



NEWS BULLETIN 物理治療 PHYSIOTHERAPY 資訊

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Editorial *Bariatric Surgery*

Leo HO, Natalie FUNG and Pui Shan NGAN

The obesity epidemic is advancing in many developed countries, including Hong Kong. Studies have found that a multidisciplinary approach are more effective in weight loss and the maintenance of weight. Dr. T M Tsui of Yan Chai Hospital introduces the use of surgical intervention for severely and morbidly obese individuals with the combination of a team-based multidisciplinary approach to improve their health. Physiotherapists Holly Leung, Eddy Wong, and Pauline Fong from Prince of Wales Hospital describe the role of a physiotherapist in the multidisciplinary approach in detail and present results from their experiences with patients in 2015.

HKPA continues to have presence in the local and international community through local volunteering events as well as professional conferences. We would like to offer our congratulations to Professor Marco Pang in his new post as a WCPT Executive Board Member.

As the hot and humid summer days continue, we would like to remind everyone to drink plenty of water, stay in the shade, and stay cool.

CPD News

*Enquiry of CPD News and Activities
Please Visit*

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

Metabolic and Bariatric Surgery Service in Yan Chai Hospital

Dr. T M TSUI

Associate Consultant, Department of Surgery, Yan Chai Hospital

Introduction

Obesity is defined as abnormal or excessive fat accumulation that may impair health. Obesity is associated with a number of diseases. Obese adults have at least 20% higher rate of dying of all-cause or cardiovascular disease.^[1] Weight reduction is therefore recommended to obese subjects.^[2] Depending on the severity of obesity, treatment strategy ranges from comprehensive lifestyle intervention (i.e. diet and exercise), cognitive behavioural therapy, pharmacological intervention to surgery. In severe obese subjects, surgery is proven to be the most effective and lasting mean for weight reduction. Surgery has also been shown to decrease the overall mortality in obese adults.^[3] Bariatric surgery is recommended as the treatment to severe obesity in a number of guidelines.^[2,4,5]

Body Slimming or Disease Treating

Bariatric surgery was first performed in 1950s in the USA. Numerous modifications have been made on the procedures over the past 60 years. Bariatric surgeries are highly effective in reducing body weight. In general, surgery produces 20-40% loss of initial body weight ^[6] as compared to 5% for lifestyle modification and about 5-10% for lifestyle modification with drug treatment. Apart from

weight reduction, surgery is found to be of great efficacy in improving obesity related co-morbidities. Resolution of diabetes is observed in 40-80% of obese diabetic patients undergoing surgery. Hyperlipidaemia, hypertension and obstructive sleep apnoea were also observed to be improved or remitted in 40-60% of the patients undergoing surgery.^[6] The focus of the surgery is therefore shifted from purely weight reduction (i.e. bariatric) to treatment of metabolic diseases (i.e. metabolic). The term "Metabolic Surgery" is now the more preferred term to describe these procedures. A number of metabolic diseases, such as diabetes mellitus, hypertension and hyperlipidaemia, were previously thought to be incurable. With Metabolic Surgery, remission of diabetes, hypertension and hyperlipidaemia is no long a dream. In the Second Diabetes Surgery Summit being held in London in 2015, metabolic surgery was included as part of the treatment algorithm for type II diabetes. In obese patients with BMI ≥ 40 (or ≥ 37.5 in Asian), expedited assessment for metabolic surgery was recommended in the treatment algorithm.^[7] Surgery is no longer serving only as the last resort of treatment to type II diabetes after medical treatment fails. This follows the trend of change in diabetic treatment to early aggressive therapy to prevent long term complications.



Endoscopic Operation Wounds



Before Weight Management Program



After Weight Management Program
(Photo taken 53 weeks post-op)

(Continued on Page 3)

Indication of Metabolic and Bariatric Surgery

In the obesity management guideline jointly published by the American Heart Association, the American College of Cardiology and the Obesity Society in 2013, metabolic surgery was an weight reduction treatment option to adults with BMI ≥ 40 or BMI ≥ 35 with the presence of obesity related co-morbidities.^[8] This recommendation was soon recognized by the National Institute of Health (the U.S.A.) and the National Institute of Health and Care Excellence (the U.K.). As for Asians, we are known to be affected by obesity more even at a lower BMI as compared with Caucasians. The BMI criteria for surgery are therefore lowered. The International Federation for the Surgery of Obesity and Metabolic Disorders Asia Pacific Chapter (IFSO-APC) came to a consensus to reduce the BMI criteria for surgery by 5 kg/m². Metabolic surgery is a treatment option to Asians with BMI ≥ 35 or BMI ≥ 30 with the presence of obesity related co-morbidities.^[9]

Multi-disciplinary Management to Obesity

Obesity seldom occurs alone. It often relates to a number of co-morbidities. Multi-disciplinary management approach is therefore recommended in treating obesity. Bariatric surgeon is only part of the team. Surgery alone is insufficient to restore the health of the obese patients. The key members of this multi-disciplinary team begin with dietitians and physiotherapists. It is because obesity is a result of excess energy intake. This is usually a result of deficient knowledge in food calorie content and calorie burning activity.

Through the education provided by the dietitians and physiotherapists, obese subjects acquire the knowledge on healthy lifestyles. Energy excess is the key component in the development of metabolic syndrome. Metabolic syndrome consists of central obesity, hypertension, hyperlipidemia and diabetes mellitus. It represents a multiplex risk factor for the development of atherosclerotic cardiovascular disease. Diabetes mellitus can result in a number of microvascular and macrovascular complications. Endocrinologists therefore become the indispensable members in the weight management team on taking care metabolic syndrome and ruling out secondary causes of obesity. Obstructive sleep apnoea (OSA) is strongly linked with obesity. The prevalence of OSA in obese subjects exceeds 30%, and 60–90% of OSA subjects are obese ^[10]. Otorhinolaryngologist and respiratory physicians works together to control the condition while the obese subjects undergo the journey of weight reduction. Anaesthetists and intensivists take care of the peri-operative challenges. Psychiatrists and clinical psychologists screen for and deal with the potential eating and mood disorders. Pharmacists assist on the checking of the drug interaction, compliance and dosage adjustment while the patients are undergoing a period of rapid weight change. Last but not least, specialized nursing care is important in coordinating all the treatments the patients receiving. Yan Chai Hospital Weight Management Team is set up to provide and coordinate the multi-disciplinary management to this group of patients.



Physiotherapy Exercise Class for Weight Management Program

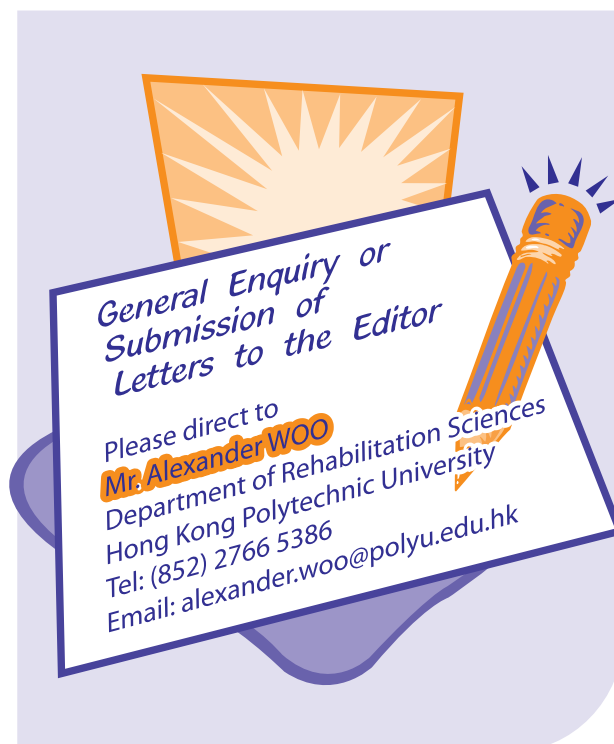
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How to Refer

Yan Chai Hospital Weight Management Team accepts referral for patients who are aged 18-65 having BMI ≥ 30 . We accept referral made by allied health professions (i.e. dietitians, physiotherapists and nurses). Please address the referral letter to the Department of Surgery, Yan Chai Hospital.

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One-Stop Multidisciplinary Service for Bariatric Patients - Role of Physiotherapist

Holly LEUNG, Eddy WONG, Pauline FONG
Physiotherapists, Prince of Wales Hospital

Morbid obesity is a multi-factorial disease (e.g. element of heredity, biochemistry hormones, environment and behavior) which requires input from various health care professionals. Personalized management program for obesity patient is offered by several multidisciplinary clinics under Hospital Authority. For subjects with BMI $\geq 40 \text{ kg/m}^2$, or lower BMI ($35\text{-}40 \text{ kg/m}^2$) with related comorbidities (e.g. hypertension, type 2 diabetes myelitis, etc.) surgical intervention would be considered, including sleeve gastrectomy, gastric banding and gastric bypass with respect to the severity of the disease.

It is well recognized that regular exercise and physical activities is essential for long-term weight loss and is the best indicator for weight maintenance [1]. Health benefits such as better control of comorbidities with lower mortality rate is also documented to be associated with a 10% weight loss in this disease group [1]. Physiotherapist, a health care professional specialized in exercise prescription hence plays an important role.



Fig. 1. Multidisciplinary Program for Bariatric Surgery

Patients suffering from obesity would be best taken care by multidisciplinary approach, which is taken place in the Multidisciplinary Clinic of Metabolic & Bariatric Surgery (MBS) in the Prince of Wales Hospital since September 2014. This multidisciplinary team consists of surgeon, dietitian, specialty nurse, physiotherapist and clinical psychologist, provides a one-stop service which enhances patients' attendance.

To focus, physiotherapist consultation includes interview on exercise habit, physical assessment on flexibility (sit and reach test), muscle strength, cardiovascular capacity (incremental shuttle walk test), and most crucially, a tailor-made supervised exercise program would be implemented regularly throughout the pre-operation stage till post-operation 6 months.

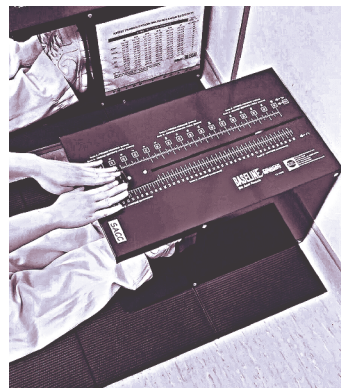


Fig. 2. Sit and reach test for measuring flexibility



Fig. 3-5. Handheld dynamometer for measuring muscle strength

(Continued on Page 6)

The exercise prescription comprises of education of exercise administration safety using Rate of Perceived Exertion (RPE) and proper warm up, cool down, individualized FITT included calculation of target training heart rate, choice of exercise as well as principle of exercise progression, aiming in improving flexibility, muscle endurance, cardiovascular fitness and controlling musculoskeletal pain and comorbidities, promote better self-image.

Behavioral modification is another key concept in this personalized program. Evidence shows it is common for post-surgical intervened patients to experience multi-factorial barriers hindering them from being active, majority are related to the operational side-effects, underlying musculoskeletal problem and lack of social support [2 & 3]. It is essential for the therapist to explore and address these barriers. From the periodic consultation, the individual attitude, beliefs, preference towards exercises and readiness to change are analyzed.

Personalized life style advice is then given to facilitate the patient to overcome their difficulties. Management of associated conditions such as pain or chronic disease (e.g. diabetes myelitis neuropathy, heart disease) are also educated. Small but achievable goal is established together with the patient [4 & 5]. An exercise pamphlet, including the details of exercise safety, types of exercise recommended, daily tips to keep active, and exercise log book would be given to the patients to promote self-monitoring and reference.

Up till end of 2015, 34 patients underwent bariatric surgery in PWH's center. 6 patients (5 males, 1 female, mean age 39.5) completed the multidisciplinary program. At baseline, their mean body weight and BMI were 136.8 kg and 47.4 kg/m² respectively. At 3 months, all patients showed reduction on their mean weight (17.0%, p=0.005) and BMI (16.8%, p=0.003). On completion of the program, improvement in the flexibility reflected by the sit & reach test (62.8%, p=0.009) and ISWT for cardiovascular capacity (33.6% p=0.002) was

observed by 3 months, which were statistically better. Other comorbidities, dietary habit and energy intake also show progress upon other professionals' input.

All patients (100%) satisfied the one-stop multidisciplinary service from the post-service questionnaire and survey, feeling confident in self-management to maintain the surgical effect. Around 70% of the patients reflected the physiotherapy program was highly effective and beneficial in facilitating them to tackle the barrier to exercise, and discipline their continuation of long term exercise compliance and awareness.

To conclude, multidisciplinary personalized management program is essential to handle the complex bio-psychosocial nature of obesity patients, in which the physiotherapist involvement is crucial for the long term success of the surgical benefits.

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Physiotherapy Service in the Community for the Elderly: Our Role and Contribution

YIP Tze Mun

Physiotherapist I, Elderly Core Business, Hong Kong Christian Service

Recently, the consultant team on Elderly Service Programme Plan (ESPP) stressed the achievement of “ageing at place” and reduce institutionalization rate by significantly fortifying community care services as the core strategic direction for Hong Kong’s future elderly services. In view of insufficient post-hospitalization and home care services, different NGOs contributed to explore resources and initiate various services to fill the gap. Hong Kong Christian Service’s Delightful Care II and Wonderful Care under the Pilot Scheme on Community Care Service Voucher for the elderly, and Project We Care, a special project to render urgent home care support are examples of these initiatives.

The roles of Physiotherapy in the community elderly care are diversified. Therapists can contribute by providing treatment and rehabilitation therapy, health promotion and prevention, education and training, chronic illness management, purchase of equipment and its maintenance as well as palliative care.

With acute condition, early rehabilitation is vital but elders are quite often being discharged from hospital too soon in which prolonging their recovery or even deterioration in result. Therefore, provision of continuing home-care-mode Physiotherapy is instrumental to prevent the negative outcome of immobility so as to sustain the elders’ independency.

Good long-term management is indispensable for elders with chronic diseases. With sound medical knowledge, and being familiar with clients and their circumstances, we can provide appropriate, timely, insightful and authentic intervention. Home visits though take time; workable solution can be achieved through thorough discussion. This is especially true with dementia clients, therapy may be delivered in unconventional ways. Better management without pressure to discharge means less hospitalization and improved quality of life for the elderly.

To help the elders to stay independent and active in the community, special aids is often required such as an electric wheelchair. We can assess and recommend appropriate model and coach the elders as well as their caregivers to use it safely. In the community, our contribution extends not only to frontline staffs but caregivers who need education and training such as manual handling in caring for our clients effectively. Learning the principles are important but not adequate, we need to help caregivers to put principles into practice and cultivate good habits.

Palliative care in the community is valuable, which will allow terminal patients to stay with their loved ones in dignity and love instead of dying alone in the ward. Provision of effective non-invasive pain management and therapy will ensure patients’ quality of life upon our capacity.

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Last but not least, therapists play a key role in educating the public on early detection and management of illnesses and development of healthy lifestyle. Teaching audiences to assess their risk of fall with simple tests for example, will possibly encourage them to better understand and care of their health problems.

“Ageing at place as the core, institutional care as back-up” is an international trend.

The need will continue to grow with new opportunities and openings for interested therapists. There are hurdles to overcome, but with sustainable effort, we endeavor to provide quality and evident-based services to the growing aging population.



Fig. 1. Providing fall prevent talk in the public



Fig. 2. Assessment done at the client's home



Fig. 3. Simple TENS treatment for chronic stroke client



Fig. 4. Training balance and helping an active elder to regain independency



Fig. 5. Active rehabilitation for acute client and training for family carer at home

Improper Delegation of Therapeutic Duties

Bronco BUT

Honorary Legal Advisor of HKPA

Assumed Scenario

Peter was a Part 1a registered physiotherapist and member of Hong Kong Physiotherapy Association. He had practised physiotherapy in a public hospital for many years. Recently, he resigned and set up his own private physiotherapy clinic.

Since his physiotherapy clinic was newly set up, he did not employ any registered physiotherapist to work at his clinic. Instead, he had employed Ivy and Mary, both of whom were secondary school graduates with no working experience as his assistants. He had provided on job physiotherapy training to Mary and Ivy. He taught them how to operate ultrasound machine and IFT. Both Mary and Ivy were fast learners and they quickly understood how to operate ultrasound and IFT and handle the operation of ultrasound machine and IFT with minimal supervision.

In February 2017, a patient known as Max attended Peter's clinic with a doctor's referral stating that Max suffered from tennis elbow and needed physiotherapy treatment. Peter assessed Max's condition and devised a treatment plan including the application of ultrasound treatment to Max's left elbow. He instructed Mary to apply ultrasound treatment to Max's left elbow such as the dosage, duration of treatment and area of treatment. Peter would occasionally check Mary's treatment of Max and was satisfied that Mary was competent to administer ultrasound treatment to Max. After having received physiotherapy treatment for 10 sessions, Max's left elbow had recovered and was no longer required to receive further physiotherapy treatment. Therefore, physiotherapy treatment was discontinued in April 2017.

At 10:00 a.m. on 5 July 2017, Max attended Peter's clinic with a doctor's referral for physiotherapy without an appointment. The diagnosis written on the referral was tennis elbow. Peter had fever and had gone to see a doctor whose clinic was situated in a building next to his physiotherapy clinic. Mary called Peter to seek for his instructions. Peter instructed Mary over the phone to administer ultrasound treatment to Max's left elbow and use the same dosage and duration of treatment as previously used in April 2017. Max stayed in the physiotherapy clinic for about 30 minutes to receive the ultrasound treatment. He had left the physiotherapy clinic before Peter returned and was not seen by Peter.

Peter's Concern

In a cocktail party, Peter shared his experience of giving remote instructions to his assistant, Mary to administer ultrasound treatment to a patient. His best friend, Rosa who was also a Part 1a registered physiotherapist warned Peter that he might have breached the Code of Practice and suggested him to seek for legal advice.

Code of Practice

The Physiotherapists Board has promulgated the Code of Practice for physiotherapists to observe and follow. The purpose of the Code is to provide guidance for conduct and relationships in carrying out the professional responsibilities consistent with the professional obligations of the profession.

A registered physiotherapist should observe the basic ethical principles outlined in Part I of the Code; understand the meaning of "unprofessional conduct" explained in Part II; and be aware of the

(Continued on Page 10)

conviction and forms of professional misconduct detailed in Part III which may lead to disciplinary proceedings.

A person who contravenes any part of the Code of Practice may be subject to inquiries held by the Board but the fact that any matters not mentioned in the Code, shall not preclude the Board from judging a person to have acted in an unprofessional or improper manner by reference to those matters.

Section 11 of Part III of the Code of Practice

A physiotherapist who improperly delegates to a person who is not a registered physiotherapist duties or functions in connection with the therapeutic treatment of a patient for whom the physiotherapist is responsible or who assists such a person to treat patients as thought that person were a registered physiotherapist, is liable to disciplinary proceedings.

Discussion

In the above scenario, when Max attended Peter's physiotherapy clinic for treatment on 5 July 2017, Peter was not physically present in the physiotherapy clinic. He did not have the opportunity to examine the patient, Max. Skipping the basic steps of examining the patient, Peter gave remote instructions to Mary who was not a registered physiotherapist to administer physiotherapy, namely ultrasound treatment to Max's left tennis elbow.

Prima facie, Peter's act fell within the ambit of the prohibition of the Code of Conduct. He had been in breach of the Code of Practice.

Physiotherapists should make sure that they are fully conversant with the Code of Practice and double check the Code of Practice so as not to put themselves at risk of contravening the Code of Practice.



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快活伸展操2017之長者運動日

HKPA

Date : 25 June 2017

Venue : Price Memorial Catholic Primary School

HKPA was invited by the Love and Care for the Sick Foundation to design a set of exercise for the event of “快活伸展操2017之長者運動日” which was held on 25 June 2017. This event aimed to encourage the exercise habit among the elderly. Professor Sophia Chan Siu-chee, JP, Dr. Edward Leong Che-hung, GBM, GBS, OBE, JP and our President, Ms. Priscilla Poon Yee-hung were invited to officiate the ceremony with the organizer.

Mr. Sam Wan, on behalf of HKPA, designed and led the exercise demonstration during the event. Physiotherapists from TMH including Ms. Gigi Yuen, Mr. Eric Yip, Mr. Eric Li as well as some physiotherapy students were invited to support the exercise demonstration. Around 150 elderly participated in the event. All of them enjoyed a lot and showed their vigor through the exercise!



Professor Sophia Chan Siu-chee, JP, Dr. Edward Leong Che-hung, GBM, GBS, OBE, JP and our President, Ms. Priscilla Poon Yee-hung were invited to officiate the ceremony with the organizer



Physiotherapists from TMH including Ms. Gigi Yuen, Mr. Eric Yip, Mr. Eric Li as well as some physiotherapy students were invited to support the exercise demonstration

Cardiopulmonary Specialty Group (CPSG)

Medical and Physiotherapy Updates on Palliative Care for End Stage COPD

HKPA

Date : 6 July 2017
Venue : Hong Kong Physiotherapy Association Premises
Speakers : Dr. Benjamin CHENG and Mr. Kermit CHAN

Palliative care is specialized medical care for people with serious illness. It focused on providing relief from the symptoms and stress of a serious illness. The goal of physiotherapist is to give the relief and care on symptom-control and to optimize the quality of end of life care for both the patient and the family. On the date of the talk, we were delighted to have Dr. Benjamin Cheng, Associate Consultant, Medical Palliative Medicine (MPM) Team, Tuen Mun Hospital, deliver a talk on "Updates in Medical Management for End Stage of Chronic Obstructive Pulmonary Diseases". Additionally, we are grateful that Mr. Kermit Chan, Physiotherapist I of Ruttonjee Hospital gave a talk on "Non-pharmacological management of End Stage Chronic Obstructive Pulmonary Diseases, recent updates". The lectures and discussions were interactive and included input from our colleagues who attended.



Dr. Benjamin Cheng shared the medical management in End Stage COPD



Kermit talked the roles of physiotherapist in palliative cares in end stage COPD



Souvenir was given to Dr. Benjamin Cheng (left)

WCPT-AWP Region 18th General Meeting

HKPA

Date : 26 and 27 June 2017
Place : Bangkok, Thailand

Prof. Marco PANG attended the World Confederation for Physical Therapy –Asia Western Pacific Region 18th General Meeting as a representative of HKPA. An election was held to form a new Executive Committee for the Region (2017-2021). The newly elected Executive Committee includes Chairperson Suh Fang Jeng (Taiwan), Vice Chairperson Su Fen Yew (Malaysia), and Members Dr. Gillian Web (Australia), Ms. Kaori Nishiyama (Japan), Dinesh Verma (Singapore), and Mr. Royson Mercado (Philippines).



From left to right, Prof. Marco Pang (Hong Kong), Royson Mercado (Philippines), Vice Chairperson Su Fen Yew (Malaysia), Dr. Gillian Web (Australia), Chairperson Suh-Fang Jeng (Taiwan), Dinesh Verma (Singapore)



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In Hong Kong, physiotherapists are entitled to practice acupuncture and being exempted from the Chinese Medicine Ordinance in the use of acupuncture, being of a type **with distinguishable differences** from acupuncture based on traditional Chinese Medicine, in the course of their practice.¹

現代針灸學文憑課程著重應用解剖學，神經生物學和神經生理學的概念而施針，課程可使學員掌握一套既可解釋而有效之針刺理論。課程的內容和學時均符合物理治療學會針刺認可資格之要求，更符合以上法例之準則。

第一單元: 18/10/2017 – 20/12/2017

(共 45 學時理論 逢星期三 7pm-10pm
及 22/10/2017 & 19/11/2017 星期日 9:30-6pm)

- 神經解剖學和神經生理學、肌肉學
- 針刺鎮痛機制

第二單元: 3/1/2018 – 21/2/2018

(共 40 學時理論及實習 逢星期三 7pm-10pm
及 21/1/2018 & 11/2/2018 星期日 9:30-6:30pm)

- 十二經絡的現代詮釋、穴位準確定位法
- 針刺手法技術

第三單元: 28/2/18 – 11/7/18

(共 75 學時理論及實習 逢星期三 7pm-10pm
及 22/4/2018 & 10/6/2018 星期日 9:30-6pm)

- 解剖學及板機點針刺手段
- 人體五環解剖概論
- 筋膜針刺手段
- 脊髓節段性針刺手段深入剖析
- 電針刺理論、針刺與手法綜合治療²
- 周圍神經卡壓症之 Acuo-Manual Therapy³

第四單元: 21/7/18 – 8/9/2018

(共 40 學時 逢星期六或星期日 下午 2 時至 7 時)

- 臨床實習 (在香港進行)

請填妥以下報名表格，連同劃線支票（抬頭請註 “Modern Acupuncture & Spine Institute Limited”）寄交香港灣仔軒尼詩道 302-308 號集成中心十五樓 1512 室。如報名人數不足，本公司有權取消課程，並將會另行通知受影響之學員。

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聯絡地址 _____		電郵地址 _____
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講師：袁志忠 Kenny Yuen

(香港註冊物理治療師)

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香港理工學院物理治療專業文憑

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全期學費：\$22000

(2017 年 8 月 20 日 前報名，學費\$20000)

** 曾完成本學院任何工作坊課程，學費可獲減 2% (以每課程計算)。學員必須寄回出席證書副本以作核實

名額: 40 人

CPD points: Pending

對象: 對現代針灸學有興趣之人士

上課地點: 香港灣仔軒尼詩道 302-308 號集成中心十五樓 1512 室

上課日期、時間、地點如有更改，將另行通知。除了本學院取消課程外，其他情況概不退回已繳學費。

課程查詢 28369033

傳真: 28363392

Email: acupspine@biznetvigator.com

1. Chinese Medicine Ordinance, The Laws of Hong Kong, Cap 549, Sect 108 (3) (b) (iii), 2003. 2. 包括四肢及脊椎整復手法

3 Acuo-Manual Therapy : Specific Acupuncture Points with Specific Manual Techniques to treat Specific Musculoskeletal Problems

Course 1

(VE180305)

推拿理筋文憑 COMT technique Diploma (Conceptual Oriental Manual Therapy): Level I, II, III, IV

本課程是一種療效高而應用廣之推拿手法。它是以「內經」為基礎，再結合少林寺之經典醫籍「少林銅人簿」而形成的高效推拿診治方法。而為了提高效果，本課程亦加入了易經之內容，運用術數的方式，進行推算，不同的時間點開不同的穴位和經絡，最大限度的增加被施術者（患者）體內的氣血能量，務求把手法治療之療效提升。本課程針對一切運動創傷之疼痛及奇難雜症。

內容

- 1) 內經與手法治療基礎（胸腰椎） (COMT level I)
- 2) 理筋推拿手法（上下肢） (COMT level II)
- 3) 頸椎特定穴之理筋運用 (COMT level III)
- 4) 術數開穴手法 (COMT level IV)
- 5) 易經與手法治療 (COMT Level IV)

Date : 5/3/2018-30/10/2018 (Every Tuesday)

Time : 7:30PM - 9:30PM Speaker : 陳國正中醫師

Venue : 九龍旺角彌敦道 625 & 639 號
雅蘭中心辦公樓一期12樓1208室

全期學費 : \$20000 名額 : 30 額滿即止

對象 : 具備針灸基礎者優先 CPD Points : 15

Course 2

(VE171011)

Diploma in Acupuncture for physiotherapy 2017 (autumn) 2017 秋季物理治療針灸學文憑課程

內容

第一部份：

- 1) 中醫學基礎課程 2) 中醫診斷學課程 3) 針灸學課程
日期：11/10/17至14/12/18 (逢星期三晚上7時至9時30分)

第二部份：

針灸手法學；常見物理治療病案及專題講座

日期：21/12/18至25/7/18 (逢星期三晚上7時至9時30分)

- 1) 針灸手法學 (各式補瀉手法；頭針及耳針操作；拔罐操作；刮痧操作；取穴思路)
- 2) 常見物理治療病案及專題講座
常見物理治療病案 (Stroke, Bell's Palsy, Trigger finger, back and neck pain, peripheral joint pain, trigeminal nerve pain, cerebral palsy, frozen shoulder,)

第三部份：臨床實習

日期：1/8/18至12/9/18 (逢星期三晚上7時至9時30分)
(獨立運用針灸方法處理真實病人)

講師：

陳國正(註冊中醫、註冊物理治療師、中國認可針灸師)
英國威爾斯大學痛症醫學碩士
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香港大學中醫學院中醫全科學士
香港中文大學中西結合醫學學區研究所專業顧問(名譽)
香港理工大學物理治療專業文憑
東華三院痛症及復康名譽顧問

全期學費 : \$20000

6月30日前報讀為 \$18000 名額 : 30 額滿即止

對象 : 對針灸有興趣之人士 CPD Points : 15

Venue : 九龍旺角彌敦道 625 & 639 號
雅蘭中心辦公樓一期12樓1208室
(鄰近旺角港鐵站E1出口)

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報名方法請參照
報名表格及須知

1. 請填妥以下報名表格，連同劃線支票（抬頭請註明 CHAN KWOK CHING）寄交九龍觀塘巧明街117號港貿中心3樓303室。
2. 如報名人數不足，本公司有權取消課程，並將會另行通知受影響學員。

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課程查詢 2345 5099

Email: vcareintl@gmail.com



How to Relieve Your Stress and Prevent Early Ageing by Yourself? - An Acupuncture Point (Including Acupuncture Demonstration)

Free Seminar

Please come and know more about the effectiveness of acupuncture for Stress and Ageing!

Date

31 August 2017 (Thursday)

Time

7 - 8 pm

Venue

HKU SPACE Admiralty Learning Centre,
18 Harcourt Road, Hong Kong



Enroll Now !



Speaker: Ms A. P. Qin, Associate Professor (Chinese Medicine) & Ms BURLAKOVA Irina

The seminar is free of charge, and on a first come, first served basis!

Enquiry: ☎ 3762 4216 (Ms Ng)

Online registration: <http://hkuspace.hku.hk/acupuncture-seminar>

The School may make available related programme information material at the seminar.

The English Acupuncture and Tui-Na Courses in H.K.



3762 4216



emmy.ng@hkuspace.hku.hk

1. Diploma in Clinical Acupuncture

Application code: 1550-CM005A

Acupuncture is proven to be effective in the treatment of diseases. The World Health Organisation (WHO) recommends a number of conditions that can be treated by Acupuncture. This course provides Western-trained medical practitioners and professionals who are interested in acupuncture with an opportunity to receive acupuncture training.

This programme consists of two parts. Each part consists of one module. Students who have completed one module of Part 1 can choose to exit the programme. Completion of one module will lead to a Certificate in Acupuncture. Upon successful completion of Part 1 and Part 2, students will be awarded a Diploma in Clinical Acupuncture.

Entry Requirements : 1. Western medical practitioners, Physiotherapists, Nurses, Osteopaths, Chiropractors or medical related professionals; or
2. Holders of Bachelor's degree or equivalent

Commencement Date : 9 October 2017 (Mondays and Thursdays, 8 -10 pm)

Application Fee : HK\$150 (non-refundable)

Medium of Instruction : English

Our programme is approved by the Physiotherapists Board as quotable qualification. Upon completion of our programme: (1) 15 CPD points awarded by the Physiotherapists Board will be granted to students who are physiotherapists. (2) Physiotherapists may be eligible to apply for Accredited Acupuncture Physiotherapists.

2. Introduction to Acupuncture of Chinese Medicine

Application code: 1540-1044NW

This course provides the philosophical background of Chinese medicine and illustrates how acupuncture helps manage our health.

Commencement Date : 29 August 2017 (Tuesday)

Duration : 10 hours (5 meetings)

Course Fee : HK\$1,435

Medium of Instruction : English

3. Chinese Tui-Na (Massage) for Building Up Healthy Life

Application code: 1545-1289NW

Chinese Tui-Na offers a wide range of benefits, both physiological as well as psychological, to increase well-being. It speeds up the body's ability to heal itself. It is also first used to treat diseases through manual manipulations. Chinese Tui-Na has become increasingly popular, both among patients and among the medical practitioners. That is now one of the most popular complementary therapies worldwide.

Commencement Date : 7 September 2017 (Thursday, 7 - 9 pm)

Duration : 6 hours (3 meetings)

Course Fee : HK\$1,280

Medium of Instruction : English

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