

CUHK-OLC Surgeon Education Program

# The 15th Arthroscopy Workshop The 5th Shoulder Arthroscopy Course

February 25 - 26, 2012

### Program Objectives:

1. Understand indication and principles of arthroscopic shoulder surgery
2. Competent in diagnostic arthroscopy of shoulder
3. Arthroscopic knot tying technique
4. Arthroscopic shoulder stabilization procedures and labral repair
5. Arthroscopic subacromial decompression
6. Arthroscopic rotator cuff repair: techniques and options

### Features:

Lectures, Discussions, Hands-on Cadaveric Workshop

### Faculty:

Dr. Ma Hsiao-Li, Division Chief of Sports Medicine, Orthopaedics Department, Taipei Veteran General Hospital, Associate Professor, National Yang-Ming University Medical School

Dr. Chen JiWU (Shanghai, China)

Dr. Ho Hok-Ming (HKSAR)

Dr. Lau Chi-Yuk (Tuen Mun Hospital, HKSAR)

Dr. Lau Yip-Kwong, Francis (Queen Elizabeth Hospital, HKSAR)

Dr. Yung Shu-Hang, Patrick (Prince of Wales Hospital, HKSAR)

### Program Director:

Prof. Chen Shiyl, Professor and Director, Dept of Orthopaedic Sports Medicine and Arthroscopy Surgery, Huashan Hospital & Fudan University Center of Sports Medicine, Shanghai, China

### Deputy Program Director:

Dr. Wun Yiu-Chung, Consultant, Department of Orthopaedic & Traumatology, Tuen Mun Hospital, HKSAR

### Venue:

Orthopaedic Learning Centre, 1/F Li Ka Shing Specialist Clinics, North Wing, Prince of Wales Hospital, Shatin, Hong Kong

### Organizer:

Orthopaedic Learning Centre, Department of Orthopaedics and Traumatology, The Chinese University of Hong Kong

### Course Fee:

HK\$8,000 / US\$1,000

### Accreditation:

8A or 3R CME / 10 TP (HKCOS)

### Deadline for registration:

February 10, 2012

Supported by:  
Stryker Asia Bioskill Laboratory  
**Homer Stryker Center**  
Global Education and Research Network

For enquiries, please contact:

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## Registration Form

### Contact Information

Name: \_\_\_\_\_ (Dr. / Prof.\*)  
(First Name) (Last Name)

Position: \_\_\_\_\_ Specialty: \_\_\_\_\_

Department: \_\_\_\_\_ Hospital: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you want to join OLC membership to receive notification of upcoming workshops? Yes / No\*

### Particulars

No. of years in Orthopaedics: \_\_\_\_\_ HOT / BST\* Year \_\_\_\_\_ (if applicable)

Other specialist qualification, e.g. FRCS: \_\_\_\_\_ (if applicable)

Why are you interested in this course? \_\_\_\_\_

What is/are your learning objectives/expectations? \_\_\_\_\_

\* delete where appropriate

### 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. Please send the form to us by fax at (852) 2647-7432 **if you are paying by credit card.**

Please complete **Credit Card Payment Authorization** below if you are using credit card payment.



#### 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(s).

Paying Cardholder Name : \_\_\_\_\_ (As shown on card)

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

Total Amount to be Debited: **HK\$8,000**

Paying Cardholder Contact : Tel.: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Authorized Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
(As shown on card)