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Editorial

Physiotherapy in Mental Health Care

Mr. Maurice HON and Mr. Louis TSOI

When it comes to mental health care, many probably think of intervention through medication. However, physiotherapy in mental health care is a recognized subgroup within the WCPT. Physiotherapists can offer an extensive range of therapies such as exercise, relaxation techniques and body and movement awareness to help with symptom relief, quality of life improvement and improving self-confidence.

In this issue, Dr. Brent E, HORNER, clinical psychologist, highlighted how boredom might affect mental health. Then, coming back to physiotherapy interventions in mental health care, Dr. Amanda Lundvik shared the evidence regarding the effects of different physiotherapy approaches. Finally, in the third main article, Ms. Fiona TANG re-evaluated the biomedical model and the shift towards a biopsychosocial model and how that could shape our treatment approach as physiotherapists.

In the NGO Corner, Mr. Max CHAN shared new insight regarding the physical fitness of patients with intellectual disabilities. Additionally, an interview of Dr. Herman LAU is included in the People's Corner.

CPD News

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How Boredom May Affect Mental Health

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Patients who undergo lengthy rehabilitations are typically told to expect challenges and setbacks. They may even receive mental health reminders such as the importance of keeping a positive attitude and reaching out for social support. I wonder how many are advised to beware of boredom.

Boredom affects us all in specific situations or certain times in life, and research on the topic has increased steadily in the past decade^[1]. A range of studies over the past half century has connected the tendency to experience boredom with a wide array of mental health challenges, such as depression and anxiety, and even difficulties related to physical health and well-being^[2]. In short, the study of what occurs when we feel uninterested has some very interesting implications for mental health researchers and practitioners alike.

Looking back through history, some of the world's most prominent thinkers have warned against the potential harms of boredom's precursor, idleness. The advice from the Greek philosopher Plato was to, "Prefer diligence before idleness, unless you esteem rust above brightness"^[3]. Likewise, Aristotle saw idleness as a vice^[4], and Confucius warned against the injurious effects of "finding pleasure in idle gadding about"^[5]. The Christian proverb perhaps says it best, "The Devil finds work for idle hands"^[6].

Although ancient wisdom often equated idleness with laziness, the Danish philosopher Kierkegaard^[7] made an important distinction between idleness and boredom. He pointed out that idleness is fundamentally a neutral condition upon which an individual may project vice or virtue. Kierkegaard defined idleness as a state of stillness, by which he meant inactivity as purposeful rest or mindful self-reflection as opposed to meaningless sloth or apathy without direction.

Certainly, it would be unfair to label patients recovering from illness or injury as lazy or apathetic in their idleness. On the contrary, their idleness is imposed by a temporary condition as they regain health, and this idle time often occurs under the advice of a doctor or physiotherapist to "rest up and take it easy" (the very picture of Kierkegaard's "purposeful rest"). Yet, time spent away from work or

normal routines, or weeks spent isolated or bedridden while on the mend, could lead some patients to experience the distress and discomfort of boredom that may then put them at risk for a variety of psychosocial problems.

Contemporary researchers have validated the age-old postulates mentioned above on the adverse effects of boredom. Psychologists and neuroscientists have linked boredom with a worrying variety of mental disorders and dysfunctional behaviors, including depression^[8], anxiety^[9], eating disorders^[10], substance abuse^[11], and problem gambling^[12]. If getting bored is so potentially unhealthy for us, it's important to pause and define what we mean by this experience.

Martin, Sadlo, and Stew^[13] defined boredom as an individual's subjective impression that he or she has nothing meaningful to do at the moment and that time is passing slowly; this perception of idleness is associated with feelings of dissatisfaction, despondency, annoyance, and a feeling of being trapped.

When an individual experiences boredom as a result of external factors, such as being stuck in a long queue at the bank, or dozing off during a dry lecture, or watching the hours tick by while working at an uninspiring job^[14], researchers have referred to a term called state boredom. This relatively common human experience may elicit uncomfortable emotional reactions such as annoyance or impatience to a temporary situation that is perceived as monotonous or containing an overload of information. Although the experience of state boredom might conceivably contribute to mental un-wellness, the temporary nature of the experience that typifies state boredom is less likely to pose challenges to an individual's ability to regulate mood in the long-term or to develop serious pathology on its own.

Another branch of boredom research has explored how certain individuals appear to suffer from a more-than-normal tendency for boredom. This experience has become known as trait boredom. As in trait theories of personality, this area of research attempts to examine whether boredom is a predictable predisposition for some individuals^[15]. The

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basic theory is that some people may be prone to boredom because of some internal trait-like incapacity to entertain themselves or to draw sufficient stimulation from external situations that others would typically find arousing.

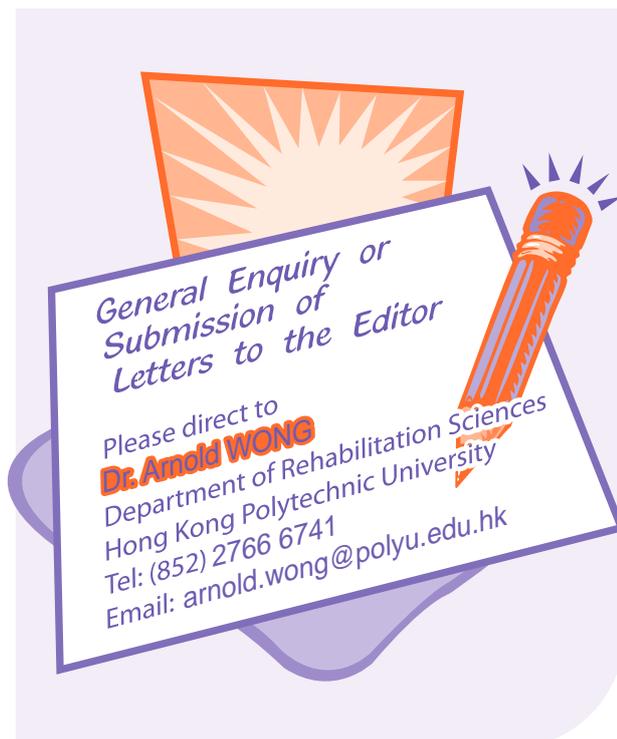
Depending on the length and prognosis for an individual in rehabilitation, concerns over boredom could be limited to the relatively temporary and surmountable discomforts of state boredom. However, should an individual fall into the category of someone with a proneness for boredom, he or she could be at risk for serious mental health consequences. One notable longitudinal study has even lent credence to the phrase "bored to death", indicating that individuals who reported experiencing boredom more often had a greater likelihood to die at a younger age than those who reported feeling bored less often^[16].

So, can anything be done for patients with a proneness for boredom? A 2010 study in Belgium^[17] explored how patients at mental institutions might be encouraged to counteract boredom by occupying their time in more structured, meaningful, and enjoyable ways. The researchers found that in large mental rehabilitation centers, boredom could be decreased by offering clients a wider range of more routine activities to perform, whereas in small centers, patients benefited by emphasizing the intrinsic value of activities and by providing more opportunities for communication about the activities performed.

Thus, these two contrasting approaches appear to counter the basic hallmarks of trait boredom: scheduling routine activities may help to thwart the internal inability to entertain oneself, while highlighting intrinsic values may help patients gain greater stimulation from everyday situations. Helping patients to become aware of the risks of boredom and learn how to combat its potential impacts through structured and meaningful activity could improve recovery outcomes for both body and mind.

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Evidence for Physiotherapy interventions in Mental Healthcare

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Physiotherapy in Mental Healthcare is developing rapidly. Since 2011 this specialization within Physiotherapy has been a sub-group in the World Confederation of Physical Therapy (WCPT). The standards of practice are focused in many of the countries where mental Health Physiotherapy are developing. The general standard for good practice in medicine have been called Evidence-based Practice (EBP).

Let's start with define the concept of Evidence-based Practice.

Evidence-based Practice (EBP in Medicine) is traditionally defined in terms of a "three legged stool" integrating three basic principles: (1) the best available research evidence bearing on whether and why a treatment works, (2) clinical expertise (clinical judgment and experience) to rapidly identify each patient's unique health state and diagnosis, their individual risks and benefits of potential interventions, and (3) client preferences and values (Spring 2007, Lilienfeld et. al. 2013).

The World Confederation for Physical Therapy (European region) has defined EBP as "a commitment to use the best available evidence to inform decision-making about the care of individuals that involves integrating physiotherapist practitioners and individual professional judgement with evidence gained through systematic research." This definition is based on Sackett and colleagues' definition of evidence-based medicine (EBM), published in 1996.

The aim of this article is to highlight the evidence gained through systematic research in a few of the diagnostic fields where Physiotherapists in Mental Health are actively working. What is the best research evidence for Physiotherapy interventions in patients with severe mental illness (schizophrenia), affective disorders (depression and anxiety) and PTSD?

Severe mental illness (Schizophrenia and Schizophrenia spectrum disorders)

Numerous physical therapy interventions are potentially effective in improving physical and mental health and



health-related quality of life. The techniques most commonly used in daily clinical practice are aerobic and strength exercises, relaxation training, and basic body awareness exercises. (Probst et. al 2000, Skjaerven et. al 2010). Research also points to the importance of activating the patients' self-determination. Self-determined types of motivation can be promoted in environments that support the need of the service users autonomy, competence and relatedness (Sharpe et. al 2006).

Aerobic Exercise (AE)

A meta-study of three randomized, controlled trials have been analysed. The results indicated that regular exercise programs are possible in this population and that they can have healthful effects on both the physical and mental health and well being of individuals with schizophrenia. Larger randomized studies are required before any definitive conclusions can be drawn (Gorcynsky & Falkner 2010). Other researcher also have identified positive effects of AE for this patient group (Vancampfort et. al 2009)

Yoga

A randomized, controlled study examined the efficacy of yoga therapy as an add-on treatment to the ongoing antipsychotic treatment for patients with Schizophrenia, The yoga group were compared to a group receiving Physical exercise. The Yoga group had significantly less psychopathology than those in the exercise group at the end of 4 months. They also had significantly greater social and occupational functioning and quality of life (Duraiswamy 2007).

(Continued on Page 5)

Relaxation training

Relaxation training have been found to reduce anxiety for patients with acute schizophrenia (Chen et. al 2009). Already in the 1980-s relaxation was a treatment for this group of patients. Hawkins et. al (1980) have studied the effectiveness of relaxation and biofeedback training for persons with schizophrenia, they found anxiety reduction in hospitalized schizophrenia subjects through thermal biofeedback and relaxation training. The positive effects of EMG have later also been described by Pharr (Pharr et. al 1989) Also other researchers have identified positive effects on anxiety and well-being of relaxation-therapy in persons with schizophrenia (Vancampfort et. al 2011).

Basic Body Awareness Therapy (BBAT).

A randomized study using body awareness therapy were performed by Roxendal (Roxendal 1985). The treatment group improved significantly in the Movement factor, Body image factor Anxiety factor and the Gaze and sexuality factor. Qualitative studies have later strengthen the patients positive experiences of the method (Gyllensten et. al 2003 and Hedlund & Gyllensten 2010). Main experiences identified were categorized into the groups: affect regulation, body awareness and self-esteem, effects described in a social context and effects on the ability to think. These areas should be targeted in future randomized and controlled studies.

Walking

Higher levels of physical activity participation in persons with schizophrenia have been found by walking. The association between walking and autonomous self-determination was strongest according to the researchers. This led them to identify walking as an important stepping-stone to more intense physical activity. Walking has been identified as an effective intervention by other researchers as well (Sharpe et. al 2006).

Affective disorders and anxiety syndromes

Aerobic exercise (AE)

The effectiveness of AE on depression has been studied in a recent meta-study across 11 eligible trials (13 comparisons) involving 455 patients. AE was delivered on average for 45 min, at moderate intensity, three times/week, for 9.2 weeks and showed a significantly large overall antidepressant effect. Subgroup analyses revealed comparable effects for AE across various settings and delivery formats, and in both outpatients and inpatients regardless symptom severity. Notwithstanding the small number of trials reviewed, AE emerged as an effective antidepressant intervention (Morres et. al 2018).

Basic Body Awareness Therapy (BBAT)

The effectiveness of BBAT have been studied in two randomized controlled trials (Gyllensten et al 2003, Gyllensten et. al 2009, Danielsson et al. 2014). In the follow -up after one year the effects in the BBAT group, but not in the control group, revealed improved movement function, attitude to the body and movements and self-efficacy to be sustained and also including an effect on less use of social insurance and the psychiatric health care system (Gyllensten et al 2009). In the study by Danielsson et. al. (2014), Aerobic Exercise in a physical therapy setting seemed to have effect on depression severity and fitness, in major depression. BBAT had an effect on self-rated depression. More research on the effects of BBAT is needed.

Post traumatic stress disorders (PTSD)

There are several ongoing studies in this area, but published studies are scarce. However some studies exists. They reveal Mental Health Physiotherapy to be valuable for persons with PTSD.

Basic Body Awareness Therapy (BBAT) have been studied for persons with trauma in a longitudinal study. The results revealed significant improvements in both quality of movements and movement function, body experiences, and symptoms after 12 times of treatment with BBAT which were sustained at the follow -up after one year. Pain in both stillness and during movement had also decreased. The verbal ability to describe and express body experiences was poor at the start of treatment but became more detailed after treatment and even more so at follow-up. The authors suggest that BBAT in addition to treatment as usual can be a viable Physiotherapeutic treatment for patients with PTSD. More research is needed (Blaauwendraat et. al 2017). The experience of BBAT and the ability to transfer the movements into daily life have focused the patients experiences of the method (Madsen et al 2015).

Discussion and Conclusion

There are some research evidence for the effectiveness and efficacy of Physiotherapy interventions in Mental Healthcare within the areas studied, which is one of the important aspects of Evidence-Based Practice. The studies are however few and more research is needed. The studies also points to the importance of establishing a good relationship and alliance between the Physiotherapist and the patient as a basis for any intervention.

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The Biopsychosocial Perspective of Physiotherapy in Mental Health Care

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Paradigm Shift in Health Care Model

Historically, medical care is based on a paradigm known as a biomedical model in which pharmacology and technology often guides clinical care. However, a biomedical perspective is progressively shown to be insufficient in mental health care and a holistic approach to care was developed (Leplege et al, 2007). Specifically, it is believed that the therapeutic process and outcomes are integrated with and reflected by biological, psychological and social influence (Jones et al, 2002). The relevance of the biopsychosocial model and of having a biopsychosocial perspective in physiotherapy is currently widely recognized and accustomed to mental health care.

In recent decades, mental health care and psychiatry have grown its priority for most policymakers worldwide. When mental health problem leads not solely to a personal functional impairment, it might involve work absenteeism or the inability to find employment; unproductivity has a great impact on social-economic burden (Vos, 2000). This emphasis on mental health has resulted in an increasing amount of scientific and non-scientific literature focused on physical activity, exercises, movement-related training, body and self-awareness and well-being for individuals with mental health problems (Vancampfort, 2011; Danielsson, 2015; Strohle, 2009).

As physiotherapists working according to a biopsychosocial model, there is an accent on the interplay between the therapist's professional knowledge, clinical intervention and the patient's psychological mindset. It is to consider patient's psychological underline, social-role, opportunity to control and active participation in a physiotherapy treatment as well as a motivational factor in empowerment.

The Chartered Society of Physiotherapy and Chartered Physiotherapists in Mental Health (2008), proclaimed a framework for the role of physiotherapy in mental health and wellness. The physiotherapist, as a member of the multidisciplinary team, can demonstrate the advantages in harnessing the links between mind and body. The process involves patients' physical and psychological interaction. As the 'physical expert', the physiotherapist has a key role in enabling physical activity for health promotion, disease prevention and relapse, and makes a significant contribution in the delivery of lifestyle, pain management and wellbeing programs.

This article is aimed at addressing the biopsychosocial perspective of physiotherapy with highlights on the aspects of exercise prescription and pain management.

Exercise Prescription for Patient with Severe Mental Illness

Exercise is well-evidenced as an important component in improving quality of life and symptom management for people with a wide range of mental health problems. The relationship between mental health and physical activities is supported by a growing number of articles concerning the value of physical activity in mental health and psychiatric rehabilitation (Vancampfort et al, 2012 b; Gyllensten, 2003). Nowadays, a growing number of local psychiatrists become convinced that exercise therapy by physiotherapists had contributed added benefit in mental health recovery (Stubb, 2014). Physiotherapists are specialized in human movement and exercise prescription for high-risk patients; this makes us ideal for delivering exercise therapy in people with Severe Mental Illness.

People with Severe Mental Illness are presented with a sedentary lifestyle, with a poor insight on health and social withdrawal (Ussher et al, 2007). The evidence is shown that an early physical activity engagement can demote the sedative effect of antipsychotics. Further to this, long-term exercise habit development can control and prevent obesity and metabolic disease.

During the process, physiotherapists adopt the transtheoretical model in screening for patients' readiness (Diagram 1). This model postulates that health behaviour change involves progress through six stages of change: pre-contemplation, contemplation, preparation, action, maintenance, and termination (Prochaska & Velicer, 1997). With the understanding of the disease and its related behaviour of this group, patients are well assessed, advised and assisted to engage in physical activities and exercise habit as early as possible.

Indeed, patients at different phase have present with different level of supporting factors and barriers to engaging in exercise training. The stage of change construct of this model can facilitate intervention tailoring by matching specific treatment strategies to individuals' motivation. Clinically, assessing motivation and readiness to change for patients with withdrawal feature is a key to success for weight management program (Diagram 2).

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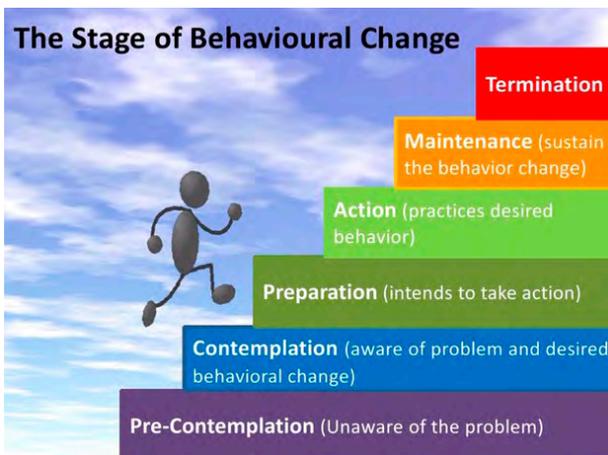


Diagram 1: The Stages of Behavioral Change

思考一下: 我夠健康嗎?

運動習慣問卷

1/ 過去半年, 我平均每週做了多少天運動? 2 天

2/ 過去半年, 我平均每次運動多少時間? 20 分鐘

3/ 我認為自己運動量足夠嗎? 足夠 不足夠 不知道

4/ 我打算再運動多一點嗎? 想 不想 不知道

自我身體形象評估 (請圈出)

我快樂嗎? (請圈出)

一般來說, 我認為自己

1 2 3 4 5 6 7

是一個很不快樂的人 是一個很快樂的人

我的體能重塑計劃: WTT

- 我會關注自己的體能健康
- 我會保持適量運動
- 我會留意飲食, 改善身形
- 我會抱著一顆快樂的心

Diagram 2: Pre-exercise questionnaire by a patient with schizophrenia

Pain Management for Patients with Mood Disorders

Patients with mood disorders, predominantly depression, anxiety or mixed types, commonly presented with persistent musculoskeletal pain as a complex process; where biological, emotional, cognitive and social factors interact. In addition to the biological origin of a pain presentation, certain psychological factors to be considered, such as patients' responsibility, compliance to rehabilitation, motivational factors to recovery, self-awareness, self-efficacy and expectation, etc. (Nielson & Weir, 2001; Olsson 2001). For an instance, Psychomotor physiotherapy is well developed in Norway, which is based upon knowledge of the interactions and mutual relationships among biological, physical and psychological and social aspects in human beings. The pain symptoms are seen in the context of a body as a whole and the bodily function and dysfunction relative to the patient's life experience.

In Chinese society, a traditional cultural belief such as Taoism, Confucianism and Buddhism are crucial in stress and pain-coping behaviour (Yip, 2004; Wong et al, 2001). It has a strong impact on the mental health of the Chinese population. There is a belief in external authority instead of self-efficacy are observed in help-seeking behaviour. Hence, patients are usually expected the therapist to "teach" or "tell" them how to cope with pain, with a sense of helplessness. A good therapeutic process starts with patient and physiotherapist relationship, which foster patient's participation in treatment plan and outcomes.

In addition, the use of cognitive behavioural principles in rehabilitation has shown to reduce pain and improve social and physical function (Gatchel & Rollings, 2008) and working ability (Foster et al, 2009). Patients are encouraged to participate actively in the rehabilitation process, such as realistic goal setting, according to the patient's expectation and underlying belief. Pain coping strategies are tailored recommended by the physiotherapist and agreed with patients in order to sustain positive pain-coping behaviour (Diagram 3).

Moreover, Chinese are seldom to describe the body or the movement. They seldom express their emotion verbally rather than reflected their disharmony in thought or mind by bodily complaint subconsciously. Suppressed emotion is more dominant in the Chinese population than in the Western population (Parker, 2005). Whereas the introduction of body-oriented work, such as Basic Body awareness Therapy (BBAT) addresses the interconnectedness of body and mind by exploring body movements with postural awareness, breathing and movement flow (Skjærven, 2013)(Diagram 4). It is certainly an important concept for the Chinese population by alerting the consecutiveness between body and mind. The effectiveness and popularity of newly introduced BBAT are under further exploration.

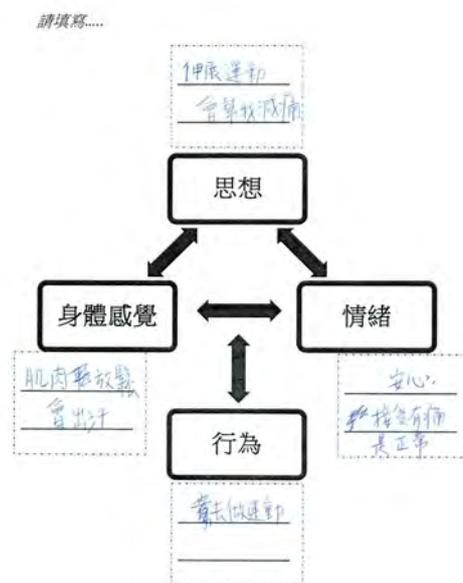


Diagram 3: Cognitive Behavioural Self-reflection Sheet by a patient with anxiety disorder

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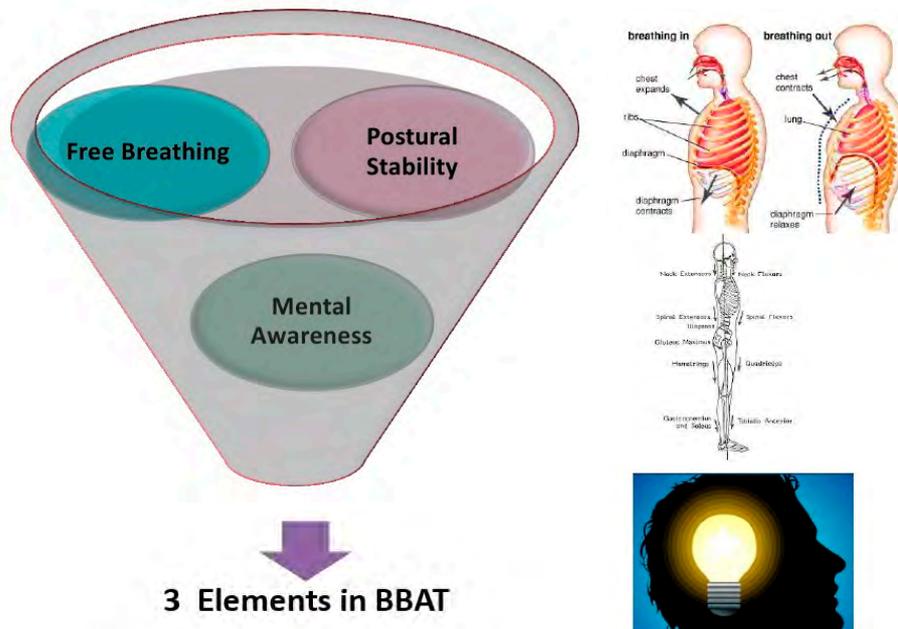


Diagram 4: Core elements in Basic Body Awareness Therapy

Looking Ahead

Over the past decades, physiotherapy in mental health care has evolved based on evidence to include a wide range of intervention for both individual and group physio-therapeutic approach. With the influence and enrichment of evidence-based practice from the Western countries; the therapeutic elements, process and the focus on the psychological outcomes arose attention in physiotherapy for mental health care.

Concerning the unique role, training background, working experience, position within the multi-disciplinary team and possibility to act as a bridge between the physical and the mental aspects, physiotherapists are ideally placed to promote the physical and mental well-being of people with mental health needs. In conclusion, it is important as physiotherapists to recruit biopsychological perspective as a therapeutic element in further development in mental health care.

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Physical Fitness Level of People with Intellectual Disabilities in Sheltered Workshop cum Hostel for Moderately Mentally Handicapped Persons

Mr. Max, Yu Kai CHAN

Physiotherapist I, Caritas Rehabilitation Service

As a result of advanced healthcare, life expectancy of people with intellectual disabilities (PID) is increasing and the presence of early aging in PID is under overwhelming debates. Early aging of PID, in terms of increased nursing care needs and numbers of long term diseases, was suggested to be started in 30-39 years old in Hong Kong^[1]. Hilgenkamp et al. revealed that the physical fitness level of PID in 50-59 years old was worse than the older adults in the general population who were 20-30 years older in Netherland^[2]. The low physical fitness level was believed to be associated with early sarcopenia and subsequent frailty in PID at age 50-59^[3].

In order to have a better understanding on the physical fitness level of the service users aged 40-59, a set of physical fitness assessment was carried out from June to September 2017. 47 PID (30 males and 17 females) from two sheltered workshops cum hostels for moderately mentally handicapped persons participated in this

assessment. The assessment included (1) Maximal and Average Hand Grip Strength Measurement (HGS), (2) 30s Chair Stand Test (30 CS), (3) Back Scratch Test (BS), and (4) Chair Sit and Reach Test (CSR). These tests were selected on the basis of two large-scale physical fitness surveys done for the general populations in mainland China, Hong Kong and one for the elderly in Taiwan.

HGS is usually adopted to determine upper limbs muscle strength and the maximum HGS of PID is listed in Table 1. With reference to the “國民體質監測工作方案” done by the General Administration of Sport in 2014, the maximal HGS was measured as the maximum HGS produced with either left or right hand^[4]. Figure 1 and 2 show that when comparing the mean maximum HGS of male and female PID with that of the general population in mainland China, PID in all age groups have obviously lower maximum HGS than that of the general population in the same age group^[5].

| Age (years) | 40-44 | | 45-49 | | 50-54 | | 55-59 | |
|------------------|-------|--------|-------|--------|-------|--------|-------|--------|
| Gender | Male | Female | Male | Female | Male | Female | Male | Female |
| Maximum HGS (kg) | 20.36 | 16.08 | 20.25 | 16.83 | 19.77 | 14.40 | 24.50 | 15.00 |

Table 1. Mean value of Maximum HGS of male and female in different age groups.

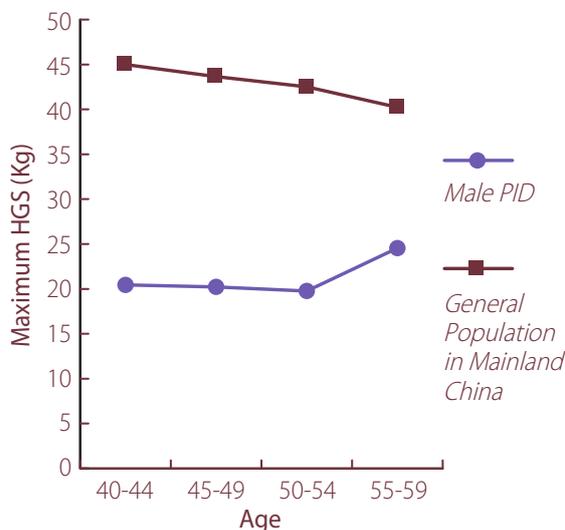


Fig. 1

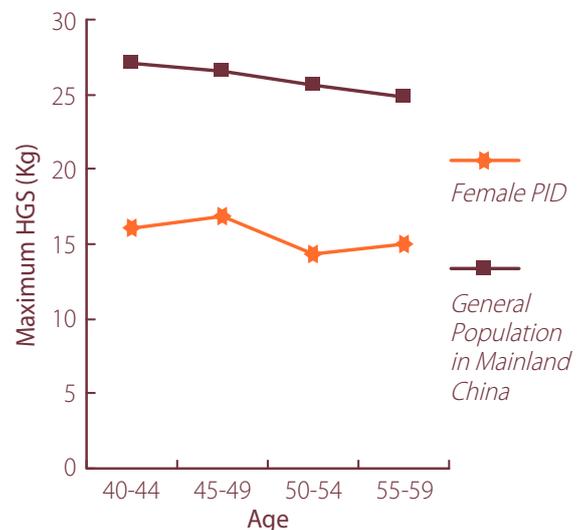


Fig. 2

Fig. 1 and 2. Mean value of maximum HGS in male and female PID and the general population in mainland China.

(Continued on Page 11)

With reference to the Physical Fitness Test for the Community organized by the Leisure and Cultural Services Department in 2012, average HGS was measured as the sum of the mean HGS of both hands in three trials^[6]. The mean value of average HGS of PID is presented in Table 2. When comparing the mean of average HGS of male and female PID with that of the general population in Hong Kong, clearly lower strength in PID than that of the general population in the same age group (40-59) and also the senior group (60-69) can be observed. This situation is much more prominent in male PID than in female PID. (Fig. 3)

| Age (years) | 40-59 | |
|------------------|-------|--------|
| Gender | Male | Female |
| Maximum HGS (kg) | 33.58 | 29.38 |

Table 2. Mean value of Average Hand Grip Strength of male and female PID

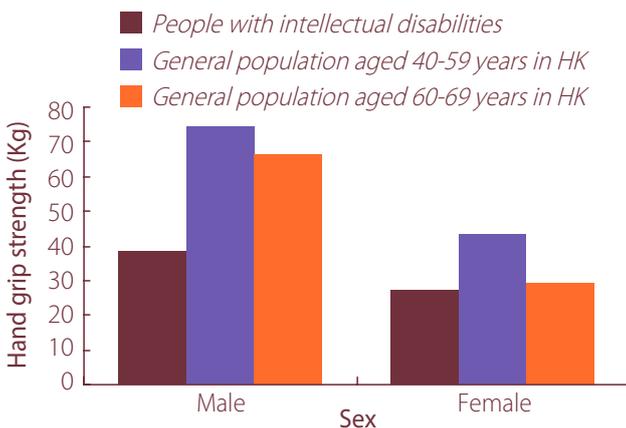


Fig. 3. Mean value of average HGS in PID and the general population of different age groups.

Refer to “臺灣年長者功能性體適能現況評估研究結果報告書” done by the Ministry of Education of Taiwan in 2015, 30CS, BS and CSR were used to reflect subject’s lower limbs muscle strength and endurance, upper limbs flexibility and lower limbs flexibility respectively^[7]. The mean value of the above tests of 65-69 elderly in Taiwan and 40-59 PID are listed in the table below:

| Gender | Subject Type | Age (years) | 30CS (times) | BS (cm) | CSR (cm) |
|--------|--|-------------|--------------|------------|------------|
| Male | Taiwan Elderly | 65-69 | 17.6 | -8.75 | 2.03 |
| | people with intellectual disabilities" | 40-44 | 13.0 (↓) | -9.77 (↓) | -7.82 (↓) |
| | | 45-49 | 14.8 (↓) | 0.5 | -8.92 (↓) |
| | | 50-54 | 10.1 (↓) | -12.77 (↓) | -13.55 (↓) |
| | | 55-59 | 12.0 (↓) | -3.00 | -17.50 (↓) |
| Female | Taiwan Elderly | 65-69 | 16.3 | -2.92 | 6.58 |
| | people with intellectual disabilities | 40-44 | 11.8 (↓) | -13.25 (↓) | 1.13 (↓) |
| | | 45-49 | 15.3 (↓) | -10.67 (↓) | -12.00 (↓) |
| | | 50-54 | 10.2 (↓) | -6.80 (↓) | -12.00 (↓) |
| | | 55-59 | 12.0 (↓) | 0.5 | -11.33 (↓) |

(↓) indicates a lower performance of PID in the test comparing with 65-69 years old Taiwan elderly.

Using the performance of 65-69 years old Taiwan elderly in these tests as a benchmark, it is noticed that male PID may have poor lower limbs strength and endurance and lower limbs flexibility in all age groups than the male elderly. For the female PID, in general, they may have poor lower limbs strength and endurance, upper limbs flexibility and lower limbs flexibility in all age groups than the female elderly.

Through the comparison of result of various fitness tests of general population in Mainland China, Hong Kong and Taiwan, an apparently lower physical fitness level of PID in 40-59 years old is detected. Extensive and regular assessment concerning the physical fitness level of PID, however, is deficient in Hong Kong. For better policy and program planning concerning the enhancement of physical fitness level of PID in 40-59 years old and younger, further comprehensive assessment on fitness level of PID is highly advocated.

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Dr. Herman LAU Interview

Interviewee : Dr Herman LAU
Hospital Chief Executive
Bradbury Hospice, Cheshire Home, Shatin & Shatin Hospital

Interviewers : Mr Arthur SUEN and Mr Ryan WONG
(Physiotherapy Year 2 Students)

Date : 9 July, 2018

Venue : Hospital Chief Executive Office, Shatin Hospital

Q1.

Thank you for taking your time to meet us. Instead of working as a frontline physiotherapist (PT), you choose to develop your expertise in healthcare management. What inspired you to make this decision and transition?

A1.

A frontline physiotherapist (PT) can treat a small number of patients every day while a Hospital Chief Executive (HCE) can contribute to enhance the effectiveness of the healthcare system to benefit many more patients. As a HCE with physiotherapist background and my past experience working with colleagues of other allied health (AH) departments, I can also help streamline not only the workflow of PT Department but also the other various AH departments to improve work efficiency and collaboration between AH departments with the aim to provide quality service to our patients. I am glad to see that the AH team is working in harmony in the New Territories East Cluster (NTEC).

Q2.

You have facilitated the extension of allied health service to the accident & emergency (A&E) department in the NTE Cluster. Why and how did you achieve that?

A2.

Facing the problem of ageing population in Hong Kong, it is necessary to change our service model in order to meet the increasing service demand from patients in the age group of 65 and above. Allied health services have been extended to the Accident & Emergency Departments (AEDs) in hospitals in NTEC where patients can receive prompt treatment from AH professionals, this will certainly reduce patients' need for hospitalization and furthermore reduce frail and vulnerable elderly patients' risk of contracting infection during their hospitalization.

Recently, another program has been implemented in NTEC to provide 365-day physiotherapy and occupational therapy services for patients with stroke and hip fracture. It is unacceptable for a newly-admitted stroke patient to develop contracture and chest infection solely due to the lack of physiotherapy/occupational therapy service during Sundays and public holidays, therefore we initiated this novel patient-centered care service to fill the service gap. Preliminary results suggested that patients with hip fracture regain functional independency earlier. This program is well



accepted by our PT and OT colleagues as each PT or OT only needs to work for 4-5 Sundays/public holidays per year. Appreciate our AH colleagues for walking extra-miles to provide quality patient-centered care service to our patients.

Q3.

While you are the first PT in Hong Kong to serve as a HCE, do you have any challenges or advantages in your daily work?

A3.

Colleagues at HA play different roles in a team. As a HCE, I am mainly responsible for the hospital management, while the Chiefs of Services are responsible for clinical services. I am managing 3 hospitals, namely Bradbury Hospice, Cheshire Home, Shatin and Shatin Hospital with more than a thousand of healthcare staff, I usually leave the clinical decisions to the Chiefs of Services. Working with all different disciplines in the hospitals is not a challenge to me.

The real challenge lies in the management, e.g. allocation of resources. I believe in fair and transparent, "Justice must not only be done; but it must be seen to be done". I always ask AH colleagues to join discussion on resource allocation to their respective departments/services. Through discussion, we will know the real needs of different AH services and work out a fair allocation which can fully utilize the resources available to achieve our service goals. No favouritism will be given to PT service even in allocation of resources as there is no bearing on my PT background, my principle is "fairness".

Q4.

What kind of advice would you give junior PTs who would like to follow your path?

(Continued on Page 13)

A4.

Firstly, you should not be afraid of taking up additional responsibilities. Think positively when your seniors assign extra works which are not relevant to your clinical duties, accept willingly instead of thinking it as a punishment. Always bear in mind that if you do more you will certainly learn more to better equip yourself to further your career path. Secondly, try to put yourself in other's shoes, you will understand the reasons why your seniors made various decisions. For example, some colleagues questioned the objectives of the 365-day OT and PT services program, this revealed that they might not be patient-centered care professionals and they did not realize that this program might create more promotion opportunities for them. Thirdly, you have to make timely management decision. When colleagues provide you with some facts, you will have to identify the source of the problem and find ways to solve it promptly. You need to accumulate lots of experience to attain this ability. Finally, you need to have a caring heart for others. An administrator must treat colleagues with sincerity. "We treat diseases with medicine; we treat people with heart". Therefore, I will state clearly my rationales to all the Chiefs of Services in my discussion with them and eventually come up with the various decisions which are supported by strong justifications.

Q5.

As an alumnus and the Professor of Practice in RS department, what kind of changes have you witnessed in our current PT students and PT program as compared to 10 or 20 years ago?

A5.

When I was a freshman in 1981, there were only 30 students in my class, we were very close. The number of students now is over 100 per year. It may be more difficult to know each other well. There are highs and lows in our lives, we need friends to support one another. Therefore, it is necessary to develop your interpersonal skills for better relationship with others no matter in school or at work.

In the past, the variety of PT courses is less but now it is very extensive. When I was a student, I had opportunity to spend my Saturdays with some friends in an extended care hospital providing volunteer services to patients. I played archery with patients with spinal cord injury, through which I learned much about wheelchair mobility skills. Regardless of how busy you are, do not miss any opportunity to serve others to gain hands on experience. I think the key to do everything well is to commit yourself.

Q6.

What is your opinion towards direct access Physiotherapy services?

A6.

This topic has been heatedly debated for years. Australia, where I studied my postgraduate program, has implemented direct access PT services, whilst we still need doctors' referral in Hong Kong. Both measures have pros and cons. Not all PTs in Hong Kong unanimously support direct access because of liability. When we fight for direct access, we need to think whether our profession is ready (e.g. making differential diagnosis). A previous survey on this topic showed that many local PTs preferred doctors' examination prior to referring patients to PTs. Since some colleagues were trained from a diploma program, they may hesitate. The other concern is legitimacy. Our

present registration stipulates the prerequisites of doctors' referral. Promoting direct access requires amendment of the present regulations, which may face great resistance. That said, our profession should be prepared for direct access.

Q7.

You have been actively involving in the rehabilitation program for the injured in Sichuan since 2008. Within the 10-year time, has the rehabilitation services improved/been more emphasized in China? What other changes should be made in current medical system in China? How could PT in Hong Kong help?

A7.

Many victims in the earthquake suffered from fracture, amputation, spinal cord injury, etc. The rehabilitation services in China, especially Sichuan, was quite primitive back then. For instance, first aiders amputated pediatric patients without considering the shape of the stump, the prosthetic fitting, and children's bone growth. The children had to undergo revision surgery and prostheses fitting every 2-3 years. Some casualties were transported to Guangzhou for treatment as medical services were relatively better. As their conditions stabilized, we followed them back to Sichuan for follow-ups and to train the trainers. I went to Sichuan and Guangzhou dozens of times. I went there every weekend to serve, and used all my annual leaves to volunteer. It was very rewarding when I witnessed patients' recovery.

To date, China has many advanced medical equipment. Some of them may be better than Hong Kong. However, the standard of some PTs in China need more training and clinical exposure. Fortunately, HKPolyU has some training programs which can admit mainland students. This can uplift the PT standard in China in future.

Q8.

Given that several tertiary institutions have proposed to start PT teaching program in Hong Kong, what are your opinions on that?

A8.

I am quite open to this issue. While Tung Wah College will offer a PT program, it is unfair for me to judge the quality of their future graduates because Tung Wah College has not unveiled their syllabus. Besides, students scoring 30 marks or above in HKDSE do not mean that they are more capable than those with lower scores. The key point is whether PT students exhibit a caring heart, and commit to helping the needy. To me, increased supply of qualified PTs is beneficial regardless of their training institutions.

From my observation, OT students at Tung Wah College actively volunteered for various kinds of positions in the NTE cluster during summer. They aimed at learning and serving only. In short, we concern about students' performance in placements and interviews rather than their HKDSE results. Importantly, graduating from an undergraduate program is just the beginning of a lifelong learning journey. It is crucial to have the right attitude to acquire knowledge.

Key issue is to ensure the course is up to local standard. The graduates should also be able to register in Hong Kong. Our PT Board has a very good means to ensure the standard of registrants in Hong Kong. The ultimate goal is to provide quality patient-centered care to Hong Kong citizen.

Physiotherapist Convicted of Theft

Mr. Bronco BUT
Honorary Legal Advisor of HKPA

Assumed Scenario

Simon was a Part 1a registered physiotherapist and member of Hong Kong Physiotherapy Association. He has operated his own private physiotherapy clinic in Central for more than 10 years. Recently, his wife, Angela has petitioned for divorce and asked for sole custody of his son, Jonathan who was five years old as well as ancillary relief. Angela would like to ask for a Court order that she was entitled to have 50% share of Simon's assets.

Simon was a very devoted family man. He loved his son and wife deeply. He could not believe that his wife Angela has been secretly maintaining relationship with his best friend for a few years. He could not tolerate Angela trying to snatch his son, Jonathan and 50% share of his assets which he has worked very hard to accumulate.

In order to deal with the acrimonious divorce suit, Simon had to frequent his lawyer's office for meetings. On the one hand, he had to look after his patients who attended his physiotherapy clinic for treatment as well as taking care of his five year old son. On the other hand, he had to spend time and energy to handle the contentious divorce suit. He was under immense pressure, exhausted and could not sleep at night. He has developed depression and has sought medical consultation with a psychiatrist. He was prescribed with psychiatric medication.

On 3 December, he was scheduled to give evidence at the hearing of his divorce suit. During lunch break, he went to a nearby shop intending to buy an Apple iPad Mini. He was too absorbed in the court proceedings in the morning that he forgot to make payment and took the Apple iPad Mini without payment. He was stopped by the security guard and Police was called to the shop. He was arrested and was charged of the offence of theft.

Andy who was Simon's physiotherapy partner, regularly read Hong Kong Physiotherapy News Bulletin and was aware that a physiotherapist might be at risk of being subject to disciplinary proceedings if he was convicted of a criminal offence. Andy suggested Simon to seek legal advice.

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 1 of Part III of the Code of Practice

According to Section 1.1, any conviction in Hong Kong or elsewhere of any offence punishable with imprisonment will lead to subsequent disciplinary proceedings, irrespective of whether or not a prison term is imposed or not.

Discussion

It was Simon's case that he had no intention to steal the Apple iPad Mini. He was totally pre-occupied by the court proceedings in the morning and there was a slip in mind to make payment before leaving the shop.

Should that be Simon's defence, he should seriously consider to instruct his lawyer to fight the case. Otherwise, the Board might commence disciplinary proceedings against Simon if he pleaded guilty for sake of convenience or saving time.

Announcement



各香港物理治療學會會員：

謝謝對本會的支持。

溫馨提示大家，如 貴會的持證人到本會享用服務：

- (1) 本會服務只限友會持證人本人享用，並不包括其家屬；
- (2) 在本會享用福利服務時，友會持證人 必須出示有效證件。逾期或與提供給本會的樣本不相同的證件，恕本會未能提供服務。

敬請留意，謝謝。

香港教育專業人員協會



Talk on 20th Diabetes and Cardiovascular Risk factors - East Meets West Symposium Hong Kong Institute of Diabetes and Obesity, CUHK

Date : 29 September, 2018
Venue : Hong Kong Convention and Exhibition Centre
Physiotherapist : Ms. Joey CHENG

Exercise prescription for patients with Diabetes Mellitus is one of the main roles for physiotherapists working in a primary care setting. Legs cramping at night is a common symptom encountered by diabetic patients. HKPA CPSG executive committee member, Ms. Joey Cheng, delivered a talk with the topic “夜腿抽筋預防法” and provided tips of self- management for the diabetic patients.



HKPA 55th Anniversary Conference

Date : 6 October 2018
Venue : Eaton Hotel

The 55th Anniversary of the Hong Kong Physiotherapy Association (HKPA) Conference was successfully held in Eaton Hotel on 6 October 2018.

This year, it was our privilege to have Dr. Emma STOKES (WCPT President) as our keynote speaker. Additionally, Prof. Patrick YUNG, JP (Chairman of O&T department, CUHK), Prof. Alice JONES (Honorary Professor at the University of Sydney), and Prof. Jon ADAMS (Distinguished Professor at the University of Technology Sydney) were our guest speakers.

Other important delegates from WCPT Asian West Pacific (AWP) region included: Prof. Jau-Yih TSAUO (Taiwan PT Association President), Dr. Yu-Jung CHENG (Executive Board Member of Taiwan PT Association), Mr. Michael GABLO (Philippines PT Association President), Dr. Tetsuya TAKAHASHI (Executive Board member, Japan PT Association), Mr. Steve CHAN (Macau PT Association President) and Ms. Kit-Man AO (Executive Board member, Macau PT Association) attended the conference. Together with Prof. Marco PANG (HKPA President), they shared their membership profile and undergraduate education system in the AWP region.

The annual general meeting was held in the early morning prior to the 55th Anniversary Conference. Over 150 local participants (including physiotherapists and physiotherapy students) attended the Conference.



2017-2019 HKPA Executive Committee Members



HKPA Annual general meeting



Guests from AWP region



HKPA and MPTA MOU Signing Ceremony



(Continued on Page 17)



Scientific sub-committee members



Secretary and IT sub-committee members



Sponsorship Sub-committee member



*Keynote Speaker
Dr. Emma STOKES*



*Guest Speaker
Prof. Patrick Shu-hang YUNG, JP*



*Guest Speaker
Professor Alice JONES*



*Guest Speaker
Distinguished Professor Jon ADAMS*



Best student project award (Gold)



Best student project award (Silver)



Best student project award (Bronze)

(Continued on Page 18)



Best Oral Presentation Award



Best Poster Award



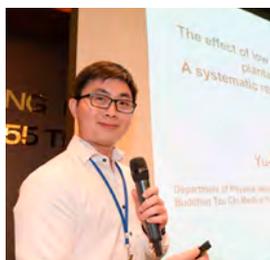
Free paper presentation:
Ms. Jamie LAU



Free paper presentation:
Dr. Freddy LAM



Free paper
presentation:
Mr. Joey NG



Free paper
presentation:
Mr. Yu-Ting CHEN



Free paper
presentation:
Ms. Eva CHUN

Rapid 5 Presentations

- Representatives from WCPT Asian West Pacific Region



Dr. Tetsuya TAKAHASHI
Executive Board member, Japan PT Association



Prof. Marco, Yiu-chung PANG
President, HKPA



Mr. Steve CHAN
Macau PT Association

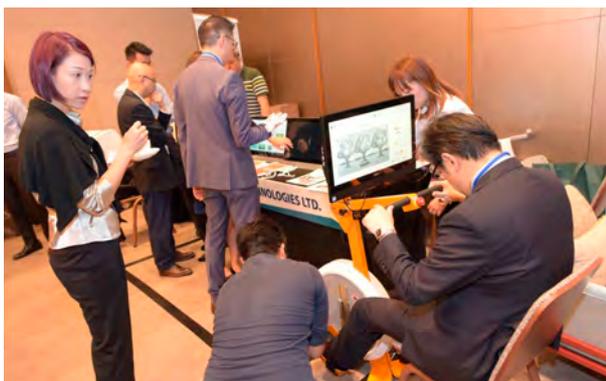


Prof. Jau-Yih TSAU
President Taiwan PT Association



Mr. Michael GABLO
President, Philippines PT Association

(Continued on Page 17)



Booths of Sponsors



Sponsor Representatives

HKPA Gala Dinner 2018

Date : 6 October 2018

Venue : Eaton Hotel

To celebrate the 55th Anniversary of the HKPA, a gala dinner was held at the Eaton Hotel on 6 October 2018. It was our honor to have Professor Sophia CHAN Siu-chee JP, the Secretary for Food and Health, former Presidents of HKPA and the representatives from various physiotherapy associations in Asia-Pacific regions, as our honorable guests in this important event. Dr. Emma STOKES, the President of the World Confederation for Physical Therapy (WCPT), also gave us an opening speech in this joyful occasion.



*Prof. Sophia Siu-chee CHAN, JP
joined the toasting session with HKPA executive committee members*



*Dr. Emma STOKES,
the President of the WCPT, gave us
an opening speech on this joyful occasion*



*From left to right:
Prof. Marco PANG, Ms. Priscilla POON (former HKPA President),
Mr. Jimmy WU (former HKPA President), Mrs. Elizabeth WONG YEUNG (former HKPA President),
Prof. Alice JONES, Dr. Polly LAU (former HKPA President),
Ms. Miranda LAU (former HKPA President), Dr. Stephanie AU YEUNG (former HKPA President)*



*Prof. Marco PANG,
the President of HKPA, gave us
an opening speech*



*From left to right:
Prof. Yu-Ling WANG (President of the Chinese Physiotherapy Association),
Mr. Steven CHAN (President of the Macau Physical Therapists Association), Ms. AO Kit Man (Macau Physical Therapists Association), Prof. Tetsuya TAKAHASHI (Japan Physical Therapy Association), Dr. Emma STOKES (President of the WCPT),
Prof. Marco PANG, Prof. Jau-Yih TSAUO (President of the Taiwan Physical Therapy Association),
Dr. Yu-Jung CHENG (Taiwan Physical Therapy Association), Mr. Michael GABILO (President of the Philippine Physical Therapy Association)*



*Musical performance by
a PT student
Ms. Chloe LAI*



*Musical performance by
a PT student
Ms. Eva LEE*



*Musical performance by
a PT student
Mr. Lucas FUNG*



*Magic performance by
Mr. Jacky WONG*



*Ms. Jamie LAU,
SPT of PWH,
won the 1st prize
in the lucky draw session*

Post-Conference Workshop: Motor recovery for stroke patients by EEG triggered neuromuscular electrical stimulation introductory on EEG, P300 signal concept and latest advancement

Date : 7 October 2018
Venue : GSBE Global Academy
Speaker : Prof. Tetsuo OTA

This workshop consisted of four parts: 1) Introducing the electronic-engineering background and mechanism of brain computer interface (BCI); 2) The Japanese professor gave a comprehensive presentation about the research that have been done to advance this technology and the findings so far; 3) Demonstration of the procedure and how to apply the RecoveriX on a stroke patient; and 4) Hands-on practice with the whole setup of devices.

In summary, this approach uses EEG triggered brain and motor control stimulation. This involves both active motor and passive muscle stimulation, together with visual feedback (using virtual reality program on a laptop).



Prof. OTA and a participant



A participant was measuring EEG

Post-Conference Workshop: Intensive rehabilitation and use of the robotic exoskeletons with neurological conditions

Date : 9 October 2018
Venue : The Hong Kong Polytechnic University
Speaker : Ms. Eva SOBONOVA,
 Physiotherapy specialist in neurological rehabilitation
Physiotherapist : Dr. Wingson CHAN

The workshop was successfully held with the presentation and instruction of Ms. SOBONOVA, who is a specialist in neurological rehabilitation from UK. New robotic exoskeletons, which are portable, easily installed, and highly adjustable in various parameters, were introduced in the workshop.

Participants were enthusiastic and attentive in the workshop. Valuable hand-on experience on the use of the exoskeletons were given. There was also an open discussion on the clinical application of the equipment at the end.



Ms. SOBONOVA and participants

Happy PaMa of Ming Pao 童途有「理」：怎樣讓孩子睡得好？

Date : 9 October 2018
 Physiotherapist : Ms. Tracy CHEN, Paediatric Specialty Group

In this article, the author briefly introduced sleep cycle and shared practical tips to promote sleep quality of children. The unique sensory profile of individual child is discussed and how parents could address the sensory issues of their children by different sensory strategies. 3 simple exercises with vivid diagrams for illustration were presented to promote optimal sleep quality.



Annual Dinner 2018, Physical Fitness Association of Hong Kong, China

Date : 12 October 2018
 Venue : Fulum Palace
 Physiotherapist : Prof. Marco PANG

Prof. PANG was invited to attend the Annual Dinner of the Physical Fitness Association of Hong Kong, China.



Article published in Oriental Daily News: Stroke rehabilitation

Date : 13 October 2018
 Physiotherapist : Prof. Marco PANG

Based on the interview on 28 September 2018, an article on stroke rehabilitation was published in the Oriental Daily News. The message highlighted the importance of physiotherapy both in the early and chronic stages of stroke recovery.



Source: Oriental Daily News (13 October, 2018)

Hong Kong Pain Society Annual Scientific Meeting 2018

Date : 13 October, 2018
Venue : Sheraton Hong Kong Hotel & Towers
Physiotherapist : Mr. Raymond TSANG

The theme of the annual scientific meeting was "Excellence in Pain Education", focused on pain education, headache, knee pain and cancer pain, mind and body. Mr. Raymond TSANG, the chairperson of the Professional Development Subcommittee, represented the HKPA to participate in this event. Dr. Tak-yi CHUI, JP, the Under Secretary for Food and Health Bureau delivered an opening speech and joined the discussion on the issues on pain management through education.



Guests and Organizing Committee Members of the Annual Scientific Meeting 2018

Canadian Digital Health, Rehabilitation & Assistive Technologies Networking Luncheon

Date : 16 October, 2018
Venue : Lotus room, 6/F, Marco Polo Hong Kong Hotel, Harbour City, Kowloon
Physiotherapist : Dr. Ivan SU

6 Canadian companies showcased Canadian innovation strengths in digital health, rehabilitation and assistive technology sectors. Relevant professional bodies and NGOs were invited to have a look at the Canadian technologies and to meet the company representatives. Dr. Ivan SU, on behalf of HKPA, attended the luncheon organized by the Consulate General of Canada in Hong Kong on 16 October 2018. Practitioners and scholars from local hospitals and academic institutes were invited to the pre-registered equipment trial and one-on-one meetings with the participating Canadian companies after the luncheon.



Dr. SU tried on the wearable robotic exoskeleton for assisting level and stair ambulation.

Meeting with The Association of Hong Kong Health Care Professionals

Date : 18 October, 2018
Venue : 香港中環皇后大道中138號威亨大廈13樓B室
Physiotherapists : Prof. Macro PANG and Mr. Brian MA

Prof. Marco PANG and Mr. Brian MA attended the meeting with the Association of Hong Kong Health Care Professionals as the organizing committee (OC) members. The OC will organize a tour in big bay area with a theme 大灣區之《科技共山水》東莞兩日遊. The tour will be organized on 5 to 6 January, 2019.

Educational Talk on Prevention and Management of Diabetes Mellitus

Date : 21 October, 2018
Venue : School hall, Maryknoll Secondary School, Ngau Tau Kok
Physiotherapist : Ms. Anna Bella SUEN

HKPA was one of the organizers of the event “社區驗血糖計劃”, conducting a series of blood glucose measurement and provide advice on the management for residents in Ngau Tau Kok and Kwun Tong districts. An opening ceremony was held on 21 Nov 2018, Ms. Anna Bella SUEN attended the ceremony and delivered an educational talk on the topic “齊齊運動控血糖”. There were around 60 elderly participants in the event and they all joined and learned the DM dance, which is designed by CPSG, HKPA.



Anna Bella attended the opening ceremony



Anna Bella delivered an educational talk on 齊齊運動控血糖



All the participants joined the DM dance

肝、膽、胰臟癌患者及康復者交流會

Date : 24 October, 2018
Organizer : Wong Tai Sin CancerLink Support Centre
Physiotherapist : Mr. Sam WAN

Mr. Sam WAN represented HKPA to attend the Wong Tai Sin CancerLink Support Centre and conducted an educational talk and exercise workshop for patients with liver, gallbladder and pancreatic cancer. There were about 25 participants, including the patients as well as their caregivers. Benefits of exercise and the exercise prescription for cancer patients were shared in the educational talk. Besides, Mr. Sam WAN introduced sitting Tai Chi to the participants to enhance their physical fitness. All of them enjoyed the practical session of sitting Tai Chi and showed their vigor through the exercise!

The 4th Transplant and Dialysis Games

Date : 4 November 2018
Venue : Tsuen Kwan O Sports Ground
Physiotherapists : Prof. Marco PANG, Dr. Andy CHAN, Ms. Cora CHEUNG (SSG) and team

Ms. Cora CHEUNG (SSG) coordinated our volunteers to provide physiotherapy service to the participants in the 4th Transplant and Dialysis Games.



The Hong Kong Joint Council for People with Disabilities Annual General Meeting 2018-19

Date : 6 November 2018
Venue : Duke of Windsor Social Service Building, Wan Chai
Physiotherapist : Prof. Marco PANG

Prof. PANG attended this meeting in which the Executive Committee members were elected. Dr. Chi-Kwong LAW, GBS, JP, the Secretary for the Labour and Welfare Bureau gave a presentation at the meeting.



Happy PaMa of Ming Pao 童途有「理」：口部運動 讓孩子唇尖舌利

Date : 6 November 2018
Physiotherapist : Ms. Tracy CHEN, Paediatric Specialty Group

In this article, with simple elaboration and clear diagrams, the author introduced simple and practical orofacial exercises to promote optimal tongue position and reinforced breathing through nose instead of the unhealthy habit of mouth breathing.

The exercises illustrated were categorized into 3 groups

- 1) Stretching of tight lingual and upper labial frenulum
- 2) Strengthening of tongue muscles
- 3) Strengthening of lip and facial muscles.



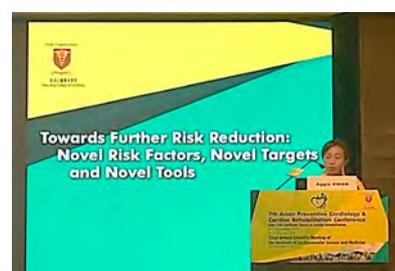
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Practical session in the 7th Asian Preventive Cardiology and Cardiac Rehabilitation Conference (APCCRC)

Date : 9 November 2018
Venue : Hong Kong Convention and Exhibition Centre
Physiotherapists : Ms. Aggie KWAN, Ms. Joey CHENG, Ms. Sammi CHAU, Ms. Sandy LEUNG

HKPA CPSG was invited to lead a practical exercise session in the 7th APCCRC. Exercise is an indispensable component for an effective cardiac rehabilitation program. A talk on exercise screening and risk stratification was delivered and was followed by an exercise demonstration session. The CPSG executive committee members led the workshop participants for an exercise program composed of dynamic warm up, stretching, kick boxing moves and cool down.



Aggie delivered a talk on exercise screening



Aggie, Joey, Sammi and Sandy demonstrated kick boxing moves

Warm Up demonstration in Walk for Diabetes 2018

Date : 11 November 2018
Venue : Wu Kwai Sha Youth Village
Physiotherapist : Dr. Billy SO
Physiotherapy Students : Mr. Tony LEUNG,
 Mr. Alan LEUNG,
 Ms. Connie TANG,
 Mr. Alex TSANG,
 Mr. Yam Ho NIN



Dr. Billy SO and physiotherapy students



Demonstration of warm-up exercises by Dr. Billy SO and physiotherapy students

14th November is the World Diabetes Day. Countries around the world will have different kinds of celebration on this day to promote awareness and raise concern towards the escalating prevalence of diabetes. Diabetes Hong Kong organized the annual Walk for Diabetes, to attract the attention of public over diabetes and to emphasize the importance of regular exercise in the prevention of the disease. HKPA was invited to demonstrate warm-up exercises in the opening ceremony. We received enthusiastic responses from the audience.

復康護理專業培訓暨家居照顧訓練中心啟用典禮

Date : 13 November 2018
Venue : Sik Sik Yuen Social Services Complex, Wong Tai Sin
Physiotherapist : Prof. Marco PANG

Prof. Marco PANG was invited as the officiating guest of the new training and service center under Sik Sik Yuen. The opening of this new center had attracted good media coverage. An opening plaque bearing the name of the Hong Kong Physiotherapy Association was installed at the Center.



Department of Rehabilitation Sciences 40th Anniversary Gala Dinner

Date : 17 November 2018

Venue : Kerry Hotel

Physiotherapists : HKPA EC

Representatives of HKPA EC attended this event and shared the joy of the Department of Rehabilitation Sciences of PolyU. The event was and had many great performances.



Evaluation of the National Day Celebration Dinner: Meeting with The Association of Hong Kong health Care Professionals

Date : 19 November 2018

Venue : Office, The Association of Hong Kong health Care Professionals, Sheung Wan

Physiotherapist : Prof. Marco PANG

A meeting was held to evaluate the National Day Celebration Dinner and discuss the organization of the activities planned for January 2019.



Nursing and Allied Health Sectorial Group strategic planning workshop: Challenges in Transition of Patients with Medical Complex Needs – from Hospital to Community & from Paediatric to Adult Service

Date : 20 November, 2018

Venue : Queen Elizabeth Hospital

Physiotherapists : Ms. Nerita CHAN, Ms. Tracy CHEN,
Ms. Olivia FAN, and Ms. Carmen LEUNG

This event pooled multi-disciplinary team members in both clinical and special education settings to share the challenges in transition of patients with medical complex needs. Physiotherapists, nurses and other allied health team members from Caritas Medical Centre, shared the journey of an adolescent with complicated medical conditions. The case presentation was followed by an open forum involving medical counterparts from various setting and member of the Hong Kong Special Education Council. The open and hot discussion among the panelists and the floor fully reflected the existing limitations and how we can improve.

Interview by Recruit Magazine

Date : 21 November 2018
Venue : HKPA Premises
Physiotherapist : Prof. Marco PANG

Prof. PANG was invited to be interviewed in the cover story as the President of the HKPA. He share his views on the training and development of physiotherapists in Hong Kong as well as the work of HKPA to promote our profession. The article will be published in December 2018.



Gerontech and Innovation Expo cum Summit (GIES) Welcome Reception and Opening Ceremony

Date : 21 and 22 November 2018
Venue : Government Headquarters, Tamar (Welcome Reception) and Hong Kong Convention and Exhibition Centre (Opening Ceremony)

Physiotherapists : Prof. Marco PANG and Dr. Ivan SU

Prof. PANG and Dr. SU attended the event. Due to the aging population and the associated increasing demand for rehabilitation services for the elderly, rehabilitation technology will be an important trend of development in the field. The Gerontech and Innovation Expo cum Summit is the signature event that features different products that may have good applications in elderly care.



Meeting with PT Board Chairman

Date : 22 November, 2018
Venue : 22/F Wu Chung Building, Wan Chai
Physiotherapists : Ms. Anna Bella SUEN, Mr. Alex WOO, Dr. Ivan SU and Mr. Raymond TSANG

HKPA attended the meeting with the PT board Chairman, Mr. Philip TSAI Wing-chung, BBS, JP, with Hong Kong Physiotherapists' Union and Physio Action. In the meeting, HKPA representatives raised the hot issues in PT profession including the progress of PT training Accreditation Panel, the assessment criteria for PT training program, progress and timeline on open access and the administrative support of the PT board.

Mr. TSAI agreed to follow-up on the issues and there will be scheduled regular meeting with us in 2019.



Anna Bella, Alex, Ivan and Raymond joined the meeting with PT Board chairman

行政長官傷健共融高峰會

Date : 24 November, 2018
Venue : Central Government Complex
Physiotherapists : Ms. Anna Bella SUEN and
 Dr. Arnold WONG

HKPA was invited to participate in the 2018-2019 Chief Executive Summit on Disability Inclusion held on 24 November 2018. Ms. SUEN and Dr. WONG attended the summit on behalf of HKPA. Over 500 representatives and members from various professional bodies, non-government organizations, and private companies attended the summit.

The summit was divided into two parts. The first part included the opening speech by Mrs. Carrie LAM, the Chief Executive of the HKSAR Government. She laid out the future plans and strategies to facilitate the inclusion of people with disability in various sectors, such as schools, societies, and arts performance. It was followed by a panel session to discuss on the promotion of employment and arts development in people with disability. The panel members included an elite wheelchair fencer, artists with disability, a government official with disability, director of a technology company and the chairperson of Arts with the Disabled Association Hong Kong. The second part was a question and answer session. A total of 13 attendees were randomly invited to ask questions and express their opinions.



*Ms. Anna Bella SUEN and
 Dr. Arnold WONG at the summit*



*Chief Executive of HKSAR,
 Mrs. Carrie LAM, GBM, GBS,
 was giving her opening speech*

Professional Training for Jockey Club Intergeneration Communication and Health Programme -2017

Date : 26 November 2018
Venue : The Lingnan University
Physiotherapist : Ms. Mandy MAK

Severe complications such as fracture and deterioration of functional mobility, may be resulted from fall incidents in elderly with mild cognitive impairment. In order to arouse health care providers' awareness on the importance of fall prevention and to introduce initial fall risk screening in elderly with dementia, the Asia-Pacific Institute of Ageing Studies (APIAS) of Lingnan University organized a session of training on the fall prevention for this kind of elderly in institutional care settings. This training session was part of the community service programme called "Jockey Club Intergenerational Communication and Health Promotion Programme", which was initiated by the APIAS and funded by the Hong Kong Jockey Club Charities Trust. HKPA was invited to participate in the captioned training program on 26 Nov 2018.

The training session was mainly for professionals and frontline workers of Residential Care Homes (RCHs) and Day Care Centres (DCCs) for the Elderly. Ms. Mandy MAK represented HKPA to conduct the workshop and 16 participants attended the workshop. The assessment for risk of fall, principles and exercises for fall prevention were introduced.

Ms. MAK shared about different skills in handling of dementia elderly with fall risk. Through the sharing, demonstrations, games and practical, the participants practiced skills such as initial fall risk screening and fall prevention exercises. They also grasped every opportunity to seek the advice from the speaker about the handling skills in some specific conditions that they encountered in their workplaces.

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

前列腺癌患者及康復者交流會

Date : 28 November 2018
Venue : Wong Tai Sin CancerLink Support Centre
Physiotherapist : Mr. Sam WAN

Mr. Sam WAN, on behalf of HKPA, was invited by the Wong Tai Sin CancerLink Support Centre to conduct educational talk and exercise workshop for patients with prostate cancer. There were about 15 participants, including the patients as well as their caregivers. Benefits of exercise and the exercise prescription for cancer patients were shared in the educational talk. Mr. Sam WAN introduced stretching, aerobic and strengthening exercise to the participants for enhancing their physical fitness. All of them enjoyed the practical session and showed their vigor through the exercise!



Mr. Sam WAN delivered an educational talk for patients with prostate cancer about the importance of exercise.



Mr. Sam WAN introduced stretching, aerobic and strengthening exercise to the participants for enhancing their physical fitness.

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| LOCATIONS & DATES | CURTIN UNIVERSITY Perth, Western Australia June 2019 PORTUGAL Vilamoura September 2019 |
| INSTRUCTORS | Manual Concepts team including: Kim Robinson, Dr Toby Hall, Prof Peter O'Sullivan, Michael Monaghan, A. Prof Helen Slater, A. Prof Ben Wand, Vaidas Stalioraitis, and Dr Tim Mitchell. |
| INVESTMENT | AUD \$6,450 |

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Course 1

(VE190305)

推拿理筋文憑 COMT technique Diploma (Conceptual Oriental Manual Therapy):

課程背景：

古時之中國醫術普遍是以口傳心授形式傳授給弟子，並非像現今般公開於書本中。本課程之內容正是源自道家口傳心授之理筋按穴手法。重點內容包括過去未公開之開氣場手法、開穴手法、開關手法、上下肢撥筋手法、胸腹背撥筋手法。而各種手法均能疏通經絡，促進氣血運行，激發元氣，達到防治疾病之果效。所有內容均是道家口傳心授之絕密內容。這是一套能高效針對多種專科之手法治療。

Course background:

In ancient times, Chinese medicine was generally imparted to disciples in the form of oral traditions, not in the books as it is today. The content of this course is derived from the heart of Taoist medicine. The main contents of COMT including Qi activation technique, point activation technique, open gate technique, upper and lower limb releasing technique, back and abdominal releasing technique. All these techniques can promote Qi energy flow so as to achieve the effect of disease prevention. All content is derived from top secret of Taoist content. This is a set of techniques that can be effectively targeted at a variety of specialties.

| | | |
|--|--------------------|---------------|
| 日期：5/3/2019 - 29/10/2019 (逢星期二，公眾假期除外) | 時間：7:30PM - 9:30PM | 講師：陳國正中醫師 |
| 上課地點：九龍尖沙咀麼地道22-28號中福商業大廈6樓601-2室(鄰近K11/尖東港鐵站N1出口) | | |
| 全期學費：\$21000 (2018年12月30日前報讀為 \$19000) | 名額：30 額滿即止 | CPD Points：15 |
| 對象：適合對高效手法治療有興趣之人士；本課程亦是報讀高級針灸課程之基本條件 | | |

Course 2

(VE190302)

高級針灸證書課程 (系列一)

內容：

古時之針灸是包含豐富的天文學及術數之運用。經絡系統跟天文學關係十分密切，例如十二條經絡對應十二個地支(時辰)；任脈二十四個穴位對應二十四節氣；督脈二十八個穴位對應二十八星宿；二十四節氣共七十二候對應十二經絡共七十二個五輸穴；還有五大行星(木、火、土、金、水)每年對人體健康之影響(五運六氣)等等。本課程之針灸內雖然涉及較高級之理論例如易理術數、八卦、內經典籍，但陳醫師會化繁為簡，使學員能把過去被認為頗難之易理針道在短時間內掌握運用。此針法適用於一切內、外、婦、兒、骨傷、腦神經科、腫瘤科、皮膚科及奇難雜症。

- **正宗子午流注納甲法**(過去納甲法之運用之計算當下時辰最旺之穴位，而沒有配合當下時辰最弱之穴位；其實子午流注納甲針法還需配合當下時辰最弱之穴位，才能發揮陰陽平行之作用。本課程會傳授如何計算當下最旺及最弱之穴位，把人體達至天人合一，扶正祛邪)
- **正宗靈龜八法**(過去針灸治療一般以十二正經為主，而較少人能掌握運用奇經八脈系統。此乃透過運用術數開通奇經八脈系統之針法，能把體內之邪氣排走。)
- **五運六氣針法**(此乃一套天人合一之針法，能把人體內五臟之氣調和於每年特有之氣候變化，能有效改善因天氣所影響之體質變化)

- **命門八卦針法**(是一種以上下卦於腹部紮針來促進腎陽的一種針法)
- **地支三合四化針法**(這是根據當下時辰，把所對應之原穴能量提升至最大值，把子午流注納甲法的療效以倍提升)
- **臟腑全通針法**(本針法能有效啟動膻下腎間動氣，把腎間所臟之真氣啟動，即是提升各臟腑之動力)
- **紫微補瀉針法**(紫微又稱北極星，是紫微鬥數之主星，五行屬土，對應脾經，此法能深度調理及修復五臟六腑)
- **五行月日時干支針法**(利用天干地支互相轉化，選擇月支與日干和時幹的五行鼎盛之時行針，依時施法，事半功倍)

| | |
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| 日期：2019年3月2日；4月6日；5月4日；6月1日；7月6日；8月3日；9月7日；10月5日；11月2日；12月7日 (共十堂) | |
| 時間：逢星期六下午3-6pm | 上課地點：九龍尖沙咀麼地道22-28號中福商業大廈6樓601-2室(鄰近K11/尖東港鐵站N1出口) |
| 全期學費：\$13000 (2018年12月30日前報讀為 \$12000) | 講師：陳國正(註冊中醫、註冊物理治療師、中國認可針灸師) |
| 備註：報讀本課程必須修畢或現正報讀COMT之學員 | 英國威爾斯大學痛症醫學碩士 香港大學醫學院針灸學碩士 香港大學中醫學院中醫全科學士 香港中文大學中西結合醫學學區研究所專業顧問(名譽) 香港理工大學物理治療專業文憑 |
| 名額：25 額滿即止 | CPD Points：15 |
| 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。 | |
| 報名方法請參照報名表格及須知 | 1. 請填妥以下報名表格，連同劃線支票(抬頭請註明 CHAN KWOK CHING) 寄交九龍尖沙咀麼地道22-28號中福商業大廈6樓601-2室。 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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Correspondence of HKPA Executive Committee Members (2017-2019)

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