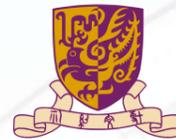


Hong Kong Musician Hand Disorder Seminar



香港中文大學醫學院  
Faculty of Medicine  
The Chinese University of Hong Kong

# The Musician's Hand *Dystonia and Beyond*

**Date** 2 December 2017 (Saturday)

**Venue** Seminar Room 1, Lui Che Woo Clinical Sciences Building  
Prince of Wales Hospital, Shatin, Hong Kong

## Overseas Speakers

**Takaomi TAIRA**  
Tokyo Women's Medical University  
Tokyo, Japan

**Shiro HORISAWA**  
Tokyo Women's Medical University  
Tokyo, Japan

## Local Speakers

**Norman LEE**  
**Arthur MAK**  
**Michael MAK**

## Organisers

Division of Neurosurgery, Department of Surgery  
Department of Orthopaedics and Traumatology  
Prince of Wales Hospital  
The Chinese University of Hong Kong

## Supporting Organisation

The Hong Kong Movement Disorder Society

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[www.surgery.cuhk.edu.hk/events/mhds.pdf](http://www.surgery.cuhk.edu.hk/events/mhds.pdf)





### PROGRAMME

#### 2 December 2017 (Saturday)

Video and Structured Lectures		Speaker
08:30 – 08:35	<b>Introduction</b>	Wai S POON/ Pak-Cheong HO
08:35 – 09:15	Focal Hand Dystonia	Takaomi TAIRA
09:15 – 09:35	Playing-related Musculoskeletal Disorders in the Hand: An Overview	Michael MAK
09:35 – 10:05	Surgical Treatment and Outcomes	Shiro HORISAWA
10:05 – 10:20	Music Pedagogy and the Prevention of Overuse Disorders	Norman LEE
10:20 – 10:40	Psychiatric Aspects in Musician's Hand Disorders	Arthur MAK
10:40 – 11:10	Case Discussion / Seeing a Patient	
11:10 – 11:25	Q&A	
11:25 – 13:00	<b>Group Photo &amp; Lunch</b>	

#### Venue:

Seminar Room 1, Lui Che Woo Clinical Sciences Building  
Prince of Wales Hospital (PWH), Shatin, New Territories, Hong Kong



### REGISTRATION FORM

The fields below with asterisk (\*) must be filled in.

Information of Delegate					
Title*	<input type="checkbox"/> Professor	<input type="checkbox"/> Doctor	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Family Name*		Given Name*			
Position*		Department*			
Institution*					
Address*					
Country*		Tel*		Fax	
E-mail*					

Please send the completed registration form to the Secretariat by email, fax or mail.

#### Secretariat

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