



# NEWS BULLETIN 物理治療 PHYSIOTHERAPY 資訊

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## Editorial Therapy in Water

Mr. George WONG and Ms. Wendy CHIANG

Water can flow, water can crash. Similarly, in our practice of physiotherapy, water can assist and resist while our clients are exercising under water. With the understanding of the physical properties of water and analysis of human movement, hydrotherapy is developed to be a form of physiotherapy practice for long time, with wide application in various conditions including rheumatoid arthritis and osteo-arthritis, musculoskeletal injuries, neurological conditions etc. Hydrotherapy has shown to offer benefits over pain, joint mobility, strength, function, self-efficacy and affect, fitness and balance [1].

In this issue, it is our pleasure to have Ms. Lavinia WONG to introduce the practice of Ai Chi, which is a total body relaxation and strengthening progression used for aquatic therapy based on elements of Tai Chi, characterized by slow movement coordinated with deep breathing, in the rehabilitation of Parkinson's patients. The informative video clips linked by the QR codes in the article would definitely enrich your knowledge on this aspect of hydrotherapy.

Water pool is a prerequisite to any session of hydrotherapy. We are glad to have Ms. Catherine WONG showing us the challenges and opportunities brought by the overhaul of their pool in MacLehose Medical Rehabilitation Centre, which turned out to be the biggest one in Hong Kong. Ms. WONG shows us the two sides of a coin, guiding us through most of the key issues in the management of a hydrotherapy pool and the benefits of such a big pool, with a size which we may have dreamt of possessing one.

Let us immerse into the water of knowledge, and treat in water.

### Reference

1. Geytenbeek, J (2002). 'Evidence for Effective Hydrotherapy', Physiotherapy, 88, 9, 514-529.

## Memorandum in error

HKPA

The author name of PA Diary for "Ming Pao Article 鍛煉深層武器護腰" in the last issue should be Mr. Ngai Fung TSANG.

The author name of PA Diary for "PA Diary Ming Pao Article on Technology and Rehabilitation 臥牀坐輪椅都可訓練 電激懸吊 走動能力" in the last issue should be Ms. Peggie Pak Ki CHIEN.

## Clinical Ai Chi for Parkinson's Rehab: Balance and Core Stability Enhancement

Ms. Lavinia Kit Yee WONG  
Registered Physiotherapist

Ai Chi was developed in 1993 by Jun Konno (Japan) as an exercise to prepare for Watsu. The term Clinical Ai Chi distinguishes a more specialized form used for specific therapeutic applications.

Ai Chi is a total body relaxation and strengthening progression used for aquatic therapy. This aquatic technique is characterized by slow movement coordinated with deep breathing. Based on elements of Tai Chi, it allows meridians to remain open with energy flow in the body. The key to learn is non-judgmental on movement patterns, they will then become more confident, more relaxed and more connected to the body and mind.

Major physical problem of Parkinson's patients include start and stop issue, shuffling gait with small steps, decrease in hip flexion, stiff ankle with poor balance, frequent fall in backward direction, stiff trunk, decrease in neck rotation turn and difficulty in turning. So the Clinical Ai Chi for Parkinson's will focus on the principles below principle to meet their rehabilitation needs:

- Symmetrical and reciprocal
- Trunk rotation
- Concentration
- Balance

### Key concept in practice:

In Ai Chi, a wide, non-staggered stance is used. Spine must be straight. Making the stance just a bit wider, while staying low in the water will destabilize clients and require more core activation.

Most people may think that going faster is harder. Going faster may burn more calories but balance and core stability are better challenged when switching to slow motion.

The videos below (Scan the QR code) will show you the application of Clinical Ai Chi on patients with Parkinson's disease. Each component is designed to meet the rehabilitation purpose and patients are encouraged to move their body in a controlled manner.

### Parkinson's gait on land



### Walking in water:

Use a normal stride with the heel barely clearing the pool bottom during the swing phase. Use a heel strike and roll heel-to-toe. Eyes focused ahead. focused. Keep neck straight and 'long', and shoulder blades pressed lightly down.

Then slow down a bit and **ALWAYS check on long neck, easy arm-swing and tall torso**. The slower the walking speed, the more challenge to the torso. Continuous forward movement masks a myriad of balance deficiencies.

Observe for gripping of toes, tensing neck and shoulders, a decrease in range of motion with hands almost always in front of body or poor alignment with forward flexion. It tells if the body is balancing.

### Parkinson's gait underwater



### Preparation phase:

#### 1. Shoulder mobilization



- Stand with wide base stance with one foot in front and one foot behind
- Bilateral shoulders reciprocal flexion-extension movement under water
- Stabilize the core with abdominal contraction in a controlled manner
- Change stance

(Continued on Page 3)

## 2. Hip & knee mobilization



- Upper trunk supported with float
- Lift bilateral lower limbs off the floor of pool
- Cycling in a constant slow speed and reverse, with as large amplitude as tolerated

### The Ai Chi program:

Balance/ coordination/ lower limbs control/ trunk rotational components

#### 1. Contemplating to Freeing



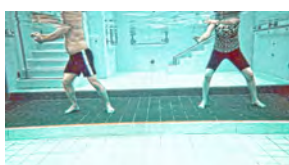
- Wide base stance with semi squat
- Bilateral upper limbs open up sideways
- Full shoulder horizontal flexion on one side shoulder with trunk rotation
- Open up to neutral position again and repeat on the other side
- Breathing: breathe in while opening arm, and breathe out while closing

#### 2. Balancing



- Holding the wall bar in front
- One leg step forward and then backward with weight shifting
- Step one leg forward and backward
- To advance: lift the leg forward with knee higher up and stay longer during hip fully extension

#### 3. Encircling



- Wide base stance with semi squat
- Perform 'Cloud's hand' (Tai Chi) on both side alternatively
- Emphasize on trunk rotation and weight shifting

## 4. Flowing 1



- For beginner
- Wide base stance, hands open up sideways for balance
- Sideway cross leg stepping (open and close) in alternate side

## 5. Flowing 2



- Progress of Flowing 1: move to sideways walking

## 6. Accepting with Grace 1



- Stand with wide base stance with one foot in front and one foot behind
- Lift up front knee with CG shift backward and maintain balance
- Hold for 2-3 sec and put the front leg down slowly
- Repeat for other side

## 7. Accepting with Grace 2



- Repeat the exercises above with larger amplitude of movement OR perform at slower speed with wall side support

## References

- Ruth Sova & Jun Kunno (2003), Ai Chi: Balance, Harmony and Healing, 2nd edition, DSL Ltd
- Ruth Sova (2017), Ai Chi Progressions, Aquatic Therapy & Rehab Institute ATRI Newsletter, ATRI, US

## Opportunities and Challenges for the Hydrotherapy Pool in MacLehose Medical Rehabilitation Centre (MMRC)

Ms. Catherine WONG

Senior Physiotherapist, MacLehose Medical Rehabilitation Centre

### Introduction

Aquatic Rehabilitation is a late-twentieth century term that describes a scientific therapy, medical rationale, and a set of clinical procedures using water immersion for the restoration of physical mobility and physiological activity, and, at times, for effecting psychological transformation [1]. MacLehose Medical Rehabilitation Centre (MMRC) is one of the few centers in Hong Kong to provide hydrotherapy services back in early 80s. Two hydrotherapy pools and its plant were built in the Physiotherapy Department of MMRC since 1984. In particular, one small size treatment pool was characterized by varying depths, while the other was a big swimming teaching pool with a size of 25m x 7.5m x 1.2 m. After years of usage, both pools required overhaul. As the costs of overhaul for both pools were huge, only the larger pool was retained with the plant undergone a major renovation in 2016.

### Challenges in running a hydrotherapy pool

In addition to the huge cost and time needed to build a pool, the maintenance of the pool and the whole plant also requires a lot of time and expenses. From the experiences of colleagues involving in the facility management of MMRC, the systems requiring plant management and pool maintenance include filtration, heating system, chemical dosing and ventilation. The filtration system includes two circulation pumps, which had been replaced after 10 years of usage. A sand filters and back wash system must have a small window to allow visual inspection of clearness of water. Regular washing of these two sand filters is needed. The heating system includes a heat exchange system box to maintain temperature control, while four heaters are used to heat up the water. It usually takes two days to heat up the water to the desirable temperature. Chemical dosing of chlorine is done weekly into the water system through chemical controller. In MMRC, a ventilator system involves humidifiers installed one floor above the pool room to ensure room temperature and humidity at the ideal range for environmental control. Broken parts such as broken tiles and drainage pipes are repaired on ad hoc basis or through annual checking.

Manpower is needed to keep good quality of pool water every day. The temperature and humidity of the room and the water clarity are checked once daily. The pool temperature, free and combined chlorine and the pH value are checked twice daily. Additionally, the collection of pool water sample for microbiology test is done every two to three months. A half-day work by the supporting staff is required to clean the pool with electric vacuum cleaner weekly.

Ideally, the pool can accommodate more than 20 patients in a single session. However, it is not pragmatic to reach the maximum utilization number because one physiotherapist and one supporting staff are needed to monitor at most 10 patients in each session to ensure effectiveness and safety. It is difficult to have enough manpower to accommodate 20 patients simultaneously.

### Opportunities brought by a large pool

Although various challenges exist, the size of our big pool also brings opportunities for specific functions and development of aquatic therapy, which are listed as the followings:

- The large pool allows patients to swim in the pool. This is important for patients with various conditions (e.g., neurological diseases, amputee, and geriatric patients with poor balance) to improve their cardiovascular fitness. Swimming can also help building up muscle strength and balance.
- It provides sufficient space for therapists to apply space demanding aquatic treatment techniques on patients to optimize the therapeutic effects (such as Watsu to relax spasticity, and Halliwick to help develop sense of balance and core stability).
- It allows group exercises to be conducted which facilitate positive reinforcement, socialization, better morale, and fun.
- It enables the conduction of programs for sports rehabilitation such as circuit training.

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- It facilitates the training of physiotherapy staff and students. The pool in MMRC has been used as a training pool for running aquatic skills workshops and refreshment programs.
- The large pool size also allows the installation of standard ramp to improve the safety for patients to ascend and descend the pool when compared to doing so on stairs alone.
- Fixed height platform and stainless steel chairs are installed in the pool to serve different patients' needs and various purposes of training.
- More importantly, the large pool space allows dynamic movement pattern to be captured and analyzed by underwater camera or equipment for clinical enhancement or clinical studies.

### Conclusion

The hydrotherapy pool in MMRC is the largest one in Hong Kong. It is one of the breeding ground for physiotherapists to apply their innovative ideas and skills to advance future aquatic therapy development in Hong Kong.

### References

1. Becker, B.E., & Cole, A.J. (1997). Comprehensive Aquatic Therapy. Newton, MA : Butterworth- Heinemann.



Fig 1. The hydrotherapy pool in the MacLehose Medical Rehabilitation Centre



Fig 2. The water plant for running the hydrotherapy pool in the MacLehose Medical Rehabilitation Centre

## CPD News

Enquiry of CPD News and Activities  
Please Visit

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

General Enquiry or  
Submission of  
Letters to the Editor

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## Enhanced Home and Community Care Services at St. James' Settlement

Mr. Chi Wa HO

Physiotherapist I, St. James' Settlement

### Background

Enhanced Home and Community Care Services (EHCCS) was introduced in April 2001 with the concepts of "Ageing in Place" and "Continuum of Care" [1]. The purpose of this service is to provide home-based supports including management of clinical issues, medical and rehabilitation service, personal care, and support service for elderly. The elders were assessed to be in either moderate or severe level of impairment by the Standardized Care Need Assessment Mechanism for Elderly Services.

St. James' Settlement has 3 teams of EHCCS (Wan Chai District, Central and Western District and Hong Kong Cluster), providing various home care services to more than 600 cases.

The objectives of the Settlement's EHCCS are:

1. to enable frail elderly to continue staying at home and in their own familiar community to enjoy their lives; and
2. to enable the carers to get sufficient support.

Our team consists of physiotherapists, occupational therapists, social workers, nurses, speech therapists, dietitians and health care workers, who cooperate with each other to maximize functional status of the elderly.

### Ageing in Place

"Ageing in place" is an approach that means the elderly can choose where and how they live as a result of ageing. Their own home or familiar community is the most ideal environment for most of the elderly. The majority of the elderly wish to stay in their familiar setting without moving to other environment. To achieve "Ageing in place", it is important to engage the elderly with the community, increase their sense of confidence to stay in familiar environments and minimize caregiving pressure for both elderly and their carers.

The elderly can gain sense of security if they engage in the community. Visiting supermarkets or even going to parks can be part of our daily services. EHCCS also

organizes a variety of activities to encourage the elderly and their carers to participate in, including visits to Hong Kong Wetland Park, Hong Kong Heritage Museum and Boccia tournament etc. This enables them to continue their daily lives in their familiar neighborhood.



Fig 1. Boccia is an exercise to train up eye - hand coordination and body control



Fig 2. Wheelchair bounded elderly can also take part in this activity

Regular rehabilitation exercise sessions are provided to the elderly every week. Physiotherapist performs detailed assessment for the elderly to have a full picture of their functional level. A tailor-made exercise program is set up to maximize their functional status or maintain their condition to prevent further deterioration. The elderly can understand their own condition and limitations which allows them to have better sense of confidence in daily life.

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Fig 3. TENS for pain control



Fig 4. Strengthening exercise with TheraBand

Carers support is another important aspect in “Ageing in Place”. EHCCS provides both physical and psychosocial support to the carers. Onsite trainings including transfer skills and handling techniques are provided by our physiotherapist to equip the carers and enhance their knowledge. Different professionals also provide disease related knowledge and workshops to the carers in order to relieve their caregiving pressure. EHCCS not only cares about the elderly but also those who take care of them.



Fig 5 and 6. Kinesio Taping workshop for carers (pain management)

### Continuum of Care

“Continuum of Care” describes the delivery of health care over a period. This covers all phases of illness from diagnosis to the end of life. Incidents such as fall or sudden change of physical conditions are common to the elderly. EHCCS provides quick and thorough support to both the elderly and carers.

It is essential to maintain effective communication among EHCCS team members, the elderly and their carers. Invited to join a case conference, the elderly and the carers can express their concern and what problems they are facing. All parties can discuss face-to-face and provide efficient reaction to solve the problems. They are able to seek assistance (with an emergency phone number) for basic consultation or opinion during non-office hours.

Regular and extra home visits are arranged by different professionals. This helps us to monitor closely each case and provide quick response if incident occurred. For example, if the elderly is discharged from the hospital, physiotherapist will adjust the tailor-made exercise program according to the change of physical condition. Walking aid and wheelchair may also be prescribed if needed. Occupational therapist carries out the home environment modification. Nurse is responsible for drug management. Social worker provides psychological support to both the elderly and their carers. All of the team members can facilitate the process of “Continuum of Care”.



Fig 7 and 8. Before (left) and After (right) home environment modification with rail installed

### Conclusion

EHCCS is a home-based service for the elderly in Hong Kong. Professionals from different fields work with each other to provide physical, psychological and social support to each case and their carers in order to achieve “Ageing in Place” and “Continuum of Care”.

### Reference

1. Social Welfare Department - Enhanced Home and Community Care Services  
[https://www.swd.gov.hk/doc/elderly/EHCCS%20\(Nov%202015\).pdf](https://www.swd.gov.hk/doc/elderly/EHCCS%20(Nov%202015).pdf)

## An Interview with Mrs. Elisabeth Po-wo WONG YEUNG

**Date** : 31 May 2020

**Venue** : Zoom

**Interviewee** : Mrs. Elisabeth Po-wo WONG YEUNG

**Interviewers** : Mr. Aiden MA (BSc (Hons) Physiotherapy Year 2 student) and Mr. Desmond CHAN (MPT Year 2 student)

### Q1

What are your recent plans and updates?

### A1

I have retired since 1996. I spent my typical day by performing Baduanjin Qigong for 10 to 15 minutes every morning, and doing grocery shopping. Currently, I am also volunteering as one of the hospital governing committee members in the Our Lady of Maryknoll Hospital. I attend regular meetings and provide advice and suggestions on a project related to the reconstruction work that will be completed within 5 to 10 years.

I used to volunteer in the Caritas Lok Kan School to provide advice to their teachers and caregivers regarding physiotherapy for children with severe disability. I volunteered there for over 20 years. Since it has been very difficult for the school to hire physiotherapists, the school needs to contract out their physiotherapy services to private companies so as to find experienced physiotherapists to provide paediatrics physiotherapy. Therefore, my role was to support the teachers and caregivers to provide simple physiotherapy to students with severe mental handicap or physical disabilities (e.g., those with cerebral palsy, or muscular dystrophy with contractures or scoliosis). Lately, I have stepped back because other newly retired physiotherapists have been following my footsteps and are volunteering for the school.

### Q2

When and how did you start your PT career? How was your PT education look like back then?

### A2

I started my physiotherapy career in 1965. I was first introduced to physiotherapy by Mrs. Maria LIU KWONG, who brought me to some wards in the Queen Elizabeth



Fig 1. Interviewing Mrs. Elisabeth WONG YEUNG via Zoom

Hospital where she treated patients with bed sores (e.g., severe trochanteric and sacral sores that could see the bones). Surprisingly, I was not afraid of those wounds. Therefore, Mrs. LIU KWONG introduced me to the superintendent physiotherapist at that time, who admitted me to a 4-year certificate program. We only had 11 physiotherapy students in my class.

We succeeded to complete course in 3 years also meeting the target of over 2,500 hours of practicum. We then worked in public hospitals in Hong Kong. Junior physiotherapists in public hospitals were routinely rotated to different hospitals every 6 months to ensure physiotherapists acquiring experiences in different settings.

I was promoted to Physiotherapist I within two years after graduation. Later, I was promoted to Senior Physiotherapist. Just before Hospital Authority took over all public hospitals, I was promoted to Superintendent Physiotherapist, the Head of Grade in Physiotherapy. After the establishment of the Hospital Authority, I was seconded to the Executive Manager position to oversee allied health services in Hospital Authority.

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**Q3**

What were your experiences in developing physiotherapy in Hong Kong in the last few decades?

**A3**

My experience in developing Hong Kong physiotherapy started when I was a student, with only 30 physiotherapy students trained in the Hong Kong Physiotherapy School. Then the Superintendent founded the Hong Kong Physiotherapy Association (HKPA). I joined HKPA, and served as the secretary to take notes in HKPA meetings. Later, I was elected as the president for four times, each with a two-year term.

One of the most important changes in policy that revolutionized our field was the cancellation of prescription-based physiotherapy. When I first became a physiotherapist, physiotherapists needed to follow the prescribed treatment plans given by physicians. We only delivered physiotherapy treatments. However, the autonomy of physiotherapists is crucial to the delivery of better treatment/care to patients because doctors might not fully understand/know our techniques. Therefore, in 1976, we requested for more autonomy for physiotherapists to plan treatment programs. The Deputy Director agreed with our argument and a memo was sent to medical practitioners to replace the prescription system with simple referral for physiotherapy

Another significant development of physiotherapy in Hong Kong was in 1978 when HKPA joined the World Confederation for Physical Therapy (WCPT), Mrs. Agnes Gardner and I successfully registered HKPA as a member of the WCPT. To become a WCPT member, HKPA had to represent a certain percentage of working staff in Hong Kong. In 1978, the HKPA had approximately 200-300 members, representing around 80 – 90% of the workforce in Hong Kong. Our physiotherapy training program was also fully recognized by WCPT.

**Q4**

When and why did you start to pick up a leadership role in the PT profession?

**A4**

I loved my profession and wanted my profession develops well in HK so that it can contribute more to the society. As such, I worked as the Superintendent Physiotherapist, and later with other Executive Managers to look after all allied health services (including dieticians, social workers,

speech therapists, medical laboratory technicians, podiatrists, and optometrists etc.). I also served as the president of HKPA for 8 years.

**Q5**

What are your expectations for future PT development?

**A5**

To develop physiotherapy, Hong Kong physiotherapists have to align with the global direction. WCPT has modified their goals from 2016 to emphasize on health promotion and prevention in recent years. The new policy was just passed in May. Hong Kong physiotherapists should follow this global trend.

The future of physiotherapy has many areas to be enhanced. The concept of high tech and high touch services should be considered in the development of physiotherapy. High-tech refers to using advanced technology for rehabilitation, whilst high-touch means that physiotherapists should have both the hand skills and human touch (i.e., communication, attentiveness and patient care). As technology improves day-by-day, the emphasis on high touch in our times have gradually changed to high tech. Nowadays, physiotherapists should still develop their 'high touch' to ensure their success in this field.

**Q6**

How can we improve the unity of our profession?

**A6**

I think it is important to have a good strategic planning that involves physiotherapists from different settings (e.g., NGO, public hospitals, and private practitioners) to exchange ideas. Specifically, workshops can be held to include leaders with various scopes and services to plan for the future physiotherapy development in Hong Kong. We need to identify our strengths and weaknesses, as well as threats and opportunities so that our profession can continue to thrive and work together.

The current physiotherapy field is not united. It is like the traditional saying "a plate of sand". Physiotherapists should think about "What can I do for the profession?", which will subsequently help solve the problem of "how to keep your own job?". Fights within our profession would not lead to a better future. I would like to conclude by saying that "if you do something good for your profession, it will also do good for yourself."

## *Failure to Declare Conviction Punishable with Imprisonment*

**Mr. Bronco BUT**  
Honorary Legal Advisor of HKPA

### **Assumed Scenario**

John was a registered Part Ia physiotherapist and was working in a public hospital. Besides a qualified physiotherapist, he also obtained first aid qualification and was an experienced first aider. Although he had graduated a few years ago, he maintained contact with the physiotherapy students and was the mentor of several physiotherapy students.

In 2019, there were large scale protests which involved violence. On 1 October 2019, there were violent protests in Kowloon. He attended the scene where there were violent clashes between police and rioters for the purpose of providing first aid treatment to injured people. In the heat of clashes, he noticed a female physiotherapy student known as Susan who was his mentee hurled a petrol bomb towards riot police officers. Immediately after hurling the petrol bomb, Susan turned around and ran towards John's direction. A police officer chased after Susan. In order to save Susan from being arrested by the pursuit police officer, John intentionally tripped the pursuit police officer who lost balance and fell down thereby sustained personal injuries. John was arrested by the police and was charged with the offence of obstructing and assaulting a police officer in due execution of duty. Under Section 36(b) of the Offences Against the Person Ordinance, any person who assaults, resists or wilfully obstructs a police officer in due execution of duty is liable to imprisonment for 2 years. In February 2020, John pleaded guilty to the charge of obstructing and assaulting a police officer and was given a non-custodial sentence.

In March 2020, he submitted an application for annual practising certificate for 2020/2021. Pursuant to Section 16(2) of the Supplementary Medical Professions Ordinance (Cap359), an annual practising certificate will be issued to a physiotherapist subject to the payment of prescribed

fee for the issue of a practising certificate and his/her submission of a declaration stating whether or not that he/she has been convicted in Hong Kong or elsewhere of any offence punishable with imprisonment since the date of the last declaration made by the physiotherapist for the purpose of his/her registration as a physiotherapist or application for a practising certificate.

In light of the requirement of Section 16(2) of the Supplementary Medical Professions Ordinance, John was obliged to complete the declaration. John was of the view that although he was convicted of the above offence, he was not sent to jail and therefore he has not been convicted of an offence punishable with imprisonment. Based on his own view and without seeking legal advice, he declared in the Declaration that he has not been convicted of an offence punishable with imprisonment.

In May 2020, John received a notification from the Physiotherapy Board informing him that he was charged with the offence of professional misconduct in that he recklessly and/or negligently failed to declare in the Declaration that he has been convicted of an offence punishable with imprisonment.

### **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

*(Continued on Page 11)*

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.

### 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 obstructing and assaulting a police officer in due execution of duty. Under Section 36(b) of the Offences Against the Person Ordinance, any person who assaults, resists or wilfully obstructs a police officer in due execution of duty is liable to imprisonment for 2 years. Although John was given a non-custodial sentence, he was convicted of an offence punishable with imprisonment. Accordingly, he should declare in the Declaration that he has been convicted of an offence punishable with imprisonment. In spite of that, he made a false declaration saying that he has not been convicted of an offence punishable with imprisonment.

It is unlikely that John could be found not guilty of the above charge laid by the Physiotherapy Board.



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## Educational Videos for The Hong Kong Multiple Sclerosis Society

**Date** : 18-19 April 2020  
**Venue** : A studio in Kwun Tong  
**Physiotherapists** : Dr. Doris CHONG and Ms. Eva CHUNG

Dr. CHONG and Ms. CHUNG, executive committee members of the HKPA Neurology Specialty Group, participated in the production of educational videos organized by The Hong Kong Multiple Sclerosis Society (HKMSS). The purpose of these educational videos is to raise the public awareness of multiple sclerosis (MS), especially the benefits of exercise for the management of this condition. In the videos, Doris and Eva demonstrated aerobic, stretching, strengthening and balance exercises suitable for clients with MS to practice at home. They also discussed strategies to address fatigue and pain which are two common symptoms in people with MS. The videos were made available on the HKMSS website as well as for demonstration on the World MS Day on 30 May 2020.



## Ming Pao Article on "Community Physiotherapy under the Impact of COVID-19"

**Date** : 27 April 2020  
**Physiotherapists** : Ms. Candy WO, Ms. Yuk Mun NG, Mr. Rex CHAN, PTI, Mr. Wilson LAM, Ms. Emma Siu Yin LAI and Mr. George Kwok Cheong WONG

The executive committee members of the new Working Group on Community-based Rehabilitation and Primary Healthcare jointly written an article on how community physiotherapists at the administrative and frontline levels contribute to protecting their colleagues and serving their clients in the face of the pandemic outbreak.



## 今日疫情 *Interview*

**Date** : 6 May 2020  
**Venue** : Kowloon Bay International Trade & Exhibition Centre  
**Physiotherapist** : Mr. Eyckle WONG

The program of Chinese Channel of Viu TV, 今日疫情, invited a representative from Hong Kong Physiotherapy Association to talk about cardiopulmonary rehabilitation for patients after COVID-19 recovery. Mr. Eyckle WONG, represented cardiopulmonary specialty to attend the live talk show and shared the knowledge on diaphragmic breathing, pursed lip breathing, lower costal breathing, and simple aerobic exercises with towels. The program was broadcasted on 6 May, 2020. It can also be reviewed on the Viu TV app.



Fig 1. Mr. Eyckle WONG (second left), Dr. Wilson LAM (second right) and the hosts discuss the road of rehabilitation at the live show 今日疫情 on 6 May 2020.



Fig 2. Mr. WONG (far right) demonstrated aerobic exercises using towels in a park.

## *International Organisation of Aquatic Physical Therapists (IOAPT) Online Meeting*

**Date** : 12 May 2020  
**Physiotherapist** : Dr. Billy SO

The 1st online meeting of the IOAPT, a subgroup of the WCPT, was held on 12 May 2020. The aquatic physiotherapists, with the same passion for water, represented 11 of 13 physiotherapy associations (Portugal, Spain, South Africa, United Kingdom, Brazil, United State, Argentina, Mexico, Denmark, Australia, Ireland, Chile and Hong Kong) to join the meeting. Dr. Billy SO joined the meeting on behalf of Aquatic Physiotherapy Working Group (APTWG) of HKPA. Dr. SO was appointed as one of the five founding members of the Education and Research Committee of IOAPT.

In this meeting, a statement about COVID-19 and the practice of Aquatic Physiotherapy was discussed, and the statement was endorsed by WCPT.

<https://www.wcpt.org/sites/wcpt.org/files/files/IOAPT%20Statement%20-%20Covid-19%20and%20practice%20of%20Aquatic%20Physiotherapy%20%2812-05-20%29.pdf>



# Skypost Article on Occupational Health of Using Laptop

Date : 22 May 2020  
 Physiotherapists : Mr. Sam WAN and Mr. Alexander WOO

Sam and Alex shared the knowledge and cases of neck and back pain resulting from using laptop. Office ergonomics of using laptop are advised.



# Distribution of Free Surgical Masks to Physiotherapists Working in the Private Sector

Dates : 23 to 27 May 2020

To express our support for the frontline healthcare professionals in the private sector, the Food and Health Bureau allocated 200 boxes of surgical masks (50 masks in each box) to HKPA for distribution to the registered physiotherapists who are working in the private sector. Each person is eligible to apply for a maximum of one box of masks for free. Dr. Ivan SU and Mr. Will WONG collected and delivered the masks to two private clinics for distribution.

**Hong Kong Physiotherapy Association 香港物理治療學會**  
 @HKPhysioAssoc

**【Online Application for Surgical Masks】**

To express a token of appreciation to the frontline healthcare professionals in the private sector in the fight against COVID-19, the Food and Health Bureau has allocated 200 boxes of surgical masks (50 masks in each box) to the Hong Kong Physiotherapy Association (HKPA) for distribution to the registered physiotherapists who are working in the private sector. Each person is eligible to apply for a maximum of 1 box of masks without charge.

**Target Group:**  
 Registered physiotherapists who are working in the private sector (HKPA members or non-members)

**Application Method:**  
 Please complete the online application form through the below link:  
<https://docs.google.com/forms/d/1FAIpQLScG01IloImCs7y8.../viewform...>

**Application Deadline:**  
 18:00 on 27 May 2020

**Announcement of Results:**  
 List of the successful applicants (PT registration number) would be posted on the HKPA Facebook by 18:00 on 30 May 2020. Each successful applicant would be informed through email as well.

**Time Period and Places for Collection:**  
 Successful applicants can collect the masks at the below clinics from 3 Jun 2020 to 17 Jun 2020.

1. Action Physiotherapy Clinic  
 Contact Person: Ms. May CHAN  
 Address: Rm 2002, Cameron Commercial Centre, 458-468 Hennessy Road, Causeway Bay  
 Time Period: 10:00-13:00 & 15:30-19:00 (Mon - Fri); 10:00-14:00 (Sat)  
 Remark: successful applicants can collect the masks at any time within the designated period.



## *A Reminder on Renewal of Annual Practicing Certificate for 2020/2021*

HKPA

The government issued a press on 27 May 2020 that as a token of appreciation to healthcare professionals in the fight against coronavirus disease 2019, the fees payable in respect of statutory registration / enrolment as well as issuance and/or renewal of practicing certificates for 13 healthcare professions (including physiotherapists) that take effect during the 3-year concessions period from 1 July 2020 to 30 June 2023 will be waived by the government if certain criteria are met. For details, please refer to the subsidiary legislation published in the Gazette on 29 May 2020.

Although the fee for renewing the 2020./21 practicing certificate will be waived, please submit the **declaration on conviction record on or before 30 June 2020** if you want to continue to practice beyond this date. If you do not apply for renewal of the practicing certificate by 31 December 2020, your name(s) will be liable to be removed from the register of physiotherapists.

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## *A Reminder from the Hong Kong Physiotherapy Board for Private Physiotherapy Clinics/Companies*

HKPA

According to Section 20(3) of the Supplementary Medical Professions Ordinance, Chapter 359, Laws of Hong Kong, a company carrying on the business of practicing the profession of physiotherapy shall transmit a statement to the Secretary of the Physiotherapists Board in the prescribed form containing particulars of their directors and staff **within 14 days after 1 July in each year**. The prescribed form for submission to the Secretary can be downloaded from the Board's website at [https://www.smp-council.org.hk/pt/file/pdf/pt\\_statement\\_e.pdf](https://www.smp-council.org.hk/pt/file/pdf/pt_statement_e.pdf).



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