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Editorial Aromatherapy

Ms. Natalie FUNG and Mr. Louis TSOI

Happy Holidays to everyone! At the end of 2019, the Editorial Board of HKPA would like to thank all our readers for your continued support. May we all be united in our continued dedication in providing world-class, evidence-based care for our patients and the betterment of the physiotherapy profession.

Plant oils has been long used in Western and Eastern medicine for their healing properties, in recent years, this field of adjunct therapeutic treatments have become more popular amongst physiotherapists. In this issue, Ms. Karen CHOI and Mr. LIN Sai Hoi describes the usage of aromatherapy with physiotherapy in the treatment of musculoskeletal and neurological cases.

Preterm infants, who were born before completing 37 weeks of gestation; preterm babies have been shown to have persistent motor impairments in addition to learning disorders. Ms. Sheila YIP from Heep Hong Society described a program for longitudinal support and management for preterm infants.

We would also like to congratulate the members of the HKPA Executive Committee 2019-2021, led by Professor Marco PANG. We are thankful for the committee's dedication to the physiotherapy profession and are looking forward to having this diverse committee leverage their experience and leadership skills to bring our profession to new heights.

Happy Holidays and a Wonderful New Year to all!

Aromatherapy in Practice

Ms. Karen Yuen Ting CHOI

Aromatherapist and Registered Physiotherapist in Private Practice

My relationship with aromatherapy began when I first received a blend of massage oil from a friend who was deeply interested in aromatherapy. She asked me to apply it onto my body before sleep. Not only the smell of the blend was very pleasant and calming, I slept deeply that night and felt energized in the next morning.

This positive experience sparked my interest in aromatherapy and I decided to pursue further training in this field. To my surprise, it has been an eye opening experience and has greatly complimented my practice as a physiotherapist.

How to be qualified as Aromatherapist?

To be qualified to practice as Aromatherapist, one needs to complete studies covering Clinical and Essential Oil Science, Aromatherapy in Clinical Massage and Anatomy and Physiology. In my case, I was exempted from the Anatomy and Physiology course since I had the relevant knowledge as a physiotherapist. Once completed the courses and the theory and practical examinations, I was eligible to register in the International Federation of Professional Aromatherapist (IFPA) organization, which is one of the recognized aromatherapy organizations in United Kingdom, and practice as a Aromatherapist.



Figure 1. IFPA is one of UK's recognized Aromatherapy Organizations

What is Aromatherapy?

Aromatherapy is the therapeutic use of plant-derived, aromatic essential oils to promote physical and psychological well-being [1]. Plant oils have long been recognized for their healing properties and have been used continually throughout Europe and Far East for thousands of years.

Today, aromatherapy continues to be used world-wide, including hospital settings. Its application can be found in labor, palliative care, psychiatric and peri-operative settings. [2]



Figure 2. Sharing on Distillation, which is one of the most commonly used methods to extract essential oils from plants.

What are the benefits of Aromatherapy?

The common properties of essential oils used in aromatherapy include: analgesic, antimicrobial, antiseptic, anti-inflammatory, astringent, antispasmodic, expectorant, diuretic and sedative. With different essential oil or oil combination and method of application used, they are used to treat a wide variety of symptoms and conditions, such as gastrointestinal discomfort, skin conditions, menstrual pain and irregularities, stress-related conditions, mood disorders, circulatory problems, respiratory infections, and wounds [3].

(Continued on Page 3)

A Typical Session

Very much like a physiotherapy session, clinical Aromatherapist starts with a subjective assessment and assesses the client on areas such as sleep, mood, and physical status. A detailed record of medical history is also enquired to see if special considerations are needed to be taken into account. After the subjective examination, one or a combination of essential oil will be identified to suit the needs of the client. Once a blend has been identified, a tailor made treatment can be delivered in various ways by the Aromatherapist.

After the session, a sealable bag of cotton balls using the blend can be made to take home for inhalation. Client can place a few balls by the bedside to inhale at night time. Clients can also put a few drops of essential oil into an ultrasonic diffuser and inhale it to aid sleep or mood. Alternatively, a blend can be placed into a roller and clients can then roll the blend under the nose or neck line.

It can also be done by topical application. Aromatherapy massage is a relaxing treatment which encourages essential oils to penetrate the skin through the sweat and sebaceous glands. Essential oils are too concentrated to apply to the skin, so they are usually diluted in a carrier oil in order to dilute them and make them easier to apply. Carrier oils used in aromatherapy are extracted from vegetable, nuts or seeds. Some examples are sweet almond, grape-seed, peach kernel, and hazelnut oil.



Figure 3. Demonstration of neck and shoulder massage in an Aromatherapy sharing session.

Note on Safety and Contraindications

Essential oils are extremely concentrated. It is important to always dilute it in carrier oils using the dosage chart before applying onto the skin. Certain oils are not recommended or should be used with caution for clients with certain medical conditions. For instance, rosemary, fennel, sage and hyssop essential oils are to be avoided in client with epilepsy. A second example would be avoiding clary sage, juniper berry, and nutmeg during pregnancy as they may elicit uterine contraction.

Case Study:

Aromatherapy for Pain and Stress Management

Background: Ms. Leung aged 55 year old was suffering from chronic neck pain and occasional tension headache due to long hours of computer work. She had a very hectic and stressful life because of some marital problems with her husband that she would like to seek counselling but her husband would not cooperate to go with her.

Choice of oil: Bergamot is great as a mood lifter. Lavender act as an analgesic while sweet marjoram is used to relieve muscular tension.

Blend for the body: 20mL of sweet almond oil to dilute the essential oils and to use as lubricant for a neck and shoulder massage.

2 drop Bergamot

3 drops Lavender

3 drop Sweet Marjoram

Total 8 drops in 20mL of carrier oil = 2% blend

Treatment: Ms. Leung received a 15 minutes aromatherapy massage on her neck and shoulder. The session included trigger point release of the trapezius and sub-occipitals muscles, followed by a 15 minutes heat compress to further relieve the tension in the muscles.

After care: Ms. Leung was advised on the ergonomic set up of her computer and to take short breaks from her computer every hour. In the evenings, Ms Leung was recommended to diffuse lavender to loosen up and aid her sleep in a relaxed state. The remainder of the blended massage oil was also given to Ms. Leung for her to apply on her neck and shoulders nightly.

Outcome: After 4 sessions at 2 times per week for 2 weeks, Ms. Leung felt good improvement. She had less frequent tension headaches and she was able to feel more energized in the morning due to restful sleep.

(Continued on Page 4)

My Favourite Oils

Some of the essential oils commonly used in my practice including:

Common Name	Latin Name	Properties
Bergamot Lemon	Citrus bergamia Citrus limon	Tonic, strengthens and boosts whole or parts of body
Lavender Peppermint	Lavandula angustifolia Mentha piperita	Analgesics
Sweet Marjoram	Origanum majorana	Muscle relaxation
Ginger Pine	Zingiber officinale Pinus sylvestris	Improve circulation
Roman Chamomile	Anthemis nobilis	Sedative, alleviates stress
Grapefruit	Citrus paradise	Reduces fluid retention

Final Note

Immerging research and clinical studies have been done throughout the world to study the effects of aromatherapy on human body, including its analgesics, anti-inflammatory effects, anti-septic and antibiotic properties. It would be interesting in future to implement essential oil uses in clinical setting as more evidence based research becomes available and support its use in different areas including musculoskeletal settings.

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CPD News

*Enquiry of
CPD News and Activities
Please Visit*

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

Combined Effects of Exercises and Aromatherapy on Axial Rigidity of Parkinson Disease: A Single Case Study

Mr. LIN Sai Hoi

Physiotherapist, Services for the Elderly, Caritas Hong Kong

Introduction

Parkinson disease is a complex neurodegenerative disorder with wide reaching implications for patients and their families [1]. The traditional management often emphasises on proper drug management together with appropriate physical intervention in order to maintain functional independence and physical capabilities of patients. It is, however, even with suitable medications and physical treatments by physiotherapists, patients still often experience a decline in mobility, poorer balance in gait, resulting in reduced quality of life [1]. In particular, the decline in axial motor ability is the main contributing factor to loss of locomotion, and axial motor impairment is often found to be more prominent with longer disease duration, and have been said to be less responsive to levodopa replacement therapy [1].

Aromatherapy in essence can promote health and well-being through massage, inhalation, and baths. Essential oils have many different properties, often including antidepressant, antibacterial, or sedative qualities. Many believe that the strength of aromatherapy lies in the interrelation of the elements of the essential oil, massage, and therapist/client relationship. Aromatherapy is used to reduce stress, enhance and promote activity and alertness, stimulate sensory awareness, and induce relaxation.

This article aims to investigate whether the application of essential oils in conjunction with spinal stretching, trunk rotational and abdominal exercise can improve the axial mobility of a patient with Parkinson disease.

A single case study

A 73 year-old female patient was selected for our pilot study, she had been diagnosed with Parkinson disease for over twenty years, and currently she was on parkinsonian medication five times a day. Besides Parkinson disease, she also had mild high blood pressure but was not on any medication.

Under the combined effects of bradykinesia, postural instability and rigidity, the pattern of the female patient's walking gait and velocity was greatly affected [1] and her walking stability was deteriorating slowly in particular over the last couple of years. The female patient walks with typical parkinsonian characteristics such as low walking velocity, small stride length, propulsion, shuffling steps, reduced or sometimes absent arm swing, and rigidity in trunk movements; besides, the female patient also experiences difficulty in turning on bed due to increase of the axial rigidity [2, 3,4].

Method

Before the session, the duration to turn to each side 5 times while lying supine and walking between parallel bars for a distance of 20 meters with 5 turnings in between was counted. The aromatherapist then started massage using essential oils [5] on the patient's abdomen and back muscles with fifteen minutes on each respectively. Abdominal muscles are always neglected when treating axial rotation; However, it was shown that a large number of abdominal muscles are recruited during axial rotation and the functional roles of abdominal muscles plays an important role in assisting axial rotation and maintaining postural stability [6]. The patient would then perform some trunk stretching, active abdominal and passive rotational exercises for a period of 15 minutes under the supervision of physiotherapist.

After the treatment, the patient was asked to perform turning again while lying supine on bed 5 times and the time was counted; afterwards, the patient was instructed to walk between the parallel bars for a total distance of 20 meters which involves five turnings around and the duration was also measured. A total of eight sessions were performed on the patient with two sessions per week.

(Continued on Page 6)

Findings

It was shown that the time to complete the walking distance of 20 meters was less in all the sessions immediately after the treatment, it was also noted that the actual time for walking had a downward trend and the walking was progressively faster. In terms of turning, the turning time on bed was also faster after the treatment, it is also observed that the axial rotation improved to a greater extent in turning than in walking, the findings are summarised in the following tables:



Table 1: Measurement of walking between parallel bars in seconds

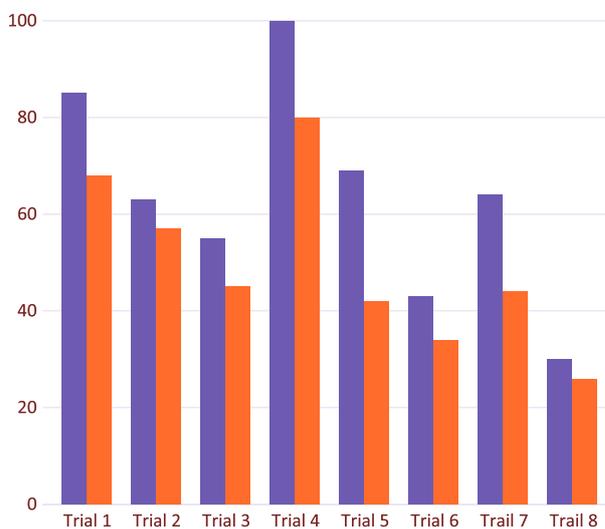


Table 2: Measurement of supine turning in seconds

Apart from the objective findings, the patient subjectively felt easier to turn in particular when she was walking, she could swing her arms better and she could control her walking stability more, the psychological benefits of aromatherapy could be due to the effectiveness of enhancing motivation in patients with Parkinson disease [7].

Discussion

Both abdominal and spinal muscles control are important elements for axial rotation and core stability. Some evidence suggests that increasing core stability may improve Parkinson motor symptoms and trunk stability [8]. So, the central question is can we merely increase the trunk stability by requesting the patient with Parkinson disease doing more exercises? However, intentionally engaging trunk muscles may have a particularly detrimental effect on people with Parkinson disease, who already tend to have excessive activity in their trunk musculature [9]. It is possible that overactivation of trunk muscles associated with axial postural tone decreases their responsiveness, which could decrease postural stability [10]. So it is highly plausible that massage with essential oils decreases the overreacting muscle tone, which in turn makes the muscle less overreactive when engaging in later spinal mobilising and abdominal strengthening exercises.

Aromatherapy is an old natural way of healing a person's mind, body and soul. Many ancient civilizations like Egypt, China and India have used this as a popular complementary and alternative therapy from at least 6000 years [11]. It was found that the locomotive activity of mice increased significantly by inhalation of rosemary essential oils [12]. However, it is still unclear how the oil works on the muscular system in details through massage. It is postulated that the therapeutic potential of these oils is due to its complex structure and chemical properties to penetrate into the subcutaneous or muscular tissues [13]. Gilani et al. showed that valerian extract had antispasmodic effects on smooth muscle of the rabbit and guinea pig ileum and jejunum. Valerian inhibited contractions of smooth muscles resulting from cellular depolarization because it opens up the potassium channels and blocks calcium channels. When potassium channels are opened, the intracellular calcium concentration decreases, which in turn relaxes muscle [14].

The therapeutic effects of combining exercises and essential oils on this female patient are positive right after the treatment, but the question is how long can the effects last? From the findings, it

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seems that both the walking velocity and turning when clocked at the end of the eight sessions, there is an improvement of 53% and 64% respectively. The results show that the therapeutic effect is sustainable. Axial rotation shows a better response to our treatment can be due to the fact that locomotion involves more than merely motor control, it also requires sound sensory, proprioceptive and autonomic functions [15].

Along the course of the treatment, in trials 4 and 5, the lady has shown an unanticipated increase of time to finish the tasks, the patient in fact indicated that she was emotionally upset on those two days due to personal issues, it points out to another important factor that in addition to classic motor symptoms, Parkinson's disease is characterized by cognitive and emotional deficits, which have been demonstrated to precede motor impairments [16].

Conclusion

This study does suggest that combining aromatherapy with physical exercises do improve the overall physical capabilities of this female patient with Parkinson disease. The positive clinical effect is more obvious in turning than locomotion due to the fact that locomotive control is more complex than just improving axial rigidity [17]. Although it is evident that this single case study suggests axial rigidity had decreased after the treatment, in order to further evaluate the clinical and therapeutic effects of aromatherapy and exercises, a larger sample and controlled study is highly recommended.

Acknowledgements

I would like to thank Jonas Wong Wing Tung of APA group for her contribution, in particular her invaluable suggestion on using essential oils. For further enquiry on the components of oil used in this study, please direct your enquiry to info@apagroup.com.hk. I would also like to thank Chris Chan Chun Ting, Occupational therapist for providing necessary support.

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Physiotherapists' Support for Preterm Babies/Children and their Families throughout the Preschool Years

Ms. Sheila YIP

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Background

Preterm is defined as the birth of a baby before 37 completed weeks of gestation. There are sub-categories of preterm birth, based on gestational age:

- extremely preterm (less than 28 weeks)
- very preterm (28 to 32 weeks)
- moderate to late preterm (32 to 37 weeks).

According to the World Health Organization (WHO), the rate of preterm birth ranges from 5% to 18% in 184 countries [1]. It is stated in the International Journal of Gynecology & Obstetrics that the local preterm rate in Hong Kong is around 6.5% in 2014 [2].

The survival rate of preterm infants is increased worldwide [3, 4]. It is found that children born preterm are associated with cerebral palsy, hearing loss or visual impairment [3]. Although the rate of cerebral palsy is decreased significantly, the risk of developmental delay was high [4]. Significant motor impairment persist throughout childhood is also noted. Children born preterm were found to be associated with motor problems such as balance and other developmental problems [5, 6]. On the other hand, it is common to find that preterm babies suffer from Attention Deficit and Hyperactivity Disorder (ADHD) and specific learning disorders [7, 8, 9, 10].

The follow-up management for preterm babies after discharge may vary among different clusters of the Hospital Authority. Some may treat preterm babies as high risk group and have regular medical follow-up until they are 2 years old. While in some clusters, they may not have any medical follow-up once they are discharged and only physiotherapy follow-up will be arranged. When parents noticed that their children have motor problems and asked for referral to the Child Assessment Centre. Physiotherapy service on screening the high risk babies for motor developmental problems seems inadequate. It is more desirable if we can have collaborative support and monitor the motor development of these preterm babies throughout the pre-school years.

Project PRETERM

Preterm is defined as the birth of a baby before 37 comple

The physiotherapist's team of Heep Hong Society launched a project named PRETERM since November 2017. We are running a pilot trial of professional support to preterm babies or children and their families using the B-E-A-N strategies. This strategic project included 4 core components as follow:

- 1) Brain and Body developmental approach with perceptual motor stimulation for development of neurological network and neuromuscular control;
- 2) Empower parents with increase general understanding of preterm information on our webpage, seminars for knowledge of premature developmental needs, and workshops for practical home training skills;
- 3) Active treatment encouraging babies and children response and participation for positive motor learning experience; and
- 4) Nurturing parent-child relationship as social-emotional foundation for motor development.



In the webpage, we provide some basic preterm information for public education. There are also series of video clips illustrating developmental problems of preterm children, and demonstrating training tips for parents' reference.

In the seminars for parents, we teach them on normal motor development and point out what to monitor at different developmental stages. We also introduce specific treatment approaches for preterm children at different stages. After that, we arrange screening assessment for preemies and workshops for parents. In the training workshops, we

(Continued on Page 9)

demonstrate perceptual motor training activities and coach parents with the handling skills to facilitate children to participate actively in the home training activities. We also arrange hydrotherapy program for older preterm children that specifically promote their cardiopulmonary function, neuromuscular control, core stability and motor development.



Figure 1 & 2. Captures of the video introducing the PRETERM project

Specific Focus at Different Stages

In order to promote motor development and participation in daily function, we focus the training in different stages with specific activities as follow:

Rudimentary Stage (Age 0-2)

We focus on the sensori-motor development, social engagement and emotional regulation of a baby in the first 2 years. We assess the rudimentary motor development of preterm babies and children according to their corrected age. We screen primitive reflexes, neurological signs, and observed functional activities (looking for any asymmetric alignment and abnormal movement pattern). During the early stage before 2 years old, babies develop elementary movement such as rolling, crawling, sitting, cruising and walking. At this stage, we introduce age appropriate sensori-motor activities using sensory toys and manual handling to enhance the development of sensory processing such as visual, auditory, tactile, vestibular and proprioceptive stimulations. The therapists also use sensory motor play to engage with the babies and regulate emotion to facilitate motor development.



Figure 3. Four point kneeling training to increase weight shift to upper limbs for the facilitation of crawling

Fundamental Stage (Age 2-4)

At the age of 2-4, a child starts to run, jump, manage stairs as well as play ball games. We focus on the core and proximal stability of the body to enhance good static and dynamic balance. We introduce age appropriate fundamental motor activities to improve body coordination and manipulative skills. We observe the quality of movement and ensure motor competence in moving smoothly in all planes with good control in full range. During this stage, we also encourage parents to provide children with chances to explore and build up confidence and motor planning skills using community playground facilities.



Figure 4. Therapist assessing the balance of a girl by stepping over a hurdle

Later Pre-school Stage (Age 4-6)

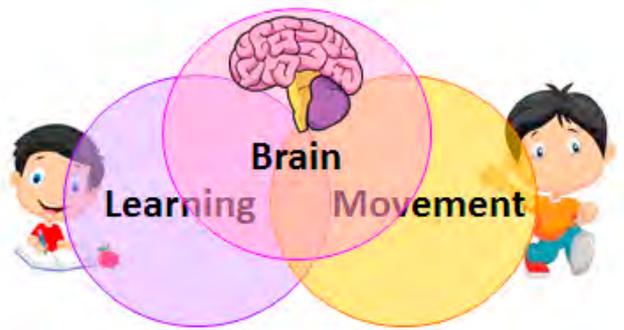
We start to focus on advance motor development in parallel with learning ability at this stage. Preterm children are found to have motor problems as well as learning difficulties. It was found that children with preterm birth are at greater risks to develop learning disorders than term-born children. Especially those with low gestational age (< 32 weeks) or very low birth weight (< 2000 grams), they are at higher risk of developing reading and mathematics learning disability [9, 11] during their school age.



Figure 5. A boy doing coordination exercises with arm crossing midline to activate the brain, increase arousal level and attention for learning

(Continued on Page 10)

I-Move-to-Learn



The physiotherapist's team in Heep Hong Society developed the 'I-Move-to-Learn' approach based on literature reviews: Adele Diamond summarized evidence of interrelation of motor and cognitive development and functional neuroimaging studies found that activation of prefrontal cortex and cerebellum regions is closely correlated [12]. Piek J.P. et al. investigated the correlation between early gross motor development (from 4 months to 4 years age) and later cognitive ability (at school age 6-11 years). Results showed significant predictive relationship between early gross motor and later school aged cognitive development especially in working memory and processing speed [13]. Furthermore, McClelland, E. et al. found that multiple movements can help children to obtain significant academic improvement especially in English and Mathematics [14].

The 'I-Move-to-Learn' approach involves multiple movements training to activate the brain in order to facilitate learning performance of children at this stage. The multiple movement training includes 7 aspects: 1) Breathing and relaxation, 2) Aerobic training, 3) Reflex movements, 4) Oculomotor training, 5) Static isometric training, 6) Coordination movements and 7) Perceptual motor training. We focus on activation of brain with specific body movements for a more holistic development of preterm children.

Conclusion

In conclusion, we believe that early intervention and continuous support for preterm children throughout preschool years is important. We should have specific focus at different developmental stages that help their motor development as well as learning potential in preschool years. And hopefully we can minimize their problems during school years. We wish the tiny little beans growing up with good motor development and great learning potential as possible.

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An Interview with Prof. Kevin KWONG

Date : 7 November, 2019
Venue : OU Café
Interviewee : Prof. Kevin KWONG
Interviewer : Mr. Matthew CHUNG
 Year 1 MPT student

Q1

As one of the senior physiotherapy educators in Hong Kong, how do you feel about the development of physiotherapy education in Hong Kong over the last few decades? What were the changes in physiotherapy educational focuses in Hong Kong during this period?

A1

The physiotherapy education was transferred from a hospital-based training at the Physiotherapy School in Queen Elizabeth Hospital to an institution-based education at the former Hong Kong Polytechnic in 1978. Since then, there has been a very positive change in terms of the scope and the level of knowledge. In the past, student physiotherapists of the School were paid to work and learn in the hospital settings, full-time throughout the 3 years of training. All the learning and clinical resources provided in the clinical environment were rich and sufficient, with a strong focus of emphasizing on hands-on techniques. However, the Physiotherapy programme at the HK Polytechnic extended the breadth and depth of the curriculum. Although the professional contents have not changed much by standard, the curriculum included other subjects (such as physical education, languages, physiology, psychology, statistics... etc). Further, the library was one of the best learning resources, which provided adequate printed materials and



Mr. CHUNG and Prof. KWONG (Left to right)

an electronic reference platform to support teaching and learning. Additionally, the Student Affair Office not only helped students' academic development but also their non-academic and social developments.

The Physiotherapy programme was later accredited by the former Hong Kong Council for Academic Accreditation (HKCAA) and upgraded to degree level in 1991. Because of the accreditation, the teaching strategies and assessment methods became more innovative and diverse so as to nurture students to become active learners. They were encouraged to develop self-study and problem-solving skills. Computer literacy also became an essential learning skill for students, as well as a mandate for the HK Polytechnic which was later upgraded to The Hong Kong Polytechnic University (PolyU) in 1994. In those days, teachers had to learn and teach word processing, spreadsheets, and statistical packages ... etc. Moreover, students were trained to think critically and solve problems rather than just focusing on technical/professional skills alone.

(Continued on Page 12)

Since 1998, the Physiotherapy programme has been further upgraded to honours degree level, which includes a proper final year project with investigative knowledge and skills so that students learn how to investigate, and interpret study findings as consumers of research articles published in scientific/professional journals. Students learn to use scientific evidence to inform their professional practice. They may even have a chance to publish their own articles in peer-reviewed journals under the tutelage of their supervisors. An honours degree emphasizes on the intellectual and innovative capability, and the pursuit of life-long learning. These changes require both the teachers and students to adapt to a new teaching and learning approach.

Collectively, local Physiotherapy education has evolved from a certificate course to a professional diploma course, and eventually honours degree programmes. While the duration of Physiotherapy education has changed to 4 years due to a change in the education system, the number of clinical hours nowadays is comparable to international requirements, and students have to develop comprehensive skill sets. The expectation of educators on students' performance is higher. Teachers have to teach all the professional knowledge and technical skills to prepare students for clinical placements, while students may find it difficult to have sufficient time for self-study/practice.

Q2

While there is a great shortage of academic staff in physiotherapy, how would this affect the development of the profession in the future?

A2

The main reason for the shortage is due to the large number of students (class size) at the moment. Also, some teachers have retired after their long teaching career. Given the fact that PolyU is a university funded by the University Grants Committee (UGC), academic staff have to teach as well as to conduct research (especially basic science research) in order to increase their chance of publishing articles in high impact journals. Therefore, some capable clinicians might have lost the interest in working at universities because they concern about their ability to cope with the research requirements. This job requirement in UGC-funded universities might have deterred potential clinical staff from joining the teaching team. In fact, based on my observation in a recent recruitment exercise, there is a good supply of experienced clinicians with higher degrees, and who could well be competent teachers if Physiotherapy programmes focus more on teaching and clinical/applied research rather than basic science research. I feel very positive regarding the supply of good Physiotherapy teachers in Hong Kong.

Q3

Given the high demand for physiotherapy in Hong Kong, how can we guarantee the quality of physiotherapy services provided by physiotherapists?

A3

The quality of a profession relies on both the professional attributes (e.g., professional knowledge and skills) and generic attributes (e.g., human skills, communication skills, and

(Continued on Page 13)

work ethics). Generally speaking, all university graduates regardless of their disciplines usually possess sufficient professional attributes to fulfill the job demands of their professions. But, by and large, there is a need to strengthen their generic attributes. As such, as long as the Physiotherapy programme has been accredited by the Physiotherapists Board, the Physiotherapy graduates should reasonably be competent with good professional attributes. However, the generic attributes of some members of the younger generations may not necessarily be up to expectation these days. For example, some graduates may choose to work at a comfortable workplace rather a challenging working environment where they can learn. The positive generic attributes or work attitude of students needs to be nurtured through a proper education system. Teachers could well be good role models for their students in being life-long learners, as well as in other attributes.

Q4

Since there is a growing number of physiotherapy programmes in Hong Kong, what is your view regarding a centralized licensing examination/universal examination?

A4

I understand the rationale/argument for organizing such an examination in Hong Kong. However, an examination by itself cannot really tell much about the knowledge or skills of the candidates/graduates, and I am not keen to elaborate on the pros and cons of a licensing examination for Physiotherapy graduates. Additionally, if we want to set up a licensing examination in Hong Kong, it will be a lengthy legislative process involving amendments of

the relevant regulations and ordinances by many parties (PT Board, Supplementary Medical Professions Council, and the LegCo). Given the current situation in Hong Kong, such a process does not seem to be feasible. Further, it may be difficult to find enough manpower (clinicians and educators) in Hong Kong to run the examination annually or regularly. Since the PT Board already has a very stringent accreditation system for Physiotherapy programmes, it is deemed as a credible quality assurance system. It is therefore not necessary to introduce a licensing examination in Hong Kong, at least at this stage.

Q5

What scopes of physiotherapy services should we develop in the next 5 years?

A4

Primary health and community care will be the future trend. Graduates should pay more attention to that direction. Further, it may be necessary to use artificial intelligence to help making clinical decisions, and robotics to simplify the treatment procedures or to minimize manpower. We can also make good use of the online platform or mobile apps to develop a mature online community network for telerehabilitation. Our students/graduates should have a mindset to think regional or global. For example, they can consider developing their services in the Greater Bay Area. At the end of the day, life-long learning is very important for our profession. I am very delighted to see Physiotherapists are well aware of the importance of this issue. Among all allied health professionals, Physiotherapists are well prepared in upgrading themselves to face the challenges to the profession.

Criminal Conviction

Mr. Bronco BUT

Honorary Legal Advisor of HKPA

Assumed scenario

John who was born in Australia but raised in Hong Kong, took his DSE examination a few years ago. Later, he returned to Melbourne Australia to study physiotherapy. After qualified as a physiotherapist, he started practising as a physiotherapist in Melbourne, Australia.

During his studies and physiotherapy practice in Melbourne, he was actively engaged in political events and was used to participate in demonstrations in Melbourne.

In mid 2017, he moved back to Hong Kong and was employed by a public hospital to work as a physiotherapist. In late 2018, he participated in a public gathering which was not approved by the Police. At the beginning of the public assembly, it was peaceful. However, some participants caused chaos and disturbance in the middle of the event. Police officers arrived the scene and demanded all participants to disperse and leave the assembly venue peacefully. John did not comply with the Police demand. Police had given repeated warnings that Police would arrest those people who did not disperse and leave, In the heat of argument with the Police, John and his friends became agitated and they threw bottles of water against Police officers. Police officers arrested John and his friends. John was charged with the offence of unlawful assembly, causing disturbance in public place and assaulting a police officer.

After his arrest, John was released on bail pending further Police investigations. He had

concerns whether he could continue practising physiotherapy if he were convicted of the criminal offence, He had discussions with Mary, the Department Manager regarding the implications of being charged with and convicted of criminal offence. Being a very experienced physiotherapist, Mary has adopted a prudent approach and advised John to seek proper legal advice from a lawyer whom he trusted.

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.

(Continued on Page 15)

Part II of the Code of Practice

According to Part II of the Code of Practice, a physiotherapist is guilty of “unprofessional conduct” when he, in the pursuit of his profession, does something or omit to do something, which in the opinion of his professional colleagues of good repute and competency, might be reasonably regarded as disgraceful or dishonourable.”

Part III of the Code of Practice

According to Part III, any conviction in Hong Kong or elsewhere of any offence punishable with imprisonment will lead to subsequent disciplinary proceedings, irrespective of whether a prison term is imposed or not. A particularly serious view is likely to be taken if a physiotherapist is convicted of criminal deception (e.g. obtaining money or goods by false pretences), forgery,

fraud, theft, indecent behaviour or assault in the course of his professional duties or against his patients or colleagues.

Discussions

In above hypothetical scenario, John was charged with the offence of unlawful assembly, causing disturbance in public place and assaulting a police officer. All the aforesaid offences were punishable with imprisonment. If John were convicted of the aforesaid offences, he would face the risk that his convictions may lead to subsequent disciplinary proceedings even if no prison term were imposed on him. In other words, he might face the risk that his convictions may lead to subsequent disciplinary proceedings even if community service order were imposed on him.



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or Loss of Contact**

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Email: physio.brian@gmail.com

Ming Pao article on child education workers and back care

Date : 7 October 2019

Physiotherapist : Mr. Lawrence MA

In the article Mr. MA illustrated the reasons for the high risk of developing low back pain and sciatica among child education workers. He also recommended some home exercises to reduce the symptoms of back pain and sciatica.



Meeting with Labour Department for Work Rehabilitation Service Development in Hong Kong

Date : 8 October 2019

Physiotherapist : Conference Room, Statutory Minimum Wage Division, 1/F., Harbour Building, 38 Pier Road, Central

Physiotherapist : Dr. Billy SO

In the Chief Executive's Policy Address 2018, the government has planned to study new measures for protecting employees from injuring during work and suffering from occupational diseases, including enhanced treatment and rehabilitation services, speeding up processing of work injury cases and prosecution efforts against non-compliance. HKPA was invited by the Hong Kong Workers' Health Centre to have a meeting with Mr. Jeff LEUNG (Deputy Commissioner (Occupational Safety and Health)), Dr. YK WAN (Occupational Health Consultant 1) and Dr. Mandy HO (Occupational Health Consultant 2) of the Labour Department.

Dr. Billy SO joined the meeting on behalf of HKPA and the representatives from different professional organizations. Dr. Ignatius Yu (Chairman of the Hong Kong Workers' Health Centre); Miss Sabrina Wan (Chief Executive of the Hong Kong Workers' Health Centre); Mrs. Eleanor Chan (President of Hong Kong Physiotherapists' Union); Miss Stella Cheng (President of Hong Kong Occupational Therapy Association) and Mr. Geoffrey Kam (The Hong Kong Workers' Health Centre) also joined the meeting.

In the meeting, we shared our opinion on work rehabilitation services to the representatives of the Labour Department.



Interview by SAHK

Date : 11 October 2019
Venue : SAHK Head Office, North Point
Physiotherapist : Prof. Marco PANG

Prof. PANG was interviewed by two students from a school run by SAHK. The interview covered Prof. PANG's career pathway and his views on the development of the profession in Hong Kong. The interview will be published in January 2020.



Logistics Committee of Oxfam Trailwalker 2019

Date : 11 October 2019
Venue : Oxfam Office, Hong Kong
Physiotherapist : Mr. Alex HO

Oxfam Trailwalker 2019 was originally planned to held on 15-17 November, 2019. Mr. HO represented HKPA and participated in the Logistics Committee meeting and gave input to the operation and logistic arrangement of the event.

Australia Physiotherapy Association Conference

Date : 17-19 October 2019
Venue : Adelaide Convention Centre, Adelaide, Australia
Physiotherapist : Prof. Marco PANG

As the President of HKPA, Prof. PANG was given complimentary registration to attend the Australia Physiotherapy Association Conference held in Adelaide. The conference and gala dinner were well attended and Prof. PANG met many old friends of PT Associations around Asia and Western Pacific Region.



殘疾人士體育訓練計劃

健體教練專業研討會暨實務工作坊2019

自閉症人士健體訓練，精神病康復者健體訓練

Date : 2 November 2019

Venue : Hong Kong Sports Institute

Physiotherapists : Ms. Phyllis CHUN and Ms. Fiona TANG

Ms. Phyllis CHUN and Ms. Fiona TANG, on behalf of HKPA, were invited by the Physical Fitness Association of Hong Kong to deliver talks on “fitness training for people with autism” and “fitness training for people recovered from mental illnesses” respectively, to physical fitness trainers who attended a conference cum workshop called “健體教練專業研討會暨實務工作坊2019”. There were altogether over 80 participants. The talk on autism covered the common features, sensory and gross motor problems and advantages of exercises for adults with high functioning autism, and provided tips such as ways to give appropriate and specific instructions or to keep them focused during the fitness training. As for the talk on mental illness, it encompassed the overview on mental health, the clinical presentation of people with mental illness, and the person-in-recovery. Essential knowledge and communication skills in serving clients with these special physiological and psychological needs were shared to the enthusiastic fitness trainers. The two talks were well received by the audience.



Ms. CHUN was training fitness trainers regarding exercise for people with autism



Ms TANG was the speaker



Ms. TANG gave a talk to fitness trainers regarding exercises for people recovered from mental illness

Ming Pao article on 家務工作的不良姿勢 (家庭主婦或傭工)

Date : 4 November 2019
Physiotherapist : Mr. Wai Leung LAU

In the article Mr. MA illustrated the reasons for the high risk of developing low back pain and sciatica among child education workers. He also recommended some home exercises to reduce the symptoms of back pain and sciatica.



Consultation Meeting of the pilot programme for employees injured at work

Date : 4 November 2019
Venue : Conference Room, Harbour Building, 38 Pier Road, Central
Representative : Dr. Billy SO and Mr. Alexander WOO

In the Policy Address 2019, the government introduced a three-year pilot programme for construction workers, who are injured at work to receive medical treatments and rehabilitation services in private settings. Dr. Billy SO and Mr. Alexander WOO joined the meeting on behalf of HKPA to share the opinion on the implementation of the scheme to the representatives from the Labour Department.

Meeting with representative of the Education Services, Sik Sik Yuen

Date : 8 November 2019
Venue : The Premises of the Hong Kong Physiotherapy Association
Physiotherapists : PSG representatives- Ms. Tracy CHEN, Ms. Carmen LEUNG, HKPA Ex-com-Dr. Billy SO

A meeting was held to discuss the collaboration between the PSG and the Education Services of Sik Sik Yuen, so as to promote healthy development of school children. There will be a kick-off ceremony in January 2020, with physiotherapists delivering educational talks to parents and teachers of kindergarten. In the next phase, paediatric physiotherapists will conduct screening for students aged 7-9 on their motor functions. The findings of the screening will be shared in a press release in December 2020.



HKPA Annual General Meeting 2019

Date : 9 November 2019
Venue : Room 901,
 9/F Rightful Center,
 12 Tak Hing Street,
 Jordan, Kowloon, HKSAR

HKPA Annual General Meeting 2019 as well as the election of the executive committee 2019 - 2021 was held on 9 November 2019. Mr. Bronco BUT, HKPA Honorary Legal Advisor, was invited to supervise the ballot counting process. The results of the election and appointment of the newly elected executive committee 2019 - 2021 was listed as below:



Martin WONG, Mr. Alphonse CHAN, Mr. Bronco BUT and Mr. Eric LI (from left to right) participated in the ballot counting process for the election of the executive committee 2019 - 2021

Number of valid ballots counted:	280
Number of invalid ballots:	5

Nominee for HKPA Executive Committee Members	Ballot Attained
Ms. CHIU Pik Yin, Horsanna	120
Ms. CHOW Ha Yan, Carmen	82
Dr. KWOK Wei Leung, Anthony	99
Mr. MA Fat Chuen, Brian	192
Ms. MAK Man Yu, Mandy	138
Mr. NGAI Chi Wing, Gorman	161
Dr. NGAI Pui Ching, Shirley	189
Ms. POON Ka Wai	60
Dr. SO Chun Lung, Billy	122
Dr. SU Yuen Wang, Ivan	136
Ms. SUEN Mei Yee, Anna Bella	162
Mr. TSANG Chi Chung, Raymond	229
Mr. WAN Sung, Sam	88
Mr. WONG Hin Wai, Will	86
Ms. WONG Wan Loon, Judy	110
Dr. WONG Yu Lok, Arnold	162
Mr. WOO Chuen Hau, Alexander	204
Mr. YEUNG Ngai Chung, Ivan	88

Members of the Executive Committee of the HKPA Ltd. (2019 - 2021)

President	Prof. PANG Macro Yiu Chung	
Executive Committee Members	Mr. TSANG Chi Chung, Raymond	Mr. NGAI Chi Wing, Gorman
	Mr. WOO Chuen Hau, Alexander	Ms. MAK Man Yu, Mandy
	Mr. MA Fat Chuen, Brian	Dr. SU Yuen Wang, Ivan
	Dr. NGAI Pui Ching, Shirley	Dr. SO Chun Lung, Billy
	Ms. SUEN Mei Yee, Anna Bella	Ms. CHIU Pik Yin, Horsanna
	Dr. WONG Yu Lok, Arnold	

前列腺癌患者及康復者交流會

Date : 27 November 2019
Organizer : 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 an educational talk and exercise workshop for patients with prostate cancer. There were about 20 participants, including the patients as well as their caregivers. Exercise DVDs were also distributed to the participants.



Mr. Sam WAN delivered educational talk and practiced the exercise with the prostate cancer patients.



Exercise DVDs were distributed to the participants.

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For enquiry, please contact Prof. Marco PANG
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**General Enquiry or
 Submission of
 Letters to the Editor**

Please direct to
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Master of Science in

Sports Medicine & Health Science

運動醫學及健康科學 理學碩士

On the Equivalent List I for Recruitment of Consultant Physiotherapist (Musculoskeletal)
On the List of Quotable Qualifications of the Medical Council of Hong Kong
On the List of Quotable Qualifications of the Physiotherapists Board of Hong Kong

Programme Focus

- Orthopaedic Sports Medicine
- Sports Injury Prevention and Rehabilitation
- Emergency Sports Medicine
- Strategies in Sports Performance Enhancement
- Sports Medicine and Training in Elite Athletes

Target Students

- Medical Doctors, Physiotherapists, Allied Health, Sports Scientists and Coaches

Mode of Study

- Full-time: complete 30 credits in one year
- Part-time: complete 30 credits in two years

2020 Sep Intake

Application Deadline

Priority round: 31 January 2020

Final round: 30 April 2020

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春季針灸學文憑課程 2020

Diploma in Acupuncture and Moxibustion 2020 Spring

Course Characteristics:

特色：

- 師資優良 (陳國正中醫師本身是物理治療師，教授以中西結合，並針對物理治療師臨床常見病例作重點教授)
- 課程內容會以正宗針灸知識及技術為基礎，使學員掌握以中西結合之醫術，以乎合法例規管要求，在物理治療各種適應症
- 課程之內容及學時均參照物理治療學會針灸認可資格之要求
- 本課程以全面、實用及豐富臨床為主要特色。

好處：

- 本課程之講師均擁有二十年之針灸及中西結合治療經驗
- 由於內容以正宗針灸為基礎，學員不但能掌握中西結合之治療，完成本課程更有助將來進修針灸學碩士
- 確保課程之水準
- 除針灸學，陳醫師亦會教授他從黃帝內經及中醫理論所創之推拿整脊手法(COMT technique)。更會專題講解如何運用manual therapy 或針灸治療Bell's palsy, trigger finger, stroke, parkinsonism, 婦科病(如經痛) 及各種痛症等等

內容：

第一部份：(逢星期六)

- 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;常見物理治療病案及專題講座
- 5) 針灸手法學 (各式補瀉手法;三梭針操作;頭針及耳針操作;拔罐操作;括痧操作;取穴思路)

第二部份：臨床實習：(獨立運用針灸方法處理真實病人)

日期：21/3/2020-28/11/2020 (every Saturday)

時間：2:30pm – 5:00pm

全期學費：\$21,000

名額：30

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 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。

講師：陳國正

(註冊中醫、註冊物理治療師、中國認可針灸師)

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 香港理工大學物理治療專業文憑

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Course 2

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。這是一套能高效針對多種專科之手法治療。

日期：18/4/2020-19/4/2020 (Part 1)
 16/5/2020-17/5/2020 (Part 2)
 13/6/2020-14/6/2020 (Part 3)

全期學費：
 \$18,000

講師：陳國正

(註冊中醫、註冊物理治療師、中國認可針灸師)

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 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研究所臨床專業顧問(名譽)
 香港理工大學物理治療專業文憑

時間：10:00am-5:00pm

CPD Points :
 15 (pending)

地點：九龍尖沙嘴麼地道28號
 中福商業大廈六樓601-602室

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

報名方法請參照報名表格及須知。

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電郵地址		課程編號	
聯絡電話		總費用	
日期		支票號碼	

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