium and	10 th Dec 2016 (Sat)	☐ Specialist/Physician	n: HK\$2,000 (L	JS\$260)	☐ Specia	ılist/Physician: HK\$	3,000 (US\$390)
Clinical Workshop		☐ Resident/Trainee/Therapist/Nurse: HK\$1,000 (for HK Local only)		Resident/Trainee/Therapist/Nurse:HK\$2,00 (for HK Local only)			
Intermediate Course	☐ 11 th Dec 2016 (Sun) OR	☐ Specialist/Physician	n: HK\$7,000 (l	JS\$900)	☐ Specia	ılist/Physician: HK\$	8,000 (US\$1,030)
(Identical on both days)	☐ 12 th Dec 2016 (Mon)	☐ Resident/Trainee: HK\$5,000 (for HK Local only) (Participants should preferably have completed the Basic course or have equivalent experience)		☐ Resident/Trainee/: HK\$6,000 (for HK Local only)			
				(Participants should preferably have completed the Basic course or have equivalent experience)			
Advanced Course	11 th -12 th Dec 2016	☐ Specialist/Physician: HK\$14,000 (US\$1,800)		☐ Specialist/Physician: HK\$15,000 (US\$1,930)			
(2-day course)	(Sun-Mon)	(Participants should preferably have completed the Intermediate course or have equivalent experience)		(Participants should preferably have completed the Intermediate course or have equivalent experience)			
	ospital: orrespondence Address: mail: Please tick the appropriate be experience in Wrist Arthro Program Symposium and Clinical Workshop Intermediate Course (Identical on both days)	ospital:	ospital: orrespondence Address: mail: Phone: Please tick the appropriate box) I am a member of HKSSH(membership no.) program Symposium and Clinical Workshop Intermediate Course (Identical on both days) Intermediate Course (Identical on both days) Advanced Course (2-day course) Phone: Phone: Phone	ospital: orrespondence Address: mail: Phone: Please tick the appropriate box) am a member of HKSSH(membership no.) program Date Early-bird Registration (On or before the program 10th Dec 2016 (Sat) Specialist/Physician: HK\$2,000 (Carlinical Workshop 11th Dec 2016 (Sun) OR Specialist/Physician: HK\$7,000 (Carlinical on both days) 12th Dec 2016 (Mon) Resident/Trainee: HK\$5,000 (For HK Local only) Intermediate Course 11th Dec 2016 (Mon) Resident/Trainee: HK\$5,000 (For HK Local only) Resident/Trainee: HK\$5,000 (For HK Local only) Participants should preferably have compasic course or have equivalent experience (Sun-Mon) Specialist/Physician: HK\$14,000 (Red-Mon) Participants should preferably have compasic course or have equivalent experience (Sun-Mon) Participants should preferably have compasic course or have equivalent experience (Sun-Mon) Participants should preferably have compasic course or have equivalent experience (Sun-Mon) Participants should preferably have compasic course or have equivalent experience (Sun-Mon) Participants should preferably have compasic course or have equivalent experience (Sun-Mon) Participants should preferably have compasic course or have equivalent experience (Participants should preferably have compasic course) Participants should preferably have compasic course or have equivalent experience (Participants should preferably have compasic course) Participants should preferably have compasic course (Participants should preferably have compasic course) Participants should preferably have compasic course (Participants should preferably have compasic course) Participants should preferably have compasic course (Participants should preferably have compasic course) Participants should preferably have compasic course (Participants should preferably have compasic course) Participants should preferably have compasic course (Participants should preferably have compasic course (Participants should preferably have compasic course (ospital:	ospital:	ospital:

Name: (First Name)

- Participants will be offered with a maximum discount of HK\$400(US\$50), if register for both the Symposium and at least one of the Arthroscopy Workshops. (NOT Applicable to Resident/Trainee/Therapist/Nurse)
- Course fees shall be charged in HK\$. The above amounts in US\$ are for reference only.
- The discounted price for Residents at the Hands-on Workshop is available LOCAL Residents only
- Registration fee include: welcome package, certificate, lunch and tea break, welcome dinner on 10th December 2016 (only for participants who register for symposium)
- Deadline for Application: 31st October 2016 (on first-come first served basis)
- No refund once the registration is completed.
- If you are using credit card payment: Please mail your completed registration form together with a cheque payable to "The Chinese University of Hong Kong" to
- Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinics, North Wing, Prince of Wales Hospital, Shatin, Hong Kong
- If you are using credit card payment: Please complete Credit Card Payment Authorization below and email to olc@ort.cuhk.edu.hk.

Credit Card Payment							
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(s).							
Paying Card Holder's Name :			(As shown on card.)				
Paying Card Number :	Expiry Date :	_ 🗆 VISA	☐MasterCard				
Total Amount to be Debited : HK\$							
Contact Number: Tel.: ()	_ Fax:()						
Authorized Signature :	_(As shown on card.) Date :						