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New Year Greetings Gong Xi Fa Cai !!

Priscilla POON
President HKPA

Today is the seventh day of the Chinese New Year with warm and nice weather. On behalf of the Executive Committee, I would also like to greet you with "Happy Birthday" today and wish you **Joy, Happiness and Good Fortune** in the Year of Rooster! 2017 is the Year of Fire Rooster and Roosters are confident, self-assured, perfectionists and proud. I strongly believe the upcoming HKPA executive committee 2017-2019 in AGM 2017 will further develop the Association with confidence.

I have been serving the HKPA for 20 years by the year end of 2017 with 10 years of presidency. I feel very much energized with such a long period of service as I have been trained and exposed to various situations that will not be faced in my routine daily work. But most importantly, I have been supported by a team of passionate, diligent and motivated executive committee members. They all take up an active role as executive committee members despite of their very busy daytime work and family commitment.

The executive committee members worked diligently to promote the PT profession and image to the public by engaging in various promotional activities, public educational activities and community health programs, such as the sitting exercise program for the diabetic clients by the CPSG, the ongoing community exercise program for clients with prostate cancer and the newly designed dance for the elders by the GSG within a very tight time frame. Lots of coordination work was also needed in order to provide high quality community hydrotherapy programs organized by the Hong Kong Asthma Society and the Hong Kong Arthritis and Rheumatism Foundation throughout the years.



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Recently, we are highly engaged in giving opinion to the Government on the medical device regulatory framework for protecting the best interest of the public. We are also engaged in the manpower planning projection exercise as co-ordinated by the Government. Currently, a survey to the public is ongoing to solicit the view of the public on the "Modified Referral" that we have been "fighting" for nearly 30 years! Hopefully, the survey is able to demonstrate the support and urge from the public for a better and easier access of physiotherapy care.

In addition, the Association is also well supported by executive committee members of the Specialty Groups who are highly involved in organizing courses and seminars to our beloved members. All these logistics arrangement have to be well supported by a team of secretaries including our busy membership secretary, honorary secretaries and the associate secretary. I am sure the Association is not able to function and develop as such without their tremendous support and hard work.

In the coming year, we will still be facing various challenges, such as stringent manpower issue, both in public, private and NGO settings with numerous of unfilled vacancies. Such situation is related to aging population, commencement of retirement wave and of course the fact that our hard work and contribution to patient care are now greatly recognized by the stakeholders and general public. In coming years, new hospital establishment, hospital renovation project and the current Rehabilitation Review will also bring in new service model and augment the service for PT service.

Mega old-aged home and rehabilitation centers will also be built to cope with the aging population. Although such development will create further tension in the manpower and workload issues in various settings, this is a great opportunity for us to demonstrate our intelligence, charisma, power and energy in the health care system. The Association, members and various stakeholders have to work hand-in-hand to support our clients' health and a heavy but healthy health care system in Hong Kong.

With such a surging demand for PT service and development of specialized institution, we have to prepare an evolution of our existing practice and our role to cope with the changes in the societal needs. We, as a PT profession, have to prepare for the change and at the same time equip ourselves with new advancement in rehabilitation technology and professional knowledge. A jargon "Opportunities are always reserved for those who are well prepared" is too old-tone but is always true. Do come to attend our upcoming HKPA Conference and Annual Dinner 2017!

With respect to all these "opportunities", it is an important moment for **You** to stay with us to meet all these challenges. Without your sense of unity, untiring support and feedback, the desirable outcome can never be achieved. I am sure with the effort of **All Registered Physiotherapists** in Hong Kong, not just the committee members, our profession will grow with a sparkling generation. I hope you will further support the new President and executive committee with my step-down from the HKPA presidency after the election in Oct 2017.

Last but not the least, I would like to further take this opportunity to make my best wishes to all of you and your families with a **Better Life, Happiness, Peace, Health and Wealth** in the Year of Rooster. HKPA will also further lead our profession in another arena with a brighter future.

Editorial

Primary Care Service

Chris WONG and Caroline WONG
HKPA

As a core concept in World Health Organization's policies, primary health care refers to first line health service accessible to individuals and families in a community. Serving as the cornerstone for contemporary healthcare system, it promotes equity, scientific soundness, and self-efficacy.

In this issue, Ms Mandy Mak from Tuen Mun Hospital recognizes the rising trend in physiotherapy programs among Hospital Authority out-patient clinics. In order to fulfill patient empowerment, physiotherapists should encourage changes in patients' health related behavior. She also analyses factors that bring forth such changes in the article.

Putting the principles into practice, Ms Joey Cheng from Our Lady of Maryknoll Hospital shares her experience in treating patients with chronic diseases and musculoskeletal dysfunction in the fashion of primary health care. Her approach, challenges she encountered, the multi-disciplinary endeavor are all something modern physiotherapists should take note of.

Should you have missed the various workshops previously, highlights and learning points from spasticity management, paediatric positioning, management on cancer-related fatigue and insomnia are also featured in this issue.

How can Physiotherapists Change Patients' Health Related Behaviour by Empowerment Program in Primary Health Care Setting?

Mandy MAK

Senior Physiotherapist, Tuen Mun Hospital

In the past 10 years, physiotherapy service of Hospital Authority (HA) has been extending from hospital or specialties settings to general out-patient clinics. From elderly fall prevention, musculoskeletal diseases and non-communicable diseases, different physiotherapy programs have been developed in general out-patient clinics. Patient education is always the main theme of these programs. By all means, physiotherapists want to change the health related behaviour through patient education. However, making change of health related behaviour is affected by multiple factors. You may not be able to change your patients' health related behaviour even you have a wonderful program design or seamless multi-disciplinary cooperation. Physiotherapists should equip themselves with knowledge of factors that can affect people's health behaviour and process of behavioural change. In this way, they are able to use different strategies in the patient empowerment program in order to facilitate the change of health related behaviour of patients.



Telephone follow-up

Health Determinants

First of all, the health status and health decision making of an individual is influenced by different health determinants (1). The biological, environmental, cultural and social-ecological factors contribute the influence to an individual health. These influences can either be positive or negative to our health (2).

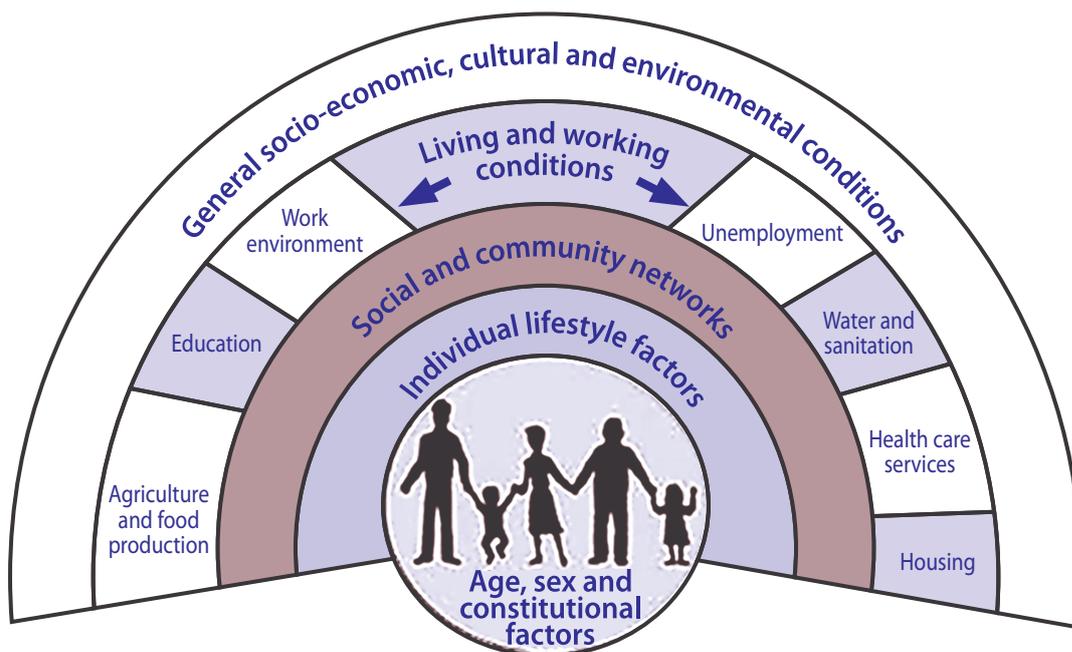


Fig 1. The health determinants (1)

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Health Inequity

Secondly, health inequity is another factor that causes deprivation of the individual health status. Health inequity jeopardizes the opportunity of people getting health education or services (3). There are different reasons contributing to this inequity, for example, disadvantaged social position, unfairness of health care system, lacking of individual life control and inaccessibility of health care services (4). Accessibility to health care services is one of the important factors affecting the active participation of people. This is not only concerning the convenience of the health care service location but also the way of accessing health information. Nowadays, electronic health care model is one of the health care development directions. However, some elderly may encounter difficulties in using such advance technology. Different options of service models should be available in order to eliminate the inequity of accessing health care information or services. Besides, the ethnic minority is a group of vulnerable person facing health inequity as most of the existing patient empowerment programs are conducted in Cantonese. Some ethnic minority may not be able to access the information due to language barrier (3). Language support is

necessary when conveying health message to the ethnic minority (4).

Patient Empowerment

Thirdly, physiotherapists should have clear concepts of empowerment. The health promotion should be based on equity (5) and actual needs of people (2). If people are empowered, their health literacy is enriched. They will have genuine potential to make their health choices (6).

Readiness of Change

Many physiotherapists may encounter patients who have very good health knowledge but do not engage in good health behavioural habit. According to Transtheoretical Model of Change, people will go through a series of stages for getting a new health habit (7). These stages are precontemplation, contemplation, preparation, action and maintenance (7). The treatment goals and communication strategies are different amongst these stages. Physiotherapists should explore the readiness of patients in making changes of their health behaviour. Relapse prevention is essential as this always happens during the change process.

Stages in Transtheoretical Model of Change	Patient's Behaviours	Treatment Goals	Suggested Way to Communicate with your Patient
Precontemplation	<ul style="list-style-type: none"> No initiation of change Does not think the disease will have serious consequences 	Patient starts to think about the need of change	<p>"What warning signs would let you know that this is a problem"</p> <p>"我想知道你對治療糖尿病的想法?"</p> <p>"我想知道你對運動的想法?"</p> <p>"你對自己的活動程度有什麼感覺?"</p>
Contemplation	<ul style="list-style-type: none"> Start to think about the benefit and effort for change 	Try to explore the benefits and barriers for change	<p>"Why do you want to change at this time?"</p> <p>"有什麼原因你想改變?"</p>
Preparation	<ul style="list-style-type: none"> Attempt to have action 	Small goals	<p>Encourage them to address the barriers to the planned action</p> <p>"有沒有什麼原因令你不運動"</p>
Action	<ul style="list-style-type: none"> Taking a concrete action 	Achievable goals	Encourage them to address the barriers to the planned action
Maintenance	<ul style="list-style-type: none"> Maintaining new behaviour 	Relapse prevention	Continue to ask about successes and difficulties

Table 1. Stages in Transtheoretical Model of Change (7)

(Continued on Page 5)

Identification of Ambivalence

Moreover, physiotherapists can help their patients identify their ambivalence in the change process. Ambivalence is a conflict between two courses of action, each of which has perceived costs and benefits. In fact, having opposite feeling and emotions during the process of change is normal. Patient who has unresolved ambivalence will hardly be engaged in a sustained behaviour habit.



Fig 2. The example of ambivalence: "If I stop smoking, I will have better health, but my body weight may be increased, which will make me feel clumsy and unattractive."

Well Defined Behaviour for Change

Besides of looking for the readiness of patient in making changes and their ambivalence, physiotherapists should also identify the change behaviour according to the diseases of the patient (8). The behaviour must be clear and well defined.

Examples: Health behaviour of specific disease / clinical condition

- Diabetics - active life style and eating habit
- Hypertension - active life style, stress management and dietary habit
- COPD - smoking cessation and physical reconditioning
- Osteoarthritis knee - avoidance of excessive loading to lower limbs and physical reconditioning
- Chronic back pain - proper pain management, physical reconditioning and active participation of the normal activities

Ways to Encourage Patients' Engagement

Lastly, the ways of encouraging patients' engagement in the empowerment are also the pivotal elements of an empowerment program. Patients' input to their health plan is essential. Physiotherapists work as partnership with their patients (9). The personal needs, cultural and social context of patients should be addressed in empowerment programs (9). Coping strategies have to be worked out together with your patients (9). Goals of the activities must be achievable. Physiotherapists may need to readjust the activity plan with respect to patient's feedback. Activity plans

should be concrete with specific time, venue, intensity, nature of activities and expected outcome (9). Some specially designed logbook or exercise record for demonstrating the progress of the behavioural change may enhance the feeling of success (9) which will bring positive reinforcement to the process. Patients' effort should be appreciated and physiotherapists should always have a positive attitude towards patients' feedback. Furthermore, recognizing the times when people may be more open to change is also useful, for instance, the time of patient just having a newly diagnosed hypertension (9). Patients may be more motivated to make changes at this moment.

In conclusion, the health behaviors and the process of change depend on factors like health determinants, existing of health inequity and readiness of patients in making changes. Moreover, the empowerment program should be patient centered and the goals of the activities must be reviewed according to the feedback from patients. Hopefully, patients are empowered to have actual power for making the truly healthy decisions.

If people are enabled, they can have better control over their life (WHO 1986)

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Experience Sharing of Physiotherapist Roles in Primary Health Care Setting

Joey CHENG

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Aging population is a well-known phenomenon in Hong Kong. Chronic systemic diseases and degenerative problems have high prevalence in an aging society. Local cohort showed that 32% of the population aged above 20 suffered from hypertension ⁽¹⁾. Well controlled chronic diseases can prevent complications-led hospitalization and intensive medical care. Primary health care service in Hong Kong is gaining more awareness and resources allocation nowadays as it emphasizes on prevention and early intervention of chronic diseases. Physiotherapists, as a core team member of an integral health care system, share an inevitable role in primary health care with our expertise in exercise prescription and promotion of active lifestyle. Primary care setting is also a good platform for physiotherapists to empower patients to manage degenerative musculoskeletal conditions.

I am writing to share my experience as one of the team members of physiotherapists working in East Kowloon General Outpatient Clinic (EKGOPC), Our Lady of Maryknoll Hospital, which is a primary health care setting under Hospital Authority. Our patients are referred from general out-patient clinics under Hospital Authority. There are two main categories of patients: 1) with chronic diseases including diabetes, hypertension and obesity; 2) with musculoskeletal conditions due to degenerations and cumulative stress.

1. Role of Physiotherapist in Chronic Diseases Management in Primary Health Care

As mentioned in the primary care framework of hypertension and diabetes care in Hong Kong 2011, lifestyle modification including exercise is an essential component for well control of the diseases ^(2 & 3). Study showed that structured exercise training program can effectively lower HbA1c levels of diabetic patients from 0.3 to 0.8% ⁽⁴⁾; blood pressure of 8-11 mmHg in hypertensive patients ⁽⁵⁾.

Through simple physical exercise tests, we examine patients' muscle power, endurance and cardiopulmonary fitness before designing a tailor made exercise program. We use body composition analysis equipment to record muscle mass, body fat percentage and common cardiovascular risks indicators like waist circumference and waist - hip ratio especially for patients involving weight management problem. We consider patients' preference, medical history and fitness tests results to prescribe exercises according to FITT principle, namely frequency, intensity, time and types. We apply concept of behavioral modification to encourage active lifestyle and regular physical activities. We also use self-efficacy for exercise scale to monitor readiness of change. We help them to set up short term or long term goal, identify barriers and provide suggestions to achieve the recommended standard for regular physical activities.

We provide exercise classes with different forms according to interests, health benefits and fitness level. Patients with degenerative knee pain and low exercise capacity can gain benefit from low intensity (3-4 METS) Tai Chi or sitting aerobic exercises. Patients in middle age with weight problems are suitable for moderate intensity aerobic training (5-6 METS) and theraband exercises for home based resistance training. Individual modifications for exercises are important for prevention of exercise related injuries and long term maintenance.

A unique feature of primary care setting is that we work very closely with our team members including doctors, nurses, dietitians and podiatrists for the multidisciplinary chronic diseases management program. Other than our professional knowledge, we need to be familiar with the roles of other professionals and their expertise in chronic diseases management so as to facilitate communications and achieve synergetic effect. All of the clinical

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notes and health related records are in electronic format in primary care setting. The easy access of timely information can help us to understand the drug management, complications screening report and updated blood tests results, which is important for the design of effective exercise program.

Our effort is reflected in the promising results of fitness and body weight improvement of prediabetes, diabetes and hypertensive patients under physiotherapy management of multidisciplinary programs in EKGOPC and other family medicine clinics (Table 1) (6 & 7). The promulgation of pre-diabetes programs as a routine in certain family medicine clinics under Hospital Authority showed the confidence of stake holder in the existing clinical approach. Extension of our service to more variety of diseases group is the goal for our further development.

2. Role of Physiotherapist in Management of Musculoskeletal Conditions in Primary Care Settings

Cumulative stress injuries (e.g. tennis elbow, trigger fingers, plantar fasciitis etc.) together with degenerative joint pain contribute to most of the common musculoskeletal problems encountered by doctors in general out-patient settings. Prescription of pain killers or non-steroidal anti-inflammatory drugs can improve symptoms but those problems easily lead to repeated consultations due to poor self-management and non-curable nature of the diseases.

Physiotherapists in primary care settings provide simple modality treatments for symptoms management and teach exercises to improve recovery and return of functions. Longer patient contact time in primary care setting facilitates empowerment of patients with knowledge of soft tissues protection and prevention of relapse. The physiotherapists in primary care settings also act as gate keepers to screen out red flag signs and deterioration of conditions. EKGOPC physiotherapist can make appointment in special out-patient physiotherapy department directly via OPAS system for patients who suit for sophisticated modalities based treatments.

It can ensure timely and appropriate level of physiotherapy care without repeated medical consultations. Physiotherapists on the other hand will facilitate communications with doctors for patients with suspected intra-articular injuries or neurological conditions by using reminder in clinical notes.

Education in forms of individual consultations or classes together with doctors enriches patients' knowledge of disease pathology and clinical management. Exercise classes for stretching, strengthening and re-conditioning allow patients to have active participation and learn efficient home based exercises.

Osteoarthritic knee pain patients are another focus for self-empowerment due to the homogeneity of the disease and the large volume of cases in general out-patient clinics. Results of patient satisfaction survey on physiotherapists led degenerative knee pain education classes in EKGOPC showed positive feedback for disease pathology and self-management of symptoms. 90% of patients felt satisfied with the content and performance of physiotherapist in the education talk and 100% wished to have similar talk to other disease topics. Development of Knowledge, Attitudes and Practices (KAP) Questionnaires and standard guideline for physiotherapy management of degenerative knee pain in general out-patient clinics are measures to further provide standard care for the patients.

3. Challenges

Physiotherapists are not the only parties who prescribe exercises in health care settings or in community. In order to reinforce our expertise role, we need to demonstrate professional knowledge of exercise prescription. We should stress on the evidence based practice and prescribe exercises in a safe and efficient way. Most of the chronic diseases management programs are in the form of multidisciplinary approach. Inter-discipline communication is very important to prevent overlapping of job duties and ambiguity of roles.

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Conclusion

My experience of working in primary health care setting is valuable and rewarding. Being able to improve patient's physical fitness and health profile by exercises and active lifestyle brings job satisfaction and sense of achievement. Education and modalities free approach allow good communications and rapport with patients. I hope physiotherapy service in primary care setting can blossom with more input of manpower from stake holder and more service coverage in the coming future.

Acknowledgement

I would like to thank you the support from Kowloon West Cluster Family Medicine and Primary Health Care Department, Hospital Authority; Physiotherapy Department of Our Lady of Maryknoll Hospital.

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Fig 1. Example of physiotherapist consultation room in primary health setting



Fig 2. Tai chi class in general out-patient clinic



Fig 3. Sitting aerobic exercise class in general out-patient clinic

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Fig 4. Common exercise equipment in general out-patient clinic



Fig 5. Body composition analyzer

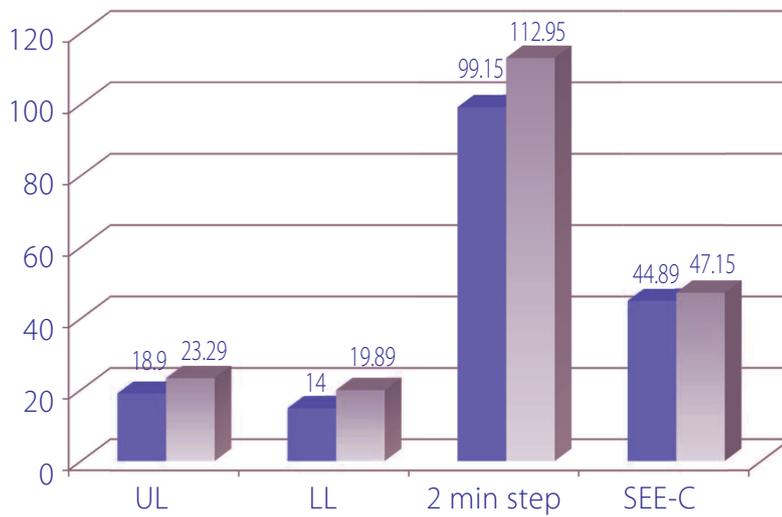


Table 1. EKGOPC Pre DM program - pre-program and post-program results of fitness tests: 30 seconds biceps curl (UL), 30 seconds sit to stand (LL) and 2 minute stepping test and Self Efficacy of Exercise Scale (SEE-C)



Fig 6. Poster presentation of multidisciplinary pre-diabetes program in East Kowloon Enhanced Public Primary Service (EKEPPS) 2014 (From left to right: Ms. Minnie Cheung, Dietitian; Ms. Joey Cheng, Physiotherapist; Ms. Chan Ching Yee, Advanced Nurse Practitioner)

Deprecation of Other Physiotherapists

Bronco BUT

Honorary Legal Advisor of HKPA

Assumed Scenario

Mary was a Part 1a registered physiotherapist and member of Hong Kong Physiotherapy Association. She had migrated to Sydney 10 years ago and had operated her own physiotherapy clinic. Last year, she moved back to Hong Kong and opened her physiotherapy clinic in Mong Kok.

In Mong Kok, a lot of physiotherapists have set up their physiotherapy clinics. The competition was keen. Mary was a newcomer and few patients would seek treatment at her clinic. She was thinking how to promote her practice.

During her practice in Sydney, Mary had focused her practice on treating patients suffering from back and neck pain. Many of her patients were satisfied with her treatments because there was satisfactory response after undertaking physiotherapy. She had compiled statistical records of the treatment outcome of her patients. In order to enhance patients' confidence in her, she was planning to upload the statistics of the treatment outcome of her Australian patients onto her clinic's website.

The information that Mary was considering to upload onto her clinic's website included the following statements: In seeking physiotherapy, patients should be wary of those physiotherapists who did not mention the statistics of the treatment outcome of their patients. Their physiotherapy regime and/or skill is questionable.

Before uploading the above statements onto the clinic's website, she consulted her lawyer friend whether the above statements would be in breach of the ethical code of physiotherapists.

Code of Practice

The Physiotherapists Board has promulgated the Code of Practice for physiotherapists to observe and follow. The purpose of the Code is to provide guidance for conduct and relationships in carrying out the professional responsibilities consistent with the professional obligations of the profession.

A registered physiotherapist should observe the basic ethical principles outlined in Part I of the Code; understand the meaning of "unprofessional conduct" explained in Part II; and be aware of the conviction and forms of professional misconduct detailed in Part III which may lead to disciplinary proceedings.

A person who contravenes any part of the Code of Practice may be subject to inquiries held by the Board but the fact that any matters not mentioned in the Code, shall not preclude the Board from judging a person to have acted in an unprofessional or improper manner by reference to those matters.

Section 7 of Part III of the Code of Practice

Section 7 concerns deprecation of other physiotherapists. The deprecation of the professional skill, knowledge, services or qualifications of another physiotherapist or physiotherapists may lead to disciplinary proceedings and should be carefully avoided in relation to a member of any other associated profession.

Discussion

In the case of Mary's statements to be uploaded onto the clinic's website, they appear to suggest that those physiotherapists who did not divulge the statistics of treatment outcome of their patients are not up to standard. They deprecate the professional skill and services of other physiotherapists.

Should Mary proceed to upload the statements onto the clinic's website, it is likely that she will be in breach of section 7 of the Code of Practice. Under such circumstances, the Board is likely to rule that Mary has fallen below the standard of competency that a professional colleague of good repute and competency regards as reasonable and such failure amounts to unprofessional conduct.

Physiotherapists should make sure that they are fully conversant with the Code of Practice and double check the Code of Practice so as not to put themselves at risk of contravening the Code of Practice.

The Role of Conductive Education within the ICF Framework and its Unique Contribution in Motor Development from the Dynamic Systems Perspective

Angela HO

Physiotherapist, Jockey Club Marion Fang Conductive Learning Centre, SAHK

The WHO's International Classification of Functioning, Disability and Health (ICF) provides a standard framework to describe health in terms of functioning and its related domains. The ICF was officially endorsed in the 54th World Health Assembly in 2001. Since then, it has been applied worldwide in a variety of settings at both national and international levels. In the ICF model, "functioning" is viewed as a complex interaction between the health condition of an individual and the external environmental as well as internal personal factors of the individual. Contrary to long-held clinical meaning of "function", the term "functioning" in ICF refers not only to our body functions and structure, but also to our "capacity" to carry out activities in standardised settings as well as our level of "performance" in real-life participation (Fig. 1). The ICF model, emphasizing the importance of distinguishing between "capacity" and "performance" of an individual, allows us to see the gap between the two as a result of the presence or absence of supportive physical and social environments around the individual, as well as the presence or absence of positive personality traits within the individual.

This worldwide accepted model has changed the way healthcare professionals approach their work from a highly specialised multidisciplinary mode to a collaborative mode. At the same time, the ICF model provides us a leverage to position Conductive Education (CE) and articulate its contribution within this framework. CE, originated in Hungary and founded by Prof. András Pető, aims at bringing together different body functions into a coherent whole (hence "conductive") by employing pedagogical methods in the upbringing (hence "education") of individuals with cerebral palsy (CP).

In SAHK, we attempt to conceptualise CE, from the ICF perspective, as a structured whole-day programme with parallel running of "task-based intervention" that builds capacity and "daily routine participation" that builds performance. The gap between capacity and performance is bridged by pedagogical methods that mobilise and strengthen social resources (primarily parents and peers) of the child as well as strengthening the child's personality development. In CE, we work closely with parents and make every effort to help children with special needs to experience successes in real-life and to build their confidence through daily experience of overcoming physical, mental, and psychosocial challenges. The ultimate aim is to cultivate self-reliant and resilient personalities that increase the

children's prospects of autonomy, enabling them to take charge of their lives. These are the essence of CE that are generic to all children with developmental disabilities and not necessarily limited to CP.

For children with motor deficits like CP, CE also works on their body functions and structure through Rhythmical Intention and other manual techniques as well as on their physical environment through the provision of CE furniture and tools. However, for children with other range of sensorimotor deficits like autism, other therapeutic interventions like sensory integration, theory of mind, and executive functioning, etc together with assistive technology like augmentative and alternative communication, etc should also be incorporated into the rehabilitation of these children.

The merits of the task-based intervention in CE can best be explained by the Dynamic Systems Theory which was originated from physics and mathematics and has been applied to developmental psychology by Prof. Esther Thelen since the 80s. Traditional view sees a child's motor development as a passive outcome of a genetically predetermined plan and new motor behaviors can come about as long as the proper environmental conditions exist. Thelen, however, conducted a series of experiments that examined the crucial roles of situational and contextual factors in motor development and demonstrated that human movement was produced from the interaction of "individual", "task", and "environment" (Fig. 2). According to Thelen, each child is an active problem-solver who is sensitive to changes in its "environment", in particular, to the "tasks" that are presented to him or her. Within the individual, cognitive, emotional, and motor subsystems form an integrated whole system that cannot be partitioned (Fig. 2). Motor development occurs through problem solving in one's own ways, according to one's biological possibilities and daily experience.

Dynamic Systems Theory emphasises the child's active effort to coordinate his or her cognitive, emotional, and motor sub-systems during the problem solving process. In other words, to facilitate motor development in children with special needs, we should approach from tasks and environments rather than merely manually-guided facilitation. Moreover, we need to motivate the children to engage in active problem solving and to facilitate their accumulation of essential daily experience, both of which are crucial for the emergence

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of new motor behaviours. These are exactly what CE has been doing in its task-based intervention that serves to maximise the child's capacity to carry out the prescribed tasks in specific settings.

From the Dynamic Systems perspective, movement patterns of a child are softly assembled and are created and dissolved as the tasks and environment around the child change. New movements will only emerge when the child is given sufficient opportunities to experiment with different movement options in novel situations. In CE, customised daily routine schedule will be established for each child so that sufficient repetitions for the child to practice his or her motor abilities in a variety of real-life settings can be provided. Such a whole day scheduling of carefully selected daily routine participation can effectively promote performance in real-life situations. According to Thelen, dynamic systems principles can also be applied to other areas of development and are not necessarily restricted to the motor aspect.

SAHK introduced CE to Hong Kong since the 80s. With more than 30 years of localisation, it has become

our organisational culture that governs our service design and delivery across a majority of our service units and serves as a philosophy in the operation of our transdisciplinary team. Thanks to the support from the Association, the author has recently written a book entitled 「當CE遇上ICF：全方位個案管理之腦麻痺兒童篇」 that consolidates our work in aligning CE with contemporary knowledge and illustrated with clinical applications on children and adolescents with CP. Additionally, the Association has also made a video entitled 「引導式教育:培養堅毅個性、孕育正向思維」 that illustrates the long-term outcomes in regard to the personality development on individuals with different types of developmental conditions from a lifespan perspective. Both will be released in 2017 and a book launching ceremony has been scheduled on 12 May 2017 (Fri) at 3:00 - 5:00 pm at the auditorium of the Christian Family Service Centre Headquarters, Kwun Tong. For details, please visit the website of the SAHK Institute of Rehabilitation Practice (<http://irp.sahk1963.org.hk/>) and all physiotherapists interested in CE are welcome.

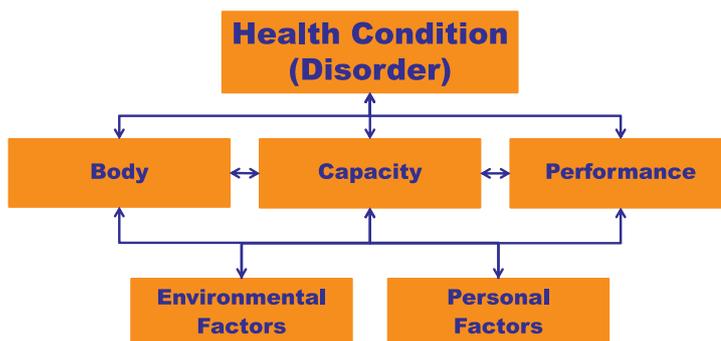


Fig 1. The major components of the ICF model and their interrelationship.

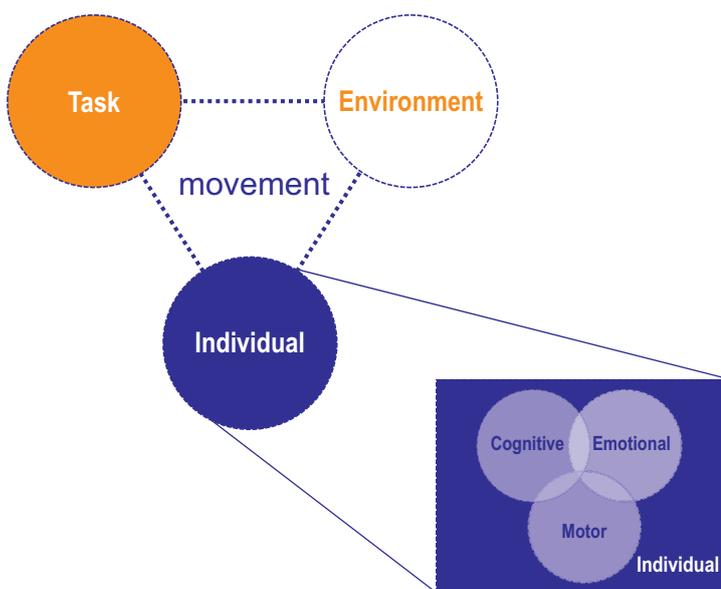


Fig 2. The interaction of individual, task and environment changes the movement. Within the individual, patterns of interactions between cognitive, emotional and motor sub-systems over time lead to changes in motor development.

Summary of Meeting with Representatives of Food and Health Bureau (FHB) and Department of Health on Proposed Regulatory Framework for Medical Devices

HKPA

Date : 25 January 2017
Time : 9:15am - 10:45am
Venue : Room 1801, 18/F, East Wing, Central Government Office, Tamar

In Attendance: Food and Health Bureau (FHB)

Mr. Patrick NIP, Permanent Secretary (Health)
 Mr. Howard CHAN, Deputy Secretary (Health) 1
 Mr. James LAM, Atg Assistant Secretary (Health) 3 / Assistant Secretary (Health) 2
 Ms. Fiona CHAU, Principle Assistant Secretary (Health)

Department of Health (DH)

Dr. Tina CHAN, Assistant Director (Special Health Services)
 Dr. WAN Yuen Kong, Principal Medical Officer (5)

Representatives from Physiotherapy Profession

Ms. Priscilla POON, Chairperson HKPA
 Ms. Eleanor CHAN, Chairperson HKPU
 Ms. Ming Wai LIT, Convener of Physio Action
 Mr. Alexander WOO, representative from HKPA
 Ms. Anna Bella SUEN, Honorary Secretary HKPA

	Government Responses	Our Responses
1	Mr. Patrick NIP, representative of FHB, accepted the letter from HKPA to Dr. KO Wing-Man, BBS, JP (Secretary for Food and Health) on “Clarification and Objection on the False Accusation on the Role of HKPA on the Consultancy Study (the Study)”	Ms. Priscilla POON, on behalf of the HKPA, showed objection on the false accusation on the role of HKPA on the Consultancy Study conducted by the Emergency Care Research Institute (“the Consultant”). In actual fact, the Consultant has invited HKPA to contribute to the Study by completing the questionnaire on 31 Oct 2015 with an interview and site visit conducted on 2 Dec 2015. HKPA suggested to set up a regulatory framework of high, medium and low risks. The equipment should be operated by different types of operators on a risk-based stratification. In addition, we have stated that further details of the parameters of the device have to be provided to solicit more valid comment. HKPA have NOT been asked for the details of the risk stratification system.
2	Dr. Y. K. WAN, representative from DH, presented and reinforced that the existing proposed regulatory framework mainly focus on the use of medical device in non-medical settings since the use of medical device in medical settings has been well controlled by relevant professionals’ regulations.	This point has not been clearly stated in the document. In actual fact, the existing professional regulation is unable to regulate the use of equipment by non-registered personnel. DH and PT board frequently refereed cases to HKPA in recent years but the existing professional regulation failed to put cases forward for into legal prosecution.

(Continued on Page 14)

	Government Responses	Our Responses
3	Dr. Y. K. WAN, representative from DH, presented the proposed regulatory framework related to the pre-market control, post-market control and use control of specific medical devices.	Our group, in principle, agrees to the setting up of a regulatory framework for medical devices on a risk-based approach in order to protect the public health interest. We also support the recommendation for imposing pre-market control, post-market control and use control of specific medical devices. Ms. LIT reinforced the importance of regulation in the control of import for high risk medical equipment. The use of high risk medical equipment should be recorded by relevant control office as used only in the vicinity of registered medical professionals.
4	Mr. Patrick NIP and Mr. Howard CHAN, representative of FHB, explained there will be administrative difficulty in regulating home use equipment as it has to be controlled at retailer level.	Ms. LIT reinforced the importance to regulate the location of application for medical equipment especially for those equipment being used at home with identifiable risks. The Government has to consider the issue seriously in order to protect public interest.
5	Dr. Y. K. WAN, representative from DH, presented on the risk stratification of medical device into category A and category B which was not well listed in previously released paper. (Most of the equipment commonly used by Physiotherapists and previously listed as category III and category IV e.g. Infra-red (IR), Microwave, Extracorporeal Shockwave (ESWT), High Voltage Pulsed Current (HVPC), Microcurrent electrical neuromuscular stimulation, Pulsed Electromagnetic Field (PEMF) are NOT listed in the current proposed category)	Our group made an enquiry on how to control other equipment which are not listed in category A and B. Our group reinforced the clinical risk ratings as presented by the Consultancy Report are NOT entirely accurate especially those listed as the Low Risk Categories. To ensure public health and safety, the Government must address this issue seriously and seek wider consultations from appropriate medical and health care professions.
6	Mr. Howard CHAN, representative from FHB, reported that the "Working Group on Differentiation between Medical Procedures and Beauty Services under the Steering Committee on Review of Regulation of Private Healthcare Facilities" (the Working Group) examined the safety and health risks of commonly used medical devices. Department of Health commissioned the Consultant to conduct the Study from September 2015 to September 2016 during which the Consultant conducted extensive information searches on the selected devices, including their uses for cosmetic purposes, associated adverse incidents reported in literature and to regulatory authorities, and complaints made to Consumer Council; as well as the practices and regulations on the use of the selected medical devices in five major economies.	Our group replied that the study conducted by the Consultant is mainly on 20 medical devices for cosmetic purposes. Physiotherapists suggested to conduct an international benchmarking on regulatory framework for medical devices in general to facilitate the legislation process. Our group sought clarification on the definition of adverse incidents reported in literature and to regulatory authorities. If those devices such as infra-red, microwave, ESWT devices are not used properly, or with incorrect dosages, they can lead to skin burn, tissue damage, burst blood vessels, and in the worst case scenario, may cause stroke, heart attack or even death to patients. These clinical risks should be well considered in risk stratification in the Consultancy Report.

(Continued on Page 15)

	Government Responses	Our Responses
7	Mr. Patrick NIP, representative from FHB, reinforced that a mechanism will be established in order to regulate the newly introduced medical devices owing to the advancement in medical technology. Also an advisory committee, chaired by Secretary of FHB, will be set up after the establishment of the regulation in order to update the list of category in due course.	Our group reinforced the importance of Physiotherapy profession to participate in the mentioned statutory Advisory Committee for a more effective & safe implementation and administration of the future legislation.
8	Mr. Patrick NIP, representative from FHB, sought our comment and concern on the medical devices as listed in the Category III & IV of the Consultancy Study (the Study).	We reinforced that in actual clinical practice, registered physiotherapists in local and international context have to be well trained with clinical pathologies, patient screening, good clinical judgment during treatment and application of medical devices. Such training is mandatory to ensure safety of the clients. The frequencies, wavelengths, power, intensity and application methods of all these kinds of physical energies on the Electromagnetic Spectrum must be clearly stated instead of just naming the equipment.
9	Dr. Tina CHAN, representative from DH, pointed out that for those devices required non-registered personnel undergo training before usage. The training has to be registered under the Qualification Framework of the HKSAR.	Our group reinforced the importance of structured regulation and credentialing system, in order to ensure quality and standard of relevant training.
10		Ms. Eleanor CHAN pointed out that the document should clearly list out the health care professionals to be entitled for application / supervision on the use of medical devices. Physiotherapists are the only professionals being well trained in the use of some of the named medical devices during undergraduate training.

Post Meeting FU
The Physiotherapists joint group will submit a document on the classification of user control for different medical devices according to different frequencies, wavelengths, power, intensity, application methods to use, especially to those medical equipment commonly used in physiotherapy profession.
The meeting was adjourned at 10:45

Spasticity Management Group Interview - 2016

HKPA

Date : 7 December 2016
Venue : The Hong Kong Physiotherapy Association Premises
Co-Joining Organizations : Hong Kong Spasticity Management Society,
 Hong Kong Physiotherapy Association,
 Hong Kong Occupational Association

The Representative of the Individual Organization:

Hong Kong Spasticity Management Society (HKSMS)	Dr. Anita LAM
Hong Kong Physiotherapy Association (HKPA)	Ms. Mandy MAK
Hong Kong Occupational Therapy Association (HKOTA)	Ms. Wendy CHEUNG

Severe complications, such as fracture, limb contracture, may be resulted from improper caring or handling skill to the vulnerable with spasticity. In order to arouse public awareness on the importance of prevention of severe complication from spasticity and introduction of proper handling skills for this kind of patient, the Hong Kong Spasticity Management Society, the Hong Kong Physiotherapy Association and the Hong Kong Occupational Therapy Association co-organized a group press interview on 7 December 2016.

The representative of HKSMS, Dr. Anita Lam, revealed her study on the topic of "Severe Spastic Contractures and Diabetes Mellitus Independently Predict Subsequent Minimal Trauma Fractures (MTF) among Long-Term Care Residents". In her study, it showed that severe spasticity and contractures are common morbidities in long-term care residents. Moreover, diabetes mellitus is one of the independent predictors of subsequent minimal trauma fracture. Spasticity management, prevention of contractures and care-givers education may be helpful in decreasing the risk of MTF in long-term care residents.

In the interview, the representative of HKPA, Ms. Mandy Mak, stressed on the importance of patient centered care plan with professional assessment and frequent review of patient's condition. Different physiotherapy skills in tone management and soft tissue stretching, for example, key point control, massage and stretching, were demonstrated in the interview. Moreover, active participation of patients, proper 24-hour positioning and regular physical activities, which are the pivotal elements in the contracture prevention, were also elaborated.

Ms. Wendy Cheung, the representative of HKOTA, revealed splint application and some specially designed clothing for patients having limbs contractures.



(Continued on Page 17)



In addition to the interview, a workshop to the Old Age Home workers for handling clients with spasticity was conducted on 17 December 2016. This was the third workshop that was organized by HKSMS, HKPA and HKOTA since 2014. Furthermore, a series of education poster that was produced to promulgate the awareness of the captioned problem were distributed to the participants.

A group of energetic physiotherapists and physiotherapist students contributed in the workshop in which 58 participants attended. The tutors and speakers shared with the participants different skills in handling spastic clients. Through the sharing and practical session, the participants practiced the skills such as transfer technique, proper positioning. They also grasped every opportunity to seek advice from the tutors about the handling skills in some specific condition that they encountered in their workplace.



The workshop was ended with hot discussion, the feedback from the participants was supportive and encouraging.

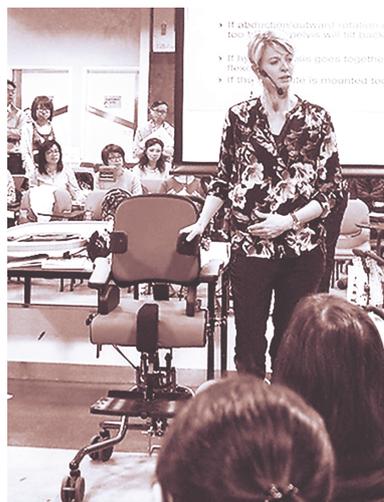
Paediatric Specialty Group - Seating Workshop

HKPA

Date : 10 January 2017
Venue : The Hong Kong Polytechnic University
Speaker : Ms. Hanne ANDERSEN, Physiotherapist, R82

Optimal positioning is essential for paediatric clients with physical disabilities to improve their mobility, posture, core stability, cardio-pulmonary function and digestion. Proper positioning helps to prevent secondary orthopaedic deformities of the limbs and spine, and to relax the spastic muscles. Appropriate prescription of positioning equipment enhances the quality of life, not just to the young clients but to their care-givers and families too.

In this workshop, Hanne has reminded us the importance of good alignment of our body to postural control and breathing, based on the theories of segmental trunk control (Butler and Major 1992) and the relationship of airway control with postural stability (Massery 2011). Hanne has also reinforced the idea of 24-hour positioning using various equipment. Throughout the workshop, Hanne and the team from Justmed showed us how various products from R82 can achieve the goals of optimal positioning in sitting, standing, and walking for our clients.



The attendants appreciated the workshop consisting of both theoretical and practical components and their knowledge on available positioning equipment has also been updated after the workshop.

References

- Butler PB, Major RE. The learning of motor control: biomechanical considerations. *Physiother* 1992;78(1):6-11.
 Massery M. The effect of airway control on postural stability (doctoral dissertation). Provo, UT: Rocky Mountain University of Health Professions, 2011.

Physiotherapy Management on Cancer-Related Fatigue and Insomnia for Cancer Patients

HKPA

Date : 13 January 2017
Venue : HAHO Lecture Theatre
Speaker : Mr. Sam WAN

HKPA was invited to deliver an educational talk about physiotherapy management on cancer-related fatigue and insomnia for cancer patients. The captioned talk was organized by the CancerLink Support Centre alongside with the Cancer Patient Resource Centre in Tuen Mun Hospital, Queen Elizabeth Hospital, Pamela Youde Nethersole Eastern Hospital, Prince of Wales Hospital, United Christian Hospital, and Princess Margaret Hospital. The importance of exercise was emphasized and the participants showed very good response during the exercise demonstration. Also, the participants enjoyed the talk so much and asked many questions after the talk too!



CPD News

Enquiry of CPD News and Activities

Please Visit

<http://www.hongkongpa.com.hk/cpd/doc/CPD%20All.xls>

Introduction of Hong Kong Physiotherapy Association to the Hong Kong Polytechnic University Students

HKPA

Date : 9 February 2017
Venue : ST111, The Hong Kong Polytechnic University
Speaker : Ms. Priscilla POON

The success of a profession requires good sustainability and effective passing the flame to our new generation. The HKPA president, Priscilla started to do the introduction to Year 1 and 2 students of the undergraduate program in 2017. In addition to presenting the history, structure as well as different business and responsibilities of HKPA, the benefits and special membership discount were also introduced to the students. About 100 students attended the 30-minute session. The introduction session was fruitful with on-site immediate application received.



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In Hong Kong, physiotherapists are entitled to practice acupuncture and being exempted from the Chinese Medicine Ordinance in the use of acupuncture, being of a type with distinguishable differences from acupuncture based on traditional Chinese Medicine, in the course of their practice.¹

現代針灸學文憑課程著重應用解剖學，神經生物學和神經生理學的概念而施針，課程可使學員掌握一套既可解釋而有效之針刺理論。課程的內容和學時均符合物理治療學會針刺認可資格之要求，更符合以上法例之準則。

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- 針刺鎮痛機制

第二單元: 18 /11/2017- 13/1/2018

(共 40 學時理論及實習 逢星期六下午 2 時至 7 時)

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- 針刺手法技術

第三單元: 20/1/2018 - 12/5/18

(共 75 學時理論及實習 逢星期六下午 2 時至 7 時)

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- 周圍神經卡壓症之 Acuo-Manual Therapy³

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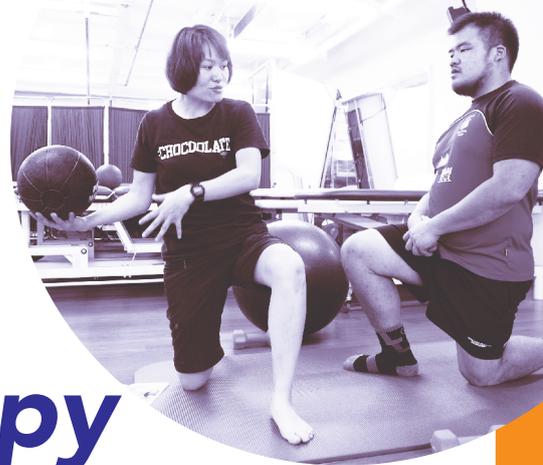
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