

Department of Orthopaedics & Traumatology



Queen Mary Hospital



The University of Hong Kong Medical Centre

TABLE OF CONTENTS

P.1

Message from the Editorial Board

P.2-3

Interview with Professor Kenneth Man-Chee Cheung

P.4

Case article: Is it just another Low Back Pain?

P.5-6

Overseas Training in Microsurgery and Hand/Wrist Management

P.6

Explore the World of Medicine - Sports injury / Recent Advances of Surgery

P.7

An Update on The University of Hong Kong – Shenzhen Hospital

An Update on Teenage Orthopods

P.8

Congratulations

Donations

New Appointments

Upcoming Events

Message from the Editorial Board

Happy New Year!

It has been a while since our last issue. A lot of exciting things have happened. The first and foremost news has to be the change of our Head of the Department and the Chief of Service. After nine years of service, Professor Keith DK Luk stepped down as Head of Department and Chief of Service. We all missed his leadership and would like to thank him for his commitment and support he had bestowed to our team of orthopaedics surgeons. He is still with us and we look forward to his continual guidance as a senior member in the department. Meanwhile we welcome our new head, Professor Kenneth MC Cheung, with open arms. He is a well respected member in the department and a person with vision. Under his reign, we hope our department will progress from good to best. In this issue, we will have the opportunity to learn from the lion's mouth what he has planned for our future development.

The HKU – Shenzhen Hospital has been now officially opened. As an integral part of HKU, needless to say, we are committed in offering our services. We are taking part in both the outpatient clinic and the operating theatre. Further reports about our work in Shenzhen will be on the way in our next issue.

Knowledge exchange with an aim to push new frontiers always takes up a major role in our department. For the past year, quite a number of our team has been traveling overseas for training and international conferences. As a result, new techniques are acquainted, new collaborations are made and new research projects are set up with world renowned institutions. Numerous achievements and awards have also been won.

I hope you will enjoy this issue and have a happy and prosperous year of Snake.

Kung Hei Fat Choy!

Editorial Board

Margaret WM FOK

Terence CT Pun

Richard HL Lee

Department of O & T
Queen Mary Hospital
102 Pokfulam Road
Hong Kong
Tel: (852)22554654
Fax: (852) 28174392





Interview with Professor Kenneth Man-Chee Cheung

By Dr Paul Koljonen

Paul: Professor Cheung, thank you for accepting this interview. First of all, congratulations! How does it feel to be Chief of Service (COS)? And how has your life changed since?

Prof: Thank you. Really I don't think my life has changed a great deal!

There has been a tremendous tradition in this department from the days of Hodgson until now, and with this tradition comes a huge sense of responsibility for me – to the community, our staff, medical students, residents, and fellows. We hope to continue the footsteps that is commensurate with our legacy. This is a responsibility that I gladly take on.

Paul: Obviously, you are now in a position to move around a lot of things and change a lot of policies... and to perfect a lot of things. Can you tell me the top priority on your list, now that you've become COS?

Prof: Well I see that I am wearing two very different hats – as Head of Department and also Chief of Service, and these two are of very different roles.

As head of an academic department – I need to continue and build on our tradition of excellence. Our department is internationally recognized for our leadership on spine, hand, trauma and joint replacement surgery. I would like to see recognition extended to other sub-specialties, and I would like to help my colleagues to achieve this level of excellence through leadership in research, teaching and delivery of clinical services.

As COS, my main role is to maintain the highest standard of service within our cluster of hospitals. It's actually very nice to hear that the same vision of excellence is shared by the Hospital Authority (HA) and Queen Mary Hospital (QMH), so that regardless of whether the staff is employed by The University of Hong Kong (HKU) or by HA, we have a common set of values.

Paul: We have come a long way since the Hong Kong Operation for spinal tuberculosis. In the 70s we had the halo-pelvic apparatus, in the early 80s use of a titanium mesh block for anterior spinal fusion, in the late 80s the transpedicular decancellation

osteotomy for ankylosing spondylitis, and in the 90s the fulcrum bending radiograph for scoliosis assessment. Under your leadership, what will you push? or what do you hope, will be our EDGE?

Prof: I don't think it is MY role to push for a specific thing. I see my role as Head and COS as being firstly a role model for our junior colleagues, and secondly a coordinator for the department, a facilitator of high quality research, service, teaching and training.

A competitive edge or niche, very much depends on opportunities and human resources. We are here to develop human potential, so that everyone can do their best.

Paul: Can you tell us a little bit about Spine Horizons?

Prof: As you know my major research interest is basic science. As a group we are now a part of the 'Area of Excellence' program – garnering \$80million in research funds, as well as the 'Theme-based Research Scheme (TBRS)', giving us an additional \$60 million.

We are running multidisciplinary research programs to understand the cause and mechanism of disc degeneration and scoliosis, and ways in which we can treat them – from genetic causes to mechanistic pathways, stem cells, growth factors, tissue engineering, and novel treatment methods.

Paul: Would you mind explaining to us about the project you and your students have been working on?

Prof: Right now the program is focused on bone and cartilage disorders. The TBRS funds our research on the genetics of disc degeneration. We are now embarking on a role to understand why these genes result in disease, and hope to devise methods to stop, or even reverse the process.

If we can understand the genetic course of scoliosis and stop the curve from getting worse, we can prevent deformity from occurring, without the need to resort to barbaric spinal fusion surgeries.

Paul: Barbaric? Can I quote you on that?

Prof: Sure!

Right now we have geneticists, molecular biologists, developmental biologists, proteomic experts, tissue engineers, as well as clinicians working on this. It is only with these big fundings that can we do that.

We are also working on scoliosis correction by using the fulcrum bending methods to achieve a better prediction for post-operative correction, by using percutaneous remote control growing rods for juvenile patients and by developing new implant materials and alloys aiming to provide better correction.

Paul: Apart from pushing on the frontiers of cutting edge research, what is your vision for the clinical services and training in our department?

Prof: This is about going back to our core business. We are here to serve patients, and this is the reason why we need to deliver the highest quality of care.

Yet if we are to make a significant difference in the care that we can deliver to our patients it is still through our basic and applied research. It is through discovery based research that new treatment options and strategies arise.

Paul: Sort of like the saying that the good investor 'acquires' the asset, whereas the smart investor 'creates' the asset?

Prof: Yes I guess you could say that. It is about the translation of basic to clinical research. After all, clinical research is only at best evaluating an established treatment.

Finally, we also want to improve patient care by improving our teaching and training.

Paul: Speaking of training, our department now provides highly subspecialized training. Do you see future trend of orthopaedics in HK as being highly subspecialized also? Will there still be a role for the general orthopaedic surgeon?

Prof: I think general orthopaedics is very important, and there is a definite role for the general orthopaedic surgeon. We need to see the human being as a whole; we cannot chop a person into pieces – the spine, a joint, a bone etc.

While subspecialists do have their role, we still need to have persons to provide holistic care. Our general orthopaedic surgeons should be able to take care of all the common problems. I believe this is the reason why our Department embraces a General Division.

I think the more important issue is that we all need to recognize our limitations, and if something is beyond our own expertise, we need to call for help. It is simply not possible for a doctor to be good at everything.

Paul: Finally, let's talking about The University of Hong Kong - Shenzhen Hospital (HKU-SZ). What are your hopes and aspirations for this establishment?

Prof: The HKU-SZ provides a tremendous opportunity for HKU and our department.

For our specialty we see it as an opportunity to expand our patient base, teaching material for students and doctors, and potentially more research materials. We can view HKU-SZ as a springboard or launch pad, and on a grander scale it provides a new model for hospitals in China.

Paul: Professor Cheung, thank you for your time and for sharing with us your vision.

Department's New Year Gathering

Case Article: Is it just another Low Back Pain?

By Dr Amy Cheung

A 52 year old woman who enjoyed good past health, presented to our unit with one month history of low back pain. The pain was persistent and was severe enough to wake her from sleep. As a result of this pain, she needed to walk with quadripod in the past week prior to admission. She did not offer any systemic complaints e.g. weight loss, change of bowel motion.

She was previously admitted to a regional hospital on multiple occasions for the same problem in the past month. During each of the previous admissions, the pain improved with physiotherapy and analgesics but still persisted. She then sought medical consultation at our unit for this persistent low back pain.

Physical examination revealed tenderness over the thoraco-lumbar junction with normal lower limb neurology. X-ray of the LS spine showed degenerative changes with a decrease in the L5/S1 disc space and a partial collapse of the T12 vertebra. A systemic examination was performed and a 8x12cm hard, craggy right sided breast mass was found. Upon further questioning the patient admitted that she was aware of a breast mass for one year but had neglected to seek medical advice as she was embarrassed to do so. She also reported unintentional weight loss of 7kg in the past few months.



X ray L-spine
(lat view) spine



MRI LS spine (T1 image)



MRI LS spine (T2 image)

MRI was performed which revealed the presence of a partial collapse of the T12 vertebra with a soft tissue component indenting into the spinal canal. Biopsy of the breast mass performed by our surgical colleagues confirmed the presence of a high grade intra-ductal carcinoma, with positive estrogen and progesterone receptors. PET-CT showed that there was diffuse skeletal metastasis involving the spine, pelvis, both proximal femora and proximal humeri.

She was referred to our Clinical Oncology colleagues and has been started on a course of palliative chemotherapy and radiotherapy as well as intravenous zoledronic acid.

Discussion:

The skeleton is a common site of metastasis for breast cancer. One post-mortem study in fact, demonstrated the presence of bony metastatic lesions in 70% of patients with advanced carcinoma of the breast.

In addition to the patient mentioned above, in the month of November 2012 alone there were two other patients who presented initially with suspected malignant bone lesions that were later confirmed to be metastatic lesions from previously unknown primary tumours (one patient with carcinoma of the breast, the other with carcinoma of the lung). In fact, based on our Department's experience, 30% of patients with extremity metastasis requiring surgical intervention presented with bone pain as their first symptom of the underlying cancer.

These three patients had a few classic common features: rest pain, pain causing sleep disturbances and the presence of constitutional symptoms e.g. unintentional weight loss or loss of appetite.

Also of importance is that both of these two patients with carcinoma of the breast were aware of the presence of a breast mass for a significant duration of time prior to the bone pain (and quite sizeable too) but did not seek medical advice as they were embarrassed. Therefore, breast examination should be mandatory in patients with suspected secondary bone lesions. Rougraff et al in 1993 described a systematic method of evaluation of a patient with a suspected metastatic bone lesion. Evaluation first begins with a thorough history taking focusing on a history of prior malignancies even in the remote past. Physical examination includes not only the involved extremity but also the lung, the prostate in men and the breasts in women. Investigations would include the complete blood count, ESR, liver enzymes, renal function, alkaline phosphatase, serum protein electrophoresis and prostatic specific antigen. Radiographs of the involved limb as well as the chest should be taken. Bone scintigraphy should also be done to look out for other possible sites of bony metastasis and computerized tomography of the chest, abdomen and pelvis should be obtained. The authors, however, did not suggest routine use of mammography as breast cancer is a rare cause of metastases with an unknown primary. With this simple yet systematic approach, the authors were able to identify the primary of 85% of patients with skeletal metastasis from occult primaries

Nowadays, PET-CT, can be widely used to confirm our diagnosis, screen for primary lesions as well as to evaluate any other sites of distant metastasis. Therefore, careful history taking and systemic physical examination should be performed in all patients presenting with bone pain with suspicious features as missing the diagnosis of a malignant lesion, be it primary or secondary would be detrimental, both to the patient and to the clinician.

Editor's Notes: These cases serve as a reminder of the importance of a detailed history and physical examination.

- Galasko C. The anatomy and pathways of bone metastases. In Weiss I, Gilbert A, eds. Bone Metastases. Boston, GK Hall, 1981, 49-63
- Rougraff BT. Skeletal Metastasis of Unknown Origin., JBJs Am. 1993 Sep; 75(9): 1276-81.

Overseas Training in Microsurgery and Hand/Wrist Management

By Dr Margaret FOK



Photo with Professor DL Fernandez

It was a privilege to go for a 6-month overseas training in 2012. It comprised of attachments to 3 different internationally renowned centres in Switzerland and Taiwan, following the world masters in the field of Microsurgery, and Hand and Wrist pathology.

I started off this training with the AOTrauma fellowship in June, 2012, attached to Professor Diego L Fernandez's unit in the Department of Orthopaedic Surgery, Lindenhof Hospital, Berne, Switzerland.

Throughout the attachment period, I participated in both operations and out-patient clinics, learning from the master ways of operating with the newest implants as well as improving my surgical techniques. As Professor Diego Fernandez's department is a renowned referral centre for hand surgery in Switzerland for years, I was able to observe and take part in a sizable number of cases involving a wide variety of management. The cases were explained to me patiently and the rationale for each specific management was discussed in detail. I am very grateful to the unreserved teaching which I have received not only from Professor Fernandez but also from the staff members of his team. This has made my stay most fruitful and enjoyable.

Besides practical skills, I was also drawn into some research projects, one of which is in preparation for publication. These ventures have opened up my horizon to explore new approaches in hand surgery and I shall definitely follow them up on return to Hong Kong.



Photo with Professor YK TU

My next stop was Taiwan. I started my orthopaedic training in the Department of Orthopaedic Surgery, Eda-Hospital, Kaohsiung (from 16th July to 31st August, 2013). Professor Yuen- Kuan Tu is a well recognized expert in microsurgical skills in orthopaedics as well as brachial plexus reconstruction.

Over the 7 weeks period, I was intrigued by Professor Tu's energy and resourcefulness. Every day, the ward round started at 6:30a.m. – ON TIME and was immediately followed by either operations, or morning meetings. A normal operation day meant a few spine cases and/or joint replacement surgeries, plus a complicated microsurgical case (of which it could be a brachial plexus reconstruction or free flap surgery). Professor Tu would run between 2-3 theatres to make good use of every minute of his operation time. The operation day usually finished late at around 9-10pm, if not later. On the other

hand, the workload in the outpatient clinic was not light. It was common to have over 250 patients for every outpatient day. The clinic usually ran from early morning till late without a proper lunch break. Even so, he was still able to be patient to the sick, listening in detail to their problems, which patients with e.g. brachial plexus injury, had encountered in their daily lives. Following Professor Tu's tight schedule, I was opened up to a wide variety of cases and have learnt quite a number of different microsurgical management techniques.

I am very grateful to the entire department, as both the doctors and the nursing staff welcomed me with open arms. It reflected the good natured and hospitable characters of the people in the southern part of Taiwan. I was always well looked after and was included in many of their social departmental events.

Finally, I finished my overseas training in the Department of Plastic and Reconstructive surgery, in Chang Gung Memorial Hospital (CGMH), a place which has nourished so many world known plastic and hand surgeons. I was there from September to November, 2012. I had the honor to learn from the 2 great masters, i.e. Professor Fu-Chan Wei and Professor David Chuang over my 3-month stay.



Photo with Professor FC Wei

CGMH, itself, is a huge private hospital complex with many different branches in Taiwan and even China. The Linkou branch, its headquarter, houses more than 3000 beds. Under the leadership of Professor Wei and Professor CH Lin (the currently Chief of Service), the Department of Plastic and



Photo of Professor Cheung

Reconstructive surgery has been known to be a "sacred" place to train soft tissue reconstruction and microsurgery, attracting many visiting fellows from all around the world. It is normal to have seven to eight operating theatres with microsurgical cases scheduled each day, ranging from free flaps, toe to hand transfer to brachial plexus reconstruction. The case load was enormous. In fact, I had the opportunity to see how a flap could be harvested in different ways tailored to patients' needs and surgeon's preference.

Cont...

From Professor Wei, I learnt not only techniques but also tips and tricks of harvesting many free flaps especially antero-lateral thigh flap and free vascularized double barrel fibula bone-skin composite. He was extremely caring, patient and inspiring. It was with the acquirement of these skills that I was able to come back to Hong Kong to start performing soft tissue reconstruction in patients with trauma, infection and tumor. Moreover, CGMH is a recognized centre for the management of hand trauma, with Professor Wei, a world expert in the treatment of mangled hand and toe to hand transfer. Over my stay, I had the opportunity to see many patients with soft tissue defects in hands and/or finger amputations, requiring flap coverage, replantations or toe-hand transfer. The results were amazing both cosmetically and functionally, as could be seen in the number of patients coming for follow-up in the outpatient clinic.

Professor Chuang is a world master in brachial plexus reconstruction and has performed on over 1700 adults with brachial plexus injuries and 600 children with obstetric brachial plexus injuries. He is a very kind, considerate and patient teacher and has taught me his own way of approach in managing patients with brachial plexus injuries. Despite each operation for the reconstruction process was very long, it was gratifying to see patients coming back with successive results in the out-patient clinic. This is especially true for the

patients with complete brachial plexus injuries, as their previous "useless" hand could now become a helping hand. I felt honored that I could learn from him, assist him, and have him share with me his experience over the past years. I shall have the privilege to continue to do some research with him. .

One of the most striking differences in my attachment in CGMH with the other hospitals is that I was part of the "group of overseas visitors / fellows". At a time, the Department of Plastic and Reconstructive surgery housed 7 1-year overseas fellows, and 10 overseas short-term visitors. I was alone in Berne and was with only one other overseas fellow in Kaoshuing . Hence I was able to make many friends with similar interests from all over the world including Germany, United States of America, United Kingdom, Spain and Austria.

To conclude, this fellowship has broadened my vision in hand and microsurgery and improved my clinical skills in operations. I am fortunate that I have learnt from the 4 different masters. All the experience will have positive repercussion to my professional practices in Hong Kong. Naturally, I shall try to continue my collaboration with these internationally renowned centres in the field of research. I am deeply indebted to the support of my Department, as well as Professor SP Chow for his suggestions and guidance without which this fruitful experience will not come about.

Explore the World of Medicine - Sports injury / Recent Advances of Surgery

By Dr August FOK

The University of Hong Kong organized the "Explore the World of Medicine" Public Lecture Series 2012, with the aim to enhance people's understanding on the latest development of the cutting-edge in medical technology in Hong Kong, and to strengthen the public's knowledge on different health issues including treatment and prevention. This is the sixth consecutive year of the community health education program and is part of Medical Faculty's 125th anniversary celebrations.

On 8 Dec 2012, I was invited to deliver two presentations on "**Common Sports Injuries**" and "**Recent Advances in the**

Management of Knee Injuries/ Problems"

The response from the public was unappeasable. Tickets were all "sold out" months ahead. In fact, the lecture theatre was too small to accommodate more than 500 people and an adjacent lecture hall in the public library had to be opened. The audiences were from all walks of life, from teenagers to elderly and from general practitioners to housewives.

During the lecture, a variety of sports injuries, ranging from anterior cruciate ligament tear to rotator cuff tear were presented in a clear and interactive approach. In the Q and A session, I was surprised by the overwhelming interests. Among the questions posed there were those pertaining to the efficacy of glucosamine, the prevention of sports injury and the indications of knee replacement. This has confirmed the usefulness of such forum in the promotion of the image of our department. It also made the public more aware of their health and well-being.



The enthusiastic audience



Question / Discussion time!!

An Update on the University of Hong Kong – Shenzhen Hospital

By Dr Tak Man WONG

The University of Hong Kong-Shenzhen Hospital has been operating for just over half a year. Our Orthopaedic service is getting into its stride, under the leadership of Dr Frankie Leung, the Chief of Service of the Department of Orthopaedics and Traumatology. The number of outpatients has increased by 70% in Jan 2013 compared with August 2012. With the opening of the Comprehensive Surgery Centre phase 1, we have started to operate major orthopaedic elective surgery since Jan 2013, including nerve entrapment surgery, arthroscopy, “implant surgery” and even joint arthroplasty.

The Comprehensive Surgery Centre phase 1 was formally opened on 16 Jan 2013. The ceremony was addressed by Prof SP Lee, Dean of the Medical Faculty, The University of



The Comprehensive Surgery Centre Opening Ceremony

Hong Kong, Prof Grace Tang, Hospital Chief Executive of The University of Hong Kong – Shenzhen Hospital and Dr Leong Chi Hung, Honorary Hospital Chief Executive of The University of Hong Kong – Shenzhen Hospital. They spoke about the future development of the hospital. Other invited guests included Dr F Leung, Professor CM Lo, Professor Hextan Ngan, Prof YL Lau, Professor Irwin, Dr CK Chan and Mr Raymond Wong. At the end of the ceremony, the speakers, invited guests and all members of staff celebrated the opening over wine and fruit.

Overall there are 40 operating theatres in the Hospital complex. The Comprehensive Surgery Centre phase 1 includes 4 major and 4 minor operating theatres. All theatres are spacious compared with those in Hong Kong. The other operating rooms are still under furnishing and will operate in the 3rd Quarter of 2013, including joint replacement rooms and minimally invasive surgical (MIS) rooms.

We shall bring you more up-to-date information on this outreach of our department in the coming issue.



Our first operation under General Anaesthesia, anterior transposition of ulner nerve

An Update on Teenage OrthoPod Scheme

By Dr Kelvin Yeung

To celebrate the 50th anniversary of our department, we initiated a 2-week summer attachment program with the University itself and the Academy of Talented Secondary School to allow students to experience the daily work of orthopaedic surgeons. We are glad to learn that out of a total of five students in the first batch of candidates (TOPS 2011), four of them have successfully admitted to the new MBBS 6 year's curriculum. In addition, one student from the second batch (TOPS 2012) has joined the same program through the non-JUPAS admission. Below are some of their thoughts on the program:

From Kelly Lo (TOPS 2011, M18): The Teenage OrthoPod Scheme (TOPS) last year gave me a wonderful summer. It did not only provide me with a moment of peace from the tight schedule of revision classes before the public examination, but also helped me to make up my mind in choosing medicine as my future career. In the two-week attachment program, we were given chances to observe clinical consultations and surgery sessions, as well as to attend discussion forums. We followed our mentors the entire day to observe their work, and very often, we hurried our lunch with them before rushing off to another operation or clinic. During the attachment, we experienced the daily schedule of an orthopedic surgeon; we put ourselves into their shoes and apprehended things from a doctor's point of view. Hearing stories is nothing when compared with experiencing them in actual situations. TOPS has granted me the opportunity to go through life in a clinical setting and gain a realistic picture of the work therein. A medical practitioner meant more than just someone with a white

robe and a stethoscope hanging over his neck. Through the experience offered by TOPS, I finally knew that being a doctor was what I aspired. The program reaffirmed my commitment in the medical field and gave me a great incentive to strive hard and to achieve my goal in helping others like my mentor. It motivated me to stay persistent throughout the year in preparing for the HKDSEE and I am glad that my hard work eventually pays off.

I am grateful for this memorable summer and I hope that TOPS will do the same for other students to come.

From Gary Kai (TOPS 2011, M18): The Teenage OrthoPod Scheme (TOPS) was marvelous since it provided me with an opportunity to know what was meant by being a doctor. Not only did TOPS gave me a glimpse into the daily routine of orthopaedic surgeons, but it also helped me to explore more on why I would like to become a doctor. This clinical attachment experience was very unique and valuable. It has strengthened my determination to study medicine in the university and it has also contributed to my success in gaining entry into the MBBS programme.



TOPS: Currently medical students

Congratulations

Professor JCY Leong was awarded as **Leader of the year 2011**, Education/Research category, Sing Tao News Corporation Limited



Prof JCY Leong

Professor SP Chow was conferred as **Honorary Fellow, 2012**, the Hong Kong College of Orthopaedic Surgeons in April, 2012



Prof SP Chow

Prof SP Chow was awarded the **Silver Bauhinia Star** by the HKSAR Government on 30th June 2012.

Mr. WL Liu, (PhD student) and **Mr T Wang** (PhD student), were awarded the **Outstanding thesis** at the **Secondary "Tai Shan Cup" China Orthopaedic Science and**

Technologies Innovation Forum for Young People on September 8, 2012. The title of the thesis is "In vivo Micro-pH is an important factor for evaluation biomaterials used for osteoporotic bone defect".

Dr. CH Yan was awarded the **SICOT-CCJR Meeting Award** for the paper "Treatment of tibial bone loss in revision total knee arthroplasty – A finite element analysis" at La Societe Internationale de Chirurgie Orthopedique et de Traumatologie (SICOT) (co-authors: Mr YY Qiu, Prof W Lu and Prof KY Chiu) on November 30, 2012.

Dr. CH Yan was awarded both the **A R Hodgson Award for Best Clinical Paper** and the **Dr David Fang Trophy** at Hong Kong Orthopaedic Association Annual Congress 2012. The title of the paper was "A randomized controlled trial comparing patient specific instrument with conventional instrument and computer navigation in total knee arthroplasty" (co-authors: Dr FY Ng, Dr CX Fang and Dr PK Chan).

Dr. JPY Cheung was awarded the **Arthur Yau Best Clinical Paper** at Hong Kong Orthopaedic Association Annual Congress 2012. The title of the paper was "Developmental spinal stenosis in the Chinese population: presence in patients and redefining critical values on MRI" (co-authors: Dr H Shigematsu, Dr D Samartzis and Prof KMC Cheung).

Dr. MKT To was awarded the **Orthopaedic Basic Science Award** at Hong Kong Orthopaedic Association Annual Congress 2012. The title of the paper was "Sliver nanoparticles boost collagen maturation in Achilles tendon regeneration" (co-authors: Miss K Kwan, Dr K Yeung, Dr X Liu, Dr K Wong).

Dr. D Samartzis was awarded the **Best Clinical Paper Award for Associate member** at Hong Kong Orthopaedic Association Annual Congress 2012. The title of the paper was "Baseline MRI Characteristics in Asymptomatic Subjects as Predictors for Future First-Time LBP Episode" (co-authors: Dr. J Karpinnen, Prof KDK Luk and Prof KMC Cheung).

Mr. YY Qiu was awarded the **Best Basic Science Paper Award** by Associate member at Hong Kong Orthopaedic Association Annual Congress 2012. The title of the paper was "Treatment of tibial bone loss in revision total knee arthroplasty – A finite element analysis" (co-authors: Dr CH Yan, Prof W Lu and Prof KY Chiu).

Donation

Ms. Jennifer Hodgson donated a sum of HK\$625,000 for the establishment of the A.R. Hodgson Visiting Professorship in Orthopaedics and Traumatology.

La Societe Internationale de Chirurgie Orthopedique et de Traumatologie (SICOT) donated a sum of HK\$291,065 for the development of orthopaedic education in Hong Kong.

The Society for the Relief of Disable Children donated a sum of HK\$199,445.32 in support of Clinical Research Fellowship program in Spinal Surgery and Paediatric Orthopaedics

New Appointments

Professor Kenneth MC Cheung was appointed the **Head of Department** and **Chief of Service** of the Department on December 1, 2012.

Professor Kenneth MC Cheung was appointed the **Editor-in-Chief of Journal of Orthopedic Surgery** in October 2012. He was also appointed the **President of Hong Kong College of Orthopaedic Surgeons** on December 8, 2012.

Upcoming events:

The 10th Hong Kong International Orthopaedic Forum - "Straightening the Crooked" will be held on April 20, 2013 (Saturday) and April 21, 2013 (Sunday am) in Cheung Kung Hai Conference Centre, G/F, William Mong Block, 21 Sassoon Road, Pokfulam, Hong Kong.

Basic Orthopaedic Bioskill Workshop is scheduled on March 15, 2013 (Friday pm) in Lecture Theatre, 6/F, Professorial Block, Queen Mary Hospital and on March 16, 2013 (Saturday am) in S7 OPD, Specialist Block, Queen Mary Hospital.

East-Meets-West: Advances in Orthopaedic Research International Forum - will be scheduled on April 7-9, 2013 in University of Hong Kong - Shenzhen Hospital
Please refer to www.orthohku.hk/aor2013.html or contact the symposium secretariat at rmcyuen@hku.hk for more information

The First Hong Kong - Shenzhen Orthopaedic Forum will be held on May 25, 2013 in University of Hong Kong - Shenzhen Hospital.
Please contact Ms. Doris Lau at 22554581 or email lws835a@ha.org.hk for more information