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Content

Editorial

Paediatric Physiotherapy

Mr. Angus LAW, Mr. Harry LEE and Dr. Freddy LAM

Paediatric physiotherapy helps children, youth, and young adults with various health needs to achieve their optimal health, function and development. Physiotherapists in the paediatric field have specialist knowledge and skills to serve babies and growing children, as well as to treat patients ranging from 1-day-old babies to young adults. According to the Academy of Pediatric Physical Therapy (APPT), paediatric physiotherapists work with children and their families to assist each child in reaching their maximum potential to function independently and to promote active participation in home, school, and community environments [1]. They have expertise in movement, motor development, and body function. They often "co-manage" the care plan in collaboration with the child, family, and other health and educational team members to make decisions related to the evaluation, diagnosis, prognosis, and intervention. They also involve in the service delivery, outcome measures, and discharge/termination of services [2]. In addition to setting goal-directed plan of care for rehabilitation purposes, paediatric physiotherapists also collaborate with families, communities, and other medical, educational, developmental, and rehabilitation specialists to promote health and wellness.

In this issue, we continue the topic on paediatric physiotherapy. We have a main theme article related to promoting holistic rehabilitation planning for children with cerebral palsy in a traditional Chinese medicine hospital in Northwest China. In addition, the main theme 2 article focuses on the use of strategic hydrotherapy to bridge the participation gap for children with special education needs.

For the people's corner, we are delighted to report an interview with Professor Christina HUI-CHAN who shared her extensive academic experiences and vision in physiotherapy in North America and Hong Kong. In the NGO corner, we have a sharing about a pilot scheme on multi-disciplinary outreaching support teams for the elderly in private residential aged homes. In one of the PA diaries, we highlighted some key points proposed to the panel on health services regarding "Corporate governance and manpower situation in Hospital Authority".

References

1. APPT (2019). *Academy of Pediatric Physical Therapy Fact Sheet: The ABCs of Pediatric Physical Therapy*. The Academy of Pediatric Physical Therapy, American Physical Therapy Association. https://pediatricapta.org/fact-sheets (access on 30 March, 2019)
2. APPT (2019). *Academy of Pediatric Physical Therapy Fact Sheet: Using APTA's Guide to Physical Therapist Practice 3.0 in Pediatric Settings*. The Academy of Pediatric Physical Therapy, American Physical Therapy Association. https://pediatricapta.org/fact-sheets (access on 30 March, 2019)

Promoting Holistic Rehabilitation Planning for Children with Cerebral Palsy at Traditional Chinese Medicine Hospital in Northwest China

Dr. Sheila PURVES
Senior Consultant, The Hong Kong Society for Rehabilitation

Mr. Peter King Kong POON
Deputy Chief Executive Officer, The Hong Kong Society for Rehabilitation

Ms. Alky Sau Ching LEUNG
Senior Officer, International & China Division, The Hong Kong Society for Rehabilitation

From October 2017 to December 2018, The Hong Kong Society for Rehabilitation and the Xining Traditional Chinese Medicine (TCM) Hospital collaborated on a project: "Enabling a happy and meaningful rehabilitation life for children with disabilities" with an underlying theme to demonstrate that children with disability can and must get an education. In just one year, could we achieve our aims to ensure some of the children attend local kindergartens or schools?

In fact, during the baseline study, we became doubtful. The three PTs and the parents were very focused on repetitive physical movements; and there was no talk of education. The PTs had little experience in clinical reasoning and minimal exposure to experienced paediatric physiotherapists. Each therapy, whether electrotherapy, TCM, exercise, speech or training for hand function, was isolated with minimal staff communication. Positively, the summary page of each child's documentation did have a problem list divided into "body/structure and activities".

The rehabilitation department voiced out their own urgent needs as below:

(1) To clarify the roles of individual team members for more effective team work. For example, the children in this hospital stay in the hospital ward according to the requirements of the provincial health insurance. The nurses wished to understand their role in the rehabilitation team.

(2) To strengthen the assessment and therapy skills in the team; and

(3) To improve the co-operation with family members, especially when families held unrealistic goals.

The project was started with an introduction to the ICF-CY (International Classification of Functioning, Health and Disability for Children and Youth)[1] as the conceptual framework and a workshop on using the "Brief Cerebral Palsy (CP) Core Set"[2] as a checklist to inspire a comprehensive case discussion and goal setting. The core set provides a profile of the child, which is a team consensus. Each item is informed by specific discipline assessment and analysis, such as Gross Motor Function Measure (GMFM), 6-minute walk test, pain assessment, etc.

The ICF core sets encourage each discipline to speak on an equal basis using common terminology. It helps to identify gaps in assessment or therapy, to make priorities for the specific therapy period, while not losing site of the long term goals. It also allows the team to assign tasks for follow-up, (such as further assessment, family education or sourcing of a mobility device) helping to avoid duplication and encourage consistency.

In this project, the department selected three children to follow with the CP Core Sets over the year, and our HKSR volunteer experts made follow-up visits and gave email advice.

Here are some examples of insights arising:

1) Grasping the significance of the ICF terminology "capacity" (ability in a standard environment) and "performance" (what is actually done in the natural living environment), helped the staff realize how they can co-operate smoothly. For example, the PT and nurse realized they were not communicating. A pre-school child could squat and demonstrated good balance reactions in the PT department but was not using the squat toilet independently, so the nurses discussed with the mother and made a goal of independent toileting in the evenings. The OT assessed the home toilet and the department director considered the environmental adaptations required in the ward.

(Continued on Page 3)

2) No-one was assessing quality of sleep and pain (body function & structure).

3) The presence of environmental barriers or facilitators (physical, assistive products and social) were not documented. Intervening in the environment was not seen as a "rehab" task.

4) A child's personal characteristics (motivation, creativity, interests) were chatted about but not documented. Participation was not seen as an "end goal".

5) Fundamental activities of daily living (sitting, walking, stairs, dressing, eating) were documented but only walking without mobility aids was talked about as "improvement". Now, the PTs realize their training is directly related to all the daily activities, such as dressing, eating, reading or writing.

It has been fascinating to see the gradual changes in this service. In the end-of-year interviews, the PTs commented:

"We must use different ways to help a child achieve functional goals, to enter school, to be happy and to live a full life; we think more deeply now; we have learned a lot about mobility devices especially and this is very important to us. We need to vary our therapies. At the beginning we only did individual training, but now we join in the group activities also. We know that we still have a lot to learn: rehabilitation is very complex for these children"

- ✓ 我对游戏在康复中的作用有体会，如玩皮球对核心的激活、上肢大运动的训练，但是对姿势控制在游戏中要不要有要求，如何在好的姿势下游戏觉得有困难。
- ✓ 可以根据ICF框架，各方面考虑治疗目标计划及可实现性，在我们的评价中可体现出来。另外我们可干预的环境以前被忽略了，现在我们可以做简单的家访，为孩子制定合理适合的康复方案。从长远来说，入学对孩子的现状差距大，孩子的自身能力以及社会生活的融入性。
- ✓ 现在在使用辅助器具时，问家长做选择和推荐；在对儿童推行分析时会更个性化；现在关注的方面比较多；对治疗计划的制定也会更加有针对性。
- ✓ 更多运用了矫形器方面的知识。家长教育：就是孩子们以后如何上学、如何生活得更快乐，让家长改善思想。

Finally, you may ask, what happened about education? Did you drop that aim? In each child's documentation, we can identify goals related to school preparation. But the hospital team has not been successful to connect directly with schools, yet. As an example, one child began attending a special education school, but the school declined the team's offer to advise on exercise and environment.

Happily, some families have taken matters in to their own hands. This is probably due to the more comprehensive approach complemented by family education sessions focused on the significance of activity and participation (function, play and education). From December 2018, 11 children are attending regular kindergartens, mainly for half-days and sometimes with a family member in attendance. Of course, this brings us to the next challenge: transferring the children to primary school. But the parents and children are happy to take a few steps forward. We are optimistic about the future opportunities for improving the links between the hospitals and schools.

The TCM Hospital remains a medical setting with all its protocols and financial complications, but the rehabilitation team is working towards encouraging a more active lifestyle for their children.

The ICF concept has promoted a holistic approach, while the CP Core Set, as an internationally recognized tool, has proven an excellent vehicle to identify gaps in assessment and planning, and to inspire the therapists and families. We hope to use the ICF concept and terminology to build bridges between medical and educational sectors in the coming years.

The followings are some interesting online tools and articles for self-learning about the ICF and ICF-CY:

American Academy of Pediatric Developmental Medicine: https://www.researchgate.net/publication/313701115_Let's_apply_the_ICF_model_in_day_to_day_practice_first_AACPDM_e-course_NOW_AVAILABLE_OPEN_ACCESS (focus on children with CP)

ICF educational e-tool: http://learn.phsa.ca/shhc/icf/ (focus on children with CP)

ICF Research Branch: https://www.icf-research-branch.org/icf-training/icf-e-learning-tool (focus on adults)

(Continued on Page 4)

Jindal P, MacDermid J, Rosenbaum P, et.al. (2017): *Perspectives on rehabilitation of children with cerebral palsy: exploring a cross-cultural view of parents from India and Canada using the international classification of functioning, disability and health*. Disability and Rehabilitation, DOI: 10.1080/09638288.2017.1356383

Schiariti V, Masse LC. *Identifying relevant areas of functioning in children and youth with Cerebral Palsy using the ICF-CY coding system: From whose perspective?* Eur J Paed Neurol 2014; 18: 609-617.

Schiariti V, Selb M, Cieza A, O'Donnell M. *International Classification of Functioning, Disability and Health Core Sets for children and youth with CP: contributions to clinical practice.* Dev Med Child Neurol 2015; 57: 203-204.

Schiariti V, et al *'He does not see himself as being different': The perspectives of children and caregivers on relevant areas of functioning in cerebral palsy*. Dev Med Child Neurol 2014; 56: 853-861.

References

1. World Health Organization. *The International Classification of Functioning, Disability and Health (ICF). 2001; Geneva*, WHO http://www.who.int/classifications/icf/en/

2. World Health Organization. *The International Classification of Functioning, Disability and Health, Children and Youth version. 2007*; Geneva, WHO. https://apps.who.int/iris/handle/10665/43737

   Chinese (simplified) version: please contact: sheila.purves@rehabsociety.org.hk

3. ICF Research Branch: Interactive electronic ICF documentation tool. https://www.icf-core-sets.org/

   (all condition-based core sets that have been researched, using the approved methodology, can be accessed here in several languages.)

Ms. Beverley YIU demonstrated for PTs (Spring 2018)

Strategic Hydrotherapy: Bridging the Participation Gap for Children with SEN

Ms. Azura LO
Physiotherapist I, Heep Hong Society

As a pediatric physiotherapist, the motor development and functional participation of children are our primary concerns. We train our Special Educational Needs (SEN) children on neuromuscular control and perceptual motor coordination, motor planning, as well as executive function to cope with their daily life. We aim to develop their potential for functional participation in school and community.

Hydrotherapy is a powerful treatment program in Heep Hong Society, integrating strategies which can promote SEN children's motor development and prepare their readiness to participate in community swimming activities.

Children with SEN and Their Challenges in General Public Swimming Pools

SEN broadly defined by four areas of need including: 1) Communication and interaction, 2) Cognition and learning, 3) Social, emotional and mental health, and 4) Sensory and physical needs. Children with SEN have difficulties in joining community swimming classes. They may need extra or different help to participate in recreational swimming activities.

Sensory & Social Emotional

Recreational activities can help to develop social skills, build up self-esteem and stay healthy. However, it is never easy for SEN children to nurture interests such as swimming. For autistic children, some of them cannot accept wearing "unordinary" outfits like swimsuits and goggles. Children with sensory integration problem cannot accept showering and splashing water on their face, not to mention diving into the water. Those with inadequate communication skills are unable to seek help or express their needs.

Self-Regulatory

Most children love to play in the water. However, some SEN children are extremely excited to be in the water and cannot calm themselves down, while some feel scared in the pool since their sensory system cannot process how to react with "water". Therefore, children with self-regulation challenge will either be too excited or too frightened to be in the pool. Those SEN children cannot accommodate to public swimming pool, show anxiety and throw tantrums, which might disturb people around them, making it difficult for them to participate in community swimming classes.

Musculoskeletal & Neuromuscular

In terms of motor skills, it is commonly observed that children with SEN have inadequate core muscle strength to maintain swimming posture and balance. Children with neurological problems find it difficult to coordinate their limbs and breathing patterns. These challenges contribute to slow or no progression for SEN children even after a series of courses in community swimming classes.

Strategic Hydrotherapy in Heep Hong Society

Being in a hydrotherapy pool already provides a favorable environment for SEN children. They usually show higher arousal and better engagement in water. Together with different strategies and approaches, physiotherapists will design specific treatment programs for children with different developmental needs. These strategies help SEN children to enhance communication with people, regulate their emotion, and improve their engagement and participation during the session.

Visual Strategy - Facilitating Communication for Emotional Regulation

Physiotherapists use SCERTS (Social Communication, Emotional Regulation, Transactional Support) approach to facilitate communication and emotional regulation with visual schedule and emotion cards.

(Continued on Page 6)

We also use video modelling to facilitate SEN children learning new movements; social stories to give then an idea on what will happen in hydrotherapy session. We let them know possible scenarios and feelings they may encounter in the pool, provide options that they can choose if they do not like some activities and let them know when the activities will end. All these visual strategies minimize their anxiety for changes and unusual experiences.

Visual cue cards are used as as an emotional support for children

Interactive Strategy – Facilitating Engagement

We use Developmental Individual-Difference Relationship (DIR) Floortime skills that are particularly suitable for some SEN children who may not be able to follow instructions. We give them the freedom to choose their preferred tasks, then gradually establish the connection between child and the therapist. We engage them by meeting their developmental level and building on their strengths. We facilitate their intention of communication, help them adapt to water and perform activities in an optimal arousal level.

Hydrotherapy can promote social interaction

Watsu Techniques – Providing Sensory Support and Promoting Relaxation

Compared to land-based exercises, aquatic activities can provide more sensory stimuli to SEN children. Watsu is one of the aquatic techniques we use to support and have the child move in a graceful manner with different speed and amplitude. The movements are combination of vestibular, tactile and proprioceptive stimulations. With gentle use of Watsu techniques, therapists can build a close connection with SEN children by holding and creating a safe environment for them. It can also promote deep state of relaxation for the child. When applying Watsu in fast and large amplitude, it can increase arousal level for some Autism Spectrum Disorder (ASD).

Halliwick and Bad Ragaz Methods – Facilitating Neuromuscular control

The Hallwick Ten Point Programme is a structured learning process in mastering the control of movement in an aquatic environment. We use it to train SEN children on progressive learning from postural adaptation, postural control, balance, coordination to basic swimming skills. On the other hand, the Bad Ragaz Ring Method is used to facilitate proprioception and neuromuscular functioning in children with physical disabilities.

New Hydrotherapy Service is Coming Soon

Hydrotherapy is a popular program for SEN children in the Heep Hong Society. This program provides a model to assist the development of their physical, social and communication skills. It also provides families with the tools needed to engage in community activities. We believe that all SEN children can benefit from hydrotherapy. We are proud to have the first self-owned hydrotherapy pool in our Integrated Service Complex in Sandy Bay.

We have formulated a hydrotherapy curriculum preparing for a comprehensive hydrotherapy service for different SEN children. Specific hydrotherapy programs are designed at different developmental levels to help children with aqua phobia, ASD, ADHD, developmental delay, etc. Children with SEN will be trained and ultimately bridged to participate in public swimming classes and enjoy swimming as part of their healthy lifestyle.

Providing Physiotherapy Services in Private Residential Aged Homes — Pilot Scheme on Multi-disciplinary Outreaching Support Teams for the Elderly (MOSTE)

Dr. Ka-kei TUNG
Senior Physiotherapist, Hong Kong Sheng Kung Hui Welfare Council Limited

Aging population is a global issue, and Hong Kong is no exception. The increase in the proportion of the elderly population in Hong Kong has resulted in a surge in the expenditure on healthcare and welfare. The Hong Kong Government has been allocating large amount of resources in recent years to enhance the care services for the elderly. Not only the number of residential care home and day care centre for the elderly has been increasing, higher care supplements have been introduced to subvented residential care homes to take care of frail residents requiring infirmary placement, and those suffering from cognitive impairments. The Government also addressed the service needs of residents living in private aged homes. In the 2017 Policy Address, the Government announced to allocate resources to provide outreach service for the residents of private residential care homes to meet their social and rehabilitation needs. In February 2019, a total of eight Multi-disciplinary Outreaching Support Teams for the Elderly (MOSTE) were established to serve residents living in private residential care homes across different districts in Hong Kong. The role of physiotherapists in residential care homes for the elderly thus becomes increasingly important. Hong Kong Sheng Kung Hui Welfare Council Limited was appointed by the Social Welfare Department to operate the MOSTE Scheme in the Kowloon Central Cluster and the Kowloon East Cluster.

The MOSTE scheme aims to:

- Provide a package of services by social workers, occupational therapists and physiotherapists to the residents of private residential care homes for the elderly to meet their social and rehabilitation needs;
- Promote the quality of life of the residents through social networking; and
- Provide speech therapy service by speech therapists to the residents to address their swallowing difficulties and speech impairment.

The focus of the physiotherapy services provided to the residents in private care homes is not the same as the physiotherapy services provided in the in-patient or the out-patient settings. It may require a shift in the focus of physiotherapy from 'recovery and discharge' to 'enhancing the quality of life and slow down the deterioration of functional capacity as much as possible'. The services provided by physiotherapists working in this scheme include:

- To clinically assess the residents' rehabilitation needs for physiotherapy;
- To provide rehabilitation training programmes including maintenance exercises, physical training and any other therapeutic activities in the form of individual or group service;
- To regularly review the care needs and rehabilitation progress of the residents;
- To provide consultations or training programmes to the staff members as well as the care-givers of the residents.

The work of physiotherapists working in private residential care home is challenging. Physiotherapists have to be independent, mature, flexible and all-rounded. They should be competent to provide physiotherapy services to all residents of the facility effectively but also be able to identify those with greater needs and furnish them with prioritized service, under the shortage of equipment and the limitation in the environment.

Physiotherapists working in private residential care homes are able to expand their work exposure in other aspects. In private residential care homes, physiotherapists are also responsible:

- To pro-actively communicate with other professionals such as nurse and social worker;
- To recommend the procurement of rehabilitation equipment suitable for the elders;
- To provide in-service training to the frontline staff;

In short, the duty of physiotherapists in private residential care homes is challenging. They have to be independent, mature, flexible and all-rounded. Moreover, it allows physiotherapists to expand their horizon and experience a great degree of job satisfaction. It provides a good chance for physiotherapists to gain solid experience in performing direct clinical services.

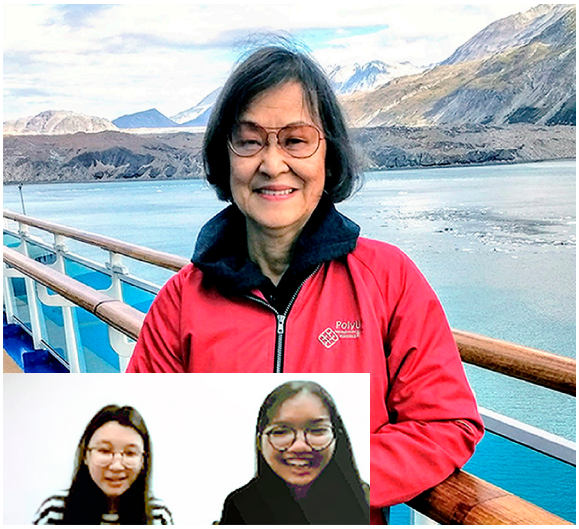
An Interview with Prof. Christina HUI-CHAN

Interviewee : Prof. Christina HUI-CHAN
Emeritus Professor
McGill University, and
Professor Emerita
University of Illinois

Interviewers : Ms. Irene CW CHAN, and Ms. Ashley LY POON
(Physiotherapy Year 3 students)

Date : 25 September, 2018

Venue : Hong Kong and Canada



Q1.

Given that you were a very prominent researcher in Canada back then, why did you choose to come to Hong Kong to lead the Rehabilitation Science department at PolyU?

A1.

It was a hard decision indeed. I had to weigh the need for developing excellence in rehabilitation sciences in Hong Kong, against my tenured professorship at McGill and close relationship with my family in Canada. I was aware that PolyU was the sole provider of Physiotherapy and Occupational Therapy Programs in HK and China at that time. However, they were technique-based teaching programs, which cannot support sustainable development of the 2 professions. High quality education programs need to be informed by research, which will in turn underpin evidence-based practices. Colleagues needed to know how to develop new treatment techniques, by asking the right questions after they have acquired proper research skills. Therefore, I came to PolyU with a vision and a commitment "to train the trainers" in both HK and China. I was certainly excited to be able to make use of the unique geographical position and history of HK, to create a Center for East-meets-West in Rehabilitation Sciences.

Q2.

What were the major changes or challenges over the 10 years when you led the RS department at PolyU?

A2.

These 10 years were amazing to me! I had done more than I hoped in the 10 years - Thanks to the support, collaboration and trust of my colleagues! First, the Department had to and did get a critical mass of highly qualified staff. Our PhD qualified academic staff increased from 12.8% in 1995/1996 to 91.9% in 2004/2005. This led to a huge jump in research programs, with topics ranging from Tai Chi and traditional Chinese medicine to pain and stroke rehabilitation. Over the same period, our research grants and publications increased to 618% and 1,720% respectively. On the teaching front, after 9 years of hard work and supported by my colleagues, we finally launched the first Master in Physical Therapy (MPT) program in Wuhan. This was done through a partnership with Huazhong University of Technology in 2004. Meanwhile, our programs in HK adopted a novel East-meets-West curriculum. Students received teachings about Tai Chi, acupuncture and traditional Chinese medicine. They had more chances to gain Mainland and overseas exposures through clinical placements aboard. Last but not the least, we established our first on-site Rehabilitation Clinic, and developed an online rehabilitation expert management information system to provide services to the public.

(Continued on Page 9)

Q3.

While you had led the RS department into a very successful new era, what were the reasons for leaving PolyU?

A3.

Actually, I was only offered a 3-year contract in the very beginning. During 1997-99, the department was awarded an Area of Excellence grant of 10 millions HKD. As its Principal Investigator, I needed to stay on to lead the development of the Center for East-meets-West in Rehabilitation Sciences. After leading the Center and heading the department for 10 years, I had realized my vision. It was time for me to step down, not to say I had reached retirement age at that time. So it was time for me to leave HK and return home to Canada.

Q4.

Based on your working experience in academia in North America and Hong Kong, what are the characteristics of HK and overseas in terms of opportunities, resources, culture, and infrastructures in Physiotherapy education and research?

A4.

In the mid-90s, HK really lacked resources and infrastructures in Physiotherapy education and research. The Department at that time had only hospital-discarded "antique" teaching equipment, and a total lack of research facilities and laboratories. However, a genuine market need for physiotherapists and occupational therapists in HK had given us a huge opportunity for growth. Also, the Chinese culture here, especially the wide acceptance of Traditional Chinese Medicine had provided us an unique opportunity to merge the best of western rehabilitation practice with TCM. In 1996, we were able to almost double our student intake and thus got more funding from UGC. Also, we had been receiving more and more financial support for our research projects, to develop a scholarly foundation for evidence-based clinical practices. Compared to North America at the time, Hong Kong faced less pressure in research publications. In terms of research sub-disciplines, North America excels in neurological rehabilitation whereas Australia in orthopaedic rehabilitation. Hong Kong tries to focus on various physiotherapy sub-specialties.

Q5.

Do you have 1 or 2 thing(s) in your career that you would rather have done it/them differently?

A5.

No. I have done more than I had hoped. Thanks to the great team spirit developed with my colleagues! I have worked hard to facilitate a more interactive and cooperative relationship between physiotherapists and occupational therapists. Would be nice if that effort is continued.

Q6.

From your experience in North America, what should be the future direction of Physiotherapy development in Hong Kong?

A6.

All professional developments are advanced by new discoveries through research. We have to apply evidence-based practices in clinical settings in HK as in North America. For the qualification of physiotherapists, America and Canada require either a Doctor or a Master in PT at the moment. In HK, I think a bachelor degree is fine for the foreseeable future. It is certainly more costly and takes longer time to train MPTs. The last time I checked in the US, I was told the salary of a MPT is similar to that of BSc in PT. I believe international students' enrolment into the program can help build the reputation of the program internationally. Their presence will help the local students to achieve a more global outlook on top. Their language difficulty in clinical placements could be resolved by placing these international students back in the accredited clinical institutions affiliated with reputable universities in their own countries. To meet the increasing demand for physiotherapists due to the chronic conditions associated with aging, more placements in private clinics will be necessary when HA can't handle the tremendously increased demand of the aging population for rehabilitation. Therefore, the PolyU curriculum should have a course on Management that requires students to submit business proposals for private clinics. Also, with the Chinese government's focus on Artificial Intelligence (AI), the role of AI and robotics in rehabilitation should be incorporated in any forward-looking curriculum.

Canvassing

Mr. Bronco BUT
Honorary Legal Advisor of HKPA

Assumed Scenario

Mathew finished his secondary school education in Hong Kong and went to Sydney University in Australia to study physiotherapy. After graduation, he stayed in Sydney to practise physiotherapy in a private physiotherapy clinic.

During his studies in Sydney University, he joined in various social media chat groups to share his daily activities with on-line friends. His on-line friends were well aware that he was a physiotherapist in private practice. He had posted his physiotherapy name card; photographs showing the physiotherapy clinic that he was then working with; photographs showing that he offered physiotherapy treatment to his patients.

Mathew noted that social media chat groups were excellent in promoting himself as a physiotherapist and solicit for patients.

Last year, Mathew moved back to Hong Kong and set up a sole proprietor physiotherapy clinic. He wished to copy the modus operation in Sydney. When he attended a cocktail event held by Hong Kong Physiotherapy Association, he had discussions with senior fellow physiotherapists who advised him to seek legal advice before embarking on his social media chat groups promotion campaign.

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 III of the Code of Practice

According to Part III, a physiotherapist is guilty of "professional misconduct" if he engaged in canvassing patients.

Under paragraph 8 of Part III of the Code, canvassing for the purpose of obtaining patients, whether direct or indirect, done personally or by servant, agent or others or association with or employment by persons or organizations which canvass, may lead to disciplinary proceedings. Except in an emergency the Board does not consider it permissible for a registered physiotherapist to call upon or communicate with any person who is not already a patient of his or her practice, with a view to providing advice or treatment unless expressly requested to do so by that person or by a parent or by a guardian of that person. The Board does not consider it permissible for a registered physiotherapist to canvass by means of the distribution of visiting cards other than as a result of a request for a card by an individual.

A physiotherapist who commits canvassing may be regarded as ground for disciplinary proceedings.

Discussion

In Sydney Australia, Mathew had used various social medial chat groups to promote his physiotherapy practice. He has posted his name cards on the chat groups and allowed on-line followers to view his name card and to distribute his name cards to the world at large. He had distributed his name cards other than as a result of request for a card by an individual.

Under the Code, his conduct was likely to be considered as canvassing and professional misconduct which might lead to disciplinary proceedings if he proceeded to copy the modus operation here in Hong Kong.

Happy PaMa of Ming Pao 童途有「理」：孩子經常跌倒，是動作協調障礙嗎？

https://happypama.mingpao.com/名人kol/童途有「理」：孩子經常跌倒，是動作協調障礙嗎/

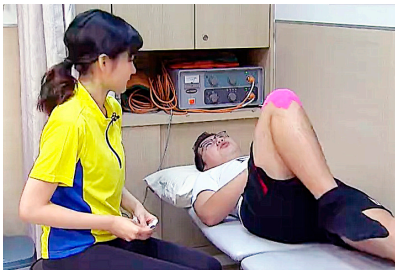
Date : 1 January 2019
Physiotherapist : Ms. Rachel CHAN, Paediatric Specialty Group

One common symptom of kids with Developmental Coordination Disorder (DCD) is frequent falls even with repeated environmental exposure. They may either escape from physical activities, compensate by from overly attentive, or else they just experience frequent injuries. The author pointed out the sensory motor systems which are crucial for balance development. She also pointed out the importance of early identification and intervention for kids with DCD.

TVB 最強生命線

Date : 7 January 2019
Venue : A physiotherapy clinic
Physiotherapist : Ms. Carmen CHOW

The interview is talking about how a physiotherapist deals with patellar tendonitis (jumpers' knee) with the use of shockwave and exercises. Clinical application of shockwave was explained. Different stretching exercises were also demonstrated. It helps to promote the role of physiotherapy in patellar tendonitis and the importance of rehabilitation after this kind of injury.

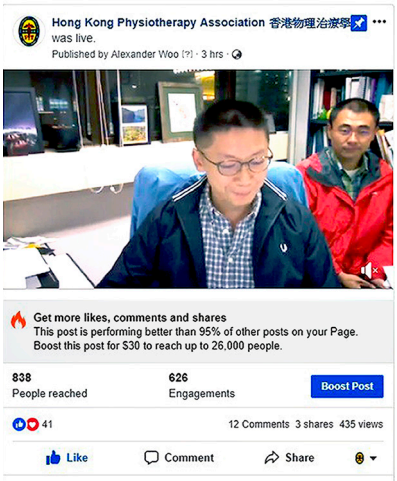


Ms. CHOW was teaching relevant exercises to a patient with patellar tendonitis.

Members' Forum on Facebook

Date : 16 January 2019
Physiotherapist : Prof. Marco PANG

A HKPA members' forum was held live on Facebook. This is the first ever members' forum delivered in this manner. The purpose of this forum was to enhance the communication between the Executive Committee and members of HKPA. Update on membership, finance status and the planning of the WCPT-AWP Regional Congress were provided.



Happy PaMa of Ming Pao 童途有「理」：溫鞦韆喊爆 是動作協調障礙？

https://happypama.mingpao.com/名kol/童途有「理」：溫鞦韆喊爆-是動作協調障礙?/

Date : 29 January 2019
Physiotherapist : Ms. Rachel CHAN, Paediatric Specialty Group

Some kids with Developmental Coordination Disorder (DCD) do not develop enough coordination skills to play in playgrounds. They may experience exaggerated fear and end up in big tantrums, or they learn to give up and resist to play in playgrounds; which in turns, they lack the playground time and thus opportunity to build up social skills with friends. This article stated that physiotherapists could analyze the neurological and sensory-motor factors causing coordination problems of kids with DCD, which can help to prevent secondary emotional and social problems.

The Hong Kong Council of Social Service 團拜

Date : 14 February 2019
Venue : Duke of Windsor Social Service Building, Wan Chai
Physiotherapist : Prof. Marco PANG

Prof. PANG attended the event on behalf of HKPA.

Meeting, Expert Group of Innovation and Technology Fund for Application in Elderly and Rehabilitation Care

Date : 20 February 2019
Venue : Duke of Windsor Social Service Building, Wan Chai
Physiotherapist : Prof. Marco PANG

Prof. Marco PANG, as a member of this Expert Group, participated in the meeting to review the applications.

Symposium on the Outline Development Plan for the Guangdong-Hong Kong-Macao Greater Bay Area

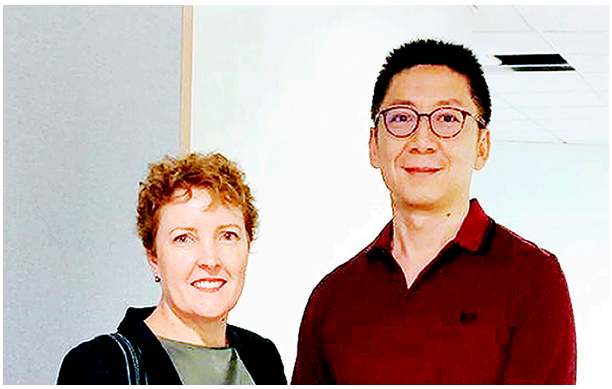
Date : 21 February 2019
Venue : Ocean Park Marriott Hotel
Physiotherapist : Prof. Marco PANG

Prof. Marco PANG participated in this captioned event. The Plan has important implications for the development of the physiotherapy profession in the Greater Bay Area. This will be further discussed in our upcoming Annual Conference.

Meeting with Prof. Sandra BRAUER (University of Queensland)

Date : 22 February 2019
Venue : PolyU
Physiotherapist : Prof. Marco PANG

Prof. PANG met with Prof. Sandra BRAUER (Acting Head of School, School of Health & Rehabilitation Sciences, The University of Queensland) to discuss the development of physiotherapy in Hong Kong and Mainland China.



Trailwalker Prize Presentation Ceremony

Date : 22 February 2019
Venue : Auditorium of The Hong Kong Federation of Youth Groups Building, Quarry Bay
Physiotherapist : Prof. Marco PANG

Prof. PANG attended the captioned event to receive a souvenir for providing voluntary physiotherapy services at Trailwalker.

The HKPA provided physiotherapy service support for the event. Prof. PANG received the souvenir from Mr. Bernard CHAN, GBS, JP.

Joint Council Meeting, The Association of Hong Kong Health Care Professionals

Date : 27 February 2019
Venue : The Pharmaceutical Society of Hong Kong
Physiotherapists : Mr. Brian MA and Dr. Arnold WONG

The attendees elected one convenor and five associate convenors. The group will estimate future manpower demands in private and public sectors based on existing data. The group will also advocate the government to implement registration plans for other healthcare professionals (e.g., psychologists or dietitians). The group will also evaluate the impacts of Greater Bay area development on Hong Kong healthcare professionals.

胃、食道癌患者及康復者交流會

Date : 27 February 2019
Organizer : Wong Tai Sin CancerLink Support Centre
Physiotherapist : Mr. Alphonse CHAN

Mr. Alphonse CHAN, on behalf of HKPA, was invited by the Wong Tai Sin CancerLink Support Centre to conduct educational talk and exercise workshop for patients with stomach and esophageal cancer. There were about 20 participants, including the patients as well as their caregivers. Benefits of exercise and the exercise prescription for cancer patients were shared in the educational talk. Besides, Mr. Alphonse CHAN introduced sitting Tai Chi to the participants for enhancing their physical fitness. All of them enjoyed the practical session of sitting Tai Chi and showed their vigor through the exercise!

Mr. Alphonse CHAN introduced sitting Tai Chi to the participants.

Residential Aged Care Accreditation Scheme Impartiality Risk Analysis Meeting

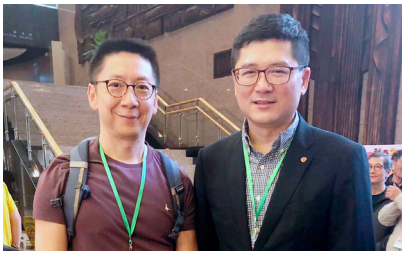
Date : 1 March 2019
Venue : Office, Hong Kong Association of Gerontology
Physiotherapist : Prof. Marco PANG

Prof. Marco PANG is one of the expert members of the Panel to assess the impartiality of the Residential Aged Care Accreditation Scheme run by the Hong Kong Association of Gerontology.

Hospital Authority and Hong Kong Alliance of Patients' Organizations 團拜

Date : 1 March 2019
Venue : HA Building
Physiotherapists : Prof. Marco PANG, Ms. Anna Bella SUEN

Prof. PANG and Ms. SUEN attended the captioned event on behalf of HKPA.



Wong Tai Sin CancerLink Volunteer Appreciation Day 2018-2019

Date : 3 March 2019
Venue : Police Sports and Recreation Club
Physiotherapist : Mr. Sam WAN

Mr. Sam WAN, on behalf of HKPA, was invited to attend this event to appreciate his continuous support to the volunteer service in the Wong Tai Sin CancerLink Centre by conducting educational talks and exercise workshops for cancer patients.

Mr. Sam WAN attended this joyful event

Meeting with Physiotherapists in Private Practice

Dates : 4 & 5 March 2019
Venue : Quality HealthCare, Humansa
Physiotherapist : Prof. Marco PANG

Prof. PANG visited the facilities of two physiotherapy private physiotherapy clinics and discussed potential collaboration between HKPA and the private sector.

The Association of Hong Kong Health Care Professionals Spring Dinner

Date : 7 March 2019
Venue : Victoria Harbour Supreme
Physiotherapist : Prof. Marco PANG

Prof. PANG attended the captioned event on behalf of HKPA.

Career Fair, Recruit

Date : 13 March 2019
Venue : Dragon Centre, Kowloon
Physiotherapist : Prof. Marco PANG

Prof. PANG gave a talk on career development of physiotherapists at the captioned event.

HKPA 16th Specialty Group Meeting and Spring Dinner

Date : 15 March 2019
Venue : HKPA Premises & Tao Heung Restaurant, Jordan
Physiotherapists : HKPA EC and SG representatives

Legislative Council – Panel on Health Services on Corporate Governance and Manpower Situation of the Hospital Authority

Date : 19 March 2019
Venue : Legislative Council
Physiotherapist : Ms. Anna Bella SUEN

Summary of points for Panel on Health Services - "Corporate governance and manpower situation in Hospital Authority"

Hong Kong Physiotherapy Association would like to raise the following concern related to Physiotherapists' current situation in Hospital Authority:

1. In 2017/2018, the attrition rate for Physiotherapist in HA is 7.6% which is the highest among all Allied Health Professions. The attrition rate showed an increasing trend in the past 5 years.

2. The average Physiotherapy out-patient waiting time in HA is 33 weeks in 2018 which has been increased from 30 weeks in 2017. Manpower for physiotherapists in out-patient services should be addressed in order to reduce patient suffers as they have to wait for months before they can start Physiotherapy in out-patient.

3. The existing entry point for Physiotherapist is now at point 14 which is the entry point for higher diploma level. In view of the high attrition rate for young Physiotherapists (<10 years of experience), the entry point level for Physiotherapist in HA should be graded to University level i.e. point 16, in order to attract Physiotherapy graduates and retain young Physiotherapist in HA.

CPD News

Enquiry of CPD News and Activities
Please Visit
http://www.hongkongpa.com.hk/cpd/doc/CPD%20All.xls

Meeting with PT Board Chairman

Date : 20 March 2019
Venue : Office, PT Board, Wu Chung House
Physiotherapists : Prof. Marco PANG, Ms. Judy WONG, Mr. Alexander WOO

Prof. PANG, Ms. WONG, and Mr. WOO had a meeting with the PT Board Chairman and other PT representatives to discuss issues related to the new PT education program accreditation, mandatory CPD and open access to physiotherapy service.

RS MPT High Table Dinner

Date : 20 March 2019
Venue : Regal Kowloon Hotel
Physiotherapist : Prof. Marco PANG

This event was a celebration of the graduation of the 3rd cohort of the MPT students and also the inauguration of the 4th cohort. HKPA provided 3 awards, namely, the Best Overall Academic Performance Award, the Best Performance in Clinical Education Award, and the Best Student Research Project Award.

Mr. AU Pui Hung,
recipient of the Best Overall Academic Performance Award

Ms. LAU Wing Yan,
recipient of the Best Performance in Clinical Education Award

Mr. Benjamin Hon Bun CHAN (absent), Mr. Hugo Man Hin CHENG, Ms. Janus Man Sum LEUNG, Ms. Melissa LEUNG, Ms. Angel On Ka WONG, recipients of the Best Student Research Project Award

香港痛症學院 HONG KONG INSTITUTE OF PAIN

Course 1 (VE191016)

物理治療針灸學秋季文憑課程 2019
Diploma in Acupuncture for physiotherapy 2019 (Autumn)

內容：

1) 中醫學基礎課程
2) 中醫診斷學課程
3) 針灸學課程
4) 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）
5) 臨床實習
（獨立運用針灸方法處理真實病人）

日期：16/10/2019-9/9/2020
時間：逢星期三晚上7:30時至9:30時
全期學費：$21,000（2019年6月30日前報讀為$19,000）

CPD Points：15 (pending)
對象：1) 醫護專業：物理治療師、西醫、護士
2) 非醫護專業：對針灸有興趣之人士

Course 2 (VE191005)

氣化理筋文憑
Diploma in COMT technique (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　對多種專科之手法治療。

日期：5/10/2019-7/10/2019 (Part 1)
12/10/2019-14/10/2019 (Part 2)
時間：10:00am-6:00pm
全期學費：$18,000

CPD Points：15 (pending)
對象：適合對高效手法治療有興趣之人士
附註：本課程亦是報讀高級術數針灸課程之必修課程

Course 3 (VE191214)

高級針灸證書課程(系列一)
Diploma Advance in Acupuncture for Physiotherapy 2019

內容：古時之針灸是包含豐富的天文學及術數之運用。本課程之針灸內雖然涉及較高級之易理術數、八卦、內經典籍，但陳醫師會化繁為簡，使學員能把過去被認為頗難之易理針道在短時間能掌握運用。內容包括：正宗子午流注納甲法、正宗靈龜八法、五運六气針法、命門八卦針法、地支三合四化針法、臟腑全通針法、紫微補瀉針法等。此針法適用於一切內、外、婦、儿、骨傷、腦神經科、腫瘤科、皮膚科及奇難雜症。

日期：14/12/2019-16/12/2019
時間：10:00am-6:00pm
全期學費：$13,000

CPD Points：10 (pending)
對象：報讀高級針灸證書課程必須修畢或現正報讀COMT之學員
名額：25 額滿即止

上課地點：九龍尖沙咀麼地道22-28號中福商業大廈6樓601-2室（鄰近K11/尖東港鐵站N1出口）

學員須知：1. 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。
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。

報名方法：1. 請填妥以下報名表格
2. 連同劃線支票（抬頭請註明 Vcare International Medical Limited）
3. 寄交九龍尖沙咀麼地道28號中福商業大廈六樓601-602室 香港痛症學院收

學員姓名 中文		職業	
學員姓名 英文		畢業年份	
身份證號碼		工作機構	
聯絡地址			
電郵地址		課程編號	
聯絡電話		總費用	
日期		支票號碼	

課程查詢 2634 0868　Email: vcarehkip2004@gmail.com

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The Editor welcomes letters, articles and other contributions from readers. The Editor reserves the right to make cuts to articles as necessary.