

## CUHK-OLC Surgeon Education Program:

# The 4th Total Knee and Hip Replacement Workshop

March 8-9, 2012

### Features:

Lectures, Discussions and Hands-on Anatomic Dissection

### Program Director:

Dr. Kwok-Hing Chiu, Prince of Wales Hospital, Hong Kong

### DAY 1

#### Total Knee Arthroplasty

##### Objectives:

1. Anatomic Restoration
2. Scorpion NRG Total Knee System
3. Surgical Approach, Tips and Tricks
4. Complex Knee Patient
5. Navigation and High Flexion TKR

### DAY 2

#### Direct Anterior Approach to the Hip

##### Objectives:

1. Anatomy Review
2. Direct Anterior Approach (DAA)
3. Acetabular Preparation
4. Femoral Preparation
5. Clinical Results

### Overseas Faculty:

Dr. William J. Hozack, Rothman Institute Orthopedics, Philadelphia, PA, USA

Dr. Ormonde M. Mahoney, Athens Orthopedic Clinic, Athens, GA, USA

Prof. Tetsuya Tomita, Osaka University, Osaka, Japan

### Venue:

Orthopaedic Learning Centre

1/F Li Ka Shing Specialist Clinics, North Wing

Prince of Wales Hospital, Shatin, Hong Kong

### Organizer:

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

### Course Fee:

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

Observer only: HK\$1,000 / US\$125

### Accreditation:

8 CME / 9 TP (HKCOS)

### Deadline for Registration:

February 22, 2012

### Program Secretariat:

Ms. Cassia Tang

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Website: [www.olc-cuhk.org](http://www.olc-cuhk.org)

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### Supported by:

Stryker Asia Bioskill Laboratory

**Humer  
Stryker  
Center**  
Global Education and Research Network

### Organizer:



## Registration Form

### Contact Information

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

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

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

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

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

### 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 Clinic, 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\$** \_\_\_\_\_

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

Authorized Signature : \_\_\_\_\_ Date : \_\_\_\_\_

(As shown on card)