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New Year Greetings

Dr. Marco PANG
President of HKPA

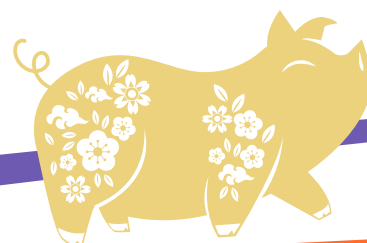
In this festive season, it is a great time for us to reflect on what we have accomplished and learned in the past year, and look ahead for the future development of HKPA. The past year was the first year of my presidency of HKPA, and it was a very fruitful year indeed. Some of the highlights included the media tea reception on 20 June 2018, which resulted in substantial media coverage and created very positive impact on promoting the PT profession. The World PT Day Carnival in Wong Tai Sin Plaza on 8 September 2018 attracted a huge crowd and considerable press coverage on direct access of PT service. The 55th Anniversary Conference and Gala Dinner was well attended, where more than 200 honorable guests and participants joining the celebration. Our effort in promoting HKPA in the past year had certainly paid off. On average, HKPA was featured in press coverage (TV/radio/newspaper/magazine) at least 3 times per month. We have also successfully won the bid to host the WCPT-Asia Western Pacific Regional Congress 2020. We have also established the official vision, mission and motto of HKPA.



As the new year begins, it is also a time for us to look ahead. In the coming year, some exciting and important projects are in the pipeline. First, we will be working to update the physiotherapist directory. Second, we have identified a professional company to revamp our official website, which will include online registration and payment features. Third, the HKPA annual conference and dinner will be held on 25 May 2019. Finally, the planning of the WCPT-Asia Western Pacific Congress will be in full force.

Rest assured that we will continue with our best efforts to achieve the missions of HKPA. I hope you can work with us hand in hand in making our professional community more united than before. I would also like to take this opportunity to thank all executive committee members for their painstaking effort in making HKPA a stronger professional organization that we should be proud of.

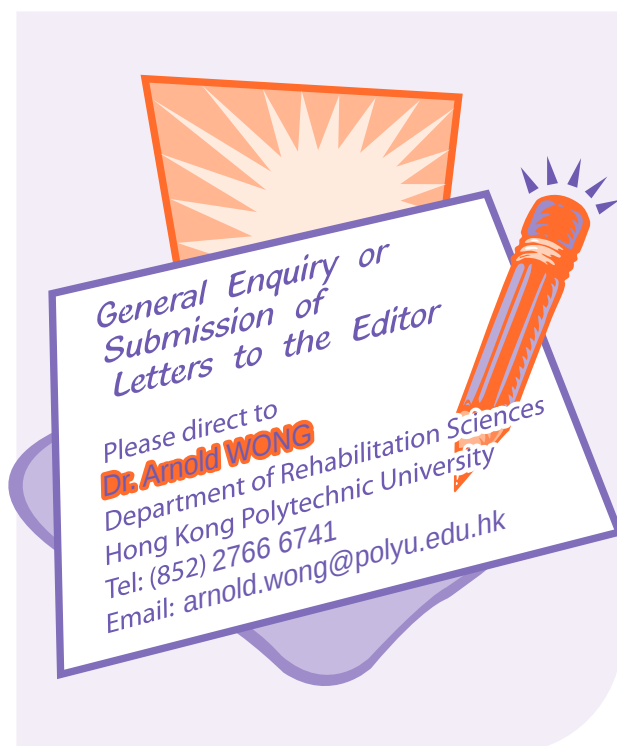
I wish you all a very happy and healthy Chinese New Year!



Editorial Paediatric

Mr. Maurice HON and Ms. Caroline WONG

In this issue, we have two main theme articles that are related to nurturing of Physiotherapy students in the paediatric field and the role of Physiotherapy in managing children with chronic kidney disease. Specifically, Dr. Sheila PURVES and Dr. Tamis PIN highlighted their experiences in creating additional opportunity for the local physiotherapy students to learn paediatric rehabilitation in the Mainland. Further, Ms. Maria CHEUNG discussed how exercises were prescribed to benefit children with chronic kidney disease. In the NGO Corner, Mr. Raymond CHANG shared his experience in using some fun and innovative "exergames" to play with nursing home residents. Finally, in the People's Corner, Prof. Margaret MAK shared with us her passion and devotion to the rehabilitation of patients with Parkinsonism over all these years.



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For enquiry, please contact Dr. Marco PANG
Tel: 2766 7156
Dept of Rehabilitation Sciences
Hong Kong Polytechnic University
Email: Marco.Pang@polyu.edu.hk

Change of Address or Loss of Contact

Please direct to
Mr. MA Fat Chuen Brian
Tel: 2468 5215
Email: physio.brian@gmail.com



Summer Placements in Mainland China for The Hong Kong Polytechnic University Students Opportunities for Inter-Professional Education while “Service Learning”

Dr. Sheila PURVES

Senior Consultant, The Hong Kong Society for Rehabilitation
Adjunct Associate Professor, Department of Rehabilitation Sciences, The Hong Kong Polytechnic University

Dr. Tamis PIN

Assistant Professor, Department of Rehabilitation Sciences, The Hong Kong Polytechnic University

For some years, the Hong Kong Society for Rehabilitation (HKSR) has collaborated with the Department of Rehabilitation Sciences, the Hong Kong Polytechnic University to develop placement opportunities for PT and OT students (and in previous years, nursing and lab students in a service-learning subject) to work for 2-3 weeks in rehabilitation settings in the Mainland. In general, the focus is on children with disabilities with the key responsibility of the student teams to use play as both a medium and a goal of therapy.

This is by no means an easy task, as many parents expect their child to be “treated” in the conservative medical model, and they consider play as time-wasting. In fact, many of our mainland PT colleagues have received little training in play and its significance for a child’s holistic development. They explain to the parents that play can motivate a child’s active participation, but they seldom use play within the therapy context. They do not routinely assess a child’s level of play.

In the summer of 2018, 6 teams of PT and OT students spent two weeks promoting play with their Chinese therapist colleagues. The locations included: a Child Welfare Institute (orphanage) in Inner Mongolia, two NGOs (started by concerned health professionals) in Shanxi and Hebei Provinces, a paediatric hospital in Guangxi, and two county-level Disabled Persons Centres (縣級殘聯康復中心), both in Sichuan. In total 37 students took part of whom 23 were 3rd year PT students. Either a Hong Kong or Mainland volunteer PT or OT expert was supervising them for the first week only (Mainland therapists were the Hong Kong Polytechnic University or overseas graduates). At two sites, the Hong Kong team was strengthened

by two rehabilitation therapy students of Hua Bei Polytechnic University (華北理工大學, 唐山).

The recipient centres hope the visit will broaden their staff perspectives, in regard to the use of play and the variety of interventions possible for each child, as opposed to only repetitive movements. They also very much appreciate the hard working and ethical approach of the Hong Kong students. In their feedback, the centres highlight the students’ systematic approach in assessment, goal-setting and planning the play sessions. “The Hong Kong student take each child very seriously and think deeply about the reasons”. However, almost all the centres note that the students do not communicate a lot, whether it is with staff, children or parents. This may be related to language, unfamiliar environments and students’ concern to understand local practices through observation.

The students had many reflections in their report-back last autumn, and we realize it is good for us all to revisit these thoughts in relation to our own practice.

From the team that made 100 home visits in 2 weeks:

“Therapists should consider cultural and social context when providing home modifications e.g. Fung Shui, the opinions of family members. understand their role in helping patients with respect to various limitations they face e.g. insufficient time for treatment. A multidisciplinary approach is essential for all-round treatments. Patient empowerment is important in community rehabilitation.”

(Continued on Page 4)

From the team visiting a small NGO in a poverty area of Shanxi:

“Realize the needs of children with special educational needs in China ... the need to equip ourselves to make the therapy interesting and build relationships with the children. ... Appreciate efforts of local therapists and the couple who founded the center [and] the differences in rehabilitation between China and Hong Kong. [Realize importance of] effective communication with the children's caregivers ... emphasis on providing holistic care.”

From the team visiting a county level rehabilitation centre in Sichuan, where they also visited the homes of the children:

“Not only was our professional knowledge strengthened, but our horizons in terms of other professional careers were widened. With such inspiring and unforgettable experiences, we are encouraged to carry on developing our passions and to do our best in our field.”

These summer placements provide excellent opportunities for our PT students to practice problem-solving with their OT counterparts in non-traditional situations. Although they have the internet at their tips for support, they must still develop strategies for applying their knowledge and skills in very different cultural, financial and institutional environments. They must be able to justify the approach taken and adapt it to the available resources. Also, they must learn to listen and consider why local rehab staff are using different methods and what are the pros and cons when compared to what they have learned at the Hong Kong Polytechnic University. In addition, the students are exposed to children with a wide variety of disabilities, which they may not see in Hong Kong placements.

As co-ordinators, we agree that we should select the sites with less resources for inviting outside expertise, although these situations are more challenging for our students. Thus, we hope to continue to recruit experienced PTs from Hong Kong to be mentors in the first week who can help our students learn how to problem-solve, be creative and be professional in very different working environments.

Acknowledgements

The Offshore Work-Integrated Education Sponsorship of the Hong Kong Polytechnic University supported the children: a generous donor has been supporting the travel expenses of the volunteer experts since 2014, with support in kind, from the Hong Kong Society for Rehabilitation and local Mainland organizations.



Incorporation of Exercise Training in Care of Childhood Chronic Kidney Disease

Ms. Maria CHEUNG

Physiotherapist I, Hong Kong Children's Hospital

Introduction

Chronic Kidney Disease (CKD) is characterized by an irreversible renal function deterioration which progresses to end-stage renal disease (ESRD). The prevalence of local childhood CKD cases is relatively stable, with around 50 new cases each year [1]. Data from HA CEDAS revealed that in 2017, for the age group 0 to 19 years, there were 18 hemodialysis (HD) and 16 peritoneal dialysis (PD) cases.

The main causes of childhood CKD are congenital abnormalities and acquired kidney disease. Once CKD occurs, progression to ESRD appears certain. About 70% of children with CKD develop ESRD by age 20. The most common cause of death in these children is cardiovascular disease (CVD), followed by infection [2].

The major health consequences of CKD in children include ESRD, anaemia, metabolic acidosis, fatigue, muscle hypotrophy, hypertension, increased risk of cardiovascular disease, growth and developmental impacts, lower levels of health-related quality of life (HRQOL), and a reduced physical ability [3-8]. A reduced physical functioning may be a modifiable risk factor for later cardio-vascular and bone disease mortality in adulthood [6].

Exercise is very essential in improving the physical functioning. However, the role of exercise has been neglected in the care of pediatric renal patients. With the service commencement of Hong Kong Children's Hospital, a coordinated physiotherapy service will be established to routinely assess the physical functioning and facilitate the incorporation of exercise into their daily routine. Since 2016, preliminary physical rehabilitation services, (which include developmental and physical evaluation, and physical rehabilitation summer programs), have been delivered to local pediatric renal cases in Princess Margaret Hospital (PMH).

Physical Fitness and Exercise Training of Children with CKD

Recent evidence showed that children with CKD suffer from poor exercise capacity, lower level of physical functioning, reduced motor skills, decreased muscle strength [5,7,9,10], and a lower HRQOL [8].

Possible factors leading to poor physical functioning in children with CKD include:

1. physical inactivity
2. cardiovascular dysfunction
3. anemia
4. muscular limitations
5. fatigue
6. neurodevelopmental abnormalities
7. too much awake time utilized in renal replacement treatment (RRT), lack of time fear of aggravating the disease
9. lack of motivation

No evidence proves that exercise can prevent the disease onset or suppress the uraemia progression. However, exercise has potential to reduce the cardiovascular risk (including blood pressure control, blood glucose control) [11], slow the disease progress by the exercise-induced anti-inflammatory effects [12], enhance self-esteem and HRQOL [13]. Exercise also has potential benefits in bone health, appetite control, and physical and mental preparation for transplant [14]. Home-based or community-based, out-patient-based or intra-dialytic exercise trainings were shown to improve muscle strength and exercise capacity in children with CKD [15-17].

(Continued on Page 6)

Exercise Rehabilitation Program

Fitness Tests

Physiotherapists have to test the children's physical fitness before exercise prescription, for optimizing the training effects. The testing components of a fitness test for

children may include body composition, flexibility test, muscle strength, muscle endurance, cardiorespiratory fitness, and motor-development (Table 1).

Table 1. Children's Physical Fitness Test

Test Component	Recommended Testing Methods
Body Composition	Body height, weight, BMI
Flexibility	Sit-to-reach
Muscle Strength	Maximum isometric muscle test with hand-held dynamometer
Aerobic Capacity	Fitkids Treadmill Test, shuttle run test
Functional Capacity	6-minute walking test, Bruininks-Oseretsky Test of Motor Proficiency
Motor-Development	Peabody Developmental Motor Scales, Bruininks-Oseretsky Test of Motor Proficiency

Exercise Prescription

The frequency, intensity, duration and type of exercise necessary to gain maximal physiological and clinical benefits in kidney disease are not yet fully established, especially for the pediatric population. Heiwe (2010) published Swedish CKD exercise guidelines which provided a framework of exercise prescription as shown in Table 2 [18]. Although it is not children-specific, it is a useful reference to construct our exercise program for local children with CKD. She emphasized muscle strength and endurance training in the early stage, plus balance and coordination training in later stage.

Testing of RM is seldom used in pediatric population. The following methods are preferred: (1) observation of functional skills to deduce about muscle strength, (2) manual

muscle testing, (3) isometric strength test with handheld dynamometer, (4) isokinetic dynamometry.

For the strength training, a child's program should not be a scale-down version of an adult's regime. Light weights or resistance with high repetitions, body weight exercises (such as sit-ups and push-ups), and functional activities training (such as bench step-ups, burpees, crab walks, planks, wheelbarrow walk and jumping jack) without extra weights are preferred [19].

For the aerobic fitness, circuit training or high-intensity interval training in groups with targeted intensity around 50 to 70% of peak heart rate is recommended for children, because of its motivational effect (Fig. 1-3).

(Continued on Page 7)

Table 2. Swedish CKD Exercise Guideline

Training Method	Example	Intensity	Frequency (Times/Week)	Duration
Aerobic fitness training	- Walking - Interval training on ergometer bike	70% of VO ₂ max RPE 14/20	3	60 mins
Strength training	- Sequence training - Individual training with wrist weights for resistance	80% of 1 RM	3	1-2 sets of 8-10 repetitions (reps)
Muscular endurance training	- Sequence training - Individual training with wrist weights for resistance	50% of 1 RM	3	Max. number of reps 13-15 of Borg's RPE
Functional training (i.e. walking, balance and coordination training)	- Walking for example on a treadmill or balance mat - Knee bends - Walking up and down stairs - Standing up from sitting	–	3	Max. walking duration and max. reps of other exercises, 13-15 of Borg's RPE

Note:VO₂max = maximum oxygen uptake capacity

RPE = Borg's Ratings of Perceived Exertion, RPE Scale

RM = Repetition Maximum, 1 RM corresponds to the maximum weight that can be lifted through the entire exercise movement one time



Fig 1-3. Summer Training Program in PMH

(Continued on Page 8)

Special Considerations

For All Patients

- Must have a stable heart status, well-controlled blood pressure, no excessive fluid retention
- Adequate warm-up, cool-down, stretching to prevent tendinitis
- No jumping or any exercises leading to increased abdominal pressure allowed for children with polycystic kidney disease
- Patients treated with beta blockers may show lower maximum pulse during maximum exertion
- Patients treated with anti-hypertensive therapy and/or a protein-reduced diet should consult dietitian for the fluid and food intake

For Patients with HD

- No blood pressure measurement via the arm with arteriovenous fistula
- Avoid over-head arm lifting or neck movements for patients with central dialysis catheter positioned on neck or chest

For Patients with PD

- Dialysis fluid must be drained from the abdominal cavity before exercise

Contraindications to Exercise ^[18]

Absolute

- Acute infection
- Uncontrolled hypertension (systolic blood pressure > 180 mmHg and/or diastolic blood pressure > 105 mmHg)
- Unstable angina
- Severe cardiac arrhythmia
- Uncontrolled diabetes
- Hyperkalaemia

Relative

- Weight gain > 5% of the estimated 'dry weight' between haemodialysis treatments
- Expressed anaemia and arteriosclerotic cardiovascular disease

Risks

The risks associated with exercise in CKD population have been under-investigated. No cardiac events were reported in any of the published exercise training studies in hemodialysis patients ^[9]. Risk assessment and

pre-participation screening should be done. Proper patient education about possible abnormal responses to exercise and the related actions should be provided. Regular reassessments are also essential.

(Continued on Page 9)

Way Forward

A coordinated exercise service provision to local pediatric renal patients is in need. As the pediatric renal team will be translocated from PMH to HKCH in mid-2019, a better organized physical rehabilitation

program is expected later this year. Besides the enhancement of the existing physical rehabilitation services, an intra-dialytic exercise training program will be one of the future service plans.

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Exergames in Hong Kong Sheng Kung Hui Nursing Home

Mr. Raymond CHANG

Physiotherapist I, Hong Kong Sheng Kung Hui Nursing Home

Nursing home residents engaging in physical activity are more restricted than community-dwelling older adults because of their abilities and environmental resources. These residents are more likely to lead a sedentary lifestyle. Research has indicated that residents in nursing homes can still have very positive experiences and gain beneficial outcomes with exercise participation (Stathi and Simey 2007).

Rehabilitation training is one of the keys to resolve the situations, but it is always difficult to motivate the residents to spontaneously engage in exercise. Proper execution of exercise is labour intensive, for reasons such as repetitive character of exercise training and its general tendency to be perceived as boring and monotonous. This so-called lack of companionship barrier limits adherence to exercise regimens and thereby makes exercise regimens less suitable for unsupervised training. Furthermore, the physical inactivity of nursing home residents with dementia, agitation and falling are challenges in daily practice.

Recently, novel and innovative interventions have been introduced in nursing home to stimulate residents to exercise more so that they can reduce the risk of falling and improve their wellbeing as a whole.

Virtual Cycling

Conventional static bike is considered a good way to get cardiovascular workout without stressing weight-bearing joints. Virtual cycling now makes the indoor-cycling more fun. It brings the residents to different locations of the world. Residents have greater exergame enjoyment compared to non-exergame

cycling. In addition, virtual reality stimulation also has a positive impacts on cognitive functions. It provides videos for residents to focus on during exercise, encouraging them to exercise regularly and for longer periods of time, leading to higher overall health and marked cognitive improvement.

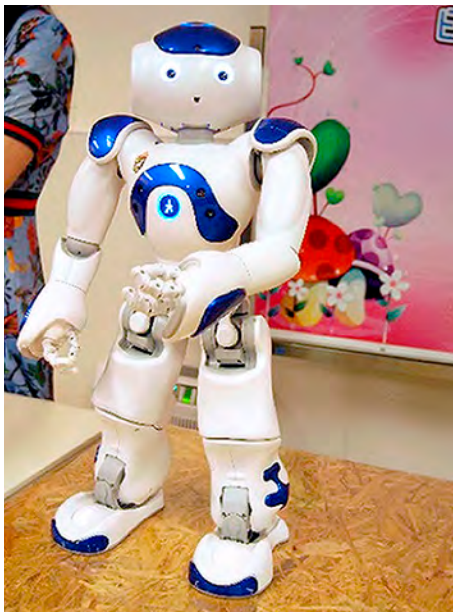


Virtual cycling

Robotic Training Devices

Traditionally, training of elderly with mobility problems is performed by physiotherapists who instruct a number of residents at the same time. Training is often based on exercises where the participants sit on chairs and do different movements with their arms and legs while listening to music. It is often difficult for the therapists to motivate the elderly to train hard and long enough. A robot is one of the instructors in physiotherapy class now. The robot is positioned on a table and demonstrates different exercises, which the residents then try to follow and mimic. A physiotherapist is present too, and provides individual instruction to anyone needing extra attention. It arouses their interest as the robot can move, speak and dance in funny way. Residents are more motivated to comply with the exercise regimes.

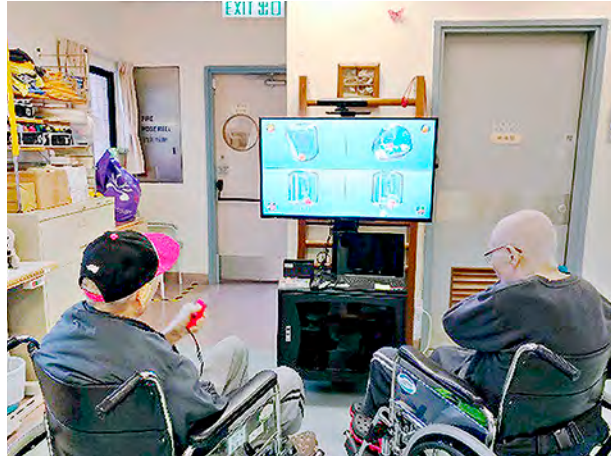
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NAO leads group exercise

Interactive Games

Interactive electronic exercise games have been adopted as a way to increase the recreational aspects of exercise treatment, thus making exercise more “fun” and potentially increasing adherence. Physiotherapist arranges the residents either alone or as part of a group who can compete one another. The system not only makes social engagements easier and more enjoyable, but also provides biofeedback to aid rehabilitation programs in a number of areas, including musculoskeletal, balance, neurological and cognitive training.



Residents compete with each other



OmniVista - residents play the eye-hand coordination game

Conclusions

Encouraging nursing home residents to participate in rehabilitation activities is challenging. The more cognitively and functionally dependent they are, the more exercise becomes beneficial to their daily lives. Comparing between exergames and other traditional methods of exercising, exergames have many different levels of difficulty and can focus on the particular task of training as well as providing variety options to the residents. This gives them different levels of challenges that are comfortable and suitable for individuals, where the residents can increase or decrease the task's difficulty depending on their performance. As residents' needs are continuously changing, physiotherapy treatment plans have to be changeable and revised as often as necessary. Keeping residents in the centre of the activity planning and decision-making will improve engagement in meaningful exercise regimes.

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Prof. Margaret MAK Interview

Interviewee : Prof. Margaret MAK

Interviewers : Mr. Jacky LAW and Mr. Eric SEE
(Physiotherapy Year 2 Students)

Venue : ST523, Department of RS, PolyU

Q1.

While the scope of neurological research is wide, why did you focus on neurological rehabilitation of patients with Parkinson's disease?

A1.

I started my PhD studies in the mid-1990s. There were not much rehabilitative interventions for people with Parkinson's Disease (PD). There was also no study about the effect of physiotherapy because the treatments focused on medication. Although PD is a progressive degenerative disease, it does not mean that the patients' condition will deteriorate within few years. Studies found that PD does not shorten a person's life expectancy. It is better for the patients to have a better mobility during the course of the disease or in their lives. Therefore, I started to examine the main functional limitations of the patients, and to understand the mechanisms underlying their difficulties and abnormal patterns in walking and standing up. Based on those findings, targeted treatments to PD patients can be implemented to improve their balance and walking and prevent them from falling.

Q2.

How can innovative technology improve the diagnosis, prevention and treatment of Parkinson's disease?

A2.

Although PD has been discovered for more than 200 years, the cause is still unknown. Therefore, this disease cannot be prevented. With the effort of many scientists and with new technologies, it is discovered that there is mutation of genes which may associate with a higher risk of having PD. For the rehabilitation, since mid-1990s, there has been a large number of studies support the use of physiotherapy can enhance the balance and gait performance. The treatment effects especially on balance and walking performance are long-lasting (e.g. up to 6-12 months after treatment completion). New technologies such as balance master, harness support treadmill training, robotic training and virtual reality have been used in balance and walking training.

Sustained strength training and multi-model physiotherapy training have been reported to delay the progression of PD. With all these evidences, we recommend PD individuals to start their exercise training with the aim to maintain their mobility at early disease stage. With the concerted efforts of researchers in North America, Australia, Europe and Hong



Kong, more innovative treatments are emerging to increase the mobility and independence of PD individuals, and hopefully to delay the progression of PD.

Q3.

We know that you studied your PhD in physiotherapy in Australia. What are the major differences and similarities in PT education between Hong Kong and Australia? Would these differences be an advantage or a disadvantage to our PT program?

A3.

The education system in Australia is very similar to that in Hong Kong. For instance, the syllabus is actually very similar to that of Hong Kong, the Australian students have to complete their university subjects and get a pass on all the subjects before they can start their clinical placement.

The clinical placement is also very similar to Hong Kong, for example, each placement is specialty-focused. When I worked in Melbourne, I was the clinical coordinator, and I had to supervise 1-2 students during the neuro-rehabilitation clinical block and to have a clinical workload at the same time. Every day I would allocate a few patients to the students. I was treating my patients whilst supervising the students simultaneously. Sometimes it could be demanding if students required more supervision. In Hong Kong, the clinical educators can devote full-time supervision and teach the students during the clinical placement. They have their clinical load when there is no placement. I believe both systems work as well.

Just an observation in students' learning behaviors between Hong Kong and Australia. Australian students are very

(Continued on Page 13)

outspoken, perhaps due to the cultural differences and the way children being brought up in Australia. From very young age, kids are encouraged to express their views and opinions. Therefore, during tutorials and discussions, they are more confident in contributing their ideas, though they are not always correct.

Students in Hong Kong are more conservative. They may have come up with good suggestions / ideas, they do not say it out, but they will wait for the correct answers. I have no doubt in the intellectual level of Hong Kong students, it would be good if ideas can be shared and discussed among students to promote deeper learning. There is no big deal even if they make mistakes. In fact, in many occasions, students come up with brilliant ideas. When discussing treatment choices, there is nothing called correct or incorrect treatment intervention, but we can come up with the most suitable treatments for the patients. Active participation is the major difference between Hong Kong and overseas students. I hope our students can be more active in their learning process.

Q4.

As the chief examiner of Board of Examiners for Physiotherapists Full Registration Examination and a Professor in PolyU, do you think we should implement registration examination in Hong Kong to ensure the quality of our future physiotherapists?

A4.

You are talking about the quality assurance process. Quality assurance is commonly carried out in two ways, accreditation and universal exam. Accreditation is to assess the quality of a programme during its early implementation. Once a programme has obtained the accreditation, it is confident that the programme will be implemented in the highest standard and produce good graduates. The other process is universal exam. This is used in the US and Canada. There are lots of physiotherapy schools with various levels of standard. So, universal exam is used to ensure that graduates have reached a certain standard to be registered as physiotherapists.

Both methods are used in different countries for quality assurance. In Hong Kong, we are using accreditation for vetting local programmes. The accreditation panel member consists of experts in physiotherapy education, experienced physiotherapists from different employment backgrounds, a representative from the Hong Kong Academy of Medicine and lay members. They assess the syllabus, teaching facilities, and the qualifications of the teaching faculties of the programmes. The schools have to send a lot of documents to the accreditation panel. Site visits and interviews with the programme leaders, faculty members and students are needed to ensure that the graduates can reach the level to become registered physiotherapists. The registration system in Hong Kong is to ensure physiotherapists to reach adequate standards of professional practice and provide safe treatment interventions.

If any overseas registered physiotherapists want to work in Hong Kong, they have to send their syllabus, transcripts and relevant documents of their graduate university to the PT board for vetting. If they have fulfilled all the criteria such as the syllabus and the clinical hour, they can directly register in Hong Kong. If not, they will be advised to take a written and a practical exam. A lot of manpower is needed for setting questions for the written exam and being examiners and patients for the practical exam each year. Therefore, manpower has to be considered for administering universal exam.

Q5.

For the last question, if you were given three wishes by a genie, what would be your wishes for physiotherapists in Hong Kong?

A5.

First, I hope the students can be inspired to work with their hearts. Satisfaction is a drive to learn more new things or technologies. Medical fields, such as Physiotherapy, are changing all the time. If your motive is to learn more to help the patients getting better soon, then you are self-motivated to learn and interested to learn more. On the other hand, if your motive is solely for promotion, once you are promoted to certain levels, you may lose your motivation to learn more and find out the best way for patients.

Another wish is that I hope physiotherapists can be the first-contact practitioners in Hong Kong. Australia is the first country to have first-contact physiotherapists (for more than 30 years), followed by Canada, US, and UK. Patients do not need referral and can choose to see doctors or physiotherapists. Physiotherapy treatments or managements change so rapidly that the doctors may not know all of them. We, physiotherapists, are ones who know what the best for the patients are. For the first-contact practitioners, patients can be treated with the most updated interventions without any delay. If more investigations / screenings / other treatments are needed, patients are referred to consult the doctors or other healthcare professions. This saves resources and the treatments would be provided to patients in an efficient manner.

The last is that there would be a profession called physiotherapists in mainland China. Rehabilitation in China is very backward compared to a lot of countries. If someone wants to be a physiotherapist in China, the only course they can take is rehabilitation therapy. They only study few physiotherapy skills and need to follow the instructions from rehabilitation doctors who give assessments to the patients. Now, physiotherapy programmes are started in some universities and are seeking for accreditation of World Confederation for Physical Therapy (WCPT). With time and efforts by lots of people, I hope there will be physiotherapy profession. The physiotherapists can then make physical diagnose and provide treatments independently.

False Declaration

Mr. Bronco BUT

Honorary Legal Advisor of HKPA

Assumed Scenario

Andrew was a newly qualified registered physiotherapist and member of Hong Kong Physiotherapy Association. He has worked in a public hospital for two years. When he was studying physiotherapy in Hong Kong, he had fallen in love with her classmate, Louisa who was considered by most students to be the prettiest physiotherapist.

After graduation, Andrew and Louisa worked in a private hospital and a public hospital respectively. When Louisa walked into the orthopaedic ward, most doctors were attracted by her beauty and wished to befriend with her. A Senior Medical Officer, Dr. A Cheng won her heart and dated her. After having dated her for about a year, Dr. A Cheng proposed to marry Louisa who swiftly accepted the proposal.

When Louisa told Andrew that she accepted Dr. Cheng's marriage proposal, Andrew was devastated and broke down completely. He could not accept the fact that he was ditched by his long time girl-friend. He went to a bar to drink trying to numb himself. He was so intoxicated that he engaged in quarrels with a male customer, Paul. In the course of heated quarrels, he assaulted Paul causing bruises in Paul's right upper arm. Andrew was charged with the offence of common assault. He admitted the offence. The trial magistrate accepted his mitigation and imposed a fine of HK\$8,000 instead of ordering a custodial sentence.

Six months after the conclusion of the trial of common assault, Andrew had applied for renewal of his physiotherapy registration. He was required to make declaration stating, among others, whether he had ever been convicted of criminal offence punishable with imprisonment. He replied negative in the declaration.

Andy who was Andrew's best friend, regularly read Hong Kong Physiotherapy News Bulletin and was aware that a physiotherapist might be at risk of being subject to disciplinary proceedings if he made a false declaration. He advised Andrew to seek 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 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.

Part II of the Code of Practice

According to Part II, a physiotherapist is guilty of "Unprofessional Conduct" which he is in the pursuit of his profession, does something or omit to do something, which in the opinion of his professional colleagues of good repute and competency, might be regarded as disgrace or dishonourable or which falls below the standard of competency that such a colleague might regard as reasonable.

Discussion

In making the declaration, Andrew disregarded or omitted to state that he had been convicted of a criminal offence punishable with imprisonment. His act of failing to state his criminal conviction of common assault made him guilty of the charge of unprofessional conduct. Ignorance of law was no defence to the charge. Andrew should consult a lawyer on how to make the declaration. Otherwise, he would run the risk of facing the charge of unprofessional conduct.

TVB Programme: 快樂奇跡

Date : 24 November 2018

Physiotherapist : Dr. Ivan SU

“快樂奇跡” is a 4-episode documentary programme produced by TVB Jade on the positive effects of external social relationship and internal personality of patients with severe disabilities on their rehabilitation outcomes. Two patient guests and their physiotherapists, who attended the HKPA's media function held on 20 June 2018, were invited as the main characters of the third episode.



The two main characters of the third episode in “快樂奇跡”: Mr. MOK (left), suffering from cervical fracture, and Mr. CHOI (right), a stroke survivor, and their physiotherapists spoke at the HKPA's media function on 20 June 2018



Acknowledgements to HKPA at the end of the third episode

CARERS Forum: 照顧者初衷跨專業論壇

Date : 1 December 2018

Venue : CPD 2.16, 2/F,
HKU Centennial Campus

Physiotherapist : Dr. Ivan SU



The forum invited stakeholders from cross-sector professional bodies to share views on the publicity and education advocacy plan for promoting better carers' policies and services in Hong Kong. The forum was organised by the CARERS Hong Kong (嵐光). Dr Ivan SU participated as one of the panel speakers at the forum on behalf of the Hong Kong Physiotherapy Association.

《煲呔健康男》2018

Date : 2 December 2018

Venue : Lok Fu

Physiotherapist : Dr. Marco PANG

The theme of this event was exercise for prostate cancer survivors. HKPA is the supporting organization. Dr. PANG was invited to engage in group activities with event participants on stage. A full page coverage of exercise tips for prostate cancer survivors based on an interview of Dr. PANG was also included in the program book provided to the participants. A special thanks to Ms. Mandy MAK for preparing the materials for the interview.



Happy PaMa of Ming Pao 童途有「理」：為何孩子總是「論論盡盡」？

Date : 4 December 2018
Physiotherapist : Ms. Rachel CHAN
 (Paediatric Specialty Group)

Developmental Coordination Disorder (DCD) is a commonly seen disorder amongst school-aged children, however, it is still under-recognized and under-treated. While early detection and intervention are crucial to the kids with DCD, this article aimed to arouse the public awareness, pointed out the misconceptions and introduced some common signs and symptoms of kids with DCD.



<https://news.mingpao.com/pns1812041543861409046>



Musculoskeletal Specialty Group Biennial General Meeting

Date : 7 December 2018
Venue : Hong Kong Physiotherapy Association Premises

The Biennial General Meeting of the Musculoskeletal Specialty Group (MSG) was held with 7 members elected with valid votes as the new Executive Committee members.

Hong Kong Cancer Day 2018

Date : 9 December 2018
Physiotherapists : Dr. Marco PANG, Mr. Sam WAN, Ms. Mandy MAK

HKPA was invited by the Hong Kong Anti-Cancer Society to demonstrate exercise during the event of "Hong Kong Cancer Day 2018" which was held on 9 December 2018. This event aimed to promote correct anti-cancer information among the general public. This year, the theme of the event was "Anti-Cancer, Say No To Alcohol". President of HKPA, Dr. Marco PANG was invited to officiate the ceremony with the organizer.

Mr. Sam WAN, on behalf of HKPA, designed and led the exercise demonstration during the event. Four physiotherapists from Tuen Mun Hospital (Mr. Alphonse CHAN, Mr. Ivan MAK, Mr. Alvin WONG and Ms. Kate TONG) were invited to support the exercise demonstration. All the participants enjoyed a lot and showed their vigor through the exercise!



President of HKPA, Dr. Marco PANG was invited to officiate the ceremony with the organizer



Dr. Marco PANG, Ms. Mandy MAK and Mr. Sam WAN joined the event



Mr. Sam WAN led the exercise demonstration on stage

Christmas Event Allied Health Professions Staff Group Consultative Committee

Date : 12 December 2018
Venue : Cordis Hotel
Physiotherapists : Mr. Charles LAI, Ms. Anna Bella SUEN

Mr. LAI and Ms. SUEN attended this Christmas event to celebrate the season with allied health colleagues and friends working in Hospital Authority.



Mr. Charles LAI and Ms. Anna Bella SUEN attended this joyful event

Publication in Recruit Magazine

Date : 21 December 2018
Physiotherapist : Dr. Marco PANG

The interview of Dr. PANG by Recruit Magazine was used as the cover story. The interview report highlighted the essence of being a physiotherapist, and career opportunities in physiotherapy.



TVB Programme: 最強生命線

Date : 25 December 2018
Venue : Physiotherapy Clinic
Physiotherapist : Mr. Gorman NGAI

The program is to introduce the cause and clinical presentation of Bell's palsy. The interview included medical doctor, traditional Chinese doctor and physiotherapist's comment and management for Bell's palsy. Demonstration on using electrical modalities, massage, and self exercises with ice cube stimulation were given.



The Federation of Medical Societies of Hong Kong (FMSHK) Annual Dinner 2018

Date : 31 December 2018
Venue : Hong Kong Academy of Medicine
 Jockey Club Building
Physiotherapist : Dr. Arnold WONG

As in previous years, as a member organization of the FMSHK, we were invited to attend the Annual Dinner of the Federation of Medical Societies of Hong Kong. It was a great evening to welcome the year of 2019!



Dr. Arnold WONG at FMSHK Annual Dinner

U-Magazine Interview

Date : 2 January 2019
Venue : Physiotherapy Clinic
Physiotherapist : Mr. Gorman NGAI

The interview is talking about what is round shoulder, what are the causes and what kind of signs and symptoms it may produce. Postural correction, self-stretching and strengthening exercises regarding round shoulder were demonstrated.



2019-20 Budget Consultation (Health Service and Chinese Medicine)

Date : 4 January 2019
Venue : Central Government Office, Tamar, Hong Kong
Physiotherapist : Dr. Ivan SU

Financial Secretary Mr. Paul CHAN held the 2019-20 budget consultation meeting together with Secretary for Food and Health Prof. Sophia CHAN on 4 January 2019. Representatives of professional bodies from the Health Service and Chinese Medicine sectors were in attendance by invitation. Dr. Ivan SU, representing the Hong Kong Physiotherapy Association, attended the meeting. There were requests for increasing resources for the Supplementary Medical Professions Council to cope with the increasing accreditation workload from the new undergraduate programmes and for providing more suitable venues for organising mass exercise programmes for the public.

大灣區之《科技共山水》東莞兩日遊

Date : 5-6 January 2019
Venue : Shenzhen, Dongguan
Physiotherapist : Mr. Brian MA

「香港衛生服務界慶祝國慶籌委會」 organized 「大灣區之《科技共山水》東莞兩日遊」, which included visits to Shenzhen high-tech enterprises and Dongguan Songshan Lake Science and Technology Park, as well as special lectures, etc. A total of 55 clinicians and full-time medical / healthcare students registered for the event. Dr. Wing Man KO was also invited to share the development of the Guangdong-Hong Kong-Macao Greater Bay Area and the new opportunities for the Hong Kong healthcare industry / professionals in the Greater Bay Area.

Follow-up Meeting Regarding 2018 Policy Address for the Issue of Work Rehabilitation and Compensation

Date : 9 January 2019
Venue : Legislative Council
Physiotherapist : Mr. Alexander WOO
 (Occupational Safety, Health and Rehabilitation Specialty Group)

In 2018 Policy Address, work rehabilitation and compensation were addressed. After a series of discussion with Dr. Ka Ki KWOK and a public hearing session in Legislative Council, Dr. Ka Ki KWOK called a follow-up meeting with different medical professionals for formulation of further action plan with regards to the Policy Address.

Second Asia Physical Therapy Forum

Date : 11-12 January 2019
Venue : Shinagawa Prince Hotel, Tokyo
Physiotherapists : Dr. Marco PANG, Dr. Arnold WONG

Dr. PANG and Dr. WONG represented HKPA to attend the Second Asia Physical Therapy Forum organized by Japan Physical Therapy Association. Representatives from 15 Asia countries / regions (Bangladesh, Hong Kong, Indonesia, Japan, Macau, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Singapore, Sri Lanka, Taiwan, Thailand, and Vietnam) gathered in Tokyo to share the aging related challenges faced by various Asian countries. The Forum also provided a platform for academic staff and government officials from various regions to discuss potential collaborations in Physical Therapy education and research. The Forum included talks, discussion, clinical visits, as well as cultural performance.



Dr. PANG and Dr. WONG visited the Japan Physical Therapy Association office in Tokyo



Dr. PANG and Dr. WONG visited the Nursing Independence General Center "Rakuccha"



Dr. PANG and Dr. WONG and all delegates at the Second Japan Physical Therapy Forum



Dr. PANG and Dr. WONG attended the Second Japan Physical Therapy Forum



Dr. PANG shared the experience of physiotherapy education in Hong Kong



Dr. PANG and delegates from various Asian regions



Dr. PANG and Dr. WONG and delegates from Japan and Bangladesh

Updates on Kwai Tsing District Health Centre Project Allied Healthcare and Nursing Professionals

Date : 14 January 2019
Venue : Central Government Offices, Tamar
Physiotherapists : Mr. Charles LAI, Dr. Ivan SU

The District Health Care Centre (DHC) Project Team, headed by Mr. Jimmy WU, Director (District Health Centre Team) invited Allied Healthcare and Nursing Professionals representatives to brief the update progress in the development of the DHC project and to seek further advice on the project. Mr. Charles LAI, Vice President and Dr. Ivan SU, EC member, attended this meeting on behalf of HKPA. Mr. Jimmy WU, together with his team members, chaired this meeting and presented the background, operation model and key services of the DHC. He shared that the tendering process for the Kwai Tsing District Health Centre had completed. The Centre is expected to start service by the third quarter of 2019.

The primary purposes of this project is to follow the 2017 Policy Address to enhance public awareness of disease prevention, self-management of health and to provide support for the chronically ill. The DHC will make use of regional network to procure services from organisations and healthcare personnel to serve the district. There shall be district-based medical-social collaboration and development of public-private partnership. Target services will include health promotion, educational programs, basic assessment and screening for early identification of chronic diseases like HT, DM, and chronic disease management for stroke, hip fractures, and musculo-skeletal disorders like OA knees and LBP.

We expressed our concerns on the operation model especially on the differentiation between the current services provided by HA and NGOs to avoid duplication; role and supply of different Allied Health disciplines in the service provision; as well as the affordability of public in the utilization of this service project as the public will have to bear part of the costs of the services.



Group photo with all participating Professional Groups: HK Physiotherapy Association, HK Physiotherapists' Union, Physio Action, Pharmaceutical Society of HK, HK OTA, etc.



Photo from left to right: Dr. Ivan SU, Mr. Charles LAI, Mr. Jimmy WU

The First Musculoskeletal Specialty Group Executive Committee Meeting

Date : 16 January 2019
Venue : HKPA Premises

The first meeting of the Musculoskeletal Specialty Group (MSG) Executive Committee was held with the elected members and two co-opted members. The annual plan of MSG was discussed and the new executive committee members are as follows:

Chairperson	Mr. Raymond TSANG
Vice chairperson	Mr. Jimmy YUEN
Treasurers	Ms. Lan Fong CHIANG and Mr. Moses LAU
Executive committee members	Ms. Chris CHAN, Mr. Denis CHAN, Mr. Justin IP, Ms. Tracy TANG and Ms. Iris TSANG

TVB Programme: 快樂長門人

Date : 24 January 2019
Venue : TVB City, Tseung Kwan O
Physiotherapist : Dr. Marco PANG



Dr. PANG provided exercise tips for older adults with chronic conditions

The 4th Employee Awards in Elderly Care

Date : 25 January 2019
Venue : Hong Kong Employment Development Service
Physiotherapist : Dr. Marco PANG

Dr. PANG was invited to be one of the panel judges to interview candidates for the 4th Employee Awards in Elderly Care. Different health professionals and workers in elderly care, including physiotherapists, were interviewed.



Interview by 《香港01》

Date : 31 January 2019
Venue : HKPA Premises
Physiotherapist : Dr. Marco PANG

In this invited interview, Dr. PANG gave his view on the shortage of physiotherapy manpower, direct access to physiotherapy services, role of physiotherapy in primary health, and mandatory reporting of CPD.



CPD News

*Enquiry of CPD News and Activities
 Please Visit*

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



The Chinese University of Hong Kong
Faculty of Medicine
Department of Orthopaedics and Traumatology

Master of Science in Sports Medicine & Health Science

運動醫學及健康科學 理學碩士

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

2019 Sep
Intake

Programme Focus

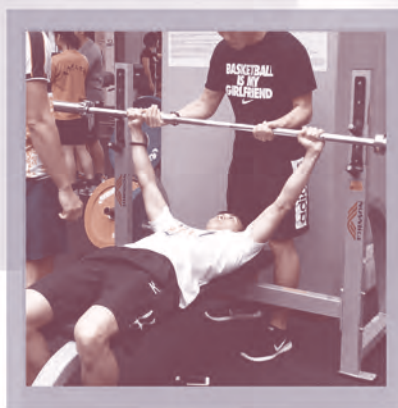
- Orthopaedic Sports Medicine
- Sports Injury Prevention and Rehabilitation
- Emergency Sports Medicine
- Strategies in Sports Performance Enhancement
- Sports Medicine and Training in Elite Athletes

Target Students

- Medical Doctors, Physiotherapists, Sports Scientists, Coaches and Allied Health & Fitness Professionals

Study Mode

- Master of Science programme:
Full-time: complete 30 credits in one year
Part-time: complete 30 credits in two years



Application Deadline:
30 April 2019

Please visit the programme
website for application
procedures:

www.ort.cuhk.edu.hk/smhs



Contact Us

Department of Orthopaedics and Traumatology,
Faculty of Medicine,
The Chinese University of Hong Kong
Email: smhs@ort.cuhk.edu.hk



Department of Orthopaedics and Traumatology
Faculty of Medicine
The Chinese University of Hong Kong
香港中文大學 醫學院 矯形外科及創傷學系

Master of Science in

Musculoskeletal Medicine Rehabilitation and Geriatric Orthopaedics

骨關節醫學、康復及老年醫學理學碩士

■ Contents: Lectures, Practicum and Project

內容：講座、實習及論文

■ Course Structure: Full time 1 year / Part time 2 years study.

課程結構：全日制一年 / 兼讀制兩年

■ Who should apply ?

Medical Doctors – General Practitioners, Family Physicians, Orthopaedic Surgeons, Physicians interested in musculoskeletal disorders, Chinese Medicine Practitioners, Rehabilitation Doctors...

Health Care Professionals – Physiotherapists, Occupational Therapists, Prosthetists & Orthotists, Nurses, Dietitians, Podiatrists...

■ 報讀資格：

本培訓課程為醫療專業人員而設計，包括：家庭醫生及各專科醫生、中醫師、護士、物理治療師、職業治療師、矯形師、營養師、足治療師等等……

MSc in Musculoskeletal Medicine, Rehabilitation and Geriatric Orthopaedics (MRGO)

Core Modules (15 units)

Streaming Modules (8 units)
(either stream)

Other Elective Modules (2 units)

Musculoskeletal Rehabilitation
Stream

Geriatric Orthopaedics
Stream

CME/CNE/CPD Accredited programme

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持續護理進修CNE /
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September 2019 Intake
2019年9月入學招生



Programme details and Information sessions
Please refer to programme Website
有關課程詳情及資訊講座，請查看課程網頁

Online Application 在線報名：
Graduate School Office Website 研究院網頁：



Application Deadline 截止申請日期：

30 April 2019 (Full time)
2019年4月30日 (全日制)

30 May 2019 (Part time)
2019年5月30日 (兼讀制)

查詢
Enquiry

Department of Orthopaedics and Traumatology, Faculty of Medicine,
The Chinese University of Hong Kong
香港中文大學 醫學院 矯形外科及創傷學系
Orthopaedic Learning Centre, 1st Floor, Li Ka Shing Specialist Clinics North Wing,
Prince of Wales Hospital, Shatin, HKSAR
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Tel: (852) 2637 8472 Fax: (852) 2647 7432 Email: mrgo@ort.cuhk.edu.hk

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