



Families of SMA (Spinal Muscular Atrophy) Charitable Trust
脊髓肌肉萎縮症慈善基金



香港神經肌肉疾病學會
The Hong Kong Society of
Neuromuscular Diseases

SMA Conference

Management and Treatment of

Patients with SMA

Date: 8th August 2016 (Monday)

Venue: Lecture Theater, G/F Block M, Queen Elizabeth Hospital

Moderators: Dr. T K Kwok (HKARM) and Dr. Sophelia Chan (HKS NMD)

Prof. John R. Bach

Director, Muscular Dystrophy Associated Clinic
Professor of Physical Medicine & Rehabilitation
Professor of Neurosciences
Rutgers New Jersey Medical School

- Preventing respiratory complications and invasive airway tubes for SMA
- Noninvasive respiratory support, extubation and decannulation of unweanable patient
- Removal of tracheostomy tubes

A/Prof. Kathryn J. Swoboda

Director, Neurogenetics
Director, MGH Neurogenetics Diagnostic Laboratory
A/Prof. Department of Neurology, Paediatrics
Massachusetts General Hospital

- Proactive care management strategies in the setting of acute illness in patients with spinal muscular atrophy
- Proactive approaches to common chronic conditions in non-sitters, sitters and walkers with spinal muscular atrophy: nutrition, exercise and physiotherapy and approach to orthopedic issues
- Medical treatment
- Update of clinical trials

Time	Topic
18:00-18:30	Local Team sharing
18:30-19:30	Respiratory care for patients with SMA (Prof. Bach)
19:30-20:30	Update management and treatment for patients with SMA (A/Prof. Swoboda)
20:30-20:45	Q & A

All healthcare professionals interested in neuromuscular diseases are welcomed.

Registration: free of charge

Registration : Dr. Sandy Cheng (Email : chengy@ha.org.hk)

CME/CPD Accreditation : HKCPaed, HKCP, HKCPATH, HK PT/OT Assoc., MLT board

Co-organized and supported by the Department of Medicine, Queen Elizabeth Hospital

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Prof. John R. Bach and ***A/Prof. Kathryn J. Swoboda***
Lecture Theater, G/F Blk M, Queen Elizabeth Hospital
18:00-20:45, 8th August 2016

Reply Slip

Fax to : 2595 1792 or post to:
c/o Dr. Sandy Cheng
Dept of Clin Pathol, PYNEH

Name: _____

Dept./Hospital: _____

Email: _____

Phone/Fax: _____

Signature: _____

Date: _____

Data collected will be used and processed for the purposes related to this event only.

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R.S.V.P. Before 1st August 2016

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