



NEWS BULLETIN 物理治療 PHYSIOTHERAPY 資訊

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Editorial Spasticity

Dr. Leo HO and Ms. Pui-shan NGAN

In neurosurgical practice, there is a wide spectrum of upper motor neuron lesion (UML) diseases (e.g., traumatic brain injury, spinal cord injury or stroke). Spasticity is one of the major features in UML that would render the patients more vulnerable to sepsis, malnutrition, nursing difficulties and leads to poor clinical outcomes. Therefore, rehabilitation process is suggested to start as early as possible

In this issue, we are delighted to have Dr. Kwong-yui YAM from Tuen Mun Hospital to share with us how a multi-disciplinary team applies their previous knowledge in treating children with cerebral palsy to patients with spasticity in both in- and out-patient settings.

In the NGO corner, Stephanie TSUI and her team discussed the role and challenges in pre-school rehabilitation services.

Statement 聲明

HKPA

HKPA is a professional association of Hong Kong physiotherapists affiliated to the World Confederation for Physical Therapy (WCPT), and is respected worldwide.

HKPA will support the development of the physiotherapy profession in Mainland China.

HKPA is of the view that rehabilitation therapists in Mainland China should undertake a recognised bridging course to become qualified physiotherapists or occupational therapists.

The Association of PRC Rehabilitation Therapists (ACRT) claims recognition in the Hong Kong Special Administrative Region but is unknown to the HKPA.

香港物理治療學會 (HKPA) 是一個物理治療師的專業學會，隸屬於世界物理治療聯盟 (WCPT) 的機構，並受到全球尊重。

HKPA支持中國大陸物理治療專業的發展。

HKPA認為，中國大陸的康復治療師應該有規範的參與被認可的銜接課程，以成為合資格的物理治療師或作業治療師。

雖然這ACRT聲稱是受香港特別行政區批准，但HKPA不了解中華康復治療師協會 (ACRT) 的成立，也沒有參與其中。

Management of Patients with Spasticity, a Neurosurgeon's Perspective

Dr. Kwong-yui YAM

Chief of Service (Neurosurgery),
Tuen Mun Hospital

In neurosurgical practice, we encountered a wide spectrum of diseases entity like traumatic brain injury, spinal cord injury or stroke. Those mechanisms inflicted injury to the brain cells directly or as secondary event after brain shift or herniation occurred. Damage to cortico-spinal tract in the cerebral cortex, internal capsule, cerebral peduncle, brain stem or spinal cord would result in upper motor neuron (UML) lesion. Major features of UML included weakness, spasticity and exaggerated reflexes. The presentation and development of UML, especially spasticity might take place in early acute phase of the disease, with muscle shortening, stiffness with contracture over the elbow, wrist and ankle. These features would render the patients more vulnerable to sepsis, malnutrition, nursing difficulties and poor clinical outcomes. We believed that rehabilitation process should start as early as possible; this implied that neurosurgeons and the clinical management team must be well equipped with knowledge and skills for the management of UML and spasticity in this group of unfortunate patients.

Our experience and skills in managing patients with spasticity originated from our early works on spastic cerebral palsy patients. The coordinating committee of Neurosurgery under Hospital Authority organized a commissioned training program in early 1997. Prof Peacock was invited as honor guest speaker. He demonstrated and performed selective dorsal rhizotomy (SDR) procedure in a spastic diplegia patient using multiple level laminotomy approach. The tone reduction and functional gain after SDR was appealing.

We decided to adopt his management philosophy and established a Rhizotomy clinic at Tuen Mun Hospital (TMH) in the same year to manage patients with spastic cerebral palsy. We gathered the support from Child Assessment Clinic (CAC) of Department of Health,

providing developmental pediatrician's assessment. Our pediatric neurologist served as mediator in acute clinical care. Physiotherapists of CAC, TMH and special schools were also team members. This multi-disciplinary team (MDT) became the foundation stone. We later recruited orthopedic surgeons and urologist onto the list and eventually our gait laboratory scientist.

The MDT derived a standard patient assessment form so as to facilitate longitudinal patient assessment and patient referrals. The parameters included muscle tone (Modified Ashworth Score), range of motion across joints, strength & selectivity of muscles, foot position & motion and anthropometric data. The team, patients and their parents gathered at the SDR clinic, collecting clinical data and gait study reports that facilitate discussion and assessment, whilst conclusion and management strategy established would be shared. Active participations from patients and their parents were strongly encouraged.

We would offer the patients their management plan according to their age, GMFCS, gait pattern, spasticity pattern & distribution and parents preferences. Those patients with good muscle strength, diffuse spasticity, straight (no contracture across joints), smart to participate in physical training with supportive parents were the best SDR candidates. Physical rehabilitation and training program would be offered to all patients, those hampered with spasticity would be offered botulinum toxin injection on top of physical training. We would observe their progress and decide on the timing of the surgery. Patients and the parents were taught the importance of pre & post SDR physical training; they were offered a very intensive post SDR program lasting for 8 weeks. The target of the therapy for spastic diplegia CP patients was to reduce lower limbs muscle tone and to improve lower limbs motor function. For quadriplegic CP patients, the purpose was to facilitate patients positioning, nursing and care.

(Continued on Page 3)

In 1999, we published the clinical outcomes of the first five pilot SDR cases in HK medical journal [1]. The reduction in the muscle tone and improvement of joint range were observed in all surgical candidates and sustained during the assessment period. In 2008, our team demonstrated that SDR plus physiotherapy provided a statistically significant reduction of spasticity, functional improvements in mobility and self-care performance, and increased in social participation. For GMFCS level I patients, instrumental 3-D gait analysis with kinematic and kinetic data analysis was needed to demonstrate the gait improvement [2]. In 2013, our orthopedic team members analyzed the hip migration indexes of our SDR patients before and after surgery and concluded that SDR had a neutral effect on hip development. The preoperative hip radiological measurement was the most important factor to determine hip status after SDR [3]. A stringent hip surveillance protocol, appropriate physiotherapy, splints, botulinum toxin injection to hip adductors and SDR might decelerate and prevent the development of hip subluxation. In 2014, our urologist concluded that SDR significantly improved urgency, frequency, incontinence, and urodynamic bladder capacity in a significant portion of spastic CP children [4].

Riding on the experience and momentum gathered from the rhizotomy service, we extrapolated the knowledge and clinical applications on patients suffering spasticity under both in patients and out patients' context. The MDT was enriched with occupational therapist and prosthetics & orthotic input. We used the same assessment protocol for these patients. For in patients under acute care, the team would conduct regular spasticity care ward round, providing evaluation and adjustment of treatment strategy. We adopted a comprehensive approach with the use of oral medication, physical therapy, splints and muscles injection with the use of botulinum toxins. These patients were most of the time critically ill with significant brain injury. The target was to prevent complications like contracture, pressure sores while awaiting neurological and clinical recovery. There were occasions that botulinum toxin was injected to the spastic muscles in intensive care unit (ICU) setting.

Spasticity might develop gradually after the acute insults. Neurosurgical patient rehabilitation program has emphasized the early detection of spasticity in these patients as evidence indicated that spasticity rendered them more symptomatic and dependent. The management goals in outpatient setting were to prevent or limit the development of secondary complications such as muscle shortening, exacerbation of spasticity, pain and pressure areas. More importantly, individual patients and their care-takers were encouraged to follow self-management programs, including positioning, stretching and self-exercise. This strengthens patients' self-care capabilities, confidence and social participation. Furthermore, we organized a monthly botulinum toxin outpatient clinic; patients can formulate a workable and realistic recovery plan with the support of MDT. Problems resulted due to brain injury and spasticity would be addressed with the help of toxin injection and subsequent physical rehabilitation program.

In Hong Kong, we do not have an established spasticity management guideline, however, the structure and approaches we adopted do echo with the published national guideline of the United Kingdom [5]. In essence, spasticity management is a difficult task, which requires the concerted efforts and participation of the patients, care-takers and all MDT members.

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Roles and Challenges of Physiotherapist in Preschool Rehabilitation Services

Stephanie TSUI, Terence YEUNG, Helen HO, Amy MA and Shermaine YEE
Physiotherapist Is,
Hong Kong Christian Service

Background

Hong Kong Christian Service (HKCS) provides various kinds of Pre-school Rehabilitation Service funded by the Social Welfare Department, including Early Education and Training Centre (EETC), Special Child Care Centre (SCCC), Integrated Programme in Kindergarten-cum-Child Care Centre (IP), On-site Pre-school Rehabilitation Services (OPRS), and Training Subsidy Programme for Children on the Waiting List of Subvented Pre-school Rehabilitation Services (TSP). All services aim towards promoting holistic development of children with special needs, teaching parents/ caregivers/ teachers to make good use of different methods, environments and daily life to foster rehabilitation process of their children. Besides, assisting parents to accept the developmental needs of children through counselling and parent education and to manage their stress of daily life are crucial for supporting the family in need.

The Roles of Physiotherapist in Preschool Rehabilitation setting

HKCS Preschool Rehabilitation Service Teams adopts "Transdisciplinary Approach" and strongly believes the need to synergize effort of different professionals for quality service. As Physiotherapists, our primary goal is to enhance children's gross motor potential through conducting intake and regular assessment, defining goals and formulating treatment plan and directly providing individual, pair-up and group treatment to children. Besides, providing educational talks, home training and home/ school visits with a view to empower parents'/ caregivers'/ teachers' training skills and to provide advice on special equipment for children in need.

As a member of the Transdisciplinary team, our physiotherapists always strive for the best ways to collaborate with other professional counterparts and contribute our expertise in the following ways:

- Participate in transdisciplinary case conference and refine children's individual training plans with team members in holistic manner
- Play an advisory role on task analysis on children's gross motor activities, postural and mobility equipment needs to team members/ caregivers
- Equip team members, especially special child care workers (SCCW) and supportive staffs with certain training skills and related knowledge
- Conduct seminars/ sharing sessions for SCCWs and kindergarten teachers of participating schools in OPRS
- Design and render multidisciplinary training group and primary-one preparatory class with Occupational Therapists (OT), Speech Therapists (ST), SCCWs to foster children's daily functioning in community and schools
- Actively communicate with primary schools to recommend necessary modification of school facilities for the special need of children

The Challenges for Physiotherapist with HKCS's Attempts

I. Fostering Children's Compliance to Physical Training

Parents/ Caregivers/ Teachers perceive the majority of children with special needs are with inattentiveness, exhibit having behavioral and/or emotional problems. This would certainly bring relatively low compliance to training. Hence, the biggest challenge is to upkeep children's attention and motivation in training. Below are our attempts for engaging children's participation in physical training programs and making it an enjoyable experience to both children and caregivers:

(Continued on Page 5)

■ Use of Consistent, Structural Schedule and Visual Cues

For children with inattentiveness and emotional problems, well-structured programs have been found to be beneficial for enhancing training compliance. Physiotherapy training sessions are planned in the same structural schedule as other professional training. Such consistency prepares children with sense of security and mastery, which make the session more enjoyable to children. Besides, visual cues (Fig.1) are utilized to facilitate child's understanding on the order of the physical training activities. Most children can learn how to follow the schedule with structural schedule in their training. The result will be maximized if home training sessions implement in the same manner.



Fig.1 Cards for Physiotherapy Training Schedule (Task 1 to 5)

■ Design and Render Joint Therapists' Treatment Program

With a view to make physical training enjoyable, joint treatment program organized by Physiotherapists and Speech Therapists has been designed. Different physical exercises have been incorporated with story-telling training named "Exercise Theatre". Children are highly motivated to these physical exercises because of perceived fun in stories and drama, together

with the positive supporting group dynamics. Verbal encouragement and the success of mastering the exercises further enhance their willingness to continue practice at home. After group participation, parents witness the significant improvement of their children's gross motor ability and thus acknowledge the importance of motivating children in being physically active.



Fig. 2 Joint Therapists' Treatment Program

■ Using Arts as a media in training

Our physical training sessions are conducted with the use of music, dance and visual arts. For certain challenging strengthening exercises, body coordination and balance training, children may easily get frustrated or bored. After adding the elements of music, dance, and visual arts, children's motivation to participate in motor activities are much enhanced, with higher endurance and compliance to training. Besides, their self-confidence is boosted up when reviewing their own visual art product and realizing own capability to complete sets of dance moves.

■ Design Motivating Training Package

Our service is dedicated to design a motivating training package for physical training. We recently formed a working group including PT, OT and SCCW for such purpose by putting strong emphasis on how physical exercise foster brain development. The package includes physical training cards with a board game (Fig.3), physical training videos (Fig.4) together with a parent educational talk. It is hoped that

(Continued on Page 6)

these can foster parents' understanding on the importance of physical training in child's brain development. Board games with physical activities cards are to encourage children to exercise, while series of videos contain demonstration of different physical tasks with music, with a view to enhance children's motivation in training.

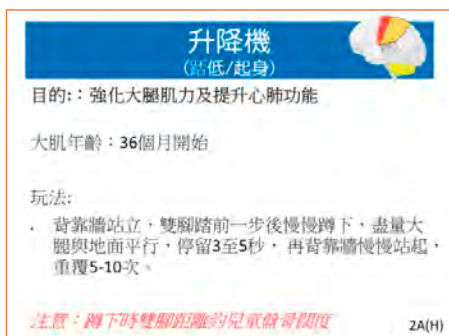


Fig. 3 Cards and Board Games for physical training



Fig.4 Series of Video for Physical Training

II. Supporting Parent and Family for children's Physical Development

As delays in physical development of a child will affect other developmental aspects areas, it is of utmost importance to provide parents appropriate information and resources for children's physical development. For example, if an infant is unable to lift her/ his arms or walk, this could impact her/ his social and emotional development. However, most parents in Hong Kong pay higher concern to their children's academic performance rather than physical abilities. To address such phenomenon, we regularly conduct parents' educational talk and parent-child physical activities programs to enhance parents' understanding over the importance of children's gross motor development. Here are some examples:

► Parent-Child Sports Day (親子運動會)

has been conducted to promote family physical activity participation. All parents from our service have been invited to join these events. Both parent and children with special needs treasure such participation and are always actively involved in various kinds of sport games.



Fig.5a Parent-Child Sports Day

(Continued on Page 7)



Fig.5b Parent-Child Sports Day

► **Family Running for the Brain**
(親子緩步跑: 建造孩童大腦):

As running has been the most convenient aerobic exercises for the whole family to participate, we organize running class/program to facilitate family to develop a routine of exercise. Through running, most children apply what they have learned from gross motor training by our physiotherapist which builds their muscle strength, agility, balance and coordination. Through this running program, we also aim to build mutual communication among physiotherapist, parents and social workers in a more natural and relaxed manner. Besides, in the reflection session following running training, most parents set up realistic goals in accordance with the needs of the child and family.



Fig. 6 Family Running for the Brain

Conclusion

With consideration over the needs of children and parents, physiotherapists in Hong Kong have a clear role to play. It is crucial for us to enhance parents' awareness over the importance of physical training. Explanation to parents what are the aims

of physiotherapy, and how physiotherapy can tackle other development problems are strongly needed. At the same time, physiotherapists need to be flexible and observant for fine-tuning their training plans in both physical and other training aspects, such as attentional issues, behavioral management and motivation of child. Recommendations by physiotherapists should be made with thorough consideration over limited training facilities for children with special needs in Hong Kong, in order to help children maintain active lifestyle at home and community.

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For enquiry, please contact Prof. Marco PANG
Tel: 2766 7156
Dept of Rehabilitation Sciences
Hong Kong Polytechnic University
Email: Marco.Pang@polyu.edu.hk

Interview with Prof. Grace SZETO

Date : 23 May 2019
Venue : Tung Wah College
Interviewee : Prof. Grace SZETO
 Head of Physiotherapy Department
 Tung Wah College
Interviewers : Mr. Nicholas TO, Mr. Francis LI
 PolyU BSc (Hons) Physiotherapy Year 3 Students

Q1

You had worked at PolyU for many years. What motivates you to lead another PT programme at Tung Wah College (TWC)?

A1

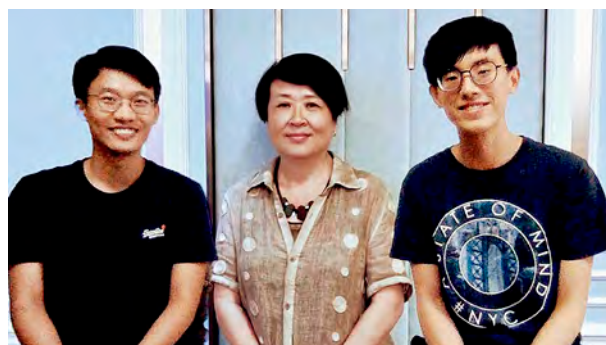
I taught electrophysical therapy, musculoskeletal physiotherapy, rehabilitation psychology and service learning back when I was at PolyU. With the experience as a clinical coordinator and a departmental enrollment liaison officer, I am very familiar with the PT programme and have developed my own thoughts and ideas about running the programme. Yet, it was not easy to make changes at PolyU. Meanwhile, TWC approached me, with much willingness and eagerness to put in resources to develop a new PT programme. Despite being close to the age of retirement, I still believe that I have the energy and passion to contribute to the profession. The idea of designing a new PT programme from scratch really appeals to me as I can implement my own ideas with autonomy. I also enjoy getting to know every single student and realizing their potentials. The small class teaching in TWC allows me to achieve my goals in education.

Q2.

What were the challenges that you faced when you first started preparing the PT programme at TWC? How did you overcome it?

A2.

The first challenge was writing up the new curriculum. While I specialize in musculoskeletal physiotherapy, I was less familiar with cardiopulmonary and neurological physiotherapy, which required me to self-study and update my knowledge with the current practice during the process. It is also very important for the curriculum to be benchmarked against the



Mr. LI, Prof. SZETO, and Mr. TO (from left to right)

standard of World Confederation of Physical Therapy. Therefore, I also had to be very familiar with the PT curriculum in other countries.

So far, the programme has passed the internal validation and has been accredited by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications. However, the college is still seeking professional accreditation from the Physiotherapy Board of the Supplementary Medical Professions Council. It is anticipated that professional recognition will be granted before the graduation of the first student cohort although we need to work hard on that.

As TWC is a self-financing tertiary education institution and is not UGC-funded, there were initial doubts from many PT professionals about whether the quality and standard of the new PT programme are compatible to that of the UGC-funded PT programme. To address this concern, we have considered the advice from the Physiotherapy Board to improve our curriculum. We had to actively lobby the support of the professional bodies by explaining our programme structure and resources, and the process of applying for professional registration. We also have to ensure that the programme is well staffed and well equipped to attract high caliber students. Additionally, we actively communicate and build relationships with the press and the professional community at large to ease their worries.

(Continued on Page 9)

Q3.

Are there any new elements that you brought to your PT programme that differ from the one at polyU?

A3.

Apart from the basic skills that are required from a registered physiotherapist, we put more emphasis on community-based rehabilitation. Throughout the 4-year programme, students will be constantly involved in community-based rehabilitation in NGOs rather than being exposed to only one block of clinical placement in community-based rehabilitation. We would like our students to have more exposure to different community groups, such as elderly, children, special school and even communities in mainland China.

In our new programme, we will have a smaller proportion of general education subjects but more discipline-specific subjects, compared to the established programme. Some of the subjects are also repackaged. For example, we will have Traditional Chinese Medicine and acupuncture merged into a single 3-credit course. We will also have a full 3-credit pharmacology course, which will be taught by a medical laboratory expert under our School of Medical and Health Science.

Q4.

Having worked in Australia, Canada and Hong Kong, what are the major differences in PT practice in these three places?

A4.

In Australia, patients have direct access to PT services. PT is a well-respected profession and enjoys a high professional status. The insurance policy covers PT, which in this aspect, Hong Kong is still in the progress of development.

In Hong Kong, PTs have very high workloads and the therapist-to-patient ratio is low, causing a high turnover rate in the public healthcare system and creating a vicious cycle.

Canada has a very good social welfare system. The cooperation between public and private PT practice is better. The private PT practice is publicly-funded. Patients are subsidized using private PT services, which relieves the burden of the public system.

Q5.

Throughout your years of teaching at PolyU, what changes did you observe in PT education in Hong Kong? What do you foresee as the outlook of PT in Hong Kong?

A5.

The Department of Rehabilitation Sciences (RS) at PolyU has made huge accomplishments in the past two decades. Under the headship of Professor Hui-Chan, PolyU RS department had made great progress in research and international collaborations. Overall, PolyU RS has established a good international reputation in Physiotherapy and has become one of the top PT education institutions in Asia.

The outlook of PT will be more technologically driven in the future. There will be new treatment technology to improve treatment outcome and quality of life of patients. For example, we need to provide care and advice to our patients not only in a lifespan approach, but also in a 24-hour approach including sleep. There are more advanced assistive devices like electric wheelchair, robotic devices and home automation. It is very important for PT to not only keep pace with the latest technological development, but also to be creative and innovative in developing new technology and innovation. That said, we should never forget our caring relationship with patients.

CPD News

*Enquiry of
CPD News and Activities
Please Visit*

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

Sexual Relationship with a Former Patient

Mr. Bronco BUT

Honorary Legal Advisor of HKPA

The last issue of Physiotherapy News Bulletin discussed the hypothetical scenario of a physiotherapist having sexual relationship with a former patient. The following issues were raised for discussion:

- a. Is it always a misconduct for a physiotherapist to enter into a sexual relationship with a former patient?
- b. If not, then in what circumstances is it a misconduct?
- c. If it is a misconduct at one point, at what subsequent point in time, if any, does it cease to be misconduct?

Discussions

1. Within the health-related professions, it is generally regarded as improper for a practitioner to embark on a sexual relationship with a patient whilst they have a formal clinical relationship.
2. Why? The answer is that the nature of a professional relationship, involving as it does fiduciary obligations by which the practitioner is obliged to put the interests of his or her patients above his or her own, coupled with an assumed imbalance of power, gives rise to the possibility of the practitioner taking advantage of the situation.
3. An examination of whether there is in fact an imbalance of power in any given situation is an intensely contextual one. In order to illustrate this it is only necessary to consider two examples of professional relationships. At one extreme, let us postulate a situation in which a senior psychiatrist is treating a young patient with serious psychological issues over a lengthy period of time and as a result knows a great deal about the patient's intimate personal background and vulnerable psychological state. The power imbalance here is obvious. On the other hand, take a situation in which a senior medical practitioner has had a minor accident and attends his local doctor's surgery to have the resulting graze dressed by the surgery's young practice nurse. There is no doubt a clinical relationship between the nurse and his or her patient in that situation. But can it really be suggested that there is a power imbalance? If there is, then it is certainly one of a lesser magnitude.
4. Notwithstanding the wide range of contexts in which the issue arises for consideration, most professional groups in the health sector prohibit any sexual relationship between practitioner and patient while a formal clinical relationship exists. No doubt this, often rather melodramatically referred to as a "zero tolerance policy", reflects the view that the safest course is simply to prohibit any sexual relationship while there is an extant formal clinical relationship.
5. In the hypothetical case, Mr. N, the Practitioner emphasised that on the evening of 30 December 2013 he clarified with his former patient that their formal clinical relationship had concluded and she accepted that.
6. But simply because a practitioner's formal clinical relationship with a patient has come to an end, it does not follow that he or she no longer has a professional responsibility to the former patient.
7. Thus arises the issue identified at the outset of how long those professional obligations makes entering into a sexual relationship with the former patient inappropriate.
8. It is submitted that it is not a matter of whether the formal clinical relationship ended immediately prior to the Practitioner embarking on a sexual relationship with the patient, or within three or six months, or within any other period of time. The question is whether, at the time that the Practitioner entered into the sexual relationship with the former patient the circumstances were such that any power imbalance arising from the professional relationship had the potential to influence the patient's judgement.
9. So, going back to the examples mentioned earlier, it is submitted that if the senior psychiatrist entered into a sexual relationship with his or her young patient, even years after the formal clinical relationship had come to an end, doing so might still be regarded as improper. On the other hand, it is doubtful whether the young nurse entering into a sexual relationship with his or her senior medical practitioner patient shortly after their formal clinical relationship had come to an end would be viewed similarly.

Conclusion

10. It is submitted that in this hypothetical case the imbalance of power between Mr. N, the Practitioner and the patient which existed during the course of the formal clinical relationship continued after the conclusion of the consultation on 30 December 2013, and that there was therefore a real risk of the Practitioner being able to exploit the relationship, that he failed to maintain proper professional boundaries between himself and the patient, and that he therefore breached the Physiotherapists Code of Practice by entering into the relationship.

Interviewed by Skypost -

Occupational Health for Office Worker

Date : 9 April 2019

Physiotherapist : Mr. Gorman NGAI

This article covers common cervical musculoskeletal disorders for office workers. The common presentation and causes of upper cross syndrome, thoracic inlet syndrome, cervicogenic headache and cervical intervertebral disc protrusion were discussed. Simple management and self exercises to prevent those disorders were also demonstrated.



Skypost news, 4 April 2019

Occupational Safety, Health and Rehabilitation Specialty Group (OSHRSG)

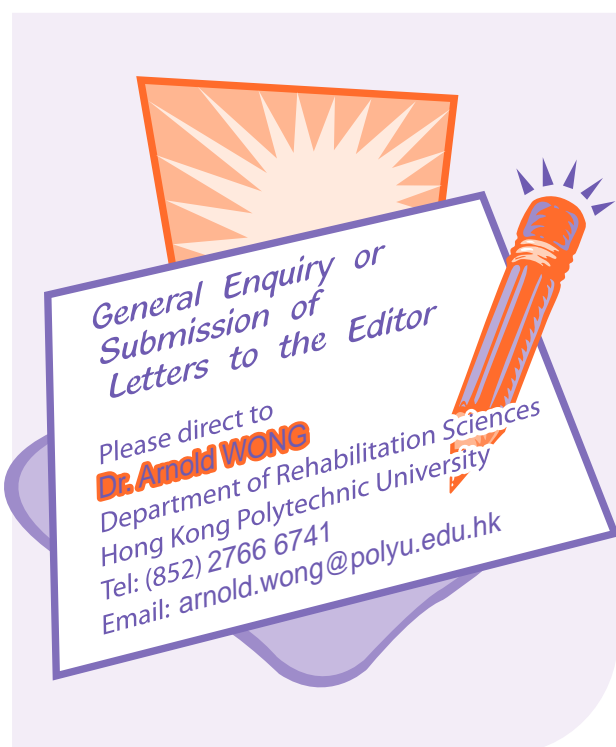
Follow-up Meeting with the representatives of Hospital Authority for Work Rehabilitation and Compensation issue

Date : 8 May 2019

Venue : Hospital Authority Conference Room

Physiotherapist : Dr. Billy SO

As one of the follow-up actions for the work rehabilitation and compensation issue in 2018 Policy Address, Dr. KWOK Ka Ki called a meeting with Hospital Authority and different medical and allied health professionals. In the meeting, we have discussed on the role of Hospital Authority and the potential collaborations between NGOs and HA for the work rehabilitation services.



***Formulation of Recommendation Stage of the Rehabilitation Programme Plan (RPP):
Thematic Seminars on the Application of Rehabilitation
Technologies (復康計劃方案「制訂建議」階段專題研討會 -
康復科技的運用) Authority for Work Rehabilitation and
Compensation issue***

Date : 23 May 2019
Venue : The Hong Kong Polytechnic University
Physiotherapist : Dr. Ivan SU

In 2017, the Government has tasked the Rehabilitation Advisory Committee to formulate the Rehabilitation Programme Plan (RPP) in two years. A consultant team led by the Department of Rehabilitation Sciences of the Hong Kong Polytechnic University was commissioned to assist the formulation of the new RPP. Dr. Ivan SU, an Executive Committee member from the NGO sector, attended the Seminar representing the Hong Kong Physiotherapy Association. Comments on the current one-size-fits-all approach in allocating the "Innovation and Technology Fund for Application in Elderly and Rehabilitation Care" solely based on the service capacity of the centres were given and consideration of factors like condition and severity of their target service users were recommended. It was suggested to recognise annual inspection and maintenance costs of such technologies as recurrent expenditure items of the centres. Additionally, recommendation of building a centralised electronic platform for improving price transparency and sharing of users' feedback was made.



Meeting with Representatives in Hospital Authority

Date : 11 Jun 2019
Venue : Hospital Authority Head Office
Physiotherapists : Mr. Charles LAI, Ms. Anna Bella SUEN

The representatives of Hong Kong Physiotherapy Association (Mr. LAI and Ms. SUEN) met with representatives from Hospital Authority (Dr. FC PANG, Ms. Ivis CHUNG, and Mr. Daniel LO) on 11 Jun 2019 to discuss the following issues related to physiotherapists working in the Hospital Authority (HA).

1. The entry pay point of physiotherapist II
2. Workload of physiotherapists in outpatient setting
3. High attrition rate

Our representatives proposed some measures for improving these issues and HA representatives would introduce more measures to retain staff and improve the working environment through continuous improvement of manpower and service planning.

1st & 2nd Logistics Committee of Oxfam Trailwalker 2019

Date : 14 June & 2 August 2019
Venue : Oxfam Office, Hong Kong
Physiotherapist : Mr. Alex HO

Oxfam Trailwalker 2019 (15 - 17 November 2019) is the major annual scheduled event and our HKPA representative participated in the Logistics Committee (LC) meeting to smoothen the logistic arrangement and event operation. LC members come from different organizations including medical professional, different disciplines & communication network.

肝、膽、胰臟癌患者及康復者交流會

Date : 19 June 2019
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 on physiotherapy management of cancer pain for patients with liver, gallbladder and pancreatic cancer. There were about 15 participants. Different types of pain relief methods including active exercise were shared in the educational talk. All of them enjoyed the practical session of stretching exercise and showed their vigor through the exercise!



Open University Advisory Group Meeting

Date : 21 June 2019
Venue : Ho Man Tin campus of Open University
Physiotherapist : Mr. Brian MA

Prof. Joseph LEE (Dean, School of Nursing and Health Studies Open U) briefed members on the Detailed Programme Proposals of the Bachelor of Science (Honours) in Physiotherapy Programme. The Dean also explained that the programme could help to ease the manpower shortage in general and, in particular, the elderly service sector. The Position Statement of the Hong Kong Physiotherapy Association could shed light to accreditation of the programme.

《健康，我話事之糖尿病遙“拒”攻略》

Date : 23 June 2019
Venue : Lions College
Physiotherapists : Ms. Carmen CHOW, Mr. Johnson SIN and a Physiotherapy Student Helper

HKPA was one of the sponsors for the Public Health Promotion Event organised by 'Lions Club of Silverstrand' on 23rd June 2019 at Lions College. It is called 《健康，我話事之糖尿病遙“拒”攻略》. Dr. KO Wing Man GBS JP was one of the guests. Three hundred of our Diabetics DVD ‘舞動健康’ were distributed to community dwellers.



Interview by the Oriental Daily on Direct Access and Entry Salary

Date : 1 May 2019
Venue : A private clinic
Physiotherapists : Prof. Marco PANG, Mr. Gorman NGAI, Dr. Ivan SU



Oriental Daily, 1 May 2019

The essence of direct access to physiotherapy and open referral among healthcare professionals, **the “Red Flag” mechanism**, and their benefits to the public were explained. Current practice in developed countries and overseas experience of direct access were shared. Historical background of the current entry salary of a BSc(PT) or MPT graduate in the public sector at MPS point-14 that is equivalent to a “Professional Diploma” level was introduced. Shifting of PT manpower to the private sector as revealed from the Department of Health Manpower Survey and the severe PT shortage in both HA and NGOs were discussed. The article was released in the Oriental Daily on 24 Jun 2019.



Exercise Workshop for the Disabled Clients

Date : 29 June 2019
Organizer : Health in Action & Association of Women with Disabilities Hong Kong
Physiotherapist : Mr. Sam WAN

Mr. Sam WAN, on behalf of HKPA, was invited by the Health in Action as well as the Association of Women with Disabilities Hong Kong to conduct exercise workshop for the disabled clients. Sam introduced strengthening exercise using elastic band to the participants for enhancing their physical fitness. All of them enjoyed the practical session.



Mr. Sam WAN was practising the elastic band exercise with the participants

Ming Pao Articles:**Neck Pain and Tennis Elbow****Date** : 3 June 2019 and 1 July 2019**Physiotherapists** : Mr. Gorman NGAI and Ms. Isabel LAW

HKPA has liaised with Ming Pao for an article series publishing in newspaper and electronic channels starting from Mid-2019. The topics of the first 8 series are job-related musculoskeletal problems. Each article would gain a full page coverage, and should thus have significant impacts on increasing the awareness of the role of physiotherapists amongst the general public.

Invitations to physiotherapist working in different sectors have been initiated. We would like to show our appreciations to our executive committee member Mr. Gorman NGAI for his article in June column on common causes of neck pain, postural correction and self-exercise for preventing neck pain; as well as Ms. LAW Wai Han, Isabel for her contributions to share a topic on tennis elbow, and its causes and management with rehabilitation in the July column.

*Ming Pao 3 June 2019**Ming Pao 1 July 2019***55th Healthy Children Competition****Date** : 7 July 2019**Venue** : Queen Elizabeth Hospital, M Ground**Physiotherapists** : Physiotherapists from the Paediatric Specialty Group

It was a joint event organized by Boys' and Girls' Club Association of Hong Kong and Hong Kong Paediatric Foundation. The HKPA Paediatric Specialty Group coordinated the Healthy Children Competition Fitness Assessment on 7 July 2019 as a supporting association. Forty Physiotherapy student helpers and 11 Physiotherapists participated in the Physical Fitness Assessment. Nearly 300 children aged from 3 to 11 years old were assessed.

*55th Healthy Children Competition
(Group Photos with Professor PANG, Physiotherapist and Physiotherapy student helpers)**Assessments by Physiotherapists and Physiotherapy students***The Hong Kong Health Services Sector National Day Celebration Committee 2nd Meeting****Date** : 21 June 2019**Venue** : V. Heun Building, Central**Physiotherapist** : Mr. Brian MA

The date of the dinner will be held on 19 Sept 2019. The venue will be Maxim's Palace, Central City Hall 2/F, Low Block, City Hall, Central, Hong Kong. All HKPA members are welcome to join the celebration dinner.

Hong Kong Society for Rehabilitation 60th Anniversary Dinner

Date : 15 July 2019
Venue : A restaurant
Physiotherapist : Prof. Marco PANG

Prof. PANG attended the Hong Kong Society for Rehabilitation 60th Anniversary Dinner on behalf of HKPA.



Prof. PANG with Ms. Yuk-Mun NG and Mr. Peter POON



Prof. PANG with Mr. Siu-Lam YUEN
 (Chairperson of the Hong Kong Alliance of Patients' Organizations Limited)

Professional Training for Jockey Club Intergeneration Communication and Health Programme -2019

Date : 17 July 2019
Venue : The Neighborhood Elderly Center, Tai Hing Estate
Physiotherapists : Ms. Mandy MAK

Severe complications, such as fracture, deterioration of functional mobility, may be resulted from fall incident of the elderly with mild cognitive impairment. In order to arouse the awareness of health care providers and care-givers of elderly on the importance of fall prevention and introduce initial fall risk screening for this kind of elderly, this is the third year of the Asia-Pacific Institute of Ageing Studies (APIAS) of Lingnan University organized a session of professional training on fall prevention for elderly with elderly care organizations. The professional training was part of this annual community service programme – “Jockey Club Intergenerational Communication and Health Promotion Programme”. The Programme is initiated by the APIAS and funded by the Hong Kong Jockey Club Charities Trust. Hong Kong Physiotherapy Association was invited to participate in the captioned training program from 2017. The workshop of this year was conducted on 24 July 2019.

This session of training was held for the professionals and frontline workers from Day Care Centres (DCCs) for the Elderly and the care-giver of their members. The representative from Hong Kong Physiotherapy Association, Ms. Mandy MAK conducted the workshop and there was 30 participants attended the workshop. The assessment for risk of falls, principles and exercises of fall prevention were introduced in the workshop.

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

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



Certificate in Manual Therapy 2019

- Date** : Part I: 7-11 June 2019;
Part II: 28 June – 2 July 2019;
Part III: 7-11 August 2019
- Venue** : The Hong Kong Polytechnic University
- Participants** : 24 physiotherapists
- Instructors** : Dr. Toby HALL, Dr. Kim ROBINSON & Mr. Vaidas STALIORAITIS



Photo 1. Dr. Toby HALL & participants



Photo 2. Dr. Kim ROBINSON & participants

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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, Sam Abbaszadeh, and Dr Tim Mitchell.
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Enquiries:

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Course 1

(VE191016)

物理治療針灸學秋季文憑課程 2019

Diploma in Acupuncture for physiotherapy 2019 (Autumn)

內容： 1) 中醫學基礎課程

2) 中醫診斷學課程

3) 針灸學課程

4) 針灸手法學

(各式補瀉手法；頭針及耳針操作；拔罐操作；刮痧操作；取穴思路)

5) 臨床實習

(獨立運用針灸方法處理真實病人)

日期：16/10/2019-9/9/2020

時間：逢星期三晚上7:30時至9:30時

全期學費：\$21,000 (2019年6月30日前報讀為\$19,000)

CPD Points：15 (pending)

對象：1) 醫護專業：物理治療師、西醫、護士

2) 非醫護專業：對針灸有興趣之人士

Course 2

(VE191005)

氣化理筋文憑

Diploma in COMT technique (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。這是一套能高效對多種專科之手法治療。

日期：5/10/2019-7/10/2019 (Part 1)

12/10/2019-14/10/2019 (Part 2)

時間：10:00am-6:00pm

全期學費：\$18,000

CPD Points：15 (pending)

對象：適合對高效手法治療有興趣之人士

附註：本課程亦是報讀高級術數針灸課程之必修課程

Course 3

(VE191214)

高級針灸證書課程(系列一)

Diploma Advance in Acupuncture for Physiotherapy 2019

內容： 古時之針灸是包含豐富的天文學及術數之運用。本課程之針灸內雖然涉及較高級之易理術數、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能掌握運用。內容包括：正宗子午流注納甲法、正宗靈龜八法、五運六氣針法、命門八卦針法、地支三合四化針法、臟腑全通針法、紫微補瀉針法等。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。

日期：14/12/2019-16/12/2019

時間：10:00am-6:00pm

全期學費：\$13,000

CPD Points：10 (pending)

對象：報讀高級針灸證書課程必須修畢或現正報讀COMT之學員

名額：25 額滿即止

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)

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