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Editorial

Basic Body Awareness Therapy

Freddy LAM and Harry LEE

Basic body awareness therapy (BBAT) is an evidence-based practice form of treatment in physiotherapy. It is a holistic approach to human movements considering physical, physiological, psychological and existential aspects, which is commonly used in mental health services. Evidence has shown that BBAT has positive effects for patients with mental disorders.

In the first article, Professor Liv Helvik Skjaerven introduces us the details of post-graduate study program of Basic Body Awareness Methodology (BBAM) at Western Norway University of Applied Science.

In the second article, Ms. Fiona Tang, senior physiotherapist at the Kwai Chung Hospital, shares her learning experience in the BBAM program and the assimilation of BBAM into the local context. She shows that physiotherapists, with the ability to bridge physical and psychological well-being, have an essential role in the mental health setting.

In the NGO corner, Mr. Chang King Wai, physiotherapist at the Hong Kong Sheung Kung Hui Nursing Home, shares with us the physiotherapy assessment and training provided for the elderly staying in nursing homes in Hong Kong.

Announcement

Health Manpower Survey

HKPA

The Department of Health has embarked a new round of Health Manpower Survey (HMS) on registered health professionals in March 2017. The success of the survey depends on the profession's co-operation and participation. Our input is important for the planning of future manpower and intake of students in the university.

Please visit the homepage of the Department of Health at http://www.dh.gov.hk/english/statistics/statistics_hms/statistics_hms.html for further information on the survey.

Basic Body Awareness Methodology (BBAM) – A Post-graduate Study Program with Focus on Movement Quality, using Movement Awareness Learning, within Physiotherapy

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Basic Body Awareness Methodology (BBAM)

Background

Basic Body Awareness Methodology is a post-graduate study program at Western Norway University of Applied Science (HVL). It was developed during the 1980s and 90s, offered by the Norwegian Association of Physiotherapy, Subsection of Physiotherapy in Mental Health. As a result of professional development, emerging research and Evidence-Based Practice (EBP), it was development into an official study program. BBAM started in 2003, based on an academically accepted curriculum. Under regular review, the curriculum provides theory, research methodology and methods, skills training, clinical implementation in individual and group therapeutic settings, self-training in the movement program, accomplishing clinical projects. Communication with patients, health team and society; and research conferences is part of the learning.

BBAM is designed as a two-year international, part-time study program (60 ECTS) based on a governmentally initiated request for internationalization. The program is organized in shifting between blocks of movement awareness learning at HVL and internet-based self-study including clinical projects ⁽¹⁾.

Long-lasting musculoskeletal disorders and mental health problems are leading causes of disability ⁽²⁾. Physiotherapists have a central role in the treatment of these disorders ⁽³⁾. To obtain a positive treatment outcome, it is important for the physiotherapists to understand how life experiences and diseases can create a lack of contact with the body and the self, expressed in human movement and function ^(4, 5).

BBAM builds on principles from Basic Body Awareness Therapy (BBAT), the physiotherapeutic approach, recognized in Norway and Sweden in the 1980s. The program qualifies the physiotherapist in the body and movement awareness learning, re-establishing contact with the body, movement quality and habitual movement, enhancing personal insight and coping strategies.



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Conceptual Elements

The conceptual elements of BBAM are person-centered, health-directed and process oriented, weaving a scope of perspectives into the movement awareness teaching/learning. Integration of anatomical, physiological, psychological, social, cultural and existential components are used to strengthen self-identity ⁽⁶⁾. Becoming aware means mental contact with the body and its movements, monitoring internal sensations and external environment, providing sensitivity to experiences ⁽⁷⁾.

The movement pedagogy aims towards the physiotherapist to acquire know-how in the BBAT-movements. Embodying movement elements and aspects, being present in and becoming aware of movement potentials, provides the physiotherapist with insight as basis for treating others ⁽⁸⁾. BBAM includes teaching BBAT-movements designed for everyday life, lying, sitting, standing, walking, relational movements, use of the voice and massage ⁽⁹⁾. The movements are simple, small and soft, intended to foster functional movement quality, learning new movement strategies. The physiotherapist learns to act as a guide, bridging physiotherapy with the person's everyday life and needs.

An Eye for Movement Quality and Health

BBAM is known for its focus on movement quality, "how the movements are performed in relation to space, time and energy" ⁽¹⁰⁾. When integrating basic movement elements and aspects into the movement quality, a set of therapeutic factors, including the Movement Awareness Learning Cycle, provides the teacher or learner with steps to follow, including conceptualization and reflection on self-experiences. This fosters meaning and insight in coping strategies related to life situations. Valid and reliable evaluation tools and structured therapeutic strategies are provided ⁽⁵⁾.

Contribution and Influences

BBAM has been a learning forum for about 100 English speaking licensed Physiotherapist, from 19 countries and 4 continents. 14 BBAT clinicians from Europe and Japan are becoming teachers in BBAT. BBAM has been the forum for ERASMUS's teacher exchange with universities in Belgium, Finland, Spain and Sweden, crossing cultures in teaching. The close relationship with the International Organization of Physical Therapy in Mental Health (IOPTMH), have been an arena for project presentations. Accordingly, BBAM has fostered projects, at BA, MSc and PhD level, contributing to professionalization of movement awareness learning within physiotherapy ⁽¹¹⁻¹⁴⁾.

BBAM has close relationship with the International Association of Teachers in BBAT (IATBBAT), and its research network. Pioneering research has developed since the first PhD by Gertrud Roxendal, a physiotherapist in Sweden ⁽¹⁵⁻¹⁷⁾. Research has demonstrated that persons suffering from depression ^(18, 19) and schizophrenia ⁽²⁰⁻²²⁾ have benefitted from BBAT. Research reveals that participants become more aware of their body as a means to connect to oneself and to life, attuning inner sensations and emotions as well as relating to other people and actions in life ⁽²³⁻²⁸⁾.

Needs in Society – Needs in Physiotherapy

BBAM is increasingly attracting international interest. Obviously, there is a need for physiotherapy qualification to meet a documented need in society. The movement principles and therapeutic strategies, terminology and ethical values, are reported clinically important. Its strong-ness seems to be rooted in the simple, human movements closely related to everyday life, together with a stepwise professional structure, and a learning that is transferrable and useful to patients is an ultimate aim.

Our goal, creating BBAM, was to develop an educational program for mental health physiotherapists in need of professional qualification in body and movement awareness strategies. As academic and clinical educators, we are advocates of an evidence-based practice, with high professional standards. Increased scientific training in physiotherapy is emphasizing logical and sound methods. It is our view that physiotherapy degree programs also must prepare students for meeting patients who lack contact with own body, feelings, and movements, also in the relationship with others. Combining skills of promoting movement quality through the movement awareness program together with objective tools of scientific methods and EBP is a proposal for consideration as educational strategy – it adds meaning to the student as well as the patient.

Footnote:

Due to structural changes at Western Norway University of Applied Science (HVL), the present BBAM study program at HVL will be closed in October 2017. Plans for a continuation of the study program at another university will be announced.

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References

1. Skjærven LH, Sundal MA. Basic Body Awareness Therapy - Movement Awareness, Everyday movement and Health Promotion in Physiotherapy. *Fysioterapeuten*. 2016;4:42-4
2. Higgs J, Richardson B, Dahlgren MA. Developing Practice Knowledge for Health Professionals. Edinburgh: Butterworth-Heinemann; 2004. 230 p.
3. World Confederation of Physical Therapy (WCPT); Policy Statement: Description of Physical Therapy. 2015.
4. Laisnè F, Lecomte, C, Corbière, M. Biopsychosocial predictors of prognosis in musculoskeletal disorders - a systematic review of the literature. *Disability and Rehabilitation*. 2011;34(5):355-82.
5. Skjaerven LH, Gard G, Sundal MA, Strand LI. Reliability and Validity of the Body Awareness Rating Scale (BARS), an Observational Assessment Tool of Movement Quality. *European Journal of Physiotherapy*. 2015:19-28.
6. Skjærven LH, Gard G, Kristoffersen K. Basic elements and dimensions to quality of movement - a case study. *Journal of Bodywork and Movement Therapies*. 2003;7(4):251-60.
7. Brown KW, Ryan RM. The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*. 2003;84(4):822-48.
8. Gyllensten AL, Skar L, Miller M, Gard G. Embodied identity--a deeper understanding of body awareness. *Physiother Theory Pract*. 2010;26(7):439-46.
9. Skjærven LH, Kristoffersen K, Gard G. How Can Movement Quality be Promoted in Clinical Practice? A Phenomenological Study of Physical Therapy Experts *Physical Therapy*. 2010;90:1479-91.
10. Skjærven LH, Kristoffersen K, Gard G. An eye for movement quality: a phenomenological study of movement quality reflecting a group of physiotherapists' understanding of the phenomenon. *Physiother Theory Pract*. 2008;24(1):13-27.
11. Catalan-Matamoros D. Physical therapy in Mental Health: Effectiveness of a physiotherapeutic intervention in eating disorders. (Doctoral thesis) Malaga University; 2007.
12. Olsen AL, Skjaerven LH. Patients suffering from rheumatic disease describing own experiences from participating in basic body awareness group therapy: a qualitative pilot study. *Physiotherapy Theory and Practice*. 2016;32:98-106.
13. Ahola S, Piirainen A, Skjaerven LH. The phenomenon of movement quality: a phenomenographic study of physiotherapy students' movement experiences. . *European Journal of Physiotherapy*. 2016.
14. Olsen AL, Strand LI, Skjaerven LH, Sundal M-A, Magnussen LH. Patient education and basic body awareness therapy in hip osteoarthritis – a qualitative study of patients' movement learning experiences. *Disability and Rehabilitation*. 2016: 1-8.
15. Roxendal G. Body Awareness Therapy and The Body Awareness Scale, Treatment and Evaluation in Psychiatric Physiotherapy [Doctoral thesis]. Göteborg: University of Göteborg and Psychiatric Department II, Lillhagen Hospital, Hisings Backa; 1985.
16. Mattsson M. Body Awareness Applications in Physiotherapy [Doctoral thesis]. Umeå: Umeå University; 1998.
17. Gyllensten AL. Basic Body Awareness Therapy [Doctoral thesis]. Lund: Lund University; 2001.
18. Danielsson L. Moved by Movement. A person-centered approach to physical therapy in the treatment of major depression. Göteborg (Doctoral thesis): Göteborg University; 2015.
19. Danielsson L, Rosberg S. Opening toward life: Experiences of basic body awareness therapy in persons with major depression. *Int J Qual Stud Health Well-being*. 2015;10:Published online 2015 May 7. doi: 10.3402/qhw.v10.27069 PMID: PMC4425812.
20. Hedlund L. Basal kroppskännedom och psykomotorisk funktion hos personer med allvarlig psykisk ohälsa (Basic body awareness therapy and psychomotor function in patients with severe mental illness). (Doctoral Thesis) Lund: Lund University; 2014.
21. Hedlund L, Gyllensten AL. The experiences of basic body awareness therapy in patients with schizophrenia. *J Bodyw Mov Ther*. 2010;14(3):245-54.
22. Hedlund L, Gyllensten AL, Waldegren T, Hansson L. The reliability and validity of Body Awareness Scale Movement Quality and Experience in persons with severe mental illness. *Physiotherapy Theory and Practice*. 2016.
23. Mattsson M, Dahlgren L, Mattsson B, Armelius K. Body Awareness Therapy with sexually abused women. Part 1: Description of treatment modality. *Jurnal of Bodywork and Movement Therapies*. 1997;1:280-8.
24. Mattsson M, Wikman M, Dahlgren B, Mattsson B, Armelius K. Body awareness therapy with sexually abused women. Part 2: Evaluation of body awareness in a group setting. *Journal of Body Work and Movement Therapies*. 1998;2(1):38-45.
25. Mattsson M, Wikman M, Dahlgren L, Mattsson B. Physiotherapy as Empowerment - Treating Women with Chronic Pelvis Pain. *Advances in Physiotherapy*. 2000;2:125-43.
26. Mattsson M, Mattsson B. Physiotherapeutic Treatment in Out-Patient Psychiatric Care. *Scand J Caring Science*. 1994;8:119-26.
27. Gyllensten AL, Ekdahl C, Hansson L. Long-term effect of Basic Body Awareness Therapy in psychiatric outpatient care. A randomized controlled study. *Advances in Physiotherapy*. 2009;11:2-12.
28. Gyllensten AL, Hansson L, Ekdahl C. Patient experiences of basic body awareness therapy and the relationship with the physiotherapist. *Bodywork and Movement Therapies*. 2003;3:173-83.

Pursuing Evidence-based Practice in Mental Health - a Learning Experience in Studying Basic Body Awareness Methodology in Norway

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"Disembodiment" in Patients with Mental Illness

My pursuit of the notion of Body Awareness began with a story of one of my patients with mental illness. During a treatment session, I asked him to perform upper limbs exercise. "I do not have arms..." he replied. I was immediately astonished. I realized that patients with mental illness could be mentally unaware of his own body even when he has an "apparently normal" physical appearance and is physically mobile. I was curious about the underlying pathology. Is it a psychological or physiological problem? In particular, the possible role of physiotherapists in "correcting" this distorted bodily perception is worth further exploration.

In my clinical setting, I came across a growing number of patients with severe mental illness or common mental disorders who present with a distortion in bodily schema or experience. Moreover, literature reviews ascertained the concept of "disembodiment" or "lack of body ownership" amongst psychotic and even neurotic patients with mood disorders (1, 2). Meanwhile, it was very encouraging to realize that Scandinavian physiotherapists had been contributing to mental health with evidence-based practice of Basic Body Awareness Therapy; with expanding accreditation (3, 4, 5, 6 & 7).

Basic Body Awareness Methodology (BBAM) Program

I have engaged in the journey of learning Basic Body Awareness Methodology (BBAM) since October 2015 when I started studying an international post-graduate program particularly designed for English-speaking physiotherapists. It was a two-year part-time program including 3 blocks (a total of 11 weeks) of learning in the Western Norway University of Applied Science (named previously as Bergen University College) in Bergen of Norway. The 3 blocks of training were interspersed by self-learning period and supervised assignments.



Western Norway University of Applied Science

The BBAM program was designed for physiotherapists who work with people suffering from multi-factorial problems, such as chronic pain, mood and other mental disorders; and for those who want to be equipped with BBAM - an evidence-based body and mind connectedness treatment approach (8, 9). The program aimed at training physiotherapists to act professionally in individual and group settings, where movement awareness and movement quality are implemented in daily life movements using voice and body pre-conditioning (10, 11). Furthermore, the program provided channels for students to build up an international network of physiotherapists working in the field of mental health.

The BBAM program included lectures delivered by physiotherapist experts from various specialties and countries. The lectures cover psychopathology, such as "Salutogenesis"; BBAM theory and clinical application, research methodology, etc. The core practical sessions were the pedagogy of the 12 movement tasks in BBAM (Fig. 1) (12). Through hands-on practice, the practical sessions facilitated our understanding on movement quality in the Movement Quality Model (MQM) (Fig. 2) (13), and skills in body movement work, including physical, physiological, psycho-socio-cultural and existential aspects of human movement.

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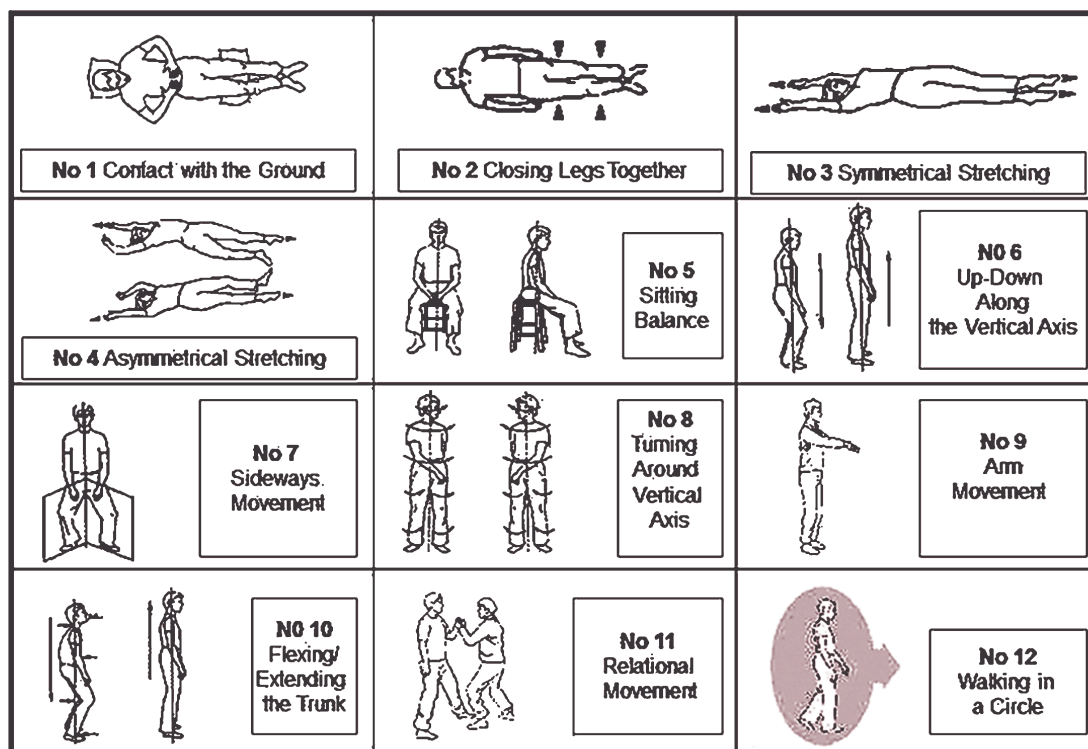


Fig. 1 Body Awareness Movement - The 12 Movement Tasks

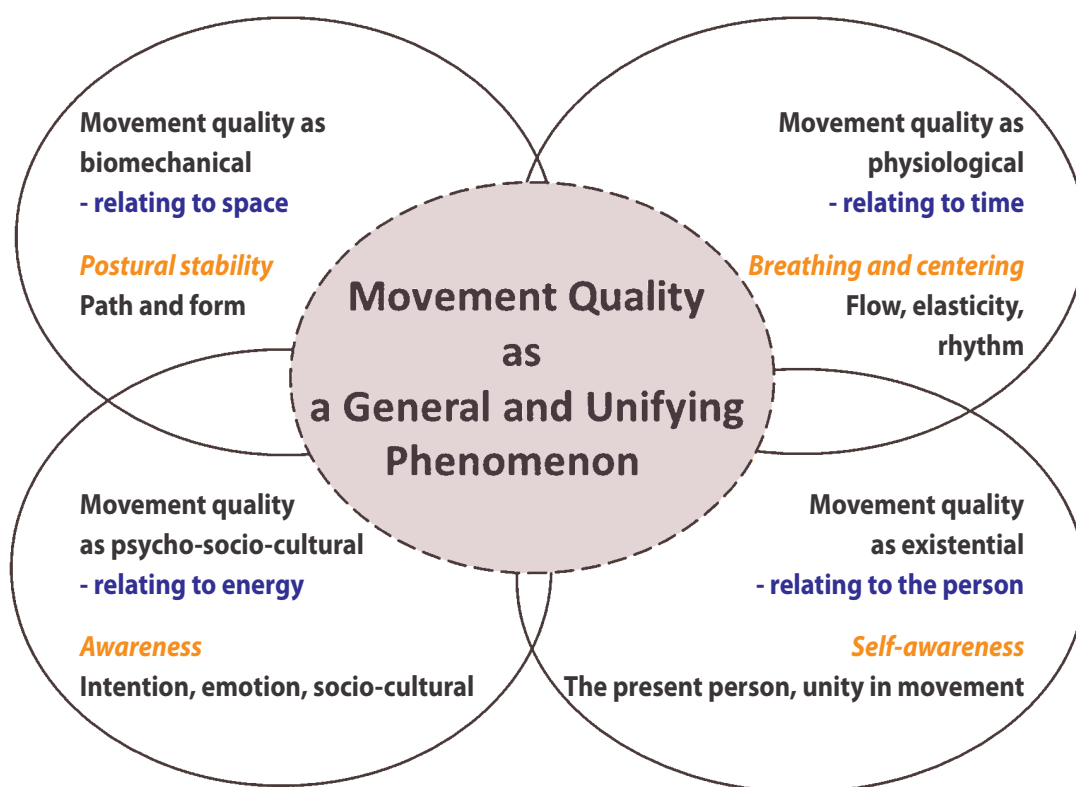


Fig. 2 The Movement Quality Model (MQM)

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The program also included elements of mindful sitting, Laban movement training, and Tai Chi practice as supplements for the functional movement analysis. Further, it included Dropsy massage, aiming at building up patient-therapist relationship; promoting body awareness of the patients, and facilitating the patients' connection with their inner self and the external. In order to enrich and consolidate the learning process, we are required to participate in interactive group discussions, research presentations and attend stringent examination on evaluating individual's learning outcomes.



Prof. Liv Helvik Skjærven, Professor in Physiotherapy, Coordinator of BBAM, Western Norway University of Applied Science



Prof. Michel Probst, President of International Organization of Physical Therapy in Mental Health (IOPTMH), Guest Speaker from Belgium



Practical Sessions in BBAM

My Learning Outcomes and Clinical Application of BBAM

Improving the health condition of patients with mental illness is challenging. BBAM is a promising non-pharmacological rehabilitation approach. There is evidence that daily life stress impairs the movement of the patients by affecting their physical, physiological and psychological processes. It also hinders their daily function by weakening their coping strategies and relationship to the external environment ⁽¹⁴⁾. There is a need for physiotherapists who are competent to evaluate the impact of daily life stress on the body, movement co-ordinations, and interpersonal relationships of the patients.

BBAM is based on the hypothesis that the human's mind is "disconnected" from the body. It can be presented as poor balance, blocked breathing, dysfunctional movement quality, and poor interpersonal relationship ⁽¹⁵⁾. It represented a physiotherapeutic and person-centered approach that encompasses movement awareness, movement quality, function, and coping strategies of daily life stress and challenges. It includes reliable and valid assessment tools for evaluating clinical outcomes, such as the Body Awareness Rating Scale and the Body Awareness Scale-Interview, etc. ⁽¹⁶⁾.

With the knowledge and skills I gained in Block 1 and Block 2 of the training program, I have practiced BBAM on patients with schizophrenia, anxiety disorders and substance abuse. Moreover, I ran a pilot BBAM class on a group of patients with depression, as an adjunct training to conventional pain management program. The preliminary results are encouraging. Nevertheless, enduring and enormous effort is needed to further consolidate my skills and modify the program to suit the Chinese culture. Hopefully, I could be better equipped after the completion of the full program in the coming October.

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Looking Ahead

The learning experiences of BBAM in Norway not only upgraded my knowledge, skill, and competency in working with patients with mental illness; but also provided me with an extended network of like-minded physiotherapists from different countries. It was a precious opportunity for me to meet physiotherapists from around the world who share similar vision and mission in promoting physiotherapy in mental health. Undoubtedly, overwhelming challenges were expecting in assimilating BBAM, a Western culture of psychosomatic medicines, into the local Chinese population.

As the physiotherapists working with patients with mental illness, we are proud of our unique roles in bridging the physical & psychological aspects. Learning BBAM broadened my perspective in integrating anatomical knowledge, body and movement awareness into psychological self-awareness; connecting the body and mind in achieving thorough multi-dimensional bio-psycho-social outcomes. Evidence-based practice definitively ascended physiotherapists' recognition and reputation amongst stakeholders in the mental health setting; as a certain member in the multi-disciplinary team. In conclusion, physiotherapists with the skills and knowledge to integrate physical health and psychological wellbeing are essential in the field of mental health.

References

- Graham-Schmidt KT, Martin-Iverson MT, Holmes NP, Waters F (2016) Body representations in schizophrenia: an alteration of body structural description is common to people with schizophrenia while alterations of body image worsen with passivity symptoms. *Cognitive Neuropsychiatry*; 21(4):354-368
- Maayke Klaver, H. Chris Dijkerman (2016) Bodily Experience in Schizophrenia: Factors Underlying a Disturbed Sense of Body Ownership. *Frontiers in Human Neuroscience*; 10:1-12
- Catalan-Matamoros D, Helvik-Skjærven L, Labajos-Manzanares MT, Martinez-de-Salazar-Arboleas A, Sánchez-Guerrero E (2011) A pilot study on the effect of Basic Body Awareness Therapy in patients with eating disorders: a randomized controlled trial. *Clinical Rehabilitation*; 25(7):617-26
- Danielsson L, Papoulias I, Petersson EL, Carlsson J and Waern M (2014) Exercise or basic body awareness therapy as add-on treatment for major depression: a controlled study. *Journal of Affective Disorders*, 168 98-106
- Gard G (2005) Body Awareness Therapy for patients with Fibromyalgia and Chronic Pain. *Disability and Rehabilitation*. 27(12): 725-728
- Lindvall M A, Carlsson AA and Forsberg A (2016) Basic Body Awareness Therapy for patients with stroke: experience among participating patients and physiotherapists. *Journal of Bodywork & Movement Therapies* (20) 83-89
- Strand L I, Olsen AL, Nygard H, Furnes O, Magnussen, Lygren H, Sundal MA and Skjærven LH (2016) Basic Body Awareness Therapy and patient education in hip osteoarthritis: a multiple case study. *European Journal of Physiotherapy*. 1-10
- Gyllensten AL, Hansson L, Ekdahl C (2003) Outcome of Basic Body Awareness Therapy. A Randomized Controlled Study of Patients in Psychiatric Outpatient Care. *Advances in Physiotherapy*; 5:179-190
- Gyllensten, AL, Ekdahl, C, Hansson, L (2009) Long-term effectiveness of Basic Body Awareness Therapy in psychiatric outpatient care. A randomized controlled study. *Advances in Physiotherapy*; 11: 2-12
- Skjærven, LH (2003) Basic Body Awareness Therapy – a clinical guide to understanding, therapy and growth. Bergen
- Skjærven LH (2004) Being in Dialogue - Basic Body Awareness in Group Therapy. Bergen
- Skjærven LH (2015) Manual- Body Awareness Rating Scale: Movement Quality and Experience. Bergen
- Skjærven LH, Kristoffersen K, Gard G (2008) An eye for movement quality: A phenomenological study of movement quality reflecting a group of physiotherapists' understanding of the phenomenon. *Physiotherapy Theory and Practice*, 24(1):13-27
- Olsen AL and Skjærven LH (2016) Patients suffering from rheumatic disease describing own experiences from participating in Basic Body Awareness Group therapy: a qualitative pilot study. *Physiotherapy Theory and Practice*, 32 (2), 98-106
- Skjærven LH (2013) Basic Body Awareness Therapy. Promoting Movement Quality and Health for Daily Life. Includes Documentary and Tutorial Films. Bergen.
- Skjærven LH, Gard G, Sundal MA, Strand LI (2015) Reliability and Validity of the Body Awareness Rating Scale (BARS), an observational assessment tool of movement quality. *European Journal of Physiotherapy*; 17: 19-28

Doctor's Referral

Bronco BUT
Honorary Legal Advisor of HKPA

Assumed Scenario

John was a Part 1a registered physiotherapist and member of Hong Kong Physiotherapy Association. He studied physiotherapy in Sydney, Australia. After having obtained the physiotherapy qualification, he had practised physiotherapy in Sydney for over 15 years. In the course of his practice of physiotherapy in Australia, he was used to hold himself out that by virtue of his training, experience, and specialised skills in spinal manipulation, he was capable of independently providing physiotherapy treatment. Patients would attend his physiotherapy clinic for physiotherapy treatment without a doctor's referral.

Recently, John moved back to Hong Kong and was planning to set up his own physiotherapy clinic. In a social gathering with his physiotherapy friends, he shared his clinical experience in Australia with other physiotherapists and was shocked to know that a physiotherapist in Hong Kong needs a doctor's referral before providing physiotherapy treatment. In view of his training and experience, he is not sure whether he could continue his Australian practice of providing physiotherapy treatment without a doctor's referral.

Prior to the opening of his physiotherapy clinic, he consulted his lawyer friend whether he could provide physiotherapy treatment without a doctor's referral.

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 13 of Part III of the Code of Practice

Section 13 concerns with a physiotherapist's relationships with the medical and other health professions. In broad terms, a patient's illness should be assessed or treated on referral from a registered medical practitioner.

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In emergencies and under certain other circumstances, a physiotherapist may be obliged to undertake some treatment without such previous referral. In such an eventuality, the physiotherapist should ensure that such assessment and treatment as is undertaken be strictly limited to what the practitioner of physiotherapy has been trained to do.

Under no circumstances should a physiotherapist hold herself or himself out to be a person who is by training, experience or other skills, capable of independently providing medical treatment.

Discussion

It is not disputed that physiotherapists in Sydney Australia are allowed to provide physiotherapy treatment without a doctor's referral. John received his physiotherapy training in Sydney Australia and was used to offer physiotherapy treatment to patients without doctors' referrals.

Since John is going to practise physiotherapy in Hong Kong, he should follow the Hong Kong Code of Practice which expressly prohibits a physiotherapist from providing physiotherapy treatment without a doctor's referral. Should John ignore the Hong Kong Code of Practice, it is likely that he would be in breach of Section 13 of the Code of Practice.

Under such circumstances, the Board is likely to rule that John 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.

Conclusion

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.



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Physiotherapy Services in Hong Kong Sheung Kung Hui Nursing Home

CHANG King Wai

Physiotherapist, Hong Kong Sheung Kung Hui Nursing Home

Nursing home residents are characterized by a high prevalence of dependency in activities of daily living (ADL), multi-morbidity, polymedication and a high incidence of cognitive impairment. The combination of chronic health conditions and increased need for assistance with ADL leads to special medical, social, behavioral, and spiritual needs.

Comprehensive geriatric assessment is a key feature of the rehabilitation review and is defined as a multi-level assessment of medical, psychiatric, functional, and social aspects to ensure that problems are identified, quantified, and managed appropriately. The Minimum Data Set (MDS), a comprehensive assessment of function and health of each resident, is adopted as an assessment tool for our multidisciplinary teams. The assessment is performed at admission, yearly, and at the change of residents' condition. Together with the medical records, the MDS provides a consolidated profile of interdisciplinary findings and care plans. The MDS is also a clinical tool that can be used to improve the quality of the care plan.

Sedentary living is a major health risk for nursing home residents. Low levels of physical activity lead to deconditioning and are associated with increasing risks of morbidity and mortality. Physical frailty is seen as a fact of life for nursing home residents, with many unable to do even the simplest tasks of daily living. Body weakness contributes to accidents in the nursing home such as falls. Hence, one of the key challenges for the care of the residents is to maintain their functional ability. Due to its specificities (functional limitations, multi-morbidity), the aim of the physiotherapy treatment is to maintain or improve functional ability and quality of life. Physiotherapy training in the nursing home can be conducted individually or in groups to meet the various needs of the residents.



Fig. 1 Physical exercise – This has positive effects on physical, functional, and psychological aspects.

Pain is common in nursing home residents. Old age exposes individuals to different types of pain. The most common causes of pain include musculoskeletal or neurological disorders, injuries, as well as pressure ulcers in bedridden individuals. Since cognitive impairment is prevalent in many nursing home residents, assessment and management of pain are particularly demanding due to ambiguity in communication.



Fig. 2 Pain relief – IFT, magnetic therapy, heat, massage, and lymphedema treatment are common forms of pain relief.

Contracture is a highly prevalent condition among nursing home residents especially on new admission and after discharge from hospitals. As contractures progress, a person loses all voluntary movements in the contracted joint. It is difficult to position a resident properly because the contracture creates pressure points that may lead

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to pressure sores. Contractures of multiple joints compound the resident's difficulties in performing ADL such as bathing, dressing, personal care, and leisure, which impose a burden on health care providers and on family members.



Fig. 3 Soft tissue massage & passive movements – These are often used in bed-bound patients to relieve muscle tension and can often aid in easing the symptoms of pain and anxiety.

Our nursing home organizes a great number of activities for the residents. For bedridden residents, dormitory passive exercise is provided. Other residents will be arranged to attend physiotherapy treatment, occupational therapy treatment and a variety of therapeutic activities. The activities include reminiscence therapy, socializing about current interests, painting, listening to music, watching Chinese opera, baking food, gardening and more.



Fig. 4 Interactive activities - These stimulating activities provide enjoyment, physical and cognitive stimulation.

It is clear that physical activity can have a major positive impact on the quality of life of nursing home residents with various health conditions. As the types of residents in nursing homes change, the programs and types of activities provided must also be changed. Therapeutic treatments and activity programs must be specifically developed to meet the identified needs of the residents.

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INSTRUCTORS	Manual Concepts team including: Kim Robinson, Dr Toby Hall, Prof Peter O'Sullivan, Michael Monaghan, A. Prof Helen Slater, Mark Oliver, A. Prof Ben Wand and Dr Tim Mitchell.
INVESTMENT	AUD \$6,450

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Diploma in Acupuncture and Moxibustion (physiotherapy) 2017 Autumn

物理治療秋季針灸學文憑課程2017(VE171011)

Course Characteristics:

特色	好處
師資優良(陳國正中醫師本身是物理治療師,教授以中西結合,並針對物理治療師臨床常見病例作重点教授)。本課程早在2006年已經被認可為培訓物理治療師之針灸文憑課程,是本地培訓物理治療師針灸最早之課程。	本課程之講師均擁有二十年之針灸及中西結合治療經驗物理治療師及中醫師教授。
課程內容會以正宗針灸知識及技術為基礎,使學員掌握以中西結合之醫術;課程亦會講解如何把所學的針灸知識以合乎法規管要求,在物理治療各種適應症	由於內容以正宗針灸為基礎,學員不但能掌握中西結合之治療,完成本課程更有助將來進修針灸學碩士;
課程之內容及學時均參照物理治療學會針刺認可資格之要求	確保修畢課程之物理治療師能以正宗針灸技術運用於臨床上
本課程以全面、實用及豐富臨床為主要特色。	專題講解如何運用manual therapy 或針灸治療Bell's palsy, trigger finger, stroke, parkinsonism, 婦科病(如經痛)及各種痛症等等

內容:

第一部份:

- 1) 中醫學基礎課程
- 2) 中醫診斷學課程
- 3) 針灸學課程

日期: 11/10/17至14/12/18
(逢星期三晚上7時至10時)

第二部份:

針灸手法學; 常見物理治療病案及專題講座

日期: 21/2/18至25/7/18 (逢星期三晚上7時至10時)

1) 針灸手法學

(各式補瀉手法; 頭針及耳針操作;
拔罐操作; 括痧操作; 取穴思路)

2) 常見物理治療病案及專題講座

(常見物理治療病案 (Stroke, Bell's Palsy, Trigger finger, back and neck pain, peripheral joint pain, trigeminal nerve pain, cerebral palsy, frozen shoulder,))

第三部份:

臨床實習

日期: 1/8/18至12/9/18
(逢星期三晚上7時至10時)
(獨立運用針灸方法處理真實病人)

講師:

陳國正 (註冊中醫、註冊物理治療師、中國認可針灸師)

- 英國威爾斯大學痛症醫學碩士
- 香港中文大學中西結合醫學學區研究所專業顧問(名譽)
- 香港大學醫學院針灸學碩士
- 香港理工大學物理治療專業文憑
- 香港大學中醫學院中醫全科學士
- 東華三院痛症及復康名譽顧問

全期學費: \$20000

6月30日前報讀為\$18000

名額: 30 額滿即止

對象: 對針灸有興趣之人士

CPD Points: 15

Venue: 九龍旺角彌敦道625&639號雅蘭中心辦公樓

一期12樓1208室(鄰近旺角港鐵站E1出口)

以上上課日期、時間、地點及講師可能有所更改, 將另行通知。 除了本學院取消課程外, 其他情況概不退回已繳學費。

報名方法請參照 1. 請填妥以下報名表格, 連同劃線支票(抬頭請註明 CHAN KWOK CHING) 寄交九龍觀塘巧明街117號港貿中心3樓303室。
報名表格及須知 2. 如報名人數不足, 本公司有權取消課程, 並將會另行通知受影響學員。

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課程編號		總費用	
電郵地址		支票號碼	
聯絡電話		日期	

課程查詢 2525 7705

Email: vcareintl@gmail.com



Department of Orthopaedics and Traumatology
Faculty of Medicine
The Chinese University of Hong Kong
香港中文大學 醫學院 矯形外科及創傷學系

Master of Science in Musculoskeletal Medicine, Rehabilitation and Geriatric Orthopaedics

骨關節醫學、康復及老年骨科理學碩士

(Subject to Senate's final approval)

September 2017 Intake
Application Deadline: 30 May 2017

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Medical Doctors – General Practitioners, Family Physicians, Orthopaedic Surgeons, Physicians interested in Musculoskeletal Disorders, Chinese Medicine Practitioners, Rehabilitation Doctors...

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MSc in Musculoskeletal Medicine, Rehabilitation and Geriatric Orthopaedics (MRGO)

Core Modules (15 units)

Streaming Modules (8 units)

(either stream)

Other Elective Modules (2 units)

Musculoskeletal Rehabilitation
Stream

Geriatric Orthopaedics
Stream

Contents: Lectures, practicum & project

Normative study period: Full time 1 year / Part time 2 years



Information sessions

Please refer to Programme Website



Online Application

Please join the information sessions or enquire the programme coordinator for priority application

*** The new MSc is a merged programme replacing:**

Master of Science / Postgraduate Diploma in Musculoskeletal Medicine and Rehabilitation
(骨關節醫學及復康理學碩士／深造文憑)

Master of Science / Postgraduate Diploma in Geriatric Orthopaedics
(老年骨科理學碩士／深造文憑)

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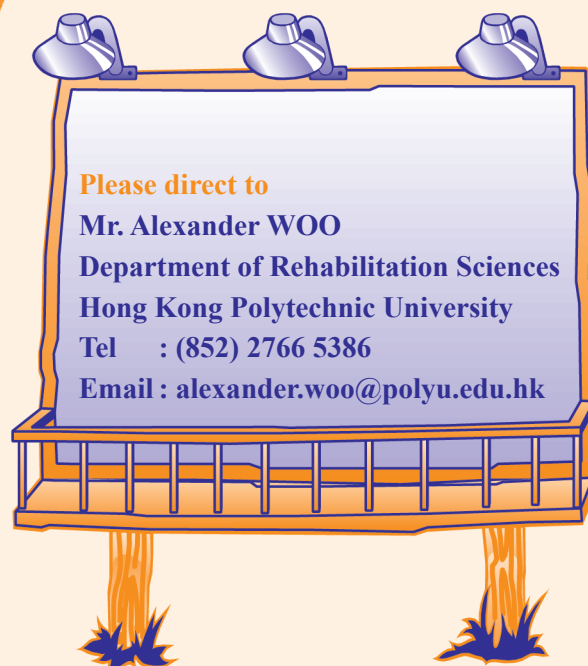
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