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Editorial *All About Gender*

Ms. Eva CHUN and Ms. Shan NGAN

'Men are from Mars, women are from Venus' is a metaphor about the fundamental psychological differences between sexes, while we share similarity. Likewise, in the physical aspect, we do not need the Bible to tell us that men and women share the same rib bone from our ancestors, and thus we share some similar health problems. We do need biological books to tell us the distinct differences in our biological and physiological aspects, while the key impact of such differences is celebrated on every year of your birthdays.

With such a long history of knowledge for gender differences, it is not long before women's health has emerged as one of the foci in the health care system. It is our pleasure to have invited Professor SCHOEB and Prof. MILCENT to share with us regarding the development of woman's health in the past and explain the impacts of menopause on women's health. They also explained different factors that influence women's choices regarding their health, and the solution to a sustainable future.

As said, men and women definitely share some similar health problems, even though they have different biological structures. It is our honor to have Dr. KANNAN to analyze the urinary incontinence in both genders for us, and shared various ways to prevent and manage such problems.

Another common problem, when men and women grow older is the risk of falls. Ms. CHAN, from the community setting, gave us a detailed explanation of their transdisciplinary fall prevention program for frail elderly, including involvements of different resources in the community.

Wherever men and women are from, let's improve our health knowledge on both genders on earth.

Factors influencing woman's health choices during menopause

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Women's health today

A few years ago, a women's health agenda was proposed to address the emerging epidemic of chronic disease among women (Langer et al., 2015). Moreover, the World Health Organization (2015) has recognized that women's health issues require multidisciplinary and innovative strategies to tackle these complex issues. It has been argued that the social construction of norms influences decisions women take regarding their health (Lowe, 2016). In addition, the gendered norm of reproduction contributes to the establishment of the glass ceiling (Lowe, 2016), thereby limiting women's career (and life) options. While Hong Kong's women are increasingly educated at tertiary level, overtaking men in enrolling at university, their labor force participation continues to be lower (women 54.8%, men 68.6%) and, more importantly, only 11 per cent of directors of companies are women (South China Morning Post, 2015).

Women at the age of menopause might have various healthcare needs. Yet, studies related to this period of life are scarce and evidence-based guidelines for healthcare interventions are lacking. A study by Dietz and colleagues (2017) emphasized the need to train primary healthcare providers about menopausal care. Using Eastern therapeutic approaches, an emerging literature on effect of acupuncture for menopausal hot flashes (Ee, French, Xue, Pirota, & Teede, 2017) and "Mindfulness" meditation (Carmody, Crawford, &

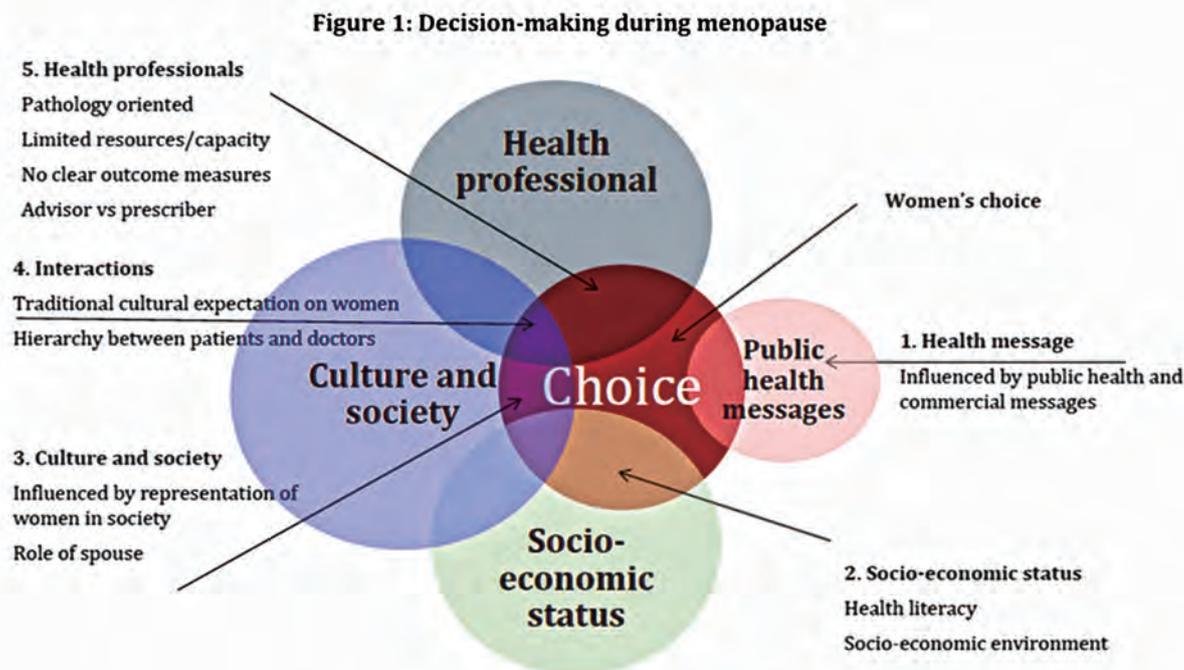
Churchill, 2006) when treating depression show potential benefits but currently, there is no consensus on the effects of these methods.

Using discussion notes from an interdisciplinary "Woman's Health Conference" held in Hong Kong, the objective of this article is to shed light on decisions women during menopause take regarding their health, focusing in particular on the individual, social, cultural, and institutional factors. The following questions were used for the analysis followed by an inductive qualitative document analysis (Prior, 2008):

1. How do different forms of power operate in women's health-related decision-making?
2. What are the harmful or helpful effects of healthcare practice for decisions to be taken by women regarding their health?

Factors influencing women's choices

Women's choices regarding their health are multi-dimensional and compared to women's choices during the fertility period, women at a later stage in life (i.e. menopause) have more decision power, yet are often left alone. Decision-making during menopause is influenced factors, such as culture and society, health professionals, socio-economic status and public health messages (Figure 1).



(Continued on Page 3)

Women's choices regarding their health concern: whether to consult a medical or allied health professional, whether to initiate hormone-replacement therapy, whether to rely on alternative and complementary medicine or drugs for hot flashes, and whether to undergo mammograms, osteoporosis screening, etc. Women could see these decisions as an opportunity for their agency, but our analysis shows that women feel not sufficiently accompanied (if not "left alone") during this period. The following factors influence women's choices:

1. Health messages

Obtaining reliable health information is a prerequisite for informed decision-making. While public health initiatives are one way to enhance the population's understanding and health literacy regarding menopause, powerful forces such as commercial marketing are at play. Whereas commercial messages are openly displayed, the topic is not discussed in public, and women keep their preference for themselves or searching the web for information.

2. Socio-economic status

Decisions to seek treatment are also influenced by the woman's socio-economic status emphasizing the power of money and social context.

3. Culture and Society

Traditional values prescribe the role of women in society (domestic role) in which she provides good care to her family while the husband is responsible to ensure the family's livelihood. In the media, women are portrayed in a negative way, but also in family circles, they are labeled negatively as "menopausal woman". While husbands are often very present during pregnancy, they provide limited support for symptoms related to menopause. In addition, sexual relations can become troublesome engendering negative stereotypes.

4. Interactions: Culture and society combined with professional-patient interaction

The traditional view of women in society does not only influence everyday life, but also impacts on interactions with health professionals. As male medical doctors are often overrepresented in Women's Health domain (e.g. gynecologists, urologists), gender can become a hindrance to communication. Society's social and cultural norms importantly influence women's decision-making. The feelings of not being given autonomy to choose treatment approaches might also be due to perceived differences in hierarchy between patients and doctors.

5. Health professionals

Health professional knowledge is deeply connected to biomedical knowledge. Menopause within this paradigm is associated with disease, although symptoms might be varied. If menopause as a health topic does not necessarily need to be medicalized, health professionals would require a different approach to menopause.

Reflections and conclusion

This article sheds light onto the underlying power relations influencing women's choices during menopause. It has been argued that women's choice is "socially constructed and politically constrained" (McAra-Couper, Jones, & Smythe, 2012) (p. 82). Besides, women's health appears to be only secondary

to the detriment of their role as mothers. Women's choices are related to the notion of 'maternal sacrifice' (Lowe, 2016). However, functioning as procreator does not give sufficient value to the woman herself. The 'right choice' is embedded in culture, society and family values. Choices arise not only within a medical context but also within society, and choices related to women's health do not happen in isolation (McAra-Couper et al., 2012). The representation of women in society and the cultural expectation impact on women's decision-power.

For a more sustainable future, we should (a) take into consideration the woman not as a mother but as a person and contributor to society, and (b) support women at a later stage in life. We propose to promote the training of primary healthcare professional that appears to be key for transforming their current role into a coaching role during the menopause.

Changing cultural norms is definitely part of the puzzle. The level of education impacts communication between women and health professionals. A health promotion program to foster the woman's health literacy may help empower them and may potentially reduce the feeling of shame when events occur during the menopause period.

Acknowledgements of funding source

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Urinary Incontinence: Pathways from prevention to treatment

Dr. Priya KANNAN

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The loss of bladder control and urinary incontinence are considered to be socially embarrassing but are not generally viewed as physical problems or diseases. Weakness or damage to the pelvic floor muscles can cause urinary incontinence. In women, pelvic floor muscle weakness can result from pregnancy, childbirth, obesity, aging, gynecological procedures, constipation, hormonal changes that accompany menopause, and chronic coughing. Researches suggested that women who were multiparous, had instrumental birth or had large babies were at greater risk for developing more severe pelvic muscle weakness or worse pelvic floor damage.

Researches also found that various body postures, including hyper/hypolordosis, pelvic inclination, and ankle position (specifically plantar flexion) could remarkably decrease the activity of pelvic floor muscles. In addition to the influence in pelvic floor muscle activity, posture in either hyper- or hypolordosis was also found to affect the intra-vaginal pressure generated for urethral closure.^[1] Association studies found that wearing of high-heels could cause changes in pelvic inclination, lumbar lordosis, and ankle position. Our recent study, which aimed to evaluate the effects of wearing high-heeled shoes, of varying heights, on pelvic floor muscle activity, found significantly reduced bladder neck elevation when standing in high-heels compared with barefoot standing.^[2] The results of our study indicated that the pelvic floor muscle contractions necessary to elevate the bladder neck might not be as strong when wearing high-heeled shoes when compared to standing barefoot.^[2]

Adopting a healthy lifestyle and diet habits can help prevent urinary incontinence. Adopt a high-fiber diet to avoid constipation, maintain ideal body weight, quit smoking, and avoid high-heeled shoes are ways in preventing urinary incontinence. For incontinence related to pregnancy, regular pelvic

floor muscle exercises, performed in early pregnancy, are recommended to prevent the onset of urinary incontinence during late pregnancy and in the postpartum period.^[3]

Pelvic floor muscle training is considered to be the first-line treatment for urinary incontinence. A systematic review, performed by our research team, found that pelvic floor muscle training in women with urinary incontinence could be performed by standing with the ankles in a neutral position or a dorsiflexion position, to facilitate maximal pelvic floor muscle contraction.^[4] Several complementary and mind-body interventions, such as acupuncture, yoga, Tai Chi, Pilates, Qi Gong, and Paula method exercises have been found to be effective for the treatment of urinary incontinence. Our recent pilot study in three elderly care centers in Hong Kong, which examined the preliminary effects of Pilates and yoga compared with pelvic floor muscle training, found positive changes in urinary incontinence following yoga, Pilates, and pelvic floor muscle training. This pilot study also found that yoga demonstrated superior benefits in community-dwelling elderly women with urinary incontinence, when compared with Pilates but not as superior when compared with pelvic floor muscle training.

In men, common causes associated with pelvic floor muscle weakness include prostate cancer surgery, heavy lifting, and bladder or bowel problems (such as constipation). In many cases, prostate enlargement or benign prostatic hyperplasia in men can be cured through pharmacological interventions or prostate surgery. However, urinary incontinence is also one of the most common complications post prostate surgery. Pelvic floor muscle training is the first-line treatment for urinary incontinence in men, following radical prostatectomy.^[5] Pelvic floor muscle training, combined with biofeedback, during the preoperative period has been reported to significantly improve the recovery of continence in men undergoing

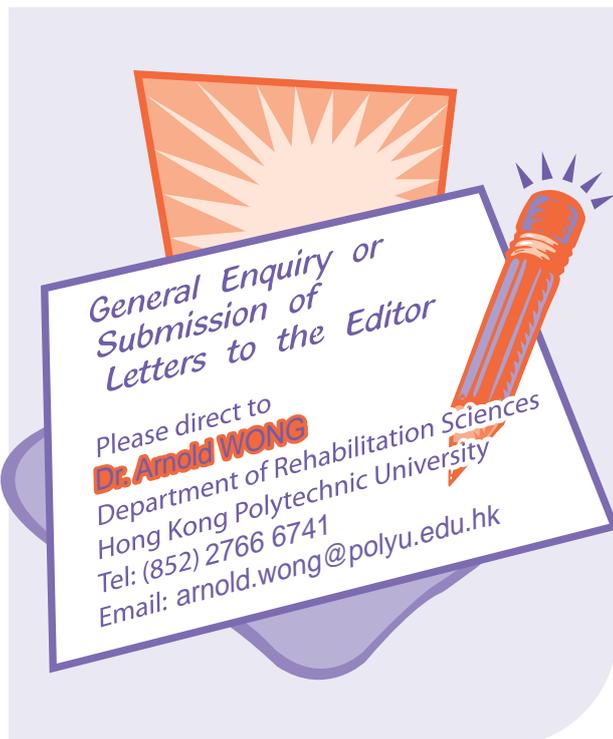
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prostate surgery.^[6] A recent systematic review, performed by our research team, found that pelvic floor muscle training alone, pelvic floor muscle training in conjunction with biofeedback and electrical stimulation, and pelvic floor muscle training combined with electrical stimulation were all found to be effective for the treatment of urinary incontinence following prostate surgery.^[7,8] However, the safety of electrical stimulation in the presence of malignancy remained uncertain.^[8]

In summary, pelvic floor muscle training is a simple, cost-effective, and safe intervention. The safety of biofeedback for pelvic floor muscle training has been confirmed in several studies. Therefore, pelvic floor muscle training can be used, either alone or in conjunction with biofeedback, to treat urinary incontinence in both men and women.

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Fall Prevention Programme for the Frail Elderly – A Transdisciplinary Approach

Ms. Angel CHAN

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Introduction

Fall prevention in elderly is always an ultimate goal among stakeholders because it can lead to serious consequences such as fractures, disability, decrease in quality of life and even death. The Salvation Army aims to renovate, upgrade and maximize its service in fall prevention for elderly. Of various professional interventions, an innovative transdisciplinary fall prevention programme supported by The Community Chest of Hong Kong has been launched since 2012. The “transdisciplinary” intervention “blends” the care of different medical and healthcare professionals, community stakeholders, family relatives and elderly themselves in order to provide human tender loving care, which emphasizes on client-centered services rather than solely relies on the trendy advanced technology.

The Salvation Army Fall Prevention Programme

The program involves 4 blocks: (1) Fall prevention education; (2) Assessment and screening of elderly with a high risk of fall; (3) Group exercise therapy; and (4) Individual intensive training. Moreover, the programme encourages collaborations and participation of volunteers. Last but not least, we encourage all the participating elderly in residential care homes to complete questionnaires to provide feedback regarding the programme.

1. Fall Prevention Education

Health talks on osteoporosis and fall prevention are conducted to raise the awareness of our elderly residents regarding the risk factors, consequences and prevention strategies for fall incidents. Specific contents about nutrition and

exercises to prevent osteoporosis, education on side-effect of certain common drugs to avoid sudden deterioration of body conditions and related falls, environmental factors and modifications for fall prevention, as well as knowledge on using walking aids and choosing shoes etc. are delivered. Our medical and allied health professionals (i.e., PTs, OTs, Nurses) are well-versed in all these transdisciplinary topics to deliver the talks.

2. Assessment and Screening of Elderly with a High Risk of fall

In addition to providing health talks, our allied health professionals are well equipped with transdisciplinary knowledge to screen high risk individuals using different physical and cognitive assessment tools (such as Elderly Mobility Scale, Berg Balance Scale, Timed Up & Go Test, Modified Functional Ambulation Classification, Montreal Cognitive Assessment (MoCA), modified Barthel Index, etc., so that we can thoroughly evaluate their individual ability and mental orientations so as to design the best training protocol for them.

3. Group Exercise Therapy

While we aim to improve flexibility, strength, trunk control and coordination, we also aim to serve a large number of participants with individual modifications. Our exercise therapy is always simple and fun. Our physiotherapists think out of the box to incorporate and modify traditional exercises to fit into our stylish transdisciplinary fall prevention group exercise therapy for the elderly. Chair is the only tool needed. We encourage elderly to practice exercises by themselves after

(Continued on Page 7)

the classes. Over the years, no matter our PTs or OTs have led exercises classes like elastic band exercise (十式橡筋操), sitting Tai Chi (坐式太極), Baduanjin (八段錦), Yi Jin Jing (易筋經十二勢). In 2020, we are going to teach Chair Yoga (椅上瑜珈). All these exercises have been modified in sitting and standing to suit their individual needs.

4. Individual Intensive Training

Based on our professional screening and assessments, some higher fall risk elderly or elderly with specific training needs would be assigned for individual intensive physical, cognitive, and/or functional training. For example, if the fall incident was due to lifting and transfer difficulties in toileting, the elderly will receive intensive training by PTs to reduce joint pain, improve their lower limbs range and power, enhance their skills in lifting and transfer, and train the use of walking aids, etc. Similarly, OTs will train the elderly regarding the skills and procedures in toileting, cognition and awareness in safety. They will also modify the aids or environment to suit the elderly's needs.

The essence of trans-disciplines and collaboration from all parties

A successful fall prevention program should not only rely on individual professional inputs, but also an all-round involvement of various parties. In the past, osteoporosis specialists from The Chinese University of Hong Kong Jockey Club Centre for Osteoporosis Care and Control were invited to provide health talks and bone mineral density assessments for our elderly. We also had nurses from the Department of Health to deliver health talks on falls and osteoporosis. Further, physiotherapy students from The Hong Kong Polytechnic University also assisted both assessments and training under the supervision of our therapists. Through these activities, we incorporated our knowledge and ideas with various professionals and parties. Being caring professionals, it is crucial to observe and listen to our elderly in the process and strive for a high-quality transdisciplinary service so that we can run the programme in an effective and interesting ways to serve our elderly.



An Interview with Mr. Bronco BUT

Date : 25 May 2019
Venue : Regal Hotel Lounge
Interviewee : Mr. Bronco BUT
 Legal Consultant of HKPA
Interviewers : Mr. Ryan WONG
 PolyU BSc (Hons) Physiotherapy Year 4 Student

Q1

Before you studied law and became a lawyer, have you worked as a physiotherapist?

A1

Yes. I started practicing as a physiotherapist after graduating from the Hong Kong Polytechnic in 1983. I worked in different public hospitals including acute hospitals until 1987.

Q2

How did you change your career from being a physiotherapist to be a lawyer?

A2

Just after I graduated, I was working in QEH. One day, a PT I treated us some cakes. At that time, people treated colleagues cakes when they got promoted. However, that's not the case for him. He told me that he was going to study LLB at HKU with a legal scholarship from the government. As the Department of Justice was running out of manpower in my time, the government sponsored civil servants to study LLB and in return, applicants had to work in the Department of Justice or they had to return all the financial subsidies to the government. He then asked me if I was interested in that opportunity. I thought that it's actually worth a trial, considering that I had plenty of time to spend after I got off work. Although I did not get an official scholarship, I found a distance learning degree in LLB offered by the University of London, which sent professors to HKU for a couple of months, delivering lectures at night. I graduated from that LLB programme in 1987, and studied PCLL at HKU for another year and eventually became a legal trainee in 1988.



Q3

Why did you choose to be a lawyer but not a physiotherapist?

A3

After attaining a new professional qualification, I was determined to try it out. As I had already practiced as a physiotherapist for several years, I knew how it worked. However, working as a lawyer would be a completely new experience for me. Therefore, I wanted to try.

Q4

Do you think your physiotherapist background helps your legal career?

A4

Surprisingly, the skills I acquired from physiotherapy training were transferable to my legal work. For example, a physiotherapist needs to ask patients about their complaints, past medical history, and then conducted objective assessments to establish a problem list and the corresponding treatment plan. From time to time, the therapist re-evaluates the efficacy of the treatment. This kind of analytical skill is exactly

(Continued on Page 9)

transferrable to my legal practice. For a fresh graduate in law, without this kind of skill, they don't even know what to ask the clients. However, as a well-trained physiotherapist, I can ask questions logically. Although the questions that I asked as a lawyer are very different, the questioning skills are essentially the same. As such, my background definitely helps.

Actually my current practice is highly related to physiotherapists. I am specialized in the field of medical negligence and I usually have to review medical reports. For people without medical background, reading medical notes is a big task as they may spend most of their time checking vocabulary. However, I can quickly extract relevant information from the medical notes and make my case easily.

Q5

What are your roles serving as the voluntary legal consultant of HKPA?

A5

I am responsible for writing the legal column of the HKPA News Bulletin. Sometimes during the AGM (Annual General Meeting) of HKPA, I had to scrutinize the balloting. Of course, I would give legal advice to HKPA, if necessary.

Q6

Do you provide legal advice to other organizations?

A6

Yes. As a lawyer with physiotherapy background, I really want to help people with my legal and medical knowledge. Therefore, I joined quite a number of patient organizations as a legal consultant. One of them is the Tetraplegics and Paraplegics Association because I have witnessed wheelchair-bound people suffered in the Spinal Unit of Kowloon Hospital while I was working as a physiotherapist. Other societies include Hong Kong Pain Society, Pneumoconiosis Mutual Aid Association, etc.

Q7

A recent news report revealed that over 70% of private physiotherapy clinics accepted patients without doctors' referrals, which is illegal. What kind of legal punishments will these physiotherapists be subject to?

A7

I have some reservations about the reliability of the news you mentioned. So far, I have never seen physiotherapists being charged because of treating patients without doctors' referrals. I think most physiotherapists know that it is inappropriate.

Q8

Is there any potential grey area that may trap physiotherapists into legal liability?

A8

The code of practice governs what a physiotherapist should or should not do. I don't think there is any grey area regarding the referral issue. However, some physiotherapists may overlook some regulations in the code of practice, such as showing their qualifications in their business cards. It is noteworthy that even if a physiotherapist has completed a particular course, it doesn't mean that that physiotherapist is qualified to do something or can claim to be another professional. For example, you can't claim yourself as a Chinese medicine practitioner after you have finished an acupuncture course. Whenever you want to show your qualifications to your clients, you should read the code of practice carefully to minimize the legal consequence. Another way to save your time is to consult your seniors. I am sure that experienced physiotherapists are far more familiar with the code of practice than junior physiotherapists.

Q9

What's your opinions regarding modified access?

A9

Physiotherapists have been fighting for modified access for more than three decades. I don't know if it will and when it will happen. However, to make it happen in the future, we have to make our profession strong enough. What I mean is the social influence of the physiotherapy profession. Only if we have enough social influences, we can alter the current situation. One way to increase the influence is by increasing the number of physiotherapists in HK.

Compared with other rehabilitation disciplines, I think our public exposures are lagging behind. Many people are still confusing about the jobs of physiotherapists with other rehabilitation professionals. One factor affecting our public exposures is the attribute of our students (e.g., whether they are outspoken or not). We need students who are willing to voice out our opinions, fight

(Continued on Page 10)

for our rights but not students who hide in the corner. While academic competence is essential, our students need to be more proactive in promoting our profession. For those who are socially confident at the university, they must have gone through a series of training in the secondary school. To enhance the confidence, students can take some free courses or activities at PolyU (such as Toastmaster club) to polish their public speaking skills and establish their confidence. In addition to taking these courses, students can join the events organized by HKPA, which serve the same purposes.

Q10

Do you think we should add a legal course in our curriculum?

A10

From my experience, fresh physiotherapy graduates are not familiar with the legal risk they are subjected to. One of the most obvious examples is writing medical notes. During your clinical placement, your clinical educator must have urged you to document what you have done clearly on the medical notes. At that time, you may not know the rationales behind. However, one day, if you are complained by a patient, the medical notes that you have written will become a legal reference. Imagine if you did not document it clearly, can you remember what you have done in a given treatment session? This highlights the importance of teaching record keeping and some legal elements in your curriculum. Actually, I have delivered a talk on legal issues to nursing students at HKU so that they can have a better legal concept to protect themselves.

Importantly, patients nowadays are more aware of their own rights. They complain more frequently than the past. They may even make up a complaint. So sometimes your biggest enemies are your patients and you always need to stay alert.

Q11

If you have another chance, would you choose to be a physiotherapist or a lawyer?

A11

A lawyer for sure. Actually, I applied for a LLB degree at F.7 although I failed. I studied physiotherapy because my academic results fulfilled the requirements of a physiotherapy programme and had prior experiences with physiotherapists. I entered a hospital twice during high school due to pneumothorax. The experiences fostered me to practically and visually understand

what physiotherapists did. I don't encourage students opting their studies based on the scores of public examinations because they may not be serious about their future career.

For my case, being a solicitor is my dream. If I have another chance, I will still pursue this dream.

Q12

Do you know anyone who have also changed their career paths like you?

A12

Yes. At least the PT I in QEH is one. I know some physiotherapists studied law and have become judges. Therefore, there are many people like me.

Q13

Do you have any recommendations to students who may want to pursue your career path?

A13

Sometimes people said that if you like arguing, or debating with others, it might be a wise choice to become a lawyer. Before you make up your mind you need to ask yourself, "Do you really like what you are doing?" Maybe you will have an answer in your mind. However, please do not fully trust it because your answer might be wrong if you do not have a good understanding of that career. The best way to understanding the subject matter is to ask those who know. For instance, if you want to become a lawyer, attending and listening in a court, or talking to some lawyers may give you objective information regarding whether you are suitable to be a lawyer.

Importantly, you should understand what you want to pursue in the future. For example, a photographer maybe a dream job for a man who loves photography. After knowing what you like and how it can become your career, you should consider the demand and development of that particular occupation. Nevertheless, the drawbacks or obstacles of such a job should be considered as well. For example, photographers may not really have autonomy in their photo taking because editors in newspapers or journals may have special demands that may limit your creativity. If you don't like this limitation, you may rather treat photography as your hobby.

Finally, we need to consider the prospect of a career before you make up your mind.

Mr. Bronco BUT
Honorary Legal Advisor of HKPA

Hypothetical Scenario

1. On a Sunday afternoon, Mr Peter Chan ("Peter") who was a registered physiotherapist, participated in a public procession ("the Procession") for which a Letter of No Objection had not been issued by the Commissioner of Police.
2. The details of the Procession were as follows:
 - (a) Time: 3:00 pm to 9:00 pm;
 - (b) Route: from Victoria Park, Causeway Bay to Chater Garden, Central;
 - (c) Purpose: to raise public concern;
 - (d) Theme: condemn police brutality;
 - (e) Number of participants: around 1,000.
3. The organiser of the Procession provided each of the participants with a black T-shirt with a large slogan "CONDEMN POLICE BRUTALITY" printed on it. Most of the participants (including Peter) wore it during the Procession.
4. At around 5:00 pm on the day of the Procession, when Peter (among other participants in the Procession) arrived at Chater Garden, the police fired tear gas cannisters at the crowd gathering in Chater Garden because the organiser of the Procession (who was on a stage in Chater Garden) chanted slogans which were considered by the police to be disrespectful.
5. As a result, violent clashes broke out in Chater Garden between the police and around 50 protestors who participated in the Procession. Some of these protestors hurled bricks and eggs at police officers, while some police officers fired rubber bullets and tear gas cannisters in return.
6. During the clashes, Peter stayed at a first-aid station in Chater Garden among some first-aiders who were also participants in the Procession. Peter and the first-aiders provided first-aid services to protestors who suffered injuries as a result of the clashes with the police.
7. Subsequently, Peter and the first-aiders were arrested by the police. They were jointly charged with an offence of taking part in a riot, contrary to section 19(2) of the Public Order Ordinance, Cap 245. They pleaded not guilty to the charge and was scheduled to stand trial in the District Court.
8. At trial, Peter admitted that he was going to testify that at the material time, he and other first aiders discussed prior to the procession that violent clashes between the protestors and police were likely to occur and it was agreed that he stood at the first-aid station to do Facebook Live video streaming because he wished to let his friends know how violent the police were. Under cross-examination, Peter admitted that he heard the police repeatedly requesting the crowd at the scene (including himself) to leave immediately. Peter also admitted that he did support the protestors hurling bricks and eggs at police officers, because he considered that the police

used disproportionate force against the protestors. He also admitted that he helped to dig up bricks from the pavement and give them to the frontline protestors who engaged in clashes with the police.

Prosecution's Case against Peter and First Aiders

9. The prosecution had put the following case against Peter who was going to fight an uphill battle to refute the allegations, amongst others, that:
 - 9.1 in providing first-aid services to the protestors who engaged in violent clashes with the police, the first-aiders were guilty of taking part in a riot:
 - (a) as principal offenders; or
 - (b) alternatively, as accessories on the basis that they aided and abetted those protestors; further or alternatively, they acted in a joint enterprise with those protestors;
 - 9.2 given that Peter was all along standing at the first-aid station and carried with him a first-aid kit, the only irresistible inference is that he was also one of the first-aiders and therefore guilty on the same bases; and
 - 9.3 in any event, by his continued presence at the scene, Peter showed support for the protestors who engaged in violent clashes with the police, particularly when: (a) Peter and those protestors were all wearing the same black T-shirt with the same message printed on it, and (b) his presence made the dispersal action by the police more difficult. Peter is therefore guilty of taking part in a riot:
 - (a) as a principal offender; or
 - (b) alternatively, as an accessory on the basis that he aided and abetted those protestors;
 - (c) further or alternatively, he acted in a joint enterprise with those protestors.

Discussions

If several persons pursue a common purpose, and one of them commit a crime that is within the contemplation of the persons as a real possibility, they will be liable under the doctrine of joint enterprise. Joint enterprise liability enables conviction of each party to a joint enterprise (as a secondary party) if prosecution proves that: (i) the offence was committed pursuant to a joint enterprise (whether "pre-planned" or "spontaneous"), and (ii) that the principal offenders "must have been one of them" (i.e. it could not have been anyone else): even if prosecution cannot identify that one.

In light of the above discussions on joint enterprise doctrine as well as aiding and abetting, it was not optimistic that Peter could walk free.

In order to contain potential risk of being involved in a criminal prosecution, it is always prudent to stay away from the scene of trouble. It will be a nightmare to fight a legal battle bearing in mind the doctrine of joint enterprise.

2nd Logistics Committee of Oxfam Trailwalker 2020

Date : 12 June 2020
Venue : Oxfam Office, Hong Kong
Physiotherapist : Mr. Alex HO

Oxfam Trailwalker 2020 (20 – 22 November, 2020) is around the corner. A Logistics Committee (LC) meeting was held on 12 June 2020 to smoothen the logistic arrangement and event operation. Some detailed arrangements were addressed in the meeting to provide an unique experience to all walkers and volunteers involved.

2020 Job Orientation Seminar for Graduating Physiotherapy Students

Date : 12 June 2020
Venue : G/F, Tung Wong House, Tai Hang Tung Estate, Shek Kip Mei, Kowloon
Physiotherapists : Dr. Ivan SU, Mr. George WONG, Mr. Kenneth AU YUENG, Ms. Yuk-mun NG, Mr. Will WONG, Mr. Wilson CHIU, Mr. Chris KAN

The Community-based Rehabilitation and Primary Healthcare Working Group (C&PWG) organised the first Job Orientation Seminar on Community Physiotherapy for the 2020 graduating physiotherapy students. Five NGOs (Heep Hong Society, Hong Kong Sheng Kung Hui Welfare Council, The Hong Kong Society for Rehabilitation, SAHK, Tung Wah Group of Hospitals) and one private clinic (Heeling Hands Physiotherapy Centre) accepted the invitation to introduce their organisations at the Seminar. The Seminar was originally intended to be held at the Premises of the Hong Kong Physiotherapy Association (HKPA) for 30 participants but the enrolments turned out to be more than a double. Thanks to SAHK for providing the venue free of charge and the Seminar was successfully held as scheduled.



Nearly 70 Year-4 students attended the Seminar and took a photo with the 7 speakers.



Dr. Ivan SU introduced the objectives and deliverables of the C&PWG and encouraged participants to join HKPA and the Working Group if they chose to serve in the community after graduation.

Paediatric Specialty Group (PSG) Biennial General Meeting (BGM) cum Orofacial Myofunctional Therapy (OMT) – Sharing on Therapy and Local Practice

- Date** : 13 June 2020
- Physiotherapists** : Ms Brigitte FUNG
(Senior Physiotherapist, Kwong Wah Hospital)
Ms Susan LAW
(Physiotherapist I, Princess Margaret Hospital)
- No. of participants** : 21 PSG members (BGM), 60 (OMT Seminar)

The PSG held the first online BGM cum OMT Seminar via Zoom. A total of 21 PSG members attended the BGM and 60 members attended the online OMT seminar. The feedback on the Zoom meeting was encouraging amidst the COVID 19 pandemic. Ms. FUNG and Ms. LAW received great recognition for their precise and clear presentation, as well as good demonstration via videos in the practical session.



Ms Brigitte FUNG and Ms Susan LAW shared the theories of OMT and local applications in children with obstructive sleep apnoea (OSA)

Pain Management and Exercise Workshop

- Date** : 20 & 27 June 2020
- Organizers:** : HKPA and Love & Care for the Sick Foundation Limited
- Physiotherapist** : Mr. Sam WAN

HKPA was invited by the Love & Care for the Sick Foundation Limited to co-organize a series of pain management and exercise workshop for the older adults. HKPA developed the exercise workshop for the patients with back pain, neck pain, shoulder pain and knee pain.

2 sessions of exercise workshop for the elderly with knee pain were held on 20 & 27 Jun 2020. Mr. Sam WAN, on behalf of HKPA, introduced knee pain management and practiced the exercises with the elderly.



Attending the forum “A New Era of Physiotherapy 2020 – The Way Ahead”

Date : 27 June 2020

Venue : Caritas Institute of Higher Education

Physiotherapists : PPWG executive members – Ms. May CHAN, Ms. Karen KWONG, Mr. Lawrence MA, Mr. Mike AU-YEUNG, Mr. Terry WONG, Mr. Calson LEUNG, Mr. Calvin KWAN

PPWG executive members attended the forum that focused on the introduction of various new Physiotherapy programmes taught in an university and two colleges. The PPWG executive members shared the results of the entitled “Survey on concerns of self-financed physiotherapy programmes in private sector”. They also expressed the concern regarding the quality of new Physiotherapy programmes, as well as the necessity of having an universal examination for fresh graduates to ensure the competency of graduates.



From left to right: Mr. Calson LEUNG, Mr. Mike AU-YEUNG, Ms. Karen KWONG, Mr. Lawrence MA, Ms. May CHAN, Mr. Terry WONG, and Mr. Calvin KWAN

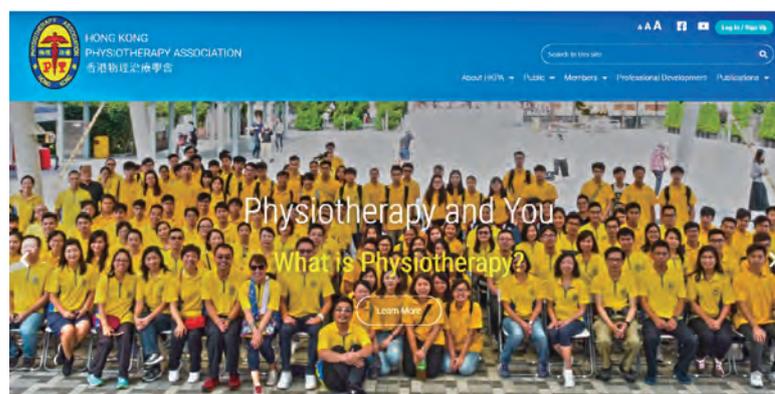
The 17th SG/WG Online Meeting (2020)

Date : 18 July 2020

Venue : Video conferencing

Physiotherapists : HKPA executive members and SG/WG representatives

The 17th SG/WG online meeting (2020) was held on 18 July 2020 amidst the outbreak of COVID-19 in order to ensure the social distancing requirement. A total of 39 SG/ WG representatives, HKPA EC members and our president, Professor Macro PANG, joined the meeting. The meeting chairman, Ms. Mandy MAK, acknowledged the contributions of the SGs/ WGs to the HKPA throughout the year. During the meeting, the representatives of different SGs reported the progress of their SG activities and provided updated information regarding their joined subgroups in the World Physiotherapy (formerly named as World Confederation for Physical Therapy). Prof. PANG and different HKPA EC members also shared major events and various updates including the membership report, financial report, promotion and public relation activities, CPD matters and the highlight of the secretariat support. In view of the COVID-19 outbreak, the development of online platform for sustaining our professional training was discussed among the participants. Further, the progress on the HKPA website revamp and the development of online CPD application platform was reported to the SG/ WG representatives. The HKPA spring dinner was canceled due to the pandemic. The meeting was adjourned at 16:30.



HKPA website is under revamp and CPD can be applied online in the near future.

Online Meeting with Mr Jimmy WU, Director of District Health Centre (DHC) Team, FHB

Date : 21 July 2020

Physiotherapists : Prof. Marco PANG,

Community-based Rehabilitation and Primary Healthcare Work Group (C&PWG)

Dr Ivan SU, Mr George WONG,
Mr Kenneth AU YUENG, Ms Candy WO,
Mr Francis CHAN, Ms Yuk-mun NG

Private Practice Work Group (PPWG)

Ms May CHAN, Mr Mike AU YUENG,
Ms Karen KWONG, Mr Calson LEUNG,
Mr Tommy POON, Mr Lawrence MA,
Mr Dennis LO, Mr Terry WONG,
Mr Calvin KWAN

An online meeting between Mr WU and the HKPA President, Prof. PANG, together with 15 members of the PPWG and C&PWG was held on 21 July 2020 at 8:30pm. The meeting was initiated by Mr. WU to connect with practitioners from the private and social sectors regarding the local primary healthcare development plan and potential partnership with both sectors. Mr. WU addressed all the concerns raised by our members regarding the subsidizing mode and the format of the District Health Center. Some suggestions and ideas on promoting partnership opportunities were also discussed. Lastly, Mr. WU would like HKPA to establish a more comprehensive and user-friendly Physiotherapist Directory for the best interests of the public and for reputation of the Association. The meeting was adjourned at 9:30pm.



Screen capture of some participants at the Zoom meeting with Mr. WU on 21 July 2020.

CPD News

Enquiry of CPD News and Activities

Please Visit

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

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