

HKOA Satellite Program

Symposium on Chronic Low Back Pain Rehabilitation

Date : 12th November 2004 (Friday)

Time : 2:00 pm to 6:30 pm

Venue : Lecture Theatre, Cheung Kong Hai Conference Centre,
Faculty of Medicine Building, the University of Hong
Kong, 21 Sassoon Road, Pokfulam, Hong Kong.

Speakers and Invited Guests:

Professor Eugene J. Carragee,

Professor of Orthopaedic Surgery, Director,
Orthopaedic Spine Center at Stanford, Stanford
University School of Medicine, California, USA.

Dr. Gladys LY Cheing

Assistant Professor, Dept. of Rehabilitation
Sciences, The Hong Kong Polytechnic University

Mr. Sunny LK Siu

Senior Labour Officer, (Employees' Compensation
Division) (Administration and Assessment
Section), Labour Department

Dr. Raymond PH Chin

Consultant in Musculoskeletal Rehabilitation,
Queen Elizabeth Hospital

Ms. Karlen Law

Occupational therapist, Centre for Spinal
Disorders, Duchess of Kent Children's Hospital.

Dr. Heikki Hurri

Director, ORTON Rehabilitation Centre, Helsinki,
Finland.

Professor Peter WH Lee

Professor & Consultant Clinical Psychologist,
Department of Psychiatry, The University of Hong Kong.

Prof. Chetwyn CH Chan

Full Professor, Associate Head of Department of
Rehabilitation Sciences, The Hong Kong Polytechnic
University

Mr. Kris Wong

Physiotherapist, Queen Elizabeth Hospital

Dr. HY Kwok

Associate Consultant in Musculoskeletal Rehabilitation,
MacLehose Medical Rehabilitation Centre

Mr. Aldous Cheng

Physiotherapist, Centre for Spinal Disorders, Duchess of
Kent Children's Hospital.

Registration Fees : Free of Charge
Please fax the registration form to 2855 0774
(Please register early as seating is limited)

Parking : Parking would be charged by hourly rate at the Faculty
of Medicine Building

Enquiry : Please contact Ms. Fiona Mak at 2872 7138

Organized by : Hong Kong Orthopaedic Association and Centre of
Spinal Disorders, The Duchess of Kent Children's
Hospital

Remarks: CME pending by various colleges

Registration Form

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Symposium on Chronic Low Back Pain Rehabilitation**

12 November 2004 (2:00pm to 6:30pm)

Name : _____ (Prof. / Dr. / Mr. / Miss)

Department : _____

Contact Address : _____

E-mail Address : _____

Telephone : _____ Fax : _____

*Please fax to 2855 0774 for registration. Each form should be used for one registration only.
It can be photocopied.*