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Content

Theme of the Coming Issue
Sports Rehabilitation

Editorial
Scoliosis

Harry LEE, Angus LAW, and Freddy LAM

In ancient Greece, Hippocrates, a well-known Greek physician; initially described a term of "scoliosis" as a general meaning for almost every kind of spinal curvature and deformities caused by vertebral injuries. Spinal manipulation, axial traction, diet and extension treatments were recommended at the time of Hippocrates for scoliosis. The term of "scoliosis" (sKolios, which means crooked or curved) was later defined by Galen of Pergamon (another Greek physician who lived nearly five centuries later) as an abnormal lateral spinal curvature when the spinal column moves to the side [1]. Cases of scoliosis can be overlooked since they are usually asymptomatic and the curves may be obscured by the clothing. However, one may notice asymmetry of his/her own body, such as unequal shoulder height, uneven waist level or leg length discrepancy. When severe, it can cause cosmetic problems, affect cardiopulmonary functions and other complications.

Idiopathic scoliosis is the most common of all forms of lateral deviation of the spine, which can also be called Adolescent Idiopathic Scoliosis when the deviation occurs during adolescence. Other causes of scoliosis include congenital bony abnormality and neuromuscular disorder. Early intervention, including physiotherapy plays an important role in the management of scoliosis. Updated guidelines of orthopaedic and rehabilitation treatment of idiopathic scoliosis was produced by the International Scientific Society on Scoliosis Orthopaedic and Rehabilitation Treatment (SOSORT) in 2011. From the guidelines, basic objectives of comprehensive conservative treatment of idiopathic scoliosis often include stopping curve progression at puberty (or possibly even reduce it), prevention or treatment of respiratory dysfunction, prevention or treatment of spinal pain syndromes, and improvement of aesthetics via postural correction [2]. Regular observations and clinical evaluations, physiotherapeutic scoliosis-specific exercises, special inpatient rehabilitation and bracing are the suggested conservative treatments for scoliosis followed by education, psychotherapy and systematic monitoring of outcomes. Spinal surgery such as laminectomy, discectomy and spinal fusion, are the possible surgical options if the curve is severe or worsening causing severe back pain or irritation to the nerves. Of which, physiotherapy is often needed before and after the operation for the patients' recovery.

In this issue, we include topics of scoliosis management from the perspectives of a physiotherapist and a spinal surgeon.

In the NGO corner, Mr. Dino HUNG provided an overview of the adult service system in the SAHK. From basic care on activities of daily living to community reintegration, this comprehensive system provides adaptive care and support to people with different levels of developmental disability. The roles of physiotherapists in the multidisciplinary team in this adult service system are also discussed.

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In order to support environmental protection, HKPA News Bulletins will be sent to you by emails rather than by mails soon. Watch this space.

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香港物理治療學會有限公司
中國香港特別行政區 九龍佐敦德興街12號興富中心9樓901室
Room 901, 9/F Rightful Centre, 12 Tak Hing Street, Jordan, Kowloon, HKSAR
www.hongkongpa.com.hk Tel: (852) 2336 0172 Fax: (852) 2338 0252

5th June 2018

Dear members,

2nd Announcement: HKPA CONFERENCE 2018 cum 55th Anniversary Celebration "Unity Makes Strength"

I am pleased to inform you that the HKPA is going to organize the **HKPA Conference 2018 cum 55th Anniversary Celebration at Eaton Hotel, Jordan, Kowloon,** with a main theme of ""**Unity Makes Strength**" in 2018. **The conference will be held on 6th October 2018 (Saturday).**

Free paper (traditional and 5x5) and poster presentation sessions will be scheduled for peer colleagues to share the expertise and research findings. **A set of documents containing the abstract submission form and other related information is enclosed for your reference**. The abstract submission deadline is **15th July 2018**. **A conference dinner** will also be organized on 6th Oct 2018 (Saturday) **at Eaton Hotel** for celebrating HKPA's 55th Anniversary.

You are able to enjoy an **early-bird registration for both the conference and workshop on or before 15th July 2018**. The background of the keynote speakers, content of workshops and registration form will be announced in the website of HKPA in mid-June 2018.
Do grasp the chance to enhance our professional knowledge and share our happiness by joining the HKPA Conference 2018 and the 55th Anniversary Dinner.

Yours sincerely,

Professor Marco PANG
President, Hong Kong Physiotherapy Association Ltd.

A new executive committee member

We would like to welcome Ms. Horsanna Chiu, who was co-opted to our Professional Development Subcommittee in April 2018.

Idiopathic Scoliosis - Conservative Management, Physiotherapy Scoliosis-Specific Exercises and the Way Ahead

Ophelia CHAN
Physiotherapist I, Prince of Wales Hospital

Definition, Epidemiology and Classification

Scoliosis is defined as a three dimensional and torsional deformity of the spine [1-3]: it causes the lateral bending of the spine towards one side in the frontal plane, axial rotation in the horizontal plane change in normal curvatures of thoracic and lumbar spine, and commonly thoracic hypokyphosis. Approximately 80% of the scoliosis cases are idiopathic and the remaining 20% is secondary to other pathology [4-6]. It may develop most commonly in the periods of growth spurt of life. Scoliosis can be classified by the chronological and angular classification which is more relevant to conservative treatments.

Chronological classification refers to the onset age, with infantile scoliosis from 0 to 3 years old, juvenile from 4 to 10 years old, adolescent from 11 to 17 years old and adults from 18 years and above [2]. The angular classification is by measuring in the frontal radiography by the Cobb method with some consensus of the threshold [7-8]. The diagnosis of scoliosis should not be made if the Cobb angle is less than 10°. If the Cobb angle is more than 30°, there will be an increase in risk of disease progression in adulthood, which will be likely to increase the risk problem and reduce the quality of life (QOL). It is almost certain to have the progression to adulthood with health problems and reduced QOL if the Cobb angle is over 50°.

Conservative Management

Objectives of conservative treatment of idiopathic scoliosis [7]:

1. To stop curve progression or even reduce it at puberty,
2. To prevent or treat respiratory dysfunction,
3. To prevent or treat spinal pain, and lastly
4. To improve aesthetic through postural correction.

In order to achieve the above objectives, conservative treatments (including observation, bracing, Physiotherapy Scoliosis-Specific Exercises (PSSE), and special in-patient programs, etc.) are used. The most commonly provided treatments are bracing and PSSE.

Bracing

The aim of bracing is to achieve 3-dimentional correction and to halt the progression of deformity. The inclusion criteria for bracing is recommended for the patients with age 10 years and older, Cobb angle 25°-40°, Risser sign 0-2 and likelihood of curve progression [9]. The progression factor for predicting disease progression is calculated by: (Cobb angle – 3 x Risser sign) / chronological age [10].

Patients are suggested to wear the brace full time (20-24 hours) or no less than 18 hours a day [11,12]. Since there is a dose-response relationship of treatment, the duration of bracing is proportional to the severity of curve, age, stage and aim of treatment [11,12]. Brace should be worn until the end of vertebral bone growth and gradually weaning the brace while performing stabilizing exercises to allow the adaptation of the posture [13].

Physiotherapy Scoliosis-Specific Exercises

PSSE is recommended as the first step to prevent or slow down the progression of the deformity [14] and is based on auto-correction in 3-dimension, training of activities of daily living, stabilization of corrected posture and patient education [15]. PSSE should be individualized according to patients' need, curve pattern and phases of disease [16]. Studies show that combining brace with exercise (Schroth and Chêneau) [13,17] decreased the surgical rate of scoliosis patients. Another study also reveals that exercise could reduce the loss of correction in brace weaning phase [18]. Randomized Control Trial (RCT) studies have strongly proven that PSSE is effective in treating Adolescent Idiopathic Scoliosis (AIS) patients [19-22].

Schroth Method

There are 7 major approaches practising PSSE, in which Schroth method is one of the most familiar methods in Hong Kong. The 5 principles of Schroth method are 1. auto-elongation; 2. deflection; 3. derotation; 4. rotational breathing and 5. stabilization. These principles can be achieved by the use of breathing mechanics, muscle activation and mobilization. Schroth method also emphasizes

(Continued on Page 5)

on teaching patients to change their habitual posture to a more conscious posture in their daily living to improve the alignment. Two RCTs showed that there was a significant improvement in Cobb angle, trunk rotation [19] and quality of life [19,22].

Current Situation

Few centres of Hospital Authority and some therapists in private practice are practising the Schroth method for both paediatric and adult patients. However, there are not many certified Schroth therapists in Hong Kong while there is a growing demand for scoliosis treatment. For example, in Prince of Wales Hospital (PWH), the total number of new physiotherapy referrals with the diagnosis of AIS was about 300 in 2016, and the total number increased to 360 in 2017. Within the first 2 months of 2018, 74 new referrals have already received. Currently, the exercise taught to scoliosis patients in PWH is in group-based, and further outcome measure is suggested to incorporate to objectively evaluate its effectiveness.

Although PSSE is shown to be one of the effective methods in treating AIS, the therapist-to-patient ratio is high. For instance, there is only one certified Schroth therapist in PWH. The waiting time for the first session, patients' compliance and family support are the potential barriers for commencing the PSSE classes. Therefore, the collaboration among different centres of Hospital Authority is needed to better evaluate teh current service and to cope with the increasing demand for scoliosis exercise. Standardization and modification of the current practice and the feasibility in adopting new model of service should be explored. Additionally, more training classes can be organised to train more certified PSSE therapists for future development.

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A Spinal Surgeon's Perspective of Adolescent Idiopathic Scoliosis Management

Dr. Jason Pui Yin CHEUNG
Clinical Assistant Professor,
Department of Orthopaedics and Traumatology, The University of Hong Kong

Adolescent idiopathic scoliosis occurs in patients between 10 and 18 years of age and is characterized by a lateral deviation of the spinal column in the frontal view. It is more common in girls and is the most common spine deformity in children. Up to 30% of patients have other family members with scoliosis.[1] The cause of scoliosis remains unknown. Currently, most research in this area revolves around genetics. Other suggested causes include hormonal imbalance, growth disturbances, and muscle imbalance but are not well-proven. Parents do not need to worry about the use of school bags, sitting posture or single arm sports as there is no evidence that these things will cause scoliosis. The main goal of treatment is to prevent curve progression as untreated scoliosis may deteriorate and lead to pressure on internal organs like the lung or heart, increased risk of back pain and poor cosmesis. The main risk factors of the progression of a curve are the size of the deformity and skeletal immaturity.

As a spine surgeon, typically we examine patients in standing posture (Figure 1). We want to observe the balance of the patient as a large deformity may lead to poor truncal balance and posture. In addition, we assess the level of the shoulders for any asymmetry. From the side, we can see the side profile of patients and often their back is flat. We also ask the patient to bend forwards to assess the hump over the back. The severity of the hump often correlates well with the degree of deformity seen on x-rays. Radiographs are needed to measure the Cobb's angle which is how we describe the severity of curvature. Typically, no further imaging is required unless we identify atypical features of scoliosis such as clinical findings of abnormal skin pigmentation and neurological changes, or radiographic features of atypical scoliosis such as short and angular curves, long C-shaped curves, congenital vertebral anomalies, left-sided thoracic and right-sided lumbar curves. In such instances, MRI is an important method to identify any structural or spinal cord abnormalities.

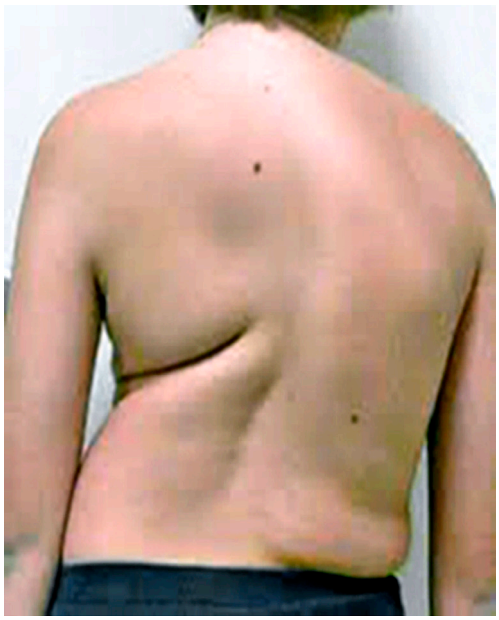

Figure 1. Assessment of the back shows a large right thoracic hump

Bracing is the only evidence-based conservative treatment to prevent scoliosis by restoring the normal contour of the spine with external forces. We usually prescribe braces in patients with moderate sized scoliosis (~20-40°) with significant growth remaining. This usually coincides with the adolescent growth spurt as the risk of curve deterioration is greatest during this period. We predict the timing of the growth spurt by several methods. Girls who are ~11 years old and boys who are ~13 years old are more likely to enter their pubertal growth spurt.[2] Furthermore, menses usually occurs at the time of peak height gain. The most useful measure is by radiographic assessment of bone age which can be calculated with a hand and wrist radiograph.[3,4] The effectiveness of curve control is proportional to brace-wear compliance. I generally request approximately 20 hours of brace-wear a day to maximize its benefits. This includes attending school, eating and sleeping. The timeout of brace-wear should be reserved for bathing and sports. Exercise is particularly important for these patients because prolonged brace-wear may lead

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to muscle atrophy. Braces should be worn until the end of growth when the chance of further scoliosis deterioration is reduced. We understand the discomfort which comes with prolonged brace-wear and the difficulties from adhering to the treatment including mental strain. The support and encouragement from parents is crucial for good compliance and treatment success.[5]

Surgery is reserved for patients with severe curves (>45-50°) and with significant truncal imbalance. These are major operations performed under general anesthesia and requires a combination of screws or hooks and rods to correct the spinal deformity and fuse it in the corrected position to prevent further deterioration (Figure 2). Preoperative assessment is crucial for safe and effective surgery. Prior to surgery, surgeons would want to assess the curve flexibility which is done via clinical examination of the hump and by radiographs. These factors help the surgeon to decide which spinal levels require surgical correction and the instrumentation strategy.[6] The aim of surgery is not only to correct the deformity and prevent deterioration, but also to do so with the least number of spinal levels fused and instrumentation inserted. Surgery is performed by either an anterior approach (the scar will be at the lower ribs with extension to the abdomen) or posterior approach (single midline scar at the back). The decision for either approach depends on the surgical strategy and should be discussed with the surgeon. The main risk that is a concern for parents and surgeons is the possible injury to the spinal cord. Although the risk is small in relatively smaller deformities (<100° curves), maneuvers are taken intraoperatively to avoid these complications. Particularly for the steps of screw insertion and deformity correction where the cord is at most risk, it is a standard procedure to perform intraoperative spinal cord monitoring in order to assess the function of the spinal cord. When there is a concern for spinal cord function, we can revert the previous procedure such as removal of a screw or even stop the surgery to prevent any neurological complications. The instrumentation systems that we use nowadays are very rigid and strong so patients can ambulate without fear after surgery. They should avoid contact sports until six months after the surgery. They can perform simple swimming and running sports at 3 months after the surgery. Barring any complications, no further surgery is needed to remove the implants. Patients should return to full function and activities at 6 months after surgery.

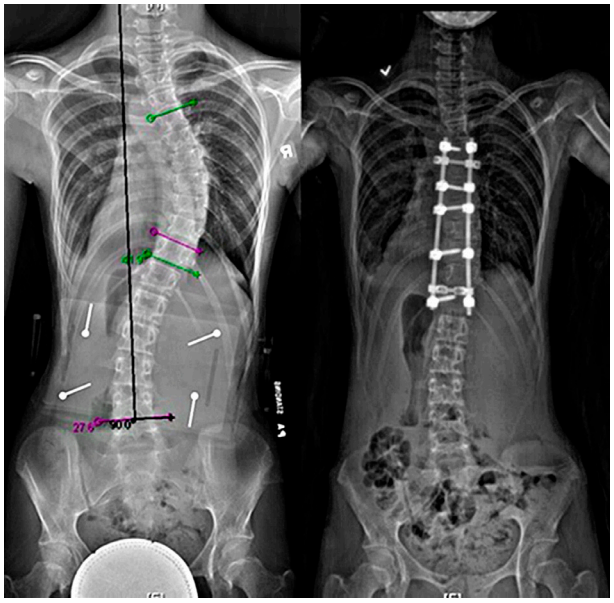

Figure 2. Patient with thoracic scoliosis undergoing posterior correction of the deformity and spinal fusion

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Joyful Working and Happy Living for Adults with Developmental Disabilities

Dino Chi-Keung HUNG
Physiotherapist I,
Woche Workshop, SAHK

Joyful working and happy living, we all eagerly look forward to such situation. As we grow up, we learn that life will go through changes - ups and downs. We may still vividly remember the time when we had to step out from our comfort zone in school to work our way up in our career ladder. What would happen to adolescents with developmental disabilities during their transition to adulthood? How do they cope with the big changes from studying in special schools to working in adult life? Apart from a small proportion of graduates who go straight to tertiary education, the majority of our special school leavers enter the adult service system.

The adult service system comprises primarily of employment and residential placements that can be represented by 2 ladders (Fig. 1).

Each rung on the ladder represents a different type of centre catering for adult clients with different functional and intellectual levels. The higher the rung on the employment ladder, the better the productivity and competence of the clients in handling complex jobs. Similarly, the higher the rung on the residential ladder, the more independence, responsibility and freedom the clients have. The two placements, one being operated during daytime while the other being operated during night time, work complementarily as a structured whole day management. Accordingly, physiotherapists working in the adult service system are required to work in day and evening shift to ensure the consistency in the management and intervention in both placements.

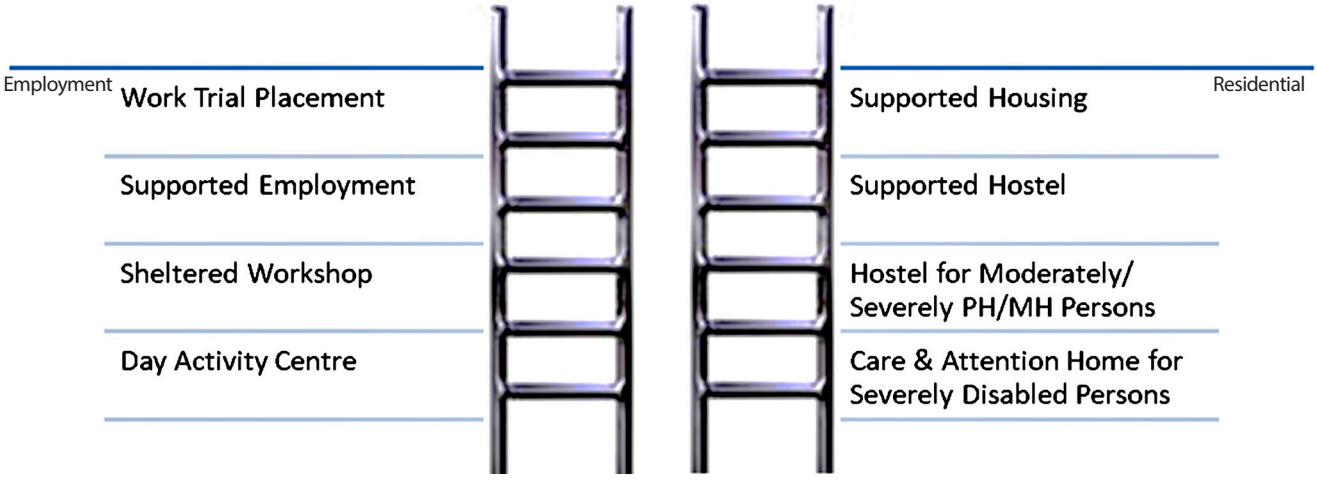

Fig. 1: Employment and Residential Ladders for adults with developmental disability. (MH: mentally handicapped; PH: physically handicapped)

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The sense of competence is a strong motivator for adult clients. The ability to deliver productive work and earn income, no matter how much they earn, conjures a positive sense of well-being. At the bottom of the employment ladder is the Day Activity Centre (DAC) for adults with severe mental handicap. Strictly speaking, DAC only provides training so the clients there will not make any income. Physiotherapists put more emphasis on gross motor proficiency and level of endurance to cultivate a non-sedentary lifestyle for the clients. Pre-vocational training will be provided for clients with higher capability.

Clients at the higher rungs on the employment ladder can be regarded as "workers" as income will be generated from their work. In our sheltered workshops, the trade instructors work closely with physiotherapists and occupational therapists in modifying the working environment, breaking down and re-organising a job into a series of component tasks with different complexities (Fig. 2), so that even low-functioning workers can participate in productive work. Physiotherapists will conduct movement analysis of task performance for individual workers and provide movement and environmental adaptations to maximise their functional capability. Work is used as a mean to achieve functional gains and generate income. The motivation and determination of the workers to complete the assigned productive tasks on time can be cultivated through peer modelling and support in the production line.

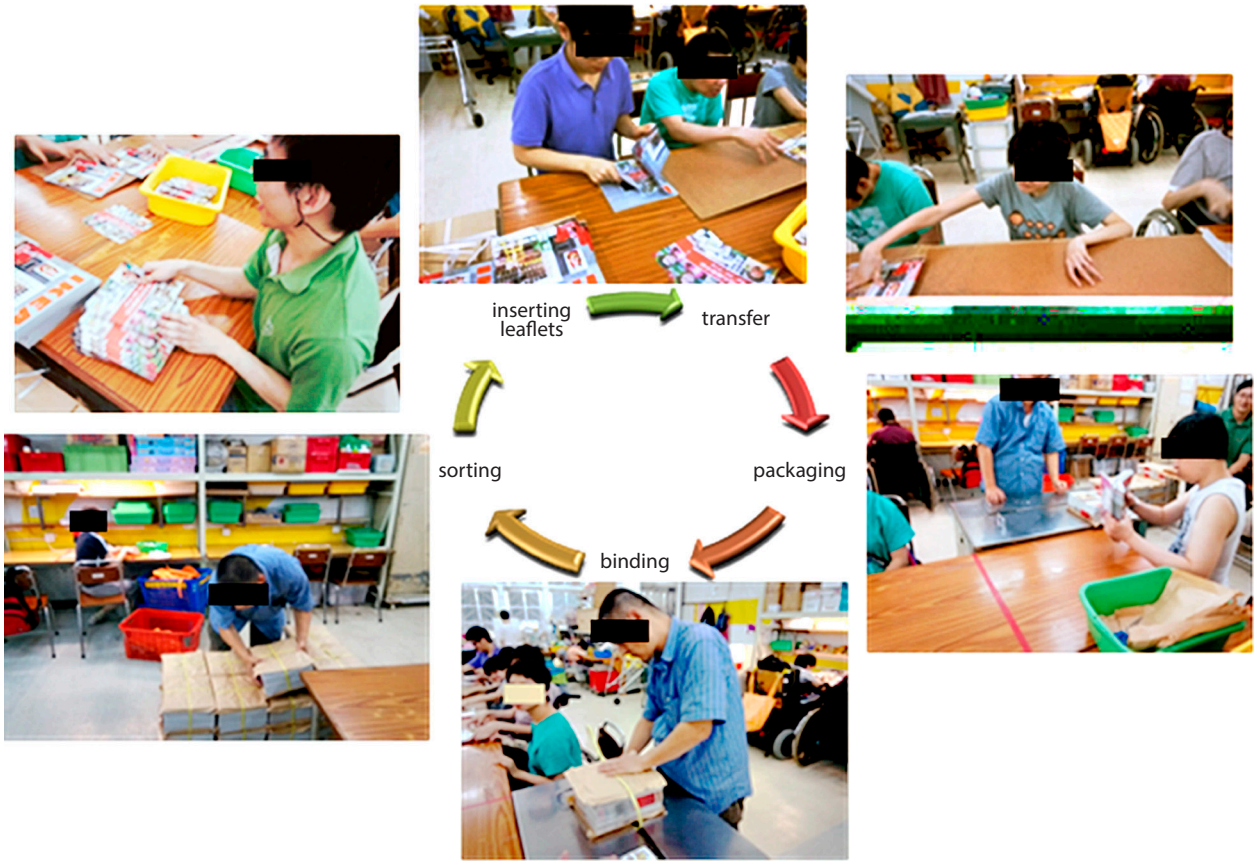

Fig. 2: Breaking down the lettershopping job into a series of component tasks.

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High functioning workers with reasonably good vocational skills, work attitude, and communication skills can apply for the next higher rung: Supported Employment (SE). In our association, we are operating café (Fig. 3), laundry, souvenir shop and flower shop for training our SE workers. The café and shops, though set up within our sheltered workshops, are operated in business mode serving the general public. SE workers are trained not only in the areas of customer services and sales but also in office work including simple book-keeping and logistics. They are encouraged to make their own decisions at work and seek advice from the trade instructors only when it is necessary. Physiotherapists are responsible for their occupational health and safety, especially in the logistics (such as materials handling, packaging, inventory and transportation). Other advanced trainings on motor and interpersonal skills like body-gesture and eye-contact will also be provided. Workers with the potential for open employment may be arranged for job placement in real workplaces (Work Trial Placement). On-the-job support by outreaching staff will be provided. Our multi-disciplinary team will customise trainings to match with individual workers' abilities and the job setting. Upon the successful completion of the Work Trial Placement, the workers will then be trained for interview skills for possible real job matching.

For residential placement, most of our hostels are located at public estates. Our adult residents not only are community presence but also have community participation. After leaving special schools, our young adult clients may start to think of leaving their parental home and start their new lives living in residential homes with caring support. Different levels of assistance in personal (PADLs) and instrumental activities of daily living (IADLs) are provided in our hostels at different rungs of the residential ladder. For instance, clients resided at Supported Hostels or above should be independent in most, if not all, PADLs while those at Supported Housing should have acquired basic IADL competences. In principle, clients at all rung levels of the residential ladder are expected to be responsible for their own PADLs as much as possible and actively engage in recreational and leisure activities, even in competitive sports (Fig. 4). They will be given the opportunities to choose the activities according to their capability and interest. Physiotherapists will help in building up their competence in self-management of mobility, fall risk, personal care and recreation. Interventions will be formulated according to the clients' internal possibilities in both biological and psychosocial aspects, and their external resources including both physical and social environments. Thus, a close collaboration with other allied health professionals and social workers is necessary.

Fig. 3: Café LOHAS at the LOHAS Garden, SAHK, a Supported Employment training venue.

Fig. 4: Clients participated in recreation activities and competitive sports

(Continued on Page 11)

Clients with sufficient self-care skills in personal hygiene, eating, dressing and toileting will be eligible to apply for hostels at the next higher rung, Supported Hostel. In such hostels, a higher level of self-discipline and initiative is expected. In return, clients there can enjoy a higher privacy and individuality. Clients' trainings also include domestic living skills and other living skills such as home and road safety, medication adherence and even finance management. Clients with outstanding performance that meets the admission requirements of the next higher rung can apply for a more independent living in Supported Housing in which 2 to 4 clients will share a room or flat. Standby supervision and help in resolving conflicts among room-/flat-mates will be provided as needed.

Obviously, the involvement of physiotherapists in the daily routine of the clients and workers of the high level centres in both ladders are less. The role of physiotherapists are more on fitness and endurance training and on self-management of pain and injuries. Services will be provided on a visiting basis or upon request. With the improved life expectancy of adults with developmental disabilities, early aging in their middle adulthood is becoming the biggest challenge for physiotherapists in the anticipation of an increasing risk of ambulation deterioration, fall, respiratory decline, pressure sore development and intractable pain. New rehabilitation and assistive technologies with a more person-centered and holistic consideration of the older adults' needs should be introduced to the adult service system.

Misleading and Unapproved Descriptions

Bronco BUT
Honorary Legal Advisor of HKPA

Assumed Scenario

Simon was a Part 1b registered physiotherapist and member of Hong Kong Physiotherapy Association. He had practised physiotherapy in Australia and Hong Kong for 8 years and 10 years respectively. When he practised physiotherapy in Hong Kong, he worked in a public hospital. After having practised physiotherapy in a public hospital for ten years, he wished to switch to private practice and set up his own physiotherapy clinic, Excellent Physiotherapy Clinic.

As a new start up physiotherapy clinic, Simon had the pressure of looking for a steady stream of patients. He opined that he should use various means to attract patients to seek physiotherapy treatment at his clinic. He was aware that patients would surf the internet to look for information including physiotherapy service. Therefore, he arranged Excellent Physiotherapy Clinic to have a web site.

In order to attract patients' attention, Simon had put the following titles and wordings under his name:

自然療法醫師
認可針灸物理治療師
美國量子觸療師及課程講師
世界睡眠日2015香港區代表(世界睡眠醫學會)
香港潛水總會醫事顧問
港青會醫事顧問
香港教育專業人員協會(教協)醫事顧問
龍氏治脊療法證書(中國廣州)
運動矯治療法專業教練(澳洲)針灸專業文憑
世界睡眠醫學會會員
世界睡眠組織會員

One day, he received a Notice of Inquiry from Physiotherapists Board saying that:

"Simon, being a Part Ib physiotherapist, disregarded the prohibition of reference to positions held, employment, honorary appointments or experience and qualifications which are unregistrable or unacceptable to the Board and in relation of the facts alleged, you have been guilty of unprofessional conduct.

Code of Practice

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

A registered physiotherapist should observe the basic ethical principles outlined in Part I of the Code; understand the meaning of "unprofessional conduct" explained in Part II; and be aware of the conviction and forms of professional misconduct detailed in Part III which may lead to disciplinary proceedings.

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

Section 9 of Part III of the Code of Practice

By Section 9 in Part III, the Board warns physiotherapist specifically against the use of descriptive wording such as "Specialist" etc. and reference to positions held, employment, honorary appointments or experience and qualifications which are unregistrable or not acceptable to the Board, on signboards, stationery, visiting cards, letterheads, envelopes, prescription slips, notices etc. A list of qualifications acceptable to the Board in the approved Chinese and English abbreviated forms is issued to all registered physiotherapists. Any registered physiotherapist who uses any title or description which may reasonably suggest that he possesses any professional status or qualifications, other than those which he in fact does possess will, in the opinion of the Board, be guilty of unprofessional conduct.

Discussions

Simon's use of the above titles and descriptions are not included in the list of qualifications acceptable to the Board. Simon had no defence to the charge and under such circumstances, Simon pleaded guilty to the charge.

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. No matter how busy they are, they should double ensure that they did not breach the Code of Practice.

An Interview with Dr. Arran LEUNG

Interviewee : Dr. Arran LEUNG
(Pioneer and Leader in Manipulative Physiotherapy in Hong Kong)

Interviewers : Mr. Dudley TSANG and Ms. Wincy LO
(Physiotherapy Year 2 Students)

Venue : PolyU ST523

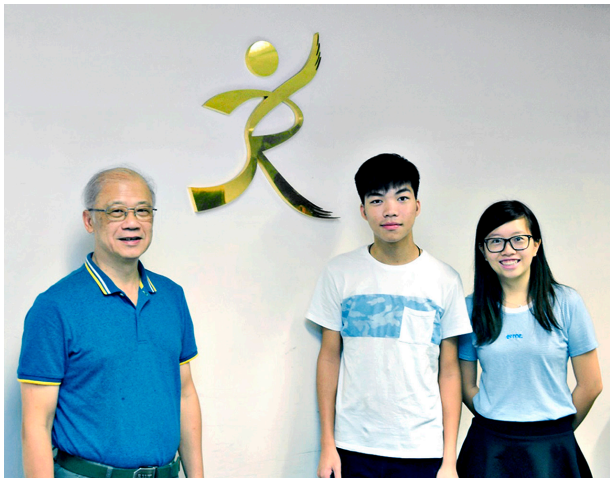
Dudley & Wincy:

You had taught physiotherapy in PolyU for over 20 years, what was the most memorable moment in your teaching career in the PolyU?

Arran:

I started teaching in the PolyU in 1979, which was the time before the PolyU became a university. At that time, the teaching staffs were just like a big family. Our working relation was very close. Even after work, we were very good friends of each other. However, after the PolyU became a university, there was a significant change of the teaching environment. I remember one of the European staff members complained that the new environment involved a plenty of sitting in teaching and preparation which led to back pain. The atmosphere became cold and institutional.

While later in the 2000s, there was a sudden contraction of demand of PT while the intake of PT student was increased to 150 annually. There was also accusation from students that teaching staffs learnt of the contraction of demand for PT in advance but withheld the information from the students. However, the increased intake of students was actually orchestrated by the government. If the PolyU did not accept the extra 70 students from the original 80 at that time, the Government would then launch a new physiotherapy programme in another university. The staffs only learnt about the news when it broke out. There was no consultation at all. I suggested that, given the unavoidable dilemma, there should be another school to accommodate the additional student number as the PolyU monopolized over physiotherapy education in Hong Kong. There were no other schools for comparison or competition. People just think that they are doing well. Also, there should be a medical school model with two streams – clinical and research. It is important that staffs should not all go into teaching and research with limited or outdated clinical practice.



Dr. Arran LEUNG, Mr. Dudley TSANG and Ms. Wincy LO

Dudley & Wincy:

As we know that you studied manipulative physiotherapy in Australia many years ago, what was the experience in the study overseas in terms of teaching, environmental setting or any aspect that you think it is worthwhile to share compare to now?

Arran:

As I studied in Australia in the 1970s-80s, so I could only compare about the situation of physiotherapy between Australia and Hong Kong then. At that time, Australia pioneered on diagnosis. Physiotherapists had the freedom and autonomy to make diagnosis. While at that time for Hong Kong, teaching was hospital-based, but mainly modelled to train as technicians. There were no diagnosis and decision-making by physiotherapists. They only received orders on referral from doctors which physiotherapists merely carried out.

(Continued on Page 14)

Compare to now, physiotherapists routinely make diagnosis, I treasure this deeply. I remember when the concept of making diagnosis was first introduced to Hong Kong, there was opposition and resistance. Opposition voices were mainly about the unwillingness to do extra works. Compare with other neighbouring Asian countries, in which physiotherapy students still do not receive the training on making diagnosis, Hong Kong is unique. I am presently an examiner of the clinical testing for overseas students coming to Hong Kong to qualify. Those students were unable to pass the examination mainly due to the lack of diagnostic skills. So, I am thankful for the change of having diagnosis taught in the curriculum of undergraduate and postgraduate PT programmes in the PolyU from the 80s till now.

The second thing is about the balance between research and clinical practice as mentioned previously. In Australia, these two streams are closely-linked. Even for their research workers, they had a wealth of clinical experience to formulate their hypotheses. Excellence in physiotherapy education should have a balance between research and clinical practice.

Dudley & Wincy:

You are one of the pioneers of physiotherapy in Hong Kong and have been working as a physiotherapist for many years, do you have any suggestion to current physiotherapists on the development of physiotherapy in Hong Kong?

Arran:

In 1987, I was the departmental liaison officer for professional connections with China. I made liaison with those institutions which would like to set up physiotherapy programmes in China in the 1990's. I had been teaching Masters in Physical Therapy in Wuhan and Chengdu since 2005. The PolyU eventually stopped the programmes due to lack of resources. I believe ending these programmes in China is indeed unwise and short-sighted. In fact, the cooperation with China showcased the PolyU programme in physiotherapy in China. MPT graduates in Wuhan and Chengdu invited former PolyU staffs, including myself, to go to China to teach as they are now at management positions in rehabilitation in China. China has a huge demand for physiotherapy education.

Hong Kong is not the only opportunity for PT graduates. China has a large market. So, my words to current students are: Given the Opportunity, Go Outside and Broaden your Horizon.

Dudley & Wincy:

As an experienced physiotherapist, what is your view toward direct access?

Arran:

I am pessimistic about this. As many physiotherapists do not have the passion or urge to fight for this. Many hospital-based physiotherapists view the primary motivation for direct access as a tool for private practitioners to increase the number of patients visiting them and making profits.

To fight for direct access, I would suggest the step-by-step approach which I had raised years ago. We could start with a limited direct access which patients can go directly to physiotherapists with specified skills, qualification and experience for a given period of time. If they are still not feeling better, we need to refer them back to the doctors. However, some supporters only want blanket direct access for every patient and therapist. It is very difficult to convince a lay person to have full confidence in fresh graduates who possess limited clinical experience, regardless of their actual ability.

Dudley & Wincy:

Apart from being a visiting professor, how's your retired life currently?

Arran:

My retired life is perhaps busier than the time when I was in full-time employment at the PolyU. There, I needed to follow many rules and restrictions. However, now, I have the liberty to do whatever I feel meaningful and useful.

Presently, I only stay in Hong Kong for about 10 days a month as I frequently go to China to teach. I am also teaching in the MSc in Manipulative Physiotherapy Programme in the PolyU and gaining my clinical experience as a practitioner in a private clinic in Tsim Sha Tsui in between trips to China. My schedule is packed but I enjoy life after retirement.

RTHK精靈1點：
香港物理治療學會系列 -
Occupational Health, Safety and Rehabilitation Specialty Group

Date : 4 April 2018
Venue : RTHK
Physiotherapists : Mr. Alexander WOO and Mr. Curtis WONG

OSHRSG was responsible for an episode of a series of interview program of HKPA arranged by RTHK. The interview broadcast live on Radio 1 and TV 31 simultaneously. The topic was about ergonomics and overuse syndrome at work. The program included discussion of different common ergonomic products and issues, as well as the prevention of various overuse syndrome. Questions from audience related to different postural problems were answered accordingly.

Mr. Alexander WOO and Mr. Curtis WONG were in the studio with the anchors.

Tai Chi for Arthritis Workshop
(The Acupuncture and Integrative Medicine Specialty Group)

Date : 7 to 8 April 2018
Venue : The Hong Kong Polytechnic University
Physiotherapists : Mr. Eric LAW, Ms. Yvonne LAM, Ms. Frances LAW, Fiona TANG, Dr. Arnold WONG
Participants : 21

Dr. Paul LAM and Ms. Hazel Thompson from Australia ran a two-day Tai Chi for Arthritis workshop for HKPA members. All participants had fruitful discussion and plenty of practice with Dr. LAM.

Dr. Paul LAM, Mr. Eric LAW and the students

The 4th Hong Kong Transplant and Dialysis Games Kick Off Ceremony

Date : 8 Apr 2018
Venue : Lecture Theatre, Queen Elizabeth Hospital
Physiotherapists : Ms Cora CHEUNG, Mr Ivan AU

HKPA has been supporting the Hong Kong Transplant and Dialysis Games for years, providing on-site physiotherapy service and pre-event training to the event participants.

Ms. Cora CHEUNG and Mr. Ivan AU took a photo with the organizer and the guest of honour, Dr CHUI Tak Yi (middle one)

RTHK精靈1點：
香港物理治療學會系列 - 拉筋養生？

Date : 11 April 2018
Venue : RTHK
Physiotherapists : Mr. Moses LAU, Mr. Denis CHAN

This live program was about the stretching exercise from the perspective of physiotherapist. The principles, precautions and different types of stretching exercises were introduced and discussed. The importance of flexibility in general public also has been reinforced in the program. Questions about stretching exercise from the audience were answered during the phone in session.

Mr. Moses LAU and Mr. Denis CHAN were in the studio with the anchors.

Geriatrics Specialty Group
Biennial General Meeting cum Seminar on
"Smart Shoe Applications in Older Adults"

Date : 13 April 2018
Venue : HKPA Premises
Speaker : Dr. Gilbert LAM
Head and Director of Li Ning Sports Science Research Center

Geriatric Specialty Group (GSG) Biennial General Meeting cum seminar was held on 13th April 2018. The new executive committee of GSG in the year of 2017-2019 was elected.

GSG had organized seminar, "Smart shoe applications in older adults" with prestigious guest, Dr. Gilbert Lam was invited to deliver this seminar. Dr. Lam shared his valuable research and updated knowledge on bluetooth development, wearable device application in footwears and their potential applications in older adults.

The new executive committee members and their posts are listed below:

Post	Name	Working Place
Chairperson	Mr. Steven H.L. CHEUNG	SH
Vice-chairperson	Mr. Bill K.S. CHAN	KH
	Mr. Y.K. LEUNG	NLTH
Secretary	Ms. Kennis K.W. CHEUNG	Private Practice
	Ms. Marine Y.Y. LO	TKOH
Treasurer	Ms. Polly LO	Private Practice
IT Officer	Ms. Ann Y.Y. LI	Private Practice
	Mr. Brian W.K. WONG	ELCHK
Ex-com	Mr. James P.Y. KAN	HKSH
	Ms. Angela W.Y. LEE	POH
	Ms. Leona YAN	YCH
	Mr. Thomson W.L. WONG	HKU
	Ms. Annie M.S. WU	AHNH

GSG chairman, Mr. Steven CHEUNG presented souvenir to Dr. Gilbert LAM

Dr. Gilbert LAM was delivering seminar to physiotherapist colleagues

RTHK精靈1點：
香港物理治療學會系列 - 運動創傷與恢復

Date : 18 April 2018
Venue : RTHK
Physiotherapist : Mr. Indy HO

This episode of live TV program focused on the rehabilitation and management of common sports injuries. The controversial issue such as the application of heat and ice therapy, and the risk factors of certain sports specific injuries were also extensively discussed.

Mr. Indy HO was in the studio with anchors.

District Health Centre Pilot Project Consultation Meeting

Date : 18 April 2018
Venue : HKSKH Lady MacLehose Centre,
22 Wo Yi Hop Road, Kwai Chung
Physiotherapist : Dr. Billy SO

HKPA was invited by Health and Medical Bureau, Government Secretariat for a consultation meeting on District Health Centre Pilot Project in Kwai Tsing District. The proposed pilot district health centre (DHC) will make use of the local network to procure services from organizations and healthcare personnel serving the district. Dr. Billy So represented HKPA to join this consultative session and shared the roles of physiotherapists in this brand new operation model. Different allied health professional bodies (Occupational Therapy, Optometry, Traditional Chinese Medicine Practitioner, Nurse, etc.) and some NGOs attended this meeting. The discussed topics included the potential services in the centre, the operation model of the centre and its relationship with other community resources, and the target disease populations in the community.

明報健康網 -
單手掌上壓易傷肩
簡易版單邊訓練 強化平衡力

Date : 16 April 2018
Venue : Private Clinic
Physiotherapist : Mr. Alex HO

"#Single Arm Push Up Challenge" was a community fund raising event hosted by the Hong Kong Police & Society for Abandoned Animals. This interview had elaborated the beauties and risks of unilateral training. Progressive unilateral training had been demonstrated for the public as reference. These kinds of exercises can benefit not only to athletic population but also to people with risk of fall.


單手掌上壓易傷肩
簡易版單邊訓練 強化平衡力

RTHK精靈1點：香港物理治療學會系列 - 預防運動創傷

Date : 25 April 2018
Venue : RTHK
Physiotherapist : Mr. Gorman NGAI

This program was about how physiotherapy could help in prevent sports injury, such as proper warm up, cool down, exercises program and the use of sports taping. The common sports injuries such as muscles strained, and ligaments sprained or torn were discussed. The roles of physiotherapist in prevent sports injury was talked, and the theory of using rigid tape and kinesiology tape were also explained briefly.

Mr. Gorman NGAI was in the studio with the anchors.

Opening Ceremony of the 19th Regional Osteoporosis Conference

Date : 28 April 2018
Venue : Hong Kong Convention and Exhibition Centre
Physiotherapist : Prof. Marco PANG

HKPA is the supporting organization of the 19th Regional Osteoporosis Conference, which was organized by the Osteoporosis Society of Hong Kong. The theme of the conference was "From Guidelines to Practice"

Prof. Marco PANG (third from the left) with Dr. TSUI Tak-Yi JP (Under Secretary for Food and Health Bureau, seventh from the left), conference organizers and representative of various supporting organizations.

明報健康網 - 頸椎移位

Date : 2 May 2018
Venue : Private Clinic
Physiotherapist : Mr. Gorman NGAI

This interview focused on acute neck pain. Difference types and causes of acute neck pain were discussed. The physiotherapy management for acute neck pain was explained. Some simple neck and shoulder exercises were also demonstrated in the interview.

Mr. Gorman NGAI was interviewed by a reporter.

Promotional Seminar in Tuen Mun Hospital

Date : 9 May 2018
Venue : Physiotherapy Department, Tuen Mun Hospital
Physiotherapist : Prof. Marco PANG

A promotional seminar was held at the Physiotherapy Department of Tuen Mun Hospital. The seminar was well attended by about 30 physiotherapists. Apart from sharing the updated knowledge of stroke rehabilitation, Prof. PANG stressed the importance of unity and need to join HKPA.

Promotional Seminar in Kowloon West Cluster Hospitals

Date : 15 May 2018
Venue : Princess Margaret Hospital
Physiotherapist : Prof. Marco PANG

A promotional seminar was held at the Princess Margaret Hospital. The seminar was open to all physiotherapists based in Kowloon West Cluster Hospitals. Good feedback on the future development of HKPA was received from the participants.

Prof. Marco PANG and Ms. Candy LEUNG, Cluster Coordinator (Physiotherapy), Kowloon West Cluster.

Prof. PANG giving a seminar to the physiotherapists stationed in Kowloon West Cluster Hospitals

Occupational Safety, Health and Rehabilitation Specialty Group (OSHRSG)

Meetings for Setting Up a Trust Fund of Work Rehabilitation and Compensation

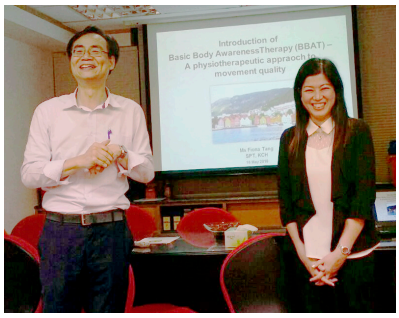
Date : 16 May 2018
Venue : Legislative Council
Speaker : Mr. Alexander WOO

HKPA was invited by Dr. Kwok Ka Ki to discuss setting up a trust fund for work rehabilitation and compensation. As such, OSHRSG represented HKPA to discuss with a group of insurers on this issue on May 16, 2018. We had a fruitful discussion. Additional concerns raised by insurers were discussed during the meeting. The ideas of setting up a trust fund and a central governing body for work rehabilitation were discussed in detail with the supports from insurers.

The Acupuncture and Integrative Medicine Specialty Group – Biennial General Meeting

Date : 16 May 2018
Venue : HKPA premises
Physiotherapists : Mr. Eric LAW, Ms. Po LAM, Ms. Frances LAW, Ms. Fiona TANG, Mrs. May CHEUNG, Ms. Rebecca NGAI, Ms. Ada TSUI, Mr. Kerry FUNG, Mr. Ben CHAN, Mr. Derek YEUNG

The AIMSG – BGM was held in the HKPA premises. Ms. Fiona TSANG also delivered a talk on "Introduction of Basic Body Awareness Therapy – A physiotherapeutic approach to movement quality" after the BGM.



Ms. Fiona TANG delivered a talk on "Introduction of Basic Body Awareness Therapy – A physiotherapeutic approach to movement quality" after the BGM.

The newly elected Executive Committee members of AIMSG and their posts between 2018 and 2020 are listed below:

Post	Name	Working Place
Chairperson	Mr. Eric Y.T. LAW	POH
Vice-chairperson	Mr. Ben B. CHAN	QEH
Secretaries	Ms. Yvonne P. LAM	UCH
	Ms. Rebecca M.P. NGAI	DTRC
	Mrs. May M.Y. CHEUNG	Private
Treasurer	Ms. Fiona L.W. TANG	KCH
IT Officer	Mr. Derek K.H. YEUNG	Private
Education Officers	Ms. Frances S.M. LAW (Integrative Medicine)	CCH
	Mr. Kenny C.C. YUEN (Acupuncture)	Private
Public Relation Officer	Ms. Ada S.K. TSUI	BH
Liaison Officer	Mr. Kerry W.Y. FUNG	Private

Forum on Physiotherapy Education

Date : 18 May 2018
Venue : Department of Rehabilitation Sciences, Hong Kong Polytechnic University (PolyU)
Physiotherapists : Prof. Marco PANG, Dr. Ivan SU

HKPA was invited to attend a forum organized by the Department of Rehabilitation Sciences at PolyU to exchange views on various issues related to physiotherapy education, including the standard of physiotherapy training at PolyU, licensing examinations, and quality of physiotherapy education programs that are being planned in other academic institutions.

Prof. PANG and Dr. Ivan SU with Prof. Hector TSANG (Head, Department of Rehabilitation Sciences, PolyU) and representatives from other physiotherapy organizations.

Singapore-International Physiotherapy Congress 2018

Date : 19 and 20 May, 2018
Venue : Lifelong Learning Institute, Singapore
Physiotherapist : Mr. Brian MA

The president of Singapore Physiotherapy Association, Ms. Sin Yi LEE, kindly invited executive members of HKPA to attend the 11th Singapore-International Physiotherapy Congress (SIPC) 2018. Mr. Brian MA (The Chairman of HKPA Membership Subcommittee) represented HKPA to attend the congress and met many regional and international physiotherapy scholars. HKPA would like to express our sincere appreciation to the Singapore Physiotherapy Association for their warm hospitality and to congratulate the great success of SIPC 2018.

The president of Singapore Physiotherapy Association, Ms. LEE Sin Yi

Mr. Brian MA with presidents and representatives from various physiotherapy associations in the AWP region, and the SIPC organizing committee members.

結伴同行強化基層醫療提升社區健康座談會

Date : 21 May 2018
Venue : South Kwai Chung Service Centre, Lai King
Physiotherapists : Prof. Marco PANG, Miss Mandy MAK, Dr. Ivan SU, Miss Annabella SUEN

A forum was held by the Government to collect feedback on the proposed District Health Centre (DHC), which is to be first started in the Kwai Chung District. During the forum, we emphasized that physiotherapists can have a major role in primary, secondary and tertiary prevention. We also expressed the need to have adequate physiotherapy service provision at DHC, and the importance of open access/self-referral of physiotherapy service, particularly when it comes to primary care.

Miss Mandy MAK, Miss Annabella SUEN, Dr. Ivan SU, and Prof. Marco PANG attended the forum.

Promotional Seminar in Hong Kong Society for Rehabilitation

Date : 23 May 2018
Venue : Hong Kong Society for Rehabilitation, Lam Tin
Physiotherapist : Prof. Marco PANG

A promotional seminar was held in the Hong Kong Society for Rehabilitation. In addition to discussing the international status of Hong Kong physiotherapy, Prof. PANG also shared the future direction of HKPA and encouraged the physiotherapists there to join HKPA as life members.

Prof. PANG with physiotherapy staff and students at the Hong Kong Society for Rehabilitation

明報健康網 -
中風復康儀器：練「壞手壞腳」重拾生活
持續治療：首半年復康黃金期 操練「備用」腦細胞

Date : 23 May 2018
Venue : Continuing Rehabilitation Centre, SAHK
Physiotherapists : Dr Ivan SU, Mr Ricco Wai-ho YIP

This interview was about the theme of continuing physiotherapy for community-dwelling stroke survivors after discharge from hospitals. Major functional consequences of stroke and the essence of post-stroke rehabilitation in the chronic stage were discussed. Rehabilitation technology for stroke patients was introduced and demonstrated. Rehabilitation outcomes and the importance of lifestyle adjustment with on-going exercising were shared and illustrated with cases.

Dr. Ivan SU and Mr. Ricco YIP was responding to the reporter's questions.

Promotional Seminar in Prince of Wales Hospital

Date : 24 May 2018
Venue : Physiotherapy Department, Prince of Wales Hospital
Physiotherapist : Prof. Marco PANG

A promotional seminar was held in the Prince of Wales Hospital. The seminar was well attended with more than 50 participants. Prof. PANG talked about the latest development of whole body vibration therapy, and promoted the HKPA life membership and upcoming 55th Anniversary celebratory events to the participants.

Prof. PANG and seminar participants at Prince of Wales Hospital

Prof. PANG and Ms. Jamie LAU (SPT, Prince of Wales Hospital)

VCARE 香港痛症學院

Course 1 (VE181013)

推拿理筋文憑 COMT technique Diploma (Conceptual Oriental Manual Therapy):

課程背景：

古時之中國醫術普遍是以口傳心授形式傳授給弟子，並非像現今般公開於書本中。本課程之內容正是源自道家口傳心授之理筋按穴手法。重點內容包括過去未公開之開氣場手法、開穴手法、開關手法、上下肢撥筋手法、胸腹背撥筋手法。而各種手法均能疏通經洛，促進氣血運行，激發元氣，達到防治疾病之果效。所有內容均是道家口傳心授之絕密內容。這是一套能高效針對多種專科之手法治療。

Course background:

In ancient times, Chinese medicine was generally imparted to disciples in the form of oral traditions, not in the books as it is today. The content of this course is derived from the heart of Taoist medicine. The main contents of COMT including **Qi activation technique, point activation technique, open gate technique, upper and lower limb releasing technique,** back and abdominal releasing technique. All these techniques can promote Qi energy flow so as to achieve the effect of disease prevention. All content is derived from top secret of Taoist content. This is a set of techniques that can be effectively targeted at a variety of specialties.

日期：13/10/2018 - 23/2/2019 (逢星期六)	時間：2:00PM - 6:00PM	講師：陳國正中醫師
地點：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：$21000	名額：30 額滿即止	CPD Points：15	對象：適合對高效手法治療有興趣之人士
2018 年7月30日前報讀為 $19000		

Course 2 (VE181010)

Diploma in Acupuncture for physiotherapy 2018 (autumn)
2018 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：10/10/18至13/2/19 (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：20/2/19至24/7/19 (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；括痧操作；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 (中風，貝爾氏麻痺，彈弓手，頸背痛，關節痛，三叉神經痛，大腦性麻痺，肩周炎等)

第三部份：臨床實習

日期：31/7/19至11/9/19 (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
香港大學醫學院針灸學碩士
香港大學中醫學院中醫全科學士
香港中文大學中西結合醫學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：$21000	
2018年6月30日前報讀為 $19000	名額：30 **額滿即止**
對象：對針灸有興趣之人士	CPD Points：15
地點：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)	

以上上課日期、時間、地點及講師可能有所更改，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。

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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