



Public Forum

Knee Pain in the Young Athlete: When Pain Affects Participation

1.30pm **Registration**

2.00pm **Welcome Address**

Mr Satyaki Sengupta
Deputy Director
Department of Allied Health Specialties, KKH

2.10pm **Growing Pains and Beyond: Diagnosis
and Management of Common Knee Conditions**

Dr Lam Kai Yet
Consultant
Department of Orthopedic Surgery, KKH

2.30pm **Muscle Aches or More?
Hypermobility and Arthritic Pain
in the Young Athlete**

Dr Lena Das
Senior Staff Physician
Rheumatology and Immunology Service, KKH

2.50pm **Does Footwear Count?
Footwear Choice and Requirement for Sport**

Ms Kimberley Leow
Podiatrist
Podiatry Department, SKH

3.10pm **Questions and Answers**

3.20pm **Tea Break**

4.00pm **Kneecoverly: The Journey to Return to Play**

Ms Ng Shin Huey
Principal Physiotherapist
Physiotherapy Department, KKH

4.20pm **Food is Gold: Fueling the Young Athlete**

Ms Ethel Lim
Dietitian
Nutrition and Dietetics Department, KKH

4.40pm **Questions and Answers**



Date : 8 December 2018 (Saturday)

Time : 2.00pm to 5.00pm
(Registration starts at 1.30pm)

Fee : \$8 per pax
(Inclusive of Tea Refreshments)

Venue : KKH Auditorium (Training Centre),
Level 1, Women's Tower

Registration closes on 6 December 2018 (Thursday).
Seats are confirmed upon full payment on a first-come,
first-served basis. Registration fee is non-refundable.

For more details, please call **6394-1268**
(Monday to Friday, 9.30am to 4.00pm) or log
on to www.kkh.com.sg/events.

Organised by
Physiotherapy Department, KKH

Event Secretariat
Marketing Communications, KKH

Registration form: Knee Pain in the Young Athlete: When Pain Affects Participation, 8 December 2018 (Saturday)

Full name _____ (Mr / Ms / Mrs)

Address _____ (Postal code) _____

Telephone (H) _____ (O) _____ (HP) _____ Email _____

Please tick if you would like to receive information of future symposiums / events organised by KKH.

I would like to pay by:

eNETS

Cheque no. _____ (Crossed & made payable to "KK Women's and Children's Hospital Pte Ltd")

VISA MasterCard AMEX Credit card no. _____ Expiry date _____

Signature _____ Amount paid (\$) _____ Number of participants _____ Receipt no. _____ (For official use only)

Please mail or fax the completed registration form to us and send the cheque to: Patient Education Centre, KK Women's and Children's Hospital, 100 Bukit Timah Road, Singapore 229899. For credit card payment, please fax the completed registration form to 6394-1267.

Alternatively, please email a scanned copy or photo image copy of the completed registration form to pec@kkh.com.sg.

We value and uphold the confidentiality of your personal data. In compliance with the Personal Data Protection Act ("PDPA"), we will limit access and disclosure of your personal data only to purposes related to the event. You may refer to the SingHealth Data Protection Policy available at www.kkh.com.sg to find out more.