



# NEWS BULLETIN 物理治療 PHYSIOTHERAPY 資訊

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## New Year Greetings Gong Xi Fa Cai !!

Prof. Marco PANG  
President of HKPA



It is an incredible honor to be elected as the new President of the Hong Kong Physiotherapy Association. It is certainly a daunting but at the same time very exciting task for me to serve the Association and our PT colleagues in this capacity. There is joy and celebration as we enter the New Year of the Dog and also the 55th Anniversary of our Association, but it is also a good time for us to reflect and make new resolutions.

First and foremost, I believe we need to develop a stronger sense of unity in the PT community. Fragmentation hampers our effort to build a positive professional image, to promote public awareness of our profession, and to fight for better professional autonomy and recognition. We have found that the participation of physiotherapists from certain Hospital Authority Clusters, non-governmental organizations and private practice in HKPA has been low. The very first task of our new Executive Committee is to reach out to the physiotherapists from these sectors and listen to their concerns and feedback on our Association. We have already held two seminars / open forums for such purpose and more sessions are in the planning.

We also need to engage our students in our Association at different levels. The students will be our future generation of physiotherapists and should be treasured. We will try our best effort to recruit new student members. To open up a channel of communication between the Association and the students, we will involve the student representatives in our Executive Committee meetings as observers. Ultimately, it is about building a strong sense of belonging to the profession and the professional Association among PT colleagues. How great it would be to hear that one is proud of being a HKPA member!

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Second, we really need to promote public awareness of the physiotherapy profession. To achieve this, we will be creating a completely new website which is both professional-looking and informative. Through the new website, our members and the general public can have easy access to information related to our profession and the latest events of our Association. Increasing media coverage is another important strategy to promote public awareness. In the past two months, we have already done several TV interviews. As part of our activities to celebrate our 55th Anniversary, we will be soliciting more coverage in TV, radio and newspapers. We are also actively seeking an appropriate venue for hosting the World Physio Day event.

There is also a need to establish or strengthen the relationship with physiotherapy associations in other parts of the world, particularly within the Asia West Pacific Region. The quality of physiotherapy service and education in Hong Kong is one of the very best within the Region, and we need to let people know that. Through the platform provided by the World Confederation for Physical Therapy (WCPT) and my position as the Executive Committee Board member of WCPT, I hope I can lead the Association to higher levels and make the Hong Kong physiotherapy practice and education better known in the world. Work is underway to establish collaborations with other physiotherapy associations, and to make our biennial conference a truly international event.

With the new leadership of HKPA, be ascertained that there will be many new initiatives. Our Executive Committee members have been working tirelessly behind the scenes for these past 3 months already. We know deep down that all the hard work will be worth it because we are all proud of being a physiotherapist, and we all want to see the advancement of our profession. We count on your continued support to making our profession and HKPA stronger. Finally, I wish you all a very healthy and fruitful Year of the Dog!



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**General Enquiry or  
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# Editorial

## Neurological Rehabilitation

Chris WONG and Caroline WONG  
HKPA

On behalf of the Editorial Board, we extend our warmest congratulations to our new HKPA President Prof. Marco Pang. It is our great honor to have a renowned scholar leading us further in the realm of science. At a commencement of the year, we have included a new column named as "People's Corner". We will interview those people with pronounced experience or imperative contribution in our field to share their knowledge and idea. In this issue, we have invited Prof. Pang shares his view on the profession and the endeavors to realize his vision of a more united community.

Looking from a neurosurgeon's perspective, Dr. Li Lai Fung from Queen Mary Hospital shares with us different surgical goals and the extent of recovery in treating patients with brain tumor and hemorrhagic stroke. In the article, he gives us a compelling insight on the diverse rehabilitation progress among patients with similar clinical presentations but distinctive pathologies.

Realizing the decline in stroke patients' walking ability, Ms. Charlotte Tsang and Ms. Ouyang from the Hong Kong Polytechnic University introduce the idea of assessing dual task walking to better track the patients' functional ambulatory capacity, which reflects their true competence in a day-to-day community ambulation.

Among stroke and other neurogenic disabilities, pain and spasticity often compromise patients' exercise compliance. Mr. Lin from Caritas Hong Kong shares his experience using aromatherapy as an adjunct treatment to enhance relaxation and improve exercise tolerance.



**CPD News**

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## *Does the Same Physiotherapy Program Have the Same Effect on Brains with the Same Clinical Presentation? Some Confounders in Rehabilitation after Neurosurgery*

**Dr. LI Lai Fung**

Associate Consultant, Department of Neurosurgery, Queen Mary Hospital

To most people, their understanding to “Neurosurgery” is a specialty that performs brain surgery, in particular after the TV drama years ago. In fact, “neuro” refers to all neural tissues over the body. Neurosurgery involves operative intervention from the brain, spinal cord, nerve plexus down to peripheral nerves. Because of the historical reasons that is not the scope of this article, neurosurgeons in Hong Kong currently concentrated on the brain and spinal cord, with complex spinal problems and peripheral nerves managed frequently by orthopaedic surgeons. Unlike peripheral nerves with regeneration ability, neurons in the brain and spinal cord cannot regain the functional return by simply nerve regrowth.

Patients with traumatic brain injury and haemorrhagic stroke are the most frequently seen in neurosurgical wards. They are also the groups that require the most manpower and time from all parties. On the contrary, patients with brain tumors generally required much shorter and less intense rehabilitation programs although brain tumour surgery also contributed to a significant portion of neurosurgeon’s workload. The most obvious reason seems to be that the former group has “uncontrolled” neural injury upon the event, while the latter group has a “controlled” one that neurosurgeons would avoid going into the eloquent area. While this is true, this is only part of the story and the mechanism of neural recovery is far more complex.

For open surgery, regardless of the indications and how delicate the operations are performed, there are neural tissue loss, neural tissue injury, blood clot formation and surrounding edema. The previous function carried by the destroyed nerve tissues would be lost. The injured nerve tissues and the related neural circuits would be compromised, their function may return partially or completely depending on nerve recovery from the surgery. Apart from injured neurons, uninjured neurons surrounding the insult would also be affected by the edema originated from tissue reaction and the toxicity of the resolving haematoma.

In practice, for emergency cases (e.g., trauma and haemorrhagic stroke), neurosurgeons would try to decompress the brain by removing the majority of haematoma and try to avoid removing adjacent injured brain tissues that have the potential to recover. Residual haematoma and significant surrounding edema are common after such emergency surgery. In contrast, tumours develop much slower than acute haematoma. Tumours usually induce the formation of a layer of gliotic tissue that separates the neural tissue from the tumour. This gliotic layer not only protects the neural tissue during surgery, but also facilitates better haemostasis.

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Since the complete tumour excision is always the primary goal of brain tumour surgery, the resection cavity is usually clean with minimal residual haematoma. In addition, tumour-induced vasogenic edema can be minimized by administering steroid prior to surgery. However, both stroke and brain trauma would induce cytotoxic edema that can only be resolved naturally over time. The duration of resolution depends on the residual haematoma size and the patient's reaction to haematoma. This may partly explain the time difference in recovery between acute brain insults and the elective tumour resection.

Additionally, the extent of recovery differ between the two groups. Apart from the location of the insult, the nature of the pathology also governs the extent of recovery, which is related to neuroplasticity. In fact, the functions of many neurons and their neural circuits are unclear to us and they seem to remain inactive in a healthy brain. For example, the functional neural circuit for speech is located in the left hemisphere in more than 95% of people, but a similar circuit is also found in the right brain for unknown function. However, when there is a slow growing lesion (e.g., low grade glioma) that destroys the left brain circuit for language, the similar circuit in the right brain will take over and becomes active.

This is supported by the findings of right brain activation on functional MRI during speech production and speech preservation after extensive left brain resection in patients with left temporal brain tumour. However, this activation and neuroplastic changes take time. It only happens in slowly developing pathology. For acute insult like brain trauma and stroke, this kind of new neural circuit

recruitment and neuroplastic changes cannot take place. Just like the handover of a job from one to another, no one can handle it properly if the preceding one suddenly quits the job. As such, for patients with brain tumours, it is commonly believed some functions over the affected area have already been migrated to adjacent areas or even the other hemisphere. They have a faster recovery and a better recovery potential because additional neural circuits may have been activated.

Therefore, rehabilitation may actually train both the residual and the compensatory neural circuits that facilitates their functions without a long wait for the resolution of edema and haematoma. In contrast, rehabilitation for patients with acute brain injury at the early phase may help maintain joint flexibility. Genuine neural training occurs only after the resolution of haematoma and edema at the later phase. Overall patients with acute insults are expected to take much longer time to see the progress with a smaller extent of recovery.

Undoubtedly, the above is yet the complete story of neural recovery and rehabilitation. The nervous system is far more complex than our current understanding. For lesions affecting the same region of the brain with similar clinical presentation, the same physical training program may actually be training different regions of the brain given the differences in the underlying insults. With a better understanding of underlying mechanisms and confounding factors on functional recovery, the extent of recovery and the time needed for rehabilitation are more predictable. A better patient-centered rehabilitation program can then be tailored.

## Dual-Task Walking in the Stroke Population

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### Dual Task Interference

Engaging in dual-task, especially concurrent performance of a cognitive and a motor task, is quite unavoidable in our everyday life. Walking while talking and crossing a road while attending to traffic are two examples out of the many other occasions. However, these might challenge our cognitive system to different extents and result in a different degree of decrements in either, or both, task performance as compared to that in a single task condition (when the tasks are done separately) [1,2]. This phenomenon is known as Dual Task Interference (DTI) [3,4]. A particular category of DTI: a deterioration in either the cognitive or motor task performance when a cognitive task is performed simultaneously with a motor task, is known as Cognitive Motor Interference (CMI). It appears that the extent of CMI is affected by the type and complexity of tasks involved [1,2,5]. The three most influential theories explaining the phenomenon are [3,6,7]:

1. Capacity sharing model: the processing capacity or mental resources are shared among tasks involved, resulting in less capacity for each component task;
2. Bottleneck or task switching model: if the tasks are processed by the same neural pathway or similar networks, the tasks will be done sequentially, resulting in a bottleneck that delays or impairs either or both tasks and
3. Cross talk model: if the tasks are of the same cognitive domain and need the same neural network, they will facilitate the performance of each other.

Nevertheless, despite an increasing effort of research, the underlying mechanisms of DTI remain elusive [6].

### Impact of DTI on the Population of Stroke

Stroke is one of the worldwide leading causes of adult disability [8,9]. It results in lesion(s) in one's brain and further diminishes the limited processing resources of the brain. After stroke, the automaticity of walking might be compromised [10,11]; further stressing the limited processing resources. These contribute to a more pronounced DTI in individuals with stroke as compared to their able-bodied peers [10,12]. Many other evidences show the significant impacts of DTI on walking of people after stroke [1,5,11-17]. This in turn affects their independence and community participation adversely, resulting in a more significant social handicap and poor quality of life [18] in individuals with stroke [1,2,19].

### Competent Community Ambulation

Among the various rehabilitation goals set by people with stroke, regaining walking capacity that fosters independence is of the top priority [20]. Rehabilitation has been focusing on gait training in a single task condition. However, proficient walking in a single task condition might not be sufficient for a safe community ambulation that requires continuous attention and reaction to the changing environment while walking [21,22]. An emerging evidence suggests an improvement of dual task walking with specific dual task training that single task gait training cannot attain [23,24]. Besides, some

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studies suggest dual task gait training to be more effective than single task gait trainings in improving gait [24]. While more evidence might be necessary to substantiate the training effectiveness and an optimal protocol, if any, clinicians may consider incorporating a kit of reliable dual task gait assessments incorporating motor tasks and tasks of different cognitive domains in their daily training for gauging the ultimate rehabilitation goal of achieving competent community ambulation.

In conclusion, DTI that challenges our cognitive system to different extents tends to be more pronounced among people with stroke in comparison to age-matched able-bodied individuals. Introducing reliable assessments of dual task walking are of paramount importance. Such assessments can help patients and clinicians to have a clearer picture on patients' functional ambulatory capacity and keep track of the progress. Corresponding advice on safe dual task walking or dual task gait training can then be provided in order to ensure a safe and competent community ambulation, as well as a smooth community reintegration of people with stroke.

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## A Pilot Project on Physiotherapy and Aromatherapy in EHCCS

LIN Sai Hoi

Physiotherapist I,  
Services for Elderly, Caritas Hong Kong

Community-based elderly physiotherapy services has been gaining its popularity as Hong Kong population ages rapidly. Indeed, international experiences have revealed that effective community care services can avoid pre-mature or unnecessary institutionalization, improve physical functions, and slow down cognitive decline of older adults.<sup>[1]</sup>

### Enhanced Home and Community Care service (EHCCS) <sup>[2]</sup>

As suggested by the name, this service involves the provision of physiotherapy services at home to meet various needs of elderly and their family members. Our experiences, however, have indicated that merely home visitation may not be sufficient to address the physical needs of elderly. To this end, Shamshuipo EHCCS has widened its "Home-based" physiotherapy services to provide comprehensive "Community-based" services since 2012. Specifically, clients receiving existing home-based services are selected to attend our "EHCCS physiotherapy clinic" on a weekly basis for physiotherapy treatments to enhance their physical status.

### Physiotherapy and Aromatherapy

Physiotherapy treatments primarily aim to help elderly clients regain their physical abilities and reduce their physical restrictions secondary to pain, degeneration or medical illnesses. Of various treatment methods, aromatherapy is found to decrease pain<sup>[3]</sup>, induce relaxation, and reduce anxiety. While the incorporation of aromatherapy to physiotherapy services may be a new concept to local hospitals or community settings, this concept has gained its popularity among local private practitioners and physiotherapy practices abroad. As such, we conducted a pilot project to explore the effect of combining the therapies on our elderly

clients in 2017. A total of 20 participants joined the project. Half of them had back or knee pain, while rest of them were diagnosed with either Parkinson disease or stroke. In the following section, we would like to share our experiences regarding some clinical benefits of applying aromatherapy and physiotherapy together.

### Parkinsonism

It is a common practice for physiotherapists to focus on treating physical limitations of clients with Parkinson disease. However, elderly with Parkinsonism also exhibit psychological or anxiety issues given the presence of dyskinesia, social phobia and fear of worsening quality of life.<sup>[4]</sup> As such, prior to providing physiotherapy to our clients, they were given massage with essential oils particularly in the head and limbs areas (Fig. 1). It aims to decrease clients' stress and rigidity and hence to help them engage better in their ensuing physical training.

### Stroke

Stroke is another neurological disorder that are suitable for our combined therapy. Paresthesia<sup>[5]</sup> has always been one of the clinical symptoms that is difficult to tackle. Patients with stroke-induced paresthesia are often reluctant to engage in exercise training because of the unpleasant sensation. Clients receiving essential oil treatment before physiotherapy often feel calmer, less sensitive and are more willing to participate in physical training. Furthermore, clients with stroke usually show decreased flexor spasticity and increased passive range of motion following essential oil massage (Fig. 2).

### Pain

Pain decreases the exercise tolerance or limits the physical conditions of the elderly clients.

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Physiotherapists usually use exercise therapy, electrotherapy and acupuncture to alleviate pain. In our clinical practice, oil with anti-inflammatory properties are utilized concurrently with acupuncture to minimize pain (Fig. 3). Clients often exhibit improvements in range of motion or walking tolerance immediately after the treatment.

### Edema

Peripheral edema usually exists in clients with medical problems (e.g. diabetes, kidney failure or cardiac diseases). The impact of degenerative disorders (such as lower limb osteoarthritis) can be compounded by the presence of edema, which can further limit clients' walking ability because of the additional weight. When compression therapy and assisted-active exercises are used alongside essential oil massage (which improves circulation), it can reduce the "heaviness" experienced by the clients and improves their willingness to exercise (Fig. 4).

Our experience has shown that combining physiotherapy and aromatherapy is novel strategy for treating the aforementioned medical conditions. Future large-scale studies are warranted to help evaluate the benefits of this treatment model.

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Fig 1. Using essential oil massaging the head area before exercises



Fig 2. Working on the upper limbs of a stroke client to reduce flexor spasm



Fig 3. Using essential oil to work on trigger points to alleviate pain



Fig 4. Massaging on lower limbs to reduce edema before exercises

## Unsolicited Phone Calls

**Bronco BUT**

Honorary Legal Advisor of HKPA

### Assumed Scenario

May was a Part 1a registered physiotherapist and member of Hong Kong Physiotherapy Association. She had practised physiotherapy in a private physiotherapy clinic for a couple of years. Over the past years of practice, many referral doctors and her patients had high regard of her. Her appointment schedules were very packed. Bearing in mind that she had accumulated significant number of patients, she decided to set up her own physiotherapy clinic known as "May Physiotherapy Clinic".

The set-up costs of the May Physiotherapy Clinic in Central were substantial. Therefore, May asked her long time banker friend, Frederick to invest in the May Physiotherapy Clinic. Frederick was tasked with marketing of the May Physiotherapy Clinic.

With a view of promoting the May Physiotherapy Clinic, Frederick appointed a marketing consultancy company known as Excellence Co. to do the promotion. The marketing consultancy company submitted a marketing proposal which contained services, amongst others, using their customers' data base to promote the physiotherapy package services at a preferential rate via emails, fax, telephone calls and mailing promotional flyers. Since Frederick was her financier, May simply endorsed the marketing proposal without making any comments.

One day, she received a Notice of Inquiry from Physiotherapists Board saying that: "May, being a Part 1a physiotherapist, sanctioned, acquiesced in or failed to take adequate steps to prevent the promotion of physiotherapy service by means of unsolicited telephone calls, fax, electronic communications or publications by Excellence Co. which solicit and refer patients to May Physiotherapy Clinic which is operated and owned by May. Being the physiotherapist in control of May Physiotherapy Clinic, your conduct (via Excellence Co.) amounted to unsolicited telephone calls to members of public, contrary to Section 6.5 of Section III of the Code of Practice; and in relation to the facts as alleged either individually or cumulatively, you have been guilty of unprofessional conduct."

### 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 6.5 of Part III of the Code of Practice

By Section 6.5 in Part III, the Board has made known that physiotherapy services may not be promoted by means of unsolicited visits, telephone calls, electronic communications or publications by physiotherapists or persons acting on their behalf or with their forbearance.

### Discussions

May submitted to the Board that Frederick was tasked with the marketing campaign and Frederick was the person in charge. She simply endorsed what Frederick had proposed to her without making any comments since Frederick was her financier.

Since May had entrusted the marketing of her clinic to Frederick, she had to take ultimate responsibility as she was the owner of May Physiotherapy Clinic.

In view of the aforesaid, it is likely that the Board would rule that May had been in breach of Section 6.5 and was guilty of 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. Even if the physiotherapy clinic was backed up by a conglomerate of financiers, the physiotherapists should be vigilant and be aware of any pitfalls so that they would not be in breach of the Code of Practice.

## An Interview with our New HKPA President

**Interviewee** : Prof. Marco PANG

**Interviewer** : Mr. Dudley TSANG and Ms. Wincy LO  
(Physiotherapy Year 2 Students)

**Venue** : PolyU Staff Club

**Q1.** First of all, congratulations to you for being the new President of HKPA. Why do you want to be the president of HKPA and what are your visions and missions in your term of office?

**A1.** First, I would like to thank all the previous presidents of HKPA as they have done a lot and set a solid foundation for the development of HKPA. Becoming the president, my first goal is to unite physiotherapists from different sectors by getting not only those who work in Hospital Authority (HA), but also those from Non-Government Organizations (NGOs) and private sectors. Only by working together we can have a stronger voice to address several important issues such as the professional autonomy (direct access), and the standard of PT education.

Another major concern is that the degree of participation of physiotherapists from NGOs and private sectors in HKPA has been low in the past. We will do everything we can to recruit them so that our Association can truly represent the whole profession of physiotherapy. We will also do more to recruit our students so that they can develop a sense of belonging to our profession right from the beginning and be proud as a member of HKPA.

Actually, HKPA is the only organization in Hong Kong and also as a Member Organization of the World Confederation for Physical Therapy (WCPT). It is an international organization



that provides a platform for us to broaden our horizons and to promote physiotherapy in Hong Kong to the rest of the world. I believe we are quite advanced in our physiotherapy practice and education, and we definitely have a lot to contribute to the development of the physiotherapy profession and education in less developed countries. I hope our members can take more of a leadership role in this international organization and contribute more to the physiotherapy field.

**Q2.** I know that you have focused mainly on research and teaching instead of clinical practice, what are the reasons behind that and what keeps you motivated to commit yourself to these endeavors?

**A2.** I believe teaching and research is really where my strength lies. I had worked as a full-time physiotherapist for a few years after graduation but my interests are really in

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research and teaching. I find educating the future generation is rewarding because it can influence a lot of people. Through influencing your students, one can make important impact on the quality of physiotherapy service, and the welfare of those who receive the service. Also, since our practice should be based on up-to-date knowledge, doing research can generate new knowledge and thus improve the quality of clinical practice. Therefore, not working as a frontline clinician does not mean I am not contributing to the physiotherapy profession. We are just playing different roles.

**Q3.** Based on your years of effort and experience in research, do you think the entire atmosphere in Hong Kong is good for doing research? What are the advantages or limitations?

**A3.** Of course, I can only speak based on my own work experience here in Hong Kong. I thought the research equipment available at the Department of Rehabilitation Sciences has enabled us to do quality research. And our Faculty is a truly an interdisciplinary one, which provides a favorable environment for interdisciplinary research. The major limitation is that when doing clinical research, a large patient source is often needed. It is hard to recruit in-patient subjects because we do not have a teaching hospital here. It would take extra effort to build really strong relationships with the key persons in different hospitals in order to recruit a decent sample size of inpatients.

**Q4.** As one of the professors in the Hong Kong Polytechnic University, do you think is it feasible for PT students to know more about NGOs / private sectors through the assistance from HKPA?

**A4.** Yes. As what I have said, one of our first tasks is to recruit more physiotherapists from NGOs and private sectors to join HKPA. Once we have engaged more students to join HKPA, we can then act as a bridge between NGO / private sectors and students, and organize events that would enable mutual interaction. With the development of a close collaborative relationship between HKPA and NGOs, students can have more opportunities to be exposed to NGOs and their services. Besides, as I have said at the beginning, the degree of participation of physiotherapists from the private sector in HKPA is not very satisfactory. Our team will be more proactive to reach them. It is important to let people know that all physiotherapists are valued and welcomed by our Association, regardless of their workplace and rank. Such work really takes time and we have to do a lot of promotion. Our ultimate goal is to build the bridge to link physiotherapists from all sectors and physiotherapy students together. We are one big family after all.

## *World Confederation for Physical Therapy (WCPT) Executive Board Meeting*

**Date** : 1-2 December 2017  
**Venue** : The Excelsior, Hong Kong  
**Physiotherapists** : Prof. Marco PANG, Mr. Charles LAI, Dr. Shirley NGAI

In the meeting, the WCPT Executive Board gathered in Hong Kong to discuss various important matters related to the governance, budget, and membership of WCPT. There was also a special session where the WCPT Executive Board met with the representatives from the Hong Kong Physiotherapy Association, Macau Physical Therapists Association, and Taiwan Physical Therapy Association. The leadership from the three Associations had the opportunity to discuss with the WCPT Executive Board members the current situation of their own Associations, and the challenges ahead.



WCPT Executive Board (from left to right):  
 Stacy de Gale (North America Caribbean Region), John Xerri de Caro (European Region),  
 Marco Pang (Asia Western Pacific Region), Margot Skinner (Vice President), Emma Stokes  
 (President), Jonathon Kruger (CEO), Gabriela Mallma (South America Region), Esther  
 Munalula Nkandu (Africa Region)



Meeting with WCPT Executive Board, Representatives of Macau Physical Therapists  
 Association, Taiwan Physical Therapy Association



Dinner after the meeting

*Seminar on  
“Towards Evidence-Based Practice in Community-  
based Exercise Prescription”  
and  
“the Continuing Professional Development of  
Physiotherapists-based in NGO and Government”*

**Date** : 6 December 2017  
**Venue** : Continuing Rehabilitation Centre, SAHK  
**Physiotherapist** : Prof. Marco PANG

The seminar was part of a series that aim to reach out to physiotherapist working in NGO and government sectors and the event was well attended. In the second part of the seminar, we had an open discussion on the professional education needs of physiotherapists based in NGO and government. We also had a very fruitful exchange of ideas on how we can promote the participation in HKPA among physiotherapists working in NGO and government settings. It was very encouraging to hear from some participants that they will be joining or re-joining HKPA in the coming year. Thanks to Annabella and Charles for helping me to promote HKPA and record the participants’ feedback during the seminar.



The seminar was well attended by physiotherapists from the NGO and Government sectors

## “樂健在社區” 啟動禮

**Date** : 7 December 2017  
**Venue** : Lively Elderly Day Training Centre, Wong Tai Sin  
**Physiotherapist** : Prof. Marco PANG

HKPA had provided support to the Christian Family Service Centre in their funding application for establishment of this community-based interdisciplinary rehabilitation service for post-stroke and post-fracture patients.



The Kick-off ceremony at the Lively Elderly Day Training Centre

## *The Hong Kong Polytechnic University (PolyU) 80th Anniversary Dinner*

**Date** : 7 December 2017  
**Venue** : Hong Kong Convention and Exhibition Centre  
**Physiotherapists** : Prof. Marco PANG, Ms. Priscilla POON

We were invited to attend the Dinner to celebrate the 80th Anniversary Dinner of PolyU. It was a wonderful evening with great performances.



Prof. Marco Pang and Ms. Priscilla Poon attended the event

## Management of Autistic Spectrum Disorders- Local Approaches

**Date** : 7 December 2017  
**Venue** : Physiotherapy Conference Room, Prince of Wales Hospital  
**Physiotherapists** : Ms. Flora LAW, Physiotherapist, SAHK  
Ms. Sheila YIP, Physiotherapist, Heep Hong Society

Children on the autism spectrum disorders often show problems in gross motor and balance skills and require physiotherapy intervention. In this evening workshop, Ms. Flora Law and Ms. Sheila Yip, who come from two major service providers for this group of children in Hong Kong, shared their local experiences. The speakers explained the local approach in their respective organization how they provide holistic management to these children. They both reminded us that physiotherapists are part of the intervention team and should work with other team members, either in a multi-disciplinary or trans-disciplinary approach.

It is a rare but precious opportunity to learn how physiotherapists are working locally and share their experiences and tips how to tackle these challenging children. The workshop was well-attended by both PSG and non-PSG members from different sectors in Hong Kong. In the post-workshop responses, the attendants agreed that they have a better understanding of the management approach for children with autism, and the knowledge and clinical experiences shared can be applied to their practice.



## Hong Kong Cancer Day 2017

**Date** : 10 December 2017  
**Venue** : Kowloon Park  
**Physiotherapists** : Prof. Marco PANG, Ms. Priscilla POON

HKPA was the supporting organization of this important event. The theme was "Be Active, Stay Healthy". The main message was that exercise plays an important role in cancer prevention.



Hong Kong Cancer Day 2017



Prof. Marco Pang at the Hong Kong Cancer Day 2017

## 最強生命線：腕管綜合症 (TVB Shooting)

**Date** : 12 December 2017 (Broadcasted on 22 January 2018)  
**Venue** : Private Clinic  
**Physiotherapist** : Mr. Gorman NGAI

The program was about the carpal tunnel symptom, which included different management approaches used by orthopaedic surgeons, physiotherapists and occupational therapists. The main part of my interview was demonstrating physiotherapy for carpal tunnel symptoms (e.g., exercises and electrical modalities).



## 最強生命線：妊娠 (TVB Shooting)

**Date** : 20 December 2017 (Broadcasted on 5 February 2018)  
**Venue** : PolyU Campus, HKPA Premise  
**Physiotherapist** : Ms. Regina LEUNG

The program is about the pregnancy related problems. The physiotherapy part focused on exercise prescription for pregnant women, precaution and contraindication for exercise in pregnancy, demonstration on the antenatal exercises.

## *The Federation of Medical Societies of Hong Kong (FMSHK) Annual Dinner 2017*

**Date** : 31 December 2017  
**Venue** : The Hong Kong Academy of Medicine Jockey Club Building  
**Physiotherapists** : Prof. Marco PANG, Dr. Shirley NGAI

As in previous years, as a member organization of the FMSHK, we were invited to attend the Annual Dinner of the Federation of Medical Societies of Hong Kong. It was a great evening to welcome the year of 2018!



Prof. Marco Pang and Dr. Shirley Ngai  
at the FMSHK Annual Dinner

## *Seminar on "Fall Prevention Post-stroke: Assessment and Intervention"*

**Date** : 10 January 2018  
**Venue** : Jockey Club Academy for Community Rehabilitation, Aberdeen  
**Physiotherapist** : Prof. Marco PANG

This was the second seminar of the series that aim to reach out to physiotherapist working in NGO. This event particularly targeted physiotherapists working in Tung Wah Group of Hospitals (TWGHs). About 40 physiotherapists attended the event. Thanks to Mr. Harry Lee and Dr. Ivan Su for helping me to promote HKPA and record the participants' feedback during the seminar.



Mr. Harry Lee and Prof. Marco Pang



Prof. Marco Pang, Dr. Ivan Su and physiotherapists in TWGHs

## TVB Interview 《升學無疆界》

**Date** : 15, 27-29 January 2018  
**Venue** : PolyU Campus, HKPA Premises  
**Physiotherapists** : Prof. Marco PANG, Mr. Charles LAI, Mr. Eric LI

The captioned program aimed to provide information on entry-level physiotherapy education and licensing. Prof. Pang provided some basic information of the BSc (Hons) in Physiotherapy program at PolyU and also his perspective on studying physiotherapy in Canada. Mr. Charles Lai talked about the qualifications required to practice physiotherapy in Hong Kong, and the procedures involved in acquiring the practicing certificate. Mr. Eric Li shared his experiences in studying physiotherapy in Australia. The program is scheduled to be broadcasted in mid-March.



Prof. Marco Pang being interviewed by a TVB journalist



Mr. Lai being interviewed by a TVB journalist



Mr. Li being filmed by a TVB crew

## Presentation on Promotion of HKPA to PT Students

**Date** : 15-22 January 2018  
**Venue** : PolyU campus  
**Physiotherapist** : Prof. Marco PANG

In an attempt to recruit more student members, Prof. Pang did several presentations to promote HKPA among BSc (Hons) PT and MPT students. Thanks to Dr. Arnold Wong, Dr. Billy So, Dr. Shirley Ngai and Mr. Alexander Woo for their assistance and support.



Prof. Pang promoting HKPA to physiotherapy students

## Exercise Is Medicine (EIM) Asia Regional Meeting

**Date** : 19 January 2018  
**Venue** : The Chinese University of Hong Kong  
**Physiotherapists** : Prof. Marco PANG, Mr. Ecycle WONG

Prof. Marco Pang and Mr. Ecycle Wong, as representatives of HKPA, a member of the Advisory Board of EIM Hong Kong, attended the Opening Ceremony of the EIM Asia Regional Meeting.



Prof. Marco Pang and Mr. Ecycle Wong at the EIM Asia Regional Meeting

## Golden Age Expo & Summit 2018

**Date** : 26-28 January 2018  
**Venue** : Hong Kong Convention and Exhibition Centre  
**Physiotherapist** : Dr. Ivan SU

The event was organized by the Golden Age Foundation with the vision of creating smart ageing cities in Asia. The summit brought together people from different global regions and disciplines to share experience on building age-friendly smart cities and on helping the golden age generation (people over 45 years old) to lead a fruitful, healthy, and quality lifestyle through public-private collaborations.

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Diploma Course in Modern Acupuncture 2018 現代針灸學文憑課程 2018



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.<sup>1</sup>

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。

第一單元: 22/9/2018 - 10/11/2018

(共 40 學時理論 逢星期六 2pm-7pm)

- 神經解剖學和神經生理學、肌肉學
- 針刺鎮痛機制

第二單元: 17/11/2018 - 12/1/2019

(共 40 學時理論及實習 逢星期六 2pm-7pm 29/12/2018 停課一天)

- 穴位準確定位法
- 針刺手法技術、電針刺理論

第三單元: 19/1/19 - 18/5/19

(共 80 學時理論及實習 逢星期六 2pm-7pm 9/2/2019 停課一天)

- 解剖學及板機點針刺手段
- 人體五環解剖概論
- 筋膜針刺手段
- 脊髓節段性針刺手段深入剖析
- 針刺與手法綜合治療<sup>2</sup>
- 周圍神經卡壓症之 Acuo-Manual Therapy<sup>3</sup>

第四單元: 25/5/19 - 13/7/2019

(共 40 學時 逢星期六或星期日下午 2 時至 7 時)

- 臨床實習 (在香港進行)

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名額: 40 人

CPD points: Pending

對象: 對現代針灸學有興趣之人士

上課地點: 香港灣仔軒尼詩道 302-308 號集成中心十五樓 1512 室

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1. Chinese Medicine Ordinance, The Laws of Hong Kong, Cap 549, Sect 108 (3) (b) (iii), 2003. 2. 包括四肢及脊椎整復手法
3 Acuo-Manual Therapy : Specific Acupuncture Points with Specific Manual Techniques to treat Specific Musculoskeletal Problems



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

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**30 May 2018 (Part time)**  
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