New South Wales Hand Surgery Association

Public Listing

2017

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| Title | Dr |
| Name | Mohammed Baba |
| Qualifications | BSc(Med) MBBS MSpMed FRACS(Orth) FAOrthA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Specialty Orthopaedics Suite G18 Ground Floor Norwest Private Hospital |
| Street2 | Norbrik Drive  |
| Suburb, State, Postcode | Bella Vista NSW 2153 |
| Telephone | 9806 3333 |
| Fax | 9806 3398 |
| Website | [www.specialtyorthopaedics.com.au](http://www.specialtyorthopaedics.com.au) |
|  |  |
| **Mailing Address (if different to Main Practice Address)** |
| Street 1 | PO BOX 6425 Baulkham Hills BC |
| Suburb, State, Postcode | Baulkham Hills NSW 2153 |
|  |  |
| **Second Practice Address** |  |
| Street 1 | SAN Clinic Lvl 6 Sydney Adventist Hospital |
| Street2 | 185 Fox Valley Rd |
| Suburb, State, Postcode | Wahroonga NSW 2076 |
| Telephone | 9806 3333 |
| Fax | 9806 3398 |
|  |  |
| **Other Practice Address** |   |
| Street 1 | 118 Macquarie St  |
| Suburb, State, Postcode | Parramatta NSW 2150 |
| Telephone | 9806 3333 |
| Fax | 9806 3398 |
|  |  |
| email | mohammed.baba@gmail.com |
| Hospital Appointments | Westmead Public, Norwest Private Hosp, SAN Private Hosp |
| Special Interests | Shoulder, Elbow, Hand |
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|  |  |
| --- | --- |
| Title | Doctor |
| Name | Mark Baker |
| Qualifications | MBBS FRACS FAOrthA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | 96 Lake Road  |
| Street2 |   |
| Suburb, State, Postcode | Port Macquarie NSW 2444  |
| Telephone | 02 6583 7011 |
| Fax | 02 6584 1583 |
|  |  |
| **Mailing Address (if different to Main Practice Address)** |
| Street 1 | P.O. Box 2496 |
| Suburb, State, Postcode | Port Macquarie NSW 2444 |
|  |  |
| Hospital Appointments | Port Macquarie Base Hospital, Port Macquarie Private Hospital, Kempsey District Hospital, Wauchope District Memorial Hospital |
| Special Interests |   |
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| --- | --- |
| Title | Dr |
| Name | Anthony Beard |
| Qualifications | MBBS (Hons) FRACS (orth) FAOrthA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 1, Level 4, North Shore Private Hospital |
| Street2 | Westbourne St  |
| Suburb, State, Postcode | St Leonards 2065 NSW |
| Telephone | 9437 1211 |
| Fax | 9437 1266 |
|  |  |
| **Mailing Address (if different to Main Practice Address)** |
| Street 1 | PO Box 608 Roseville 2069 |
|  |  |
|  |  |
| Hospital Appointments | Royal North Shore Hospital, North Shore Private Hospital |
| Special Interests | Carpal Tunnel surgery, disorders of the wrist, wrist arthroscopy, trauma to hand and wrist, arthritis surgery, nerve conditions, tendon reconstruction, ligament reconstruction, tumours and ganglions |
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| --- | --- |
| Title | Dr |
| Name | Neal Betts |
| Qualifications | MB BS, FRACS, FAOrthA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | 9A/818 Pittwater Road |
| Suburb, State, Postcode | DEE WHY, NSW, 2099 |
| Telephone | 02 9981 4077 |
| Mobile | 0416 164 935 |
| Fax | 02 9972 3289 |
|  |  |
| Hospital Appointments | Manly Hospital, Delmar Private Hospital |
| Special Interests |   |
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| --- | --- |
| Title |   |
| Name | John Breckenridge |
| Qualifications | B.Sc., PGD. Phty, M.Hlth.Sc., CHT |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 203  |
| Street2 | 30 Campbell St  |
| Suburb, State, Postcode | Blacktown NSW 2148 |
| Telephone | 02 9672 3511 |
| Fax | 02 9672 4911 |
| Website | [sydneywestphysio.com.au](http://sydneywestphysio.com.au) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Suie 117 |
| Street2 | 20B Lexington Dr |
| Suburb, State, Postcode | Bella Vista NSW 2153 |
| Telephone | 02 8814 5551 |
| Fax | 02 8814 5564 |
| Website | [sydneywestphysio.com.au](http://sydneywestphysio.com.au) |
|  |  |
| **Other Practice Address** |   |
| Street 1 | Suite 8 Broadwalk Arcade |
| Street2 | 458-470 High St  |
| Suburb, State, Postcode | Penrith NSW 2750 |
| Telephone | 02 4721 5788 |
| Fax | 02 4721 5790 |
| Website | [sydneywestphysio.com.au](http://sydneywestphysio.com.au) |
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| Hospital Appointments |   |
| Special Interests | wrist, shoulder, motor imagery |
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| Title | Dr |
| Name | Tanya Burgess |
| Qualifications | MBBS FRACS (orth) FAOrthA GAICD |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 7, Level 1 |
| Street2 | 20 Smith St |
| Suburb, State, Postcode | Charlestown, NSW 2290 |
| Telephone | 02 4920 6338 |
| Fax | 02 4027 5014 |
| Website | [www.hunterhandsurgery.com.au](http://www.hunterhandsurgery.com.au) |
|  |  |
| email | drburgess@hunterhandsurgery.com.au |
| Hospital Appointments | The Maitland Hospital, Lake Macquarie Private Hospital, Warners Bay Private Hospital |
| Special Interests | Dupuytren's, hand trauma, microsurgery, joint replacements |
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| --- | --- |
| Title | Dr |
| Name | Simon Chan |
| Qualifications | MB.BS(Usyd). FRACS(orth) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | HSS Orthopaedics |
| Street2 | Suite 1, Level 1, 17-19 Solent Circuit |
| Suburb, State, Postcode | Bella Vista NSW 2153 |
| Telephone | 02 8711 0112 |
| Fax | 02 8711 0120 |
| Website | [hssortho.com.au](http://www.hssortho.com.au) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Macquarie Hand Unit |
| Street2 | Suite 403, Level 4, 2 Technology Place |
| Suburb, State, Postcode | Macquarie University NSW 2109 |
| Telephone | 02 9812 3980 |
| Fax | 02 9812 3979 |
| Website | [macquariehandunit.com.au](http://www.macquariehandunit.com.au) |
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| Email | chan.hand.surgery@gmail.com |
| Hospital Appointments | Westmead, Hospital for Specialist Surgery, Macquarie Uni |
| Special Interests | Wrist arthroscopy, Carpal injuries and instability. |
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| --- | --- |
| Title | Ms |
| Name | Tracey Clark |
| Qualifications | MSc(Hand & UL Rehab), BAppSc(Phty), CHT |
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| **Main Practice Address** |  |
| Street 1 | North West Hand Therapy |
| Street2 | 50 Murray Farm Road |
| Suburb, State, Postcode | Carlingford NSW 2118 |
| Telephone | 02 8080 4362 |
| Fax | 02 8080 4361 |
| Website | [www.nwht.com.au](http://www.nwht.com.au/) |
|  |  |
| Hospital Appointments | Westmead Hospital |
| Special Interests | Hand fractures - early active motion |
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| --- | --- |
| Title | Dr |
| Name | Ian Edmunds |
| Qualifications | MBBS, FRACS |
|  |  |
| **Main Practice Address** |  |
| Street 1 | 2/49 Palmerston Rd |
| Suburb, State, Postcode | Hornsby, NSW, 2077 |
| Telephone | 02 9482 5511 |
| Mobile | 0411 548 000 |
| Fax | 02 9482 5533 |
|  |  |
| email | drianedmunds@bigpond.com |
| Hospital Appointments | Hornsby, San, San Day Surgery Hornsby |
| Special Interests | Dupuytren's, Basal thumb arthritis, Radius fractures |
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| --- | --- |
| Title | Ms |
| Name | Fiona Evans |
| Qualifications | BAppSc(OT) MAHTA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Eastside Physiotherapy |
| Street2 | Shop 2, 160 Belmore Road |
| Suburb, State, Postcode | Randwick NSW 2031 |
| Telephone | 02 9398 9400 |
| Fax | 02 9398 9200 |
| Website | [eastsidephysio.com.au](http://www.eastsidephysio.com.au) |
|  |  |
| email  | eastsidephysio@iinet.net.au |
| Hospital Appointments |   |
| Special Interests | Hand trauma. Wrist and finger fractures. |
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| --- | --- |
| Title | A/Prof |
| Name | Antonio E.L. Fernandes |
| Qualifications | B.Sc. Mech. Eng. (Hons), M.B.B.S(Hons) Syd., F.R.A.C.S. |
|  |  |
| **Main Practice Address** |  |
| Street 1 | 3/92 Bathurst Street |
| Suburb, State, Postcode | Liverpool NSW 2170 |
| Telephone | 02 9824 0345 |
| Fax | 02 9822 5062 |
|  |  |
| **Second Practice Address** |  |
| Street 1 | 35 Elizabeth Street |
| Suburb, State, Postcode | Camden NSW 2570 |
| Telephone | 02 9824 0345 |
| Fax | 02 4655 6913 |
|  |  |
| Hospital Appointments | Liverpool, Bankstown, Campbelltown, Sydney South West Private, Campbelltown Private |
| Special Interests | General Hand Surgery |
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| --- | --- |
| Title | Dr |
| Name | Jennifer Green |
| Qualifications | B.Med; F.R.A.C.S. |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Canberra Hand Centre |
| Street2 | Level 1, Building 2, 70 Kent Street |
| Suburb, State, Postcode | DEAKIN ACT 2600 |
| Telephone | 02 6173 3709 |
| Fax | 02 6147 0274 |
| Website | [canberrahandcentre.com.au](http://www.canberrahandcentre.com.au) |
|  |  |
| Hospital Appointments | Canberra Private Hospital, Calvary John James |
| Special Interests | Hand, wrist and microsurgery |
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| --- | --- |
| Title | Dr |
| Name | Claudia Gschwind |
| Qualifications | MD, FMH, FRACS |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Level 4, Suite 1, North Shore Private Hospital |
| Street2 | Westbourne Street |
| Suburb, State, Postcode | ST LEONARDS, NSW, 2065 |
| Telephone | 02 9437 1211 |
| Fax | 02 9437 1266 |
| Website | [www.sydneyhandsurgeryassociates.com.au](http://www.sydneyhandsurgeryassociates.com.au/) |
|  |  |
| **Mailing Address (if different to Main Practice Address)** |
| Street 1 | PO Box 1071 |
| Suburb, State, Postcode | LANE COVE, NSW, 1595 |
| Telephone |   |
| Mobile |   |
| Fax |   |
|  |  |
| Hospital Appointments | Department of Hand Surgery, Royal North Shore Hospital and North Shore Private Hospital |
| Special Interests | Nerve Surgery, Tetraplegia and Surgery for Spasticity |
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| Title | Assoc. Prof. |
| Name | Graham J. Gumley |
| Qualifications | MB BS FRACS, FRCSEd(Orth), FAOrthA, MHEd |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 403, Macquarie University Clinic |
| Street2 | 2 Technology Place |
| Suburb, State, Postcode | Macquarie University, NSW 2109 |
| Telephone | 9812 3980 |
| Fax | 9812 3990 |
|  |  |
| Hospital Appointments |   |
| Special Interests |   |
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| --- | --- |
| Title | Mr |
| Name | Brett HAIG |
| Qualifications | Bapp Sci (Occ Therapy) Pgrad Dip (Hand and U/L Rehab) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 46 |
| Street2 | 341 - 349 Crown Street (Piccadilly Centre) |
| Suburb, State, Postcode | Wollongong NSW 2500 |
| Telephone | 4227 2352 |
| Mobile | 0402 410 939 |
| Fax | 4227 2353 |
|  |  |
| email | reception@schtnsw.com.au |
| Hospital Appointments |   |
| Special Interests | Hand Trauma / post op |

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| --- | --- |
| Title | Dr |
| Name | Ian Hargreaves |
| Qualifications | MB, BS (Hons), FRACS (Orth), FAOrthA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | 187 Macquarie St |
| Suburb, State, Postcode | Sydney, NSW, 2000 |
| Telephone | +61 2 9232 6037 |
| Fax | +61 2 9223 1035 |
|  |  |
| **Second Practice Address** |  |
| Street 1 | 1/49 Palmerston Rd  |
| Suburb, State, Postcode | Hornsby NSW 2077 |
| Telephone | +61 2 9232 6037 |
| Fax | +61 2 9223 1035 |
|  |  |
| email | office@drhargreaves.com.au |
| Hospital Appointments | St Luke's, SAN, SAN Day Surgery Hornsby, St John's Hobart |
| Special Interests | Wrist surgery, endoscopic carpal tunnel surgery, arthroscopy |
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| --- | --- |
| Title | Dr |
| Name | FRANCIS J HARVEY |
| Qualifications | FRACS |
|  |  |
| **Main Practice Address** |  |
| Street 1 | 106/2-4 Atchison Street |
| Suburb, State, Postcode | ST LEONARDS |
| Telephone | 02 9436 0720 |
| Fax | 02 9436 0790 |
|  |  |
| Hospital Appointments | Royal North Shore Hospital |
| Special Interests |   |
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| --- | --- |
| Title | Dr |
| Name | Tim Heath |
| Qualifications | MBBS (Hons), FRACS (Plast), FRACP, MAppEpid |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 303 |
| Street2 | 13A Montgomery Street |
| Suburb, State, Postcode | Kogarah 2217 |
| Telephone | 02 9553 9969 |
| Fax | 02 9553 9979 |
| Website | [www.southernhand.com.au](http://www.southernhand.com.au) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Eastern Suburbs Sports Medicine |
| Street2 | Level 1, 9 -13 Bronte Road |
| Suburb, State, Postcode | Bondi Junction |
| Telephone | via Kogarah rooms |
| Website | [www.easternsuburbssportsmed.com.au/#essmc](http://www.easternsuburbssportsmed.com.au/#essmc) |
|  |  |
| **Other Practice Address** |   |
| Street 1 | Sydney Hospital Hand Unit |
| Street2 | Macquarie St |
| Suburb, State, Postcode | Sydney 2000 |
| Telephone | 02 9382 7111 |
|  |  |
| email | theath@southernhand.com.au |
| Hospital Appointments | Sydney Hospital, St George Private, National Day Surgery Kogarah, East Sydney Private |
| Special Interests |   |
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| --- | --- |
| Title | Mrs |
| Name | Amanda Hughes |
| Qualifications | Physiotherapist. Hand Therapist |
|  |  |
| **Main Practice Address** |  |
| Street 1 | The Hand & Upper Limb Rehabilitation Centre |
| Street2 | Suite 7, 227 Morrison Road |
| Suburb, State, Postcode | Ryde NSW 2112 |
| Telephone | (02) 9807 6678 |
| Fax | (02) 9809 3703 |
| Website | [www.handandupperlimbrehab.com.au](http://www.handandupperlimbrehab.com.au) |
|  |  |
| **Mailing Address (if different to Main Practice Address)** |
| Street 1 | PO Box 3082 |
| Suburb, State, Postcode | Putney NSW 2112 |
|  |  |
| email | amanda@handandupperlimbrehab.com.au |
| Hospital appointments |   |
| Special Interests |   |
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| --- | --- |
| Title | Dr |
| Name | Ian Incoll |
| Qualifications | MBBS FRACS FAOrthA |
|  |  |
| email | ian.incoll@aoa.org.au |
| Hospital Appointments |   |
| Special Interests | Surgical Education |
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| --- | --- |
| Title | Mrs |
| Name | Nadia Jenkins |
| Qualifications | B.App.Sci (OT), Post Grad Dip (Hand Therapy), MAHTA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Hills Norwest Hand Therapy |
| Street2 | G15, 9 Norbrik Drive |
| Suburb, State, Postcode | Bella Vista, NSW, 2153 |
| Telephone | 8814 1850 |
| Fax | 8572 9965 |
| Website | [www.handtherapy.com.au](http://www.handtherapy.com.au/) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Macquarie Hand Therapy |
| Street2 | Suite 403, 2 Technology Place |
| Suburb, State, Postcode | Macquarie University, NSW, 2109 |
| Telephone | 9812 3982 |
| Mobile |   |
| Fax | 9812 3979 |
| Website | [www.handtherapy.com.au](http://www.handtherapy.com.au/) |
|  |  |
| email | nadia@handtherapy.com.au |
| Hospital Appointments |   |
| Special Interests |   |
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| --- | --- |
| Title | Mr |
| Name | Adrian Jollow |
| Qualifications | BAppSci(Physiotherapy) MHealthSc(Physiotherapy) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Newtown Hand Therapy |
| Street2 | Suite 3, 1 Erskineville Rd |
| Suburb, State, Postcode | Newtown NSW 2042 |
| Telephone | 9519 4913 |
| Fax | 9516 5463 |
| Website | [www.newtownhandtherapy.com.au](http://www.newtownhandtherapy.com.au) |
|  |  |
| email | adrian@newtownhandtherapy.com.au |
| Hospital Appointments |   |
| Special Interests |   |
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| --- | --- |
| Title | Dr |
| Name | Stephen Kemp |
| Qualifications | MBBS FRACS FAOrthA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | 18 Lambton Road |
| Suburb, State, Postcode | Broadmeadow, NSW, 2292 |
| Telephone | 02 49 276 888 |
| Fax | 02 49 276 889 |
|  |  |
| **Mailing Address (if different to Main Practice Address)** |
| Street 1 | PO Box 120 |
| Suburb, State, Postcode | Broadmeadow, NSW, 2292 |
|  |  |
| Hospital Appointments | Lingard Private Hospital |
| Special Interests |   |
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| --- | --- |
| Title | Ms |
| Name | Vanessa Kirkham |
| Qualifications | BAppSc(OT), MSc(Hand&UpperLimb Rehab), CHT |
|  |  |
| **Main Practice Address** |  |
| Street 1 | MGS Physiotherapy |
| Street2 | 1 Whistler St |
| Suburb, State, Postcode | Manly, NSW, 2095 |
| Telephone | 9976 2666 |
| Mobile | 0405 085 031 |
| Fax | 9976 2675 |
| Website | [www.mgsphysio.com.au](http://www.mgsphysio.com.au/) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Hand & Upper Limb Therapy |
| Street2 | Suite 29/15 Terminus St |
| Suburb, State, Postcode | Castle Hill, NSW, 2154 |
| Telephone | 9899 2233 |
| Mobile | 0405 085 031 |
| Fax | 9899 3650 |
| Website | [www.hault.net.au](http://www.hault.net.au/) |
|  |  |
| **Other Practice Address** |   |
| Street 1 | Hand & Upper Limb Therapy |
| Street2 | Suite 508, SAN Clinic, 185 Fox Valley Rd |
| Suburb, State, Postcode | Wahroonga, NSW, 2076 |
| Telephone | 9473 8580 |
| Mobile | 0405 085 031 |
| Fax | 9473 8581 |
| Website | [www.hault.net.au](http://www.hault.net.au) & [www.wristwidget.com.au](http://www.wristwidget.com.au) |
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| Hospital Appointments |   |
| Special Interests | Ulnar sided wrist pain |
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| --- | --- |
| Title | Dr |
| Name | Samuel Kwa |
| Qualifications | MBBS, FRACS(ortho), FAOrthA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 1 Medical Centre |
| Street2 | 261 March St Orange 2800 |
| Suburb, State, Postcode | Orange NSW 2800 |
| Telephone | 02 6261 0359 |
| Fax | 02 6362 2267 |
| Website |   |
|  |  |
| **Mailing Address (if different to Main Practice Address)** |
| Street 1 | PO Box 111 |
| Suburb, State, Postcode | Orange NSW 2800 |
|  |  |
| Hospital Appointments | Orange Health Service, Dudley Private Hospital |
| Special Interests |   |
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| Title | Mr |
| Name | Jim Liakos |
| Qualifications | BAppSc (Physio) CHT |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 105/68 Eldridge Rd |
| Suburb, State, Postcode | Bankstown NSW 2200 |
| Telephone | 97933119 |
| Mobile | 0407 405 063 |
| Fax | 97908453 |
| Website | [www.bankstownphysiotherapy.com.au](http://www.bankstownphysiotherapy.com.au/) |
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| Hospital Appointments |   |
| Special Interests |   |
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| --- | --- |
| Title | Dr |
| Name | James Masson |
| Qualifications | MB BS (Hons), FRACS (Plast) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | 12 Gormly Avenue |
| Suburb, State, Postcode | Wagga Wagga, NSW, 2650 |
| Telephone | 6925 0388 |
| Fax | 6925 0399 |
|  |  |
| Hospital Appointments | Wagga Wagga Rural Referral Hospital, Calvary Hospital |
| Special Interests | Microsurgical reconstruction |
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| --- | --- |
| Title | Dr |
| Name | Brett McClelland |
| Qualifications | Bmed (Newc), FRACS (Orth) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Hunter Hand Surgery |
| Street2 | Suite 7, 20 Smith Street |
| Suburb, State, Postcode | Charlestown, NSW, 2290 |
| Telephone | 02 4920 6338 |
| Fax | 02 4027 5014 |
| Website | [hunterhandsurgery.com.au](http://www.hunterhandsurgery.com.au) |
|  |  |
| Hospital Appointments | Warners Bay Private Hospital, Lake Macquarie Private Hospital |
| Special Interests | Dupuytren''s Disease, carpal tunnel, osteoarthrits, trauma and reconstructive microsurgery |
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| --- | --- |
| Title | Ms |
| Name | Lindy McDonald |
| Qualifications | B.App.Sc (Physiotherapy), CHT, B.Sc.(Hons) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 6 |
| Street2 | 6-8 Mons Road |
| Suburb, State, Postcode | Westmead, NSW 2145 |
| Telephone | 02 9633 1035 |
| Fax | 02 9633 6184 |
| Website | [www.sydneywestphysio.com.au](http://www.sydneywestphysio.com.au) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Suite 117 |
| Street2 | 20B Lexington Drive |
| Suburb, State, Postcode | BELLA VISTA |
| Telephone | 02 8814 5551 |
| Fax | 02 8814 5564 |
| Website | [www.sydneywestphysio.com.au](http://www.sydneywestphysio.com.au) |

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| --- | --- |
| Title | Ms |
| Name | Cathy |
| Qualifications | B App Sc (Physio); M Hlth Sc (Physio - Hand & Upper Limb Major) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 13, 82-84 Queen St |
| Suburb, State, Postcode | Campbelltown NSW 2560 |
| Telephone | 02 4626 1333 |
| Fax | 02 4626 1444 |
| Email | [handtherapy2560@hotmail.com](../Downloads/handtherapy2560%40hotmail.com) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | The Hand Centre |
| Street2 | Level 4, 171 Bigge St |
| Suburb, State, Postcode | Liverpool NSW 2170 |
| Telephone | 9821 2284 |
| Fax | 9821 2273 |
| Website | thehandcentre.com.au |
| email | [handtherapy2560@gmail.com](../Downloads/handtherapy2560%40gmail.com) |
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| Hospital Appointments |   |
| Special Interests |   |
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| --- | --- |
| Title | Dr |
| Name | Stuart Myers |
| Qualifications | MB BS FRACS (Orth) FAOrth A |
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| **Main Practice Address** |  |
| Street 1 | Suite 11 , Level 7  |
| Street2 | Prince of Wales Private Hospital, Barker Street |
| Suburb, State, Postcode | Randwick NSW 2031 |
| Telephone | 02 9650 4382 |
| Fax | 02 9650 4375 |
| Website | [www.myhand.com.au](http://www.myhand.com.au/) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Kareena Private Hospital Consulting Suites |
| Street2 | 86 Kareena Road |
| Suburb, State, Postcode | Caringbah NSW 2229 |
| Telephone | 02 9650 4382 |
| Mobile |   |
| Fax |   |
| Website |   |
|  |  |
| email | myhand@surgical.net |
| Hospital Appointments | Prince of Wales, Prince of Wales Private, Kareena Private |
| Special Interests | Colles fractures, Carpal Tunnel Syndrome, Ski injuries |
|  |  |

|  |  |
| --- | --- |
| Title | Dr |
| Name | Sean Nicklin |
| Qualifications | MBCHB, FRCS ED Glas, FRACS (Plas) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | 227 Avoca Street |
| Suburb, State, Postcode | Randwick NSW 2031 |
| Telephone | 02 9399 8799 |
| Fax | 02 9399 8700 |
| Website | [www.seanicklin.com.au](http://www.seanicklin.com.au/) |
|  |  |
| Hospital Appointments | Sydney Hospital, Prince of Wales, Sydney Childrens, Royal Hospital for Women |
| Special Interests | Paediatric Hand Surgery, Microsurgical Reconstruction |
|  |  |

|  |  |
| --- | --- |
| Title | Dr |
| Name | Mark Perko |
| Qualifications | MBBS FRACS |
|  |  |
| **Main Practice Address** |  |
| Street 1 | North Sydney Orthopaedic and Sports Medicine Centre |
| Street2 | Mater Clinic Suite G.02 3 Gillies St |
| Suburb, State, Postcode | Wollstonecraft NSW 2065 |
| Telephone | 02 9409 0500 |
| Fax | 9906 5046 |
| Website | drmarkperko.com.au |
|  |  |
| email | adminperko@nsosmc.com.au |
| Hospital Appointments | Mater Hospital Crows Nest, Castlecrag Hospital |
| Special Interests | Hand and Upper Limb Surgery. Sports Medicine. |
|  |  |

|  |  |
| --- | --- |
| Title | Dr |
| Name | Rosemary Prosser |
| Qualifications | PhD(Physio,) MSc(hand & upper Limb), BApScPhty, CHT |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Level 6 |
| Street2 | 187 Macquarie St |
| Suburb, State, Postcode | Sydney, NSW , 2000 |
| Telephone | +61 2 9221 2603 |
| Fax | +61 2 9235 3707 |
| Website | [sydneyhandtherapy.com.au](http://www.sydneyhandtherapy.com.au) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Suite 2 |
| Street2 | 49 Palmerstaon Rd |
| Suburb, State, Postcode | Hornsby , NSW, 2077 |
| Telephone | +61 2 9482 5522 |
| Fax | +61 2 9482 5533 |
| Website | [handtherapyhornsby.com](http://www.handtherapyhornsby.com) |
|  |  |
| **Other Practice Address** |   |
| Street 1 | St Lukes Clinic |
| Street2 | Roslyn St |
| Suburb, State, Postcode | Potts Point , NSW,  |
| Telephone | +61 2 9221 2603 |
| Website | [sydneyhandtherapy.com.au](http://www.sydneyhandtherapy.com.au) |
|  |  |
| email | rprosser@sydneyhandtherapy.com.au |
| Hospital Appointments |   |
| Special Interests | wrist |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Title | Ms |
| Name | Ceri Pulham |
| Qualifications | BSc(OT) MAHTA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Hills Norwest Hand Therapy |
| Street2 |  G15, 9 Norbrik Drive |
| Suburb, State, Postcode | Bella Vista NSW 2153 |
| Telephone | 8814 1850 |
| Fax | 8572 9965 |
| Website | [handtherapy.com.au](http://www.handtherapy.com.au) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Macquarie Hand Therapy |
| Street2 | Suite 403, 2 Technology Place |
| Suburb, State, Postcode | Macquarie University |
| Telephone | 9812 3982 |
| Fax | 9812 3979 |
| Website | [handtherapy.com.au](http://www.handtherapy.com.au) |
|  |  |
| email | ceri@handtherapy.com.au |
| Hospital Appointments |   |
| Special Interests |   |
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| --- | --- |
| Title | Dr  |
| Name | Desmond Rea |
| Qualifications | Medico Legal Specialist, Hand Surgeon and Plastic Surgeon |
|  |  |
| **Main Practice Address** |  |
| Street 1 | 49 View Street |
| Suburb, State, Postcode | Woollahra NSW 2025 |
| Telephone | 02 9387 3877 |
|  |  |
| Hospital Appointments |   |
| Special Interests |   |

|  |  |
| --- | --- |
| Title | Dr |
| Name | Damian Ryan |
| Qualifications | MBBS, FRACS (Orth), FAOrth A |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 1 Level 4 North Shore Private Hospital |
| Street2 | Westbourne Street |
| Suburb, State, Postcode | St Leonards 2065 |
| Telephone | 9437 1211 |
| Fax | 9437 1266 |
| Website | https://www.healthshare.com.au/profile/professional/134217-dr-damian-ryan/ |
|  |  |
| **Mailing Address (if different to Main Practice Address)** |
| Street 1 | P.O Box 305  |
| Street2 | Willoughby |
| Suburb, State, Postcode | NSW 2068 |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Macquarie Hospital Clinic |
| Street2 | 2 Technology Place |
| Suburb, State, Postcode | Macquarie University NSW 2109 |
| Telephone | 9437 1211 |
| Website | http://macquariehandunit.com.au/dr-damian-ryan/ |
|  |  |
| Hospital Appointments |   |
| Special Interests | Minimally invasive surgery of the hand and wrist, endoscopic carpal tunnel release, percutaneous and collagenase treatment of Dupuytrens, wrist arthoscopy, hand trauma, hand and wrist arthritis |
|  |  |

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| --- | --- |
| Title | Dr |
| Name | Andre Alisina Safvat |
| Qualifications | MB BS FRACS |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 404, Level 4, |
| Street2 | 531-533 Kingsway |
| Suburb, State, Postcode | Miranda, NSW 2228 |
| Telephone | 02 8544 3270 |
| Fax | 02 8544 3271 |
| Website | [www.drandresafvat.com.au](http://www.drandresafvat.com.au/) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | 3/112 Majors Bay Road |
| Suburb, State, Postcode | Concord, NSW 2137 |
| Telephone | 02 8544 3270 |
| Fax | 02 8544 3271 |
|  |  |
| **Other Practice Address** |   |
| Street 1 | St Judes Specialist Centre |
| Street2 | 21 St Judes Street |
| Suburb, State, Postcode | Bowral, NSW 2576 |
|  |  |
| Hospital Appointments | Westmead and Auburn Hospitals |
| Special Interests | Hand surgery, Reconstructive Surgery |
|  |  |

|  |  |
| --- | --- |
| Title | Dr |
| Name | Bernard Schick |
| Qualifications | FRACS (Ortho) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 21/ Level 11 Prince of Wales Private Hospital |
| Street2 | Barker Street |
| Suburb, State, Postcode | Randwick, NSW 2031 |
| Telephone | 02 9650 4978 |
| Fax | 02 9650 4179 |
| Website | [www.handsurgerySOS.com.au](http://www.handsurgerySOS.com.au) |
|  |  |
| Hospital Appointments | Sydney Hospital Hand Unit, Prince of Wales Hospital |
| Special Interests |   |
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| --- | --- |
| Title | Dr |
| Name | Chris |
| Qualifications | Scott |
|  |  |
| **Main Practice Address** |  |
| Street 1 | The Hand Centre |
| Street2 | Suite 4 Level 4, 171 Bigge St |
| Suburb, State, Postcode | Liverpool NSW 2170 |
| Telephone | 02 9821 2284 |
| Fax | 02 9821 2273 |
| Website | [www.drchrisscott.com.au](http://www.drchrisscott.com.au/) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Sydney Bone & Joint Centre |
| Street2 | Suite 20, 42 Parkside Cres |
| Suburb, State, Postcode | Campbelltown NSW 2256 |
| Telephone | 02 9821 2284 |
| Fax | 02 9821 2273 |
|  |  |
| **Other Practice Address** |   |
| Street 1 | Musculoskeletal Institute |
| Street2 | 37 Gloucester Road |
| Suburb, State, Postcode | Hurstville NSW 2200 |
| Telephone | 02 9821 2284 |
| Fax | 02 9821 2273 |
|  |  |
| Hospital Appointments | Sydney Southwest Private, Campbelltown Private, Hurstville Private |
| Special Interests |   |
|  |  |

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| --- | --- |
| Title | Dr |
| Name | Peter Scougall |
| Qualifications | FRACS Orth, FAOrthA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Level 7 / 187 Macquarie St |
| Suburb, State, Postcode | Sydney NSW 2000 |
| Telephone | 02 9235 3666 |
| Fax | 02 9221 6820 |
|  |  |
| **Second Practice Address** |  |
| Street 1 | 111 Anzac Pde |
| Suburb, State, Postcode | Kensington NSW 2033 |
| Telephone | 02 9663 5999 |
|  |  |
| **Other Practice Address** |   |
| Street 1 | Illawarra Rheumatology |
| Street2 | Crown St |
| Suburb, State, Postcode | Wollongong NSW 2500 |
|  |  |
| Hospital Appointments | Sydney/ St Lukes / Wollongong Day Surgery |
| Special Interests | Acute wrist inuries / sports / Dupuytren's / tendons |
|  |  |

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| --- | --- |
| Title | Ms |
| Name | Jacki Shannon |
| Qualifications | Hand Therapist CHT |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 1/ 261 March St |
| Suburb, State, Postcode | Orange, NSW , 2800 |
| Telephone | 02 6361 0359 |
| Fax | 02 6362 2267 |
| Website | orangehandtherapy@hotmail.com |
|  |  |
| **Mailing Address (if different to Main Practice Address)** |
| Street 1 | PO Box 1829 |
| Suburb, State, Postcode | Orange NSW 2800 |
|  |  |
| email | orangehandtherapy@hotmail.com |
| Hospital appointments | Dudley Private Hospital |
| Special Interests |   |
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| --- | --- |
| Title | Dr |
| Name | Nicholas Smith |
| Qualifications | MBBS Hons, FRACS, FAOA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | G18 Norwest Private Hospital |
| Street2 | 11 Norbrik Drive |
| Suburb, State, Postcode | Bella Vista NSW 2153 |
| Telephone | 9806 3333 |
| Fax | 9806 3398 |
| Website | [www.specialtyorthopaedics.com.au](http://www.specialtyorthopaedics.com.au) |
|  |  |
| **Mailing Address (if different to Main Practice Address)** |
| Street 1 | PO Box 6425 |
| Suburb, State, Postcode | Baulk ham Hills NSW 2153 |
| Telephone | 9806 3333 |
| Fax | 9806 3398 |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Suite 403, Macquarie Hand Clinic |
| Street2 | Technology Place |
| Suburb, State, Postcode | Macquarie University, 2109 |
| Telephone | 9806 3333 |
| Fax | 9806 3398 |
| Website | [www.specialtyorthopaedics.com.au](http://www.specialtyorthopaedics.com.au) |
|  |  |
| **Other Practice Address** |   |
| Street 1 | 21 St Jude Street |
| Suburb, State, Postcode | Bowral NSW 2576 |
| Telephone | 9806 3333 |
| Fax | 9806 3398 |
| Website | [www.specialtyorthopaedics.com.au](http://www.specialtyorthopaedics.com.au) |
|  |  |
| Hospital Appointments | Norwest, Mac Uni Hospital, Children’s Hospital Westmead, Southern Highlands Private |
| Special Interests | congenital, wrist arthroscopy, nerve surgery and plexus |
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| --- | --- |
| Title | Dr |
| Name | Chris Smithers |
| Qualifications | MBBS BEng FRACS(Ortho) F.AOA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 101 RPAH Medical Centre |
| Street2 | 100 Carillon Ave |
| Suburb, State, Postcode | Newtown 2042 |
| Telephone | (02) 9557 6229 |
| Fax | (02) 9475 1411 |
|  |  |
| email | admin@smithersortho.com |
| Hospital Appointments | Royal Prince Alfred, Mater and North Shore Private Hospitals |
| Special Interests | Hand, Wrist, Elbow and Shoulder surgery |
|  |  |

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| --- | --- |
| Title | Dr |
| Name | David Stewart |
| Qualifications | MBChB FRACS(Plast) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 1, Level 4, North Shore Private Hospital |
| Street2 | Westbourne Street |
| Suburb, State, Postcode | St Leonards, NSW 2065 |
| Telephone | (02) 9437 1211 |
| Fax | (02) 9437 1266 |
| Website | [drdavidstewart.com](http://www.drdavidstewart.com) |
|  |  |
| Hospital Appointments | RNSH, Childrens Hospital at Westmead, North Shore Private |
| Special Interests | Brachial Plexus, Congenital Hand Surgery, Reconstructive microsurgery |
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| --- | --- |
| Title | Mrs |
| Name | Susan Stinton |
| Qualifications | B Sc (Physiotherapy) CHT MAHTA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 203 |
| Street2 | 30 Campbell St |
| Suburb, State, Postcode | Blacktown NSW 2148 |
| Telephone | 02 9672 3511 |
| Fax | 02 6972 4911 |
| Website | [www.sydneywestphysio.com.au](http://www.sydneywestphysio.com.au/) |
|  |  |
| email | s\_stinton@outlook.com |
| Special Interests | Wrist fractures, trauma, research |
|  |  |

|  |  |
| --- | --- |
| Title | Dr |
| Name | Jai Sungaran |
| Qualifications | FRACS(Orth) MASurg FAOA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Orthocentre |
| Street2 | 86 Kareena Road |
| Suburb, State, Postcode | Caringbah NSW 2229 |
| Telephone | 02 9525 2055 |
| Fax | 02 9525 6302 |
| Website | [www.handandwrist.com.au](http://www.handandwrist.com.au) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Specialist Centre @ Sydney Olympic Park |
| Street2 | Retail 4, 8 Australia Avenue |
| Suburb, State, Postcode | Sydney Olympic Park NSW 2127 |
| Telephone | 02 97353637 |
| Fax | 02 97353635 |
| Website | [www.handandwrist.com.au](http://www.handandwrist.com.au) |
|  |  |
| email | doctorjai@optusnet.com.au |
| Hospital Appointments | Concord Hospital, Kareena Private Hospital, Macquarie University Hospital, Strathfield Private Hospital |
| Special Interests | Arthroscopic wrist surgery, Endoscopic carpal tunnel surgery, Arthritis of the hand and wrist |
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| --- | --- |
| Title | Dr |
| Name | John Tawfik |
| Qualifications | MBBS B Pharm FRACS (Orth) FAOrthA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | St Luke's Clinic (Hemsley House) |
| Street2 | 20 Roslyn St |
| Suburb, State, Postcode | Potts Point NSW 2011 |
| Telephone | 1300 829 345 |
| Fax | 02 8079 0679 |
| Website | [www.tawfik.com.au](http://www.tawfik.com.au) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Centre for Hand Surgery |
| Street2 | Level 7 / 187 Macquarie St |
| Suburb, State, Postcode | Sydney NSW 2000 |
| Telephone | 1300 829 345 |
| Fax | 02 8079 0679 |
| Website | [www.tawfik.com.au](http://www.tawfik.com.au) |
|  |  |
| **Other Practice Address** |   |
| Street 1 | Seaview Clinic Suite 701. Level 7 Wollongong Private Hospital |
| Street2 | 360-364 Crown St |
| Suburb, State, Postcode | Wollongong NSW 2500 |
| Telephone | 1300 829 345 |
| Fax | 02 8079 0679 |
| Website | [www.tawfik.com.au](http://www.tawfik.com.au) |
|  |  |
| email | info@tawfik.com.au |
| Hospital Appointments | Sydney Hospital, St Luke's Hospital, Wollongong Private Hospital  |
| Special Interests |   |
|  |  |

|  |  |
| --- | --- |
| Title | Dr |
| Name | Sawjin Tew |
| Qualifications | MBBS (Hons), MS, FRACS (Plastic Surgery) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | 8 / 56 Neridah Street |
| Suburb, State, Postcode | Chatswood, NSW 2067 |
| Telephone | 02 9411 2266 |
| Fax | 02 9411 2740 |
| Website | [www.drtew.com.au](http://www.drtew.com.au/) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | 4 McGrath Avenue |
| Suburb, State, Postcode | Nowra, NSW 2541 |
| Telephone | 02 9411 2266 |
|  |  |
| **Other Practice Address** |   |
| Street 1 | 2 / 910 Pittwater Road |
| Suburb, State, Postcode | Dee Why, NSW 2099 |
| Telephone | 02 9411 2266 |
|  |  |
| email | sawjintew@gmail.com |
| Hospital Appointments | North Shore Private, Nowra Private, Manly District Hospital, Shoalhaven District Hospital |
| Special Interests |   |
|  |  |

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| --- | --- |
| Title | Dr |
| Name | Tom Thorvaldson |
| Qualifications | B.Med. B.Med.Sc. FRACS. FAOrthA. |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 12 |
| Street2 | 173 Chisholm Rd |
| Suburb, State, Postcode | Ashtonfield, 2323, NSW |
| Telephone | (02) 4915 6610 |
| Fax | (02) 4933 0223 |
|  |  |
| **Mailing Address (if different to Main Practice Address)** |
| Street 1 | PO Box 548 |
| Suburb, State, Postcode | East Maitland, NSW, 2323 |
|  |  |
| email | tomthorvaldson@gmail.com |
| Hospital Appointments | Maitland public (Head of Dept), Maitland Private |
| Special Interests |   |
|  |  |

|  |  |
| --- | --- |
| Title | Dr |
| Name | Tony Tonks |
| Qualifications | Plastic and Reconstructive Surgeon, Hand Specialist |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Canberra Plastic Surgery |
| Street2 | 6/9 Sydney Ave |
| Suburb, State, Postcode | Barton ACT 2600 |
| Telephone | 02 6282 4868 |
| Fax | 02 6282 0377 |
| Website | [www.canberraplasticsurgery.com.au](http://www.canberraplasticsurgery.com.au/) |
|  |  |
| Hospital Appointments | Barton Private Hospital, Calvary John James Hospital |
| Special Interests | Fishing.Collecting antique reels and rods and fine art! |
|  |  |

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| --- | --- |
| Title | Ms |
| Name | Marisa Traino  |
| Qualifications | Senior Physiotherapist, Certified Hand Therapist |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Royal Prince Alfred Hospital |
| Street2 |  QEII Building, 57-59 Missenden Road |
| Suburb, State, Postcode | Camperdown, NSW, 2050 |
| Telephone | 9515 9829 |
| Fax | 9515 9751 |
|  |  |
| email | Marisa.Traino@sswahs.nsw.gov.au  |
| Hospital Appointments | Senior Physiotherapist, Royal Prince Alfred Hospital |
| Special Interests | UL Trauma, acute CRPS |
|  |  |

|  |  |
| --- | --- |
| Title | Dr |
| Name | Wayne Viglione |
|  |  |
| **Main Practice Address** |  |
| Street 1 | 4 Short St |
| Suburb, State, Postcode | Kogarah |
| Telephone | 02 9588 2353 |
| Fax | 02 9588 2830 |
| Website | [www.orthospot.com.au](http://www.orthospot.com.au/) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Suite 127, Centric Medical Centre |
| Street2 | Hyde Parade |
| Suburb, State, Postcode | Campbelltown NSW 2560 |
|  |  |
| Hospital Appointments | St George-Sutherland, St George Private, Sydney SouthWest |
| Special Interests |   |
|  |  |

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| --- | --- |
| Title | Dr |
| Name | Anne Wajon |
| Qualifications | PhD, BAppSc(Phty), MAppSc(Phty) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Macquarie Hand Therapy |
| Street2 | Suite 403, 2 Technology Pl |
| Suburb, State, Postcode | Macquarie Uni, NSW 2109 |
| Telephone | 02 9812 3982 |
| Mobile | 0414 564 187 |
| Fax | 02 9812 3979 |
| Website | [handtherapy.com.au](http://www.handtherapy.com.au) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Pacific Hand Therapy |
| Street2 | 812 Pittwater Rd |
| Suburb, State, Postcode | Dee Why NSW 2109 |
| Telephone | 02 9984 9040 |
| Mobile | 0414 564 187 |
| Fax | 02 9981 2104 |
| Website | [handtherapy.com.au](http://www.handtherapy.com.au) |
|  |  |
| **Other Practice Address** |   |
| Street 1 | Hills Norwest Hand Therapy |
| Street2 | G15, 9 Norbrik Dr |
| Suburb, State, Postcode | Bella Vista NSW 2153 |
| Telephone | 02 8814 1850 |
| Mobile | 0414 564 187 |
| Website | [handtherapy.com.au](http://www.handtherapy.com.au) |
|  |  |
| Hospital Appointments |   |
| Special Interests | base of thumb OA |
|  |  |

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| --- | --- |
| Title | Mrs |
| Name | Elizabeth Ward  |
| Qualifications | BSc PGD Phys MPH MHSc Life Member AHTA  |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Coastal Hand Clinic  |
| Street2 | 9 Burrabil Ave  |
| Suburb, State, Postcode | North Gosford NSW 2250 |
| Telephone | 02 4324 8081 |
| Website | [coastalphysiogroup.com.au](http://www.coastalphysiogroup.com.au) |
|  |  |
| email | lizhandsphysio@gmail.com |
| Hospital Appointments |   |
| Special Interests | Wrist instability  |
|  |  |

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| --- | --- |
| Title | Mr |
| Name | Michael Ward |
| Qualifications | BAppSc (Physio) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Western Sydney Hand Physio |
| Street2 | 63 Sorrell Street |
| Suburb, State, Postcode | Parramatta NSW 2150 |
| Telephone | 02 9683 2063 |
| Fax | 02 9890 4326 |
|  |  |
| email | wshandphysio@gmail.com |
| Hospital Appointments |   |
| Special Interests |   |
|  |  |

|  |  |
| --- | --- |
| Title | Dr |
| Name | Douglass Wheen |
| Qualifications | MB, BS FRACS |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Centre for Hand Surgery |
| Street2 | 7th Floor, 187 Macquarie St |
| Suburb, State, Postcode | Sydney, NSW, 2000 |
| Telephone | +61 2 9235 3666 |
| Fax | +61 2 9221 6820 |
| Website | [www.handsurgery.com.au](http://www.handsurgery.com.au/) |
|  |  |
| Hospital Appointments | Sydney Hospital, St Luke's Hospital |
| Special Interests | Dupuytren's Contracture |
|  |  |

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| --- | --- |
| Title | Mrs |
| Name | Julia Wild |
| Qualifications | B. App. Sc. (Physio), CHT (USA) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | 23/6 Belgrave St |
| Suburb, State, Postcode | Kogarah, NSW, 2217 |
| Telephone | 02 9553 8597 |
| Fax | 02 9553 1258 |
| Website | [www.southernhandtherapy.com.au](http://www.southernhandtherapy.com.au) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Level 1, 41-47 Eton St |
| Suburb, State, Postcode | Sutherland, NSW, 2232 |
| Telephone | 02 9553 8597 |
| Fax | 02 9553 1258 |
|  |  |
| email | frontdesk@southernhandtherapy.com.au |
| Hospital Appointments |   |
| Special Interests |   |
|  |  |

|  |  |
| --- | --- |
| Title | Mrs |
| Name | Fiona Williams |
| Qualifications | BAppSc(OccThy) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 23, 1A Ashlely Lane |
| Suburb, State, Postcode | Westmead NSW 2145 |
| Telephone | 02 96879076 |
| Mobile | 0416 193 477 |
| Fax | 02 96879276 |
|  |  |
| email | admin@westmeadhandtherapy.com.au |
| Hospital Appointments |   |
| Special Interests | Hand Therapy |
|  |  |

|  |  |
| --- | --- |
| Title | Dr |
| Name | Kwan Yeoh |
| Qualifications | MBBS, FRACS (Orth), FAOrthA |
|  |  |
| **Main Practice Address** |  |
| Street 1 | 47-49 Burwood Rd |
| Suburb, State, Postcode | Concord NSW 2137 |
| Telephone | 02 9744 2666 |
| Fax | 02 9744 3706 |
| Website | [www.orthosports.com.au](http://www.orthosports.com.au) |
|  |  |
| **Second Practice Address** |  |
| Street 1 | Level 7, 29-31 Dora St |
| Suburb, State, Postcode | Hurstville NSW 2220 |
| Telephone | 02 9580 6066 |
| Fax | 02 9580 0890 |
| Website | [www.orthosports.com.au](http://www.orthosports.com.au) |
|  |  |
| **Other Practice Address** |   |
| Street 1 | Suite 5B, 119-121 Lethbridge St |
| Suburb, State, Postcode | Penrith NSW 2750 |
| Telephone | 02 4721 7799 |
| Fax | 02 4721 7997 |
| Website | [www.orthosports.com.au](http://www.orthosports.com.au) |
|  |  |
| **Other Practice Address** |   |
| Street 1 | Suite 116, Building B |
| Street2 | 20 Lexington Dr |
| Suburb, State, Postcode | Bella Vista NSW 2153 |
| Telephone | 02 9744 2666 |
| Fax | 02 9744 3706 |
| Website | [www.orthosports.com.au](http://www.orthosports.com.au) |
|   |   |
| email | office@orthosports.com.au |
| Hospital Appointments | Strathfield Private Hospital. Waratah Private Hospital. Nepean Private Hospital. Hospital for Specialist Surgery. |
| Special Interests |   |
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| Title | Dr |
| Name | Ian Yuen |
| Qualifications | MBBS BSc(Med) FRACS(Orth) |
|  |  |
| **Main Practice Address** |  |
| Street 1 | Suite 403, 2 Technology Place |
| Suburb, State, Postcode | Macquarie University, NSW, 2109 |
| Telephone | 02 8090 1249 |
| Fax | 02 8007 0462 |
| Website | [drianyuen.com](http://www.drianyuen.com) |
|  |  |
| email | reception@drianyuen.com |
| Hospital Appointments | Macquarie University Hospital, Sydney Adventist Hospital and Liverpool/Fairfield Hospitals |
| Special Interests | Minimally invasive treatment for Dupuytren's |
|  |  |