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Content

Editorial

Shaping our children's future

Ms. Wendy CHIANG and Mr. George WONG

"I believe that children are our future", this first line of the lyrics from one of the all-time hit songs*, does speak for us. Our next generation's normal growth and development, and their freedom from illness would be a wish not just for every pair of parents, but everyone. Although this is deemed to be a sweet dream, and many of the children would have hiccups or life-threatening barricade on their ways to the future, physiotherapists have various roles to help the children to get on their right tracks, from facilitating their motor development to helping them to get up from their sick beds.

In this issue, it is our pleasure to have Dr. Chao-ying CHEN from The Hong Kong Polytechnic University to introduce to us in the first main theme article about the concept of how the early sensorimotor experience could facilitate the motor development of those children who are at risk of developmental delays. Scientific evidence has shown that the development of early motor function during infancy is linked to that at the later stage of growth. Dr. Chao-ying CHEN would share with us the establishment of some novel approaches, which make use of appropriate exposure to external stimuli at early stage of growth. Dr. Chao-ying CHEN would also share with us the future trend of the change in the roles of the physiotherapist and the family members in these approaches.

Cancer is not the only problem in adult but it is also a leading cause of death for children. With 300,000 new cases diagnosed each year among children aged 0-19 years, over 90% of deaths occur in low resource settings. The reason is that children in the low-income and middle income countries do not receive or complete care due to high cost. With access to quality care, more than 80% of children with cancer can survive, living full and healthy lives.

In the second article, Mr. Stephen CHAN, Physiotherapist I from the Hong Kong Children's Hospital would share the updated physiotherapy approach and the future development in children cancer rehabilitation with the application of the World Health Organization's International Classification of Functioning, Disability and Health (ICF) framework. Mr CHAN would share with us the various Physiotherapy approach and assessment in helping the cancer child with different impairments and difficulties in participation in daily lives.

Ways to the future is limitless, so is the potential of our children. With the flexible use of different therapeutic approaches, prescription of appropriate exercises, and our reliance on the newly and continuously updating scientific evidence, we physiotherapists have the capability and are obliged to "show them all the beauty they possess inside".

* Masser, M. "Greatest Love Of All" *Greatest Love Of All*: recorded in 1984 by Whitney Houston, music by Michael Masser and lyrics by Linda Creed

Early Sensorimotor Experience and Mobility in Infant Development

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Sensorimotor experience during infancy is critical for driving the acquisition and the refinement of motor skills as well as the growth of other developmental domains while the brain is rapidly developing. Simply put, when infants receive and process sensory stimuli from the external world, they may react to this perceptual information with certain motor activities. These motor activities then provide the infants with additional opportunities to receive other more novel sensory inputs, motivating them to keep moving in a repeated cycle. For example, when an infant's leg is attached to an overhead toy, he/she is able to learn about the relationship between leg movements, shaking of the toy, and the sound produced by the moving toy. This engagement encourages the quantitative or qualitative changes of the infant's kicks, which may enhance movement control abilities. Therefore, the motivation to move, the opportunity to move, and the ability to move are all essential components when supporting infants or young children at risk of developmental delays. This concept can be further detailed by the perception-action theory and the dynamical systems theory for readers that are interested.[1]

To date, there is plausible evidence linking the development of early motor function during infancy with the development of various domains in later stages of growth. For example, previous studies found that for infants who received early heart surgeries shortly after birth, the opportunity and the ability to prone on their tummy at around 4-month old have positive association with their ability to walk independently later on.[2] In addition to the motor domain, there is evidence showing that 5-6 months old infants with more reaching experience prefer to look at and to reach for toys with appropriate size for them to grasp with one hand. In contrast, infants at similar age but with less reaching experience still look at and reach for larger toys with higher frequency.[3] As infants begin to ambulate, such as crawling or walking, these motor skills enable the exploration of their surroundings and may further enhance their development in perception, cognition, language, and even social skills. The visual cliff and the adjustable slope apparatus have been used to assess infants' perception of depth. Previous studies found that infants who had longer locomotion experience would avoid crawling over the risky area, such as the edge of a drop-off. These findings support the notion that the experience of crawling and walking may contribute to the acquisition of depth perception.[4] Furthermore, crawling infants also seem to better distinguish between different objects as they rotate in a 3-dimensional space.[5] During an interesting study observing the correlation between infants' ambulatory and language abilities, the authors found that infants' ability to understand and to express vocabularies are associated with the experience of walking. Infants who were physically farther away from their parents, due to the ability of ambulation, while playing or exploring the environment also developed better language performance.[6] Finally, previous evidence also found different social behaviors between pre-locomotors and locomotors.[7] These studies provide valuable information for clinical practitioners to find crucial elements that may enhance intervention effectiveness on, but not limited to, motor function in infants at high-risk of developmental delays and impairments.

In recent years, some novel approaches were adopted to improve the prognosis in infants with medical conditions, such as prematurity, perinatal stroke, and Down syndrome. Environmental enrichment, as an example, is in line with the intention to facilitate sensorimotor, movement, and other types of stimuli during infants' development. In animal studies, researchers have proved that environmental enrichment has a positive impact on the neuronal growth of the brain, motor function, and also memory performance in mice. A recently developed intervention protocol, GAME

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(Goals - Activity - Motor Enrichment), proposed by Morgan et al. demonstrated superior intervention effects on motor and cognitive outcomes when compared with the standard care methods for infants who are at risk of developing cerebral palsy.[8] Another example is the utilization of modified ride-on car, which is a type of novel power mobility, to allow infants or young children with significant motor or cognitive impairments, such as Down syndrome, to explore the environment and to interact with people.[9,10] Considering the cost and the age that a child can be prescribed to drive a powered wheelchair, the modified ride-on car offers an earlier and more engaging opportunity to support the development of those in need. Although relevant efforts supporting the enhancement of bodily functions and the increased engagement in activity participation due to environmental enrichment are still at the early stages, the results so far have been very encouraging and further motivate the development of contemporary intervention methods, including well-constructed protocols and dosing, in a timely manner.

Early exposure to appropriate external stimuli and sufficient corresponding motor experience, again, are critical in infant development. To adapt this approach in the early intervention requires the proactive participation of the family. The traditional interventions that rely heavily on therapists to conduct training and to provide treatment has been progressively changing to a model where more emphasis is placed on the family's role in supporting their children with developmental challenges. Several important components, such as incorporating the intervention into daily routines to maximize utilization, increasing the parents' understanding of the child's needs, and providing a supportive, stable environment can all be best achieved in a home setting that is more familiar to the child. Meanwhile, therapists will play the key role in sharing professional information, providing guidance, and focusing on treatments that are difficult to manage at home. While the journey to improvement may often be challenging for the impacted families, the introduced concepts in the article may indicate a different approach to conduct more efficacious care in the area of infant and children development.

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Physiotherapy Management for Children with Cancer

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Background

Cancer is primarily a disease of older people. Half of cancers occurred in people over the age of 65, whereas only a mere 0.6% of cancers being diagnosed in children.[1] The top three common cancers for children were leukaemias (32.2%), malignant brain tumors (15.8%) and lymphomas (15.3%).[1] Although cancer in children is rare, it is the leading cause of death beyond the age of four.[1] Literature have also documented the negative impacts of cancer on children, including fatigue, pain, muscle weakness and immobility.[2] All of these could significantly affect their physical function, social relationship and quality of life.[2] As such, the primary purpose of this article is to use the World Health Organization's International Classification of Functioning, Disability and Health (ICF) framework and its language to identify areas of future development in physiotherapy for children with cancer. The second purpose of this article is to provide better understanding of the clinical issues common to the paediatric oncology population.

The World Health Organization's International Classification of Functioning, Disability and Health (ICF)

Within the ICF framework, function is defined as the interactions between individual, their health condition, the social and personal context in which they live.[3] ICF provides a framework to allow therapists to map the therapy goals with the intervention based on impairment level, activity level and participation level.[3] Figure 1 illustrates the application of the ICF framework on functioning in children with cancer.

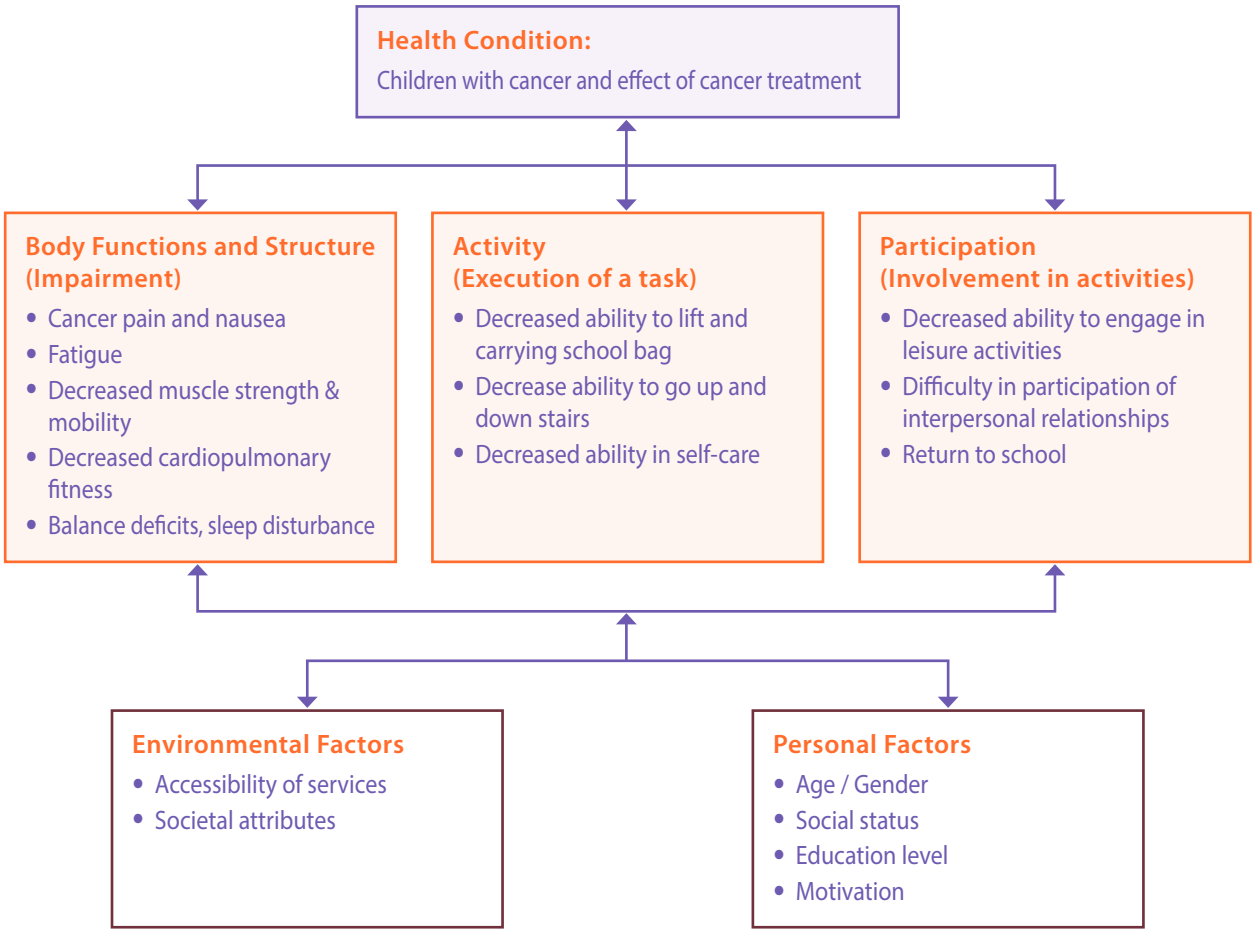

Figure 1. The application of the ICF framework on functioning in paediatric cancer survivors.

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Body Functions and Structure (Impairment)

1) Cancer Pain & Related Symptoms

Cancer pain is one of most prevalent symptoms (i.e.75 %) in children with cancer.[4] American Pain Society reported that transcutaneous electrical nerve stimulation, heat / cold therapy and massage therapy had been shown to relieve musculoskeletal pain caused by cancer.[5] Apart from this, it was found that up to 80% of children undergoing chemotherapy experienced some degree of Oral Mucositis (OM).[6] OM refers to an inflammatory, erosive, and/or ulcerative process inside the mouth, which may affect their eating, drinking, and talking. A meta-analysis study showed that Low-level Laser Therapy could significantly reduce pain, severity and duration of symptoms in patients with cancer therapy-induced OM.[7] Therefore, it is worthwhile to further enhance its usage in the management of children with cancer with OM.

Acupuncture was reported as a safe adjunctive therapy for symptom management including pain, nausea and vomiting in pediatric oncology.[8] Based on clinical experiences, acupuncture began to gain more notice and acceptance by children and parents as an non-pharmacological intervention for symptom management. Clinically, the acupuncture points frequently used included ST-36 (Zusanli), LI-4 (Hegu), KD-3 (Taixi), SP-6(Sanyinjiao), LV-3 (Taichong), PC-6 (Neiguan), LI-11 (Quchi), SJ-5 (Waiguan), or UB-60 (Kunlun).[8] PC-6 and LV-3 were frequently reported acupoints used for the treatment of nausea (or vomiting) and body pain respectively.[8]

2) Cancer-related Fatigue, Muscle Weakness, Balance Deficits and Decreased Cardiopulmonary Fitness

Children with cancer were known to have muscle weakness, decreased mobility and cardiopulmonary fitness due to the side effects of cancer treatment. Specifically, one chemotherapy agent i.e.Vincristine is known to cause chemotherapy-induced peripheral neuropathy. The clinical manifestations include muscle weakness, areflexia, neuropathic pain, sensory loss and significant gait abnormalities.[9] For a comprehensive assessment, pediatric–modified Total Neuropathy Scale (ped-m TNS) could be used to evaluate the extent of peripheral neuropathy.[10] Furthermore, observational or instrumental gait analysis could be performed to monitor the rehabilitation progress.[11] It not only provides a timely quantitative feedback but also alerts for corrective strategies and interventions.

Up to 80%-90% of patients treated with radiation or chemotherapy experienced Cancer-related fatigue (CRF).[12] A recent meta-analysis study found that low intensity aerobic exercise had significant positive effect on CRF in cancer survivors,[13] and literature has proven that hydrotherapy is a good exercise intervention to treat patients with CRF.[14] Hydrotherapy is suitable for children with cancer as it promotes relaxation and calming in the warm water enviornment.[15] The water properties of buoyancy is particularly suitable for children who suffer from bones, joints or soft tissues pain.[15] Other water properties including hydrostatic pressure, thermodynamics and viscosity can achieve various therapeutic purposes e.g. decrease pain and muscle tension, improve muscle strength, balance and cardiopulmonary efficiency.

Literature showed that Deep Water Running (DWR) training decreased CRF in cancer survivors and it yield similar improvement of VO_2max as compared with land-based running.[16] DWR is a kind of running in water deep enough to

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cover the shoulders with the feet keep off the bottom of the pool and hence with a much lower musculoskeletal stress to the joints. That being said, there is still paucity of literature to investigate hydrotherapy, DWR training or other hydrotherapy skills (i.e. Watsu®, Aquastretch™ or Ai Chi exercise) for children with cancer.

3) Sleep Disturbance

The most common sleeping disorder of children with cancer was Obstructive Sleep Apnea (OSA) (i.e.45%).[17] OSA could be caused by inadequate control of the muscles that maintain patency of the upper airway.[18] A meta-analysis study reported that Orofacial Myofunctional Therapy (OMT) could decrease apnea-hypopnea index by 62% in children with OSA.[18] OMT emphasizes on the training of tongue and facial muscles for maintaining patent upper airway. Tongue exercise includes moving the tongue along the superior and lateral surfaces of the teeth, positioning the tongue tip against the anterior aspect of the hard palate etc,[18] while facial exercises address the lip (i.e., the orbicularis oris), buccinators (i.e., suction movements), and jaw muscles (i.e., lateral jaw movements).[18] Since Physiotherapists have been well trained in muscles training, these exercises should be re-emphasized and incorporated in our treatment regime especially for children with cancer and OSA.

Activity and Participation

Impairments in body function and structure discussed in the previous sections could result in changes at both activity and participation levels.[3] Therefore, it is also important to measure children's activity and participation restrictions. Some common activities assessment tools include Paediatric Balance Scale, Timed "Up & Go" Test, Functional Reach, Six-minute Walk Test or developmental assessment tools such as Peabody Developmental Motor Scale etc.[3] For measuring child's participation, the Child and Adolescent Scale of Participation (CASP)-Traditional Chinese version could be used to assess the children's participation in home, school, and community activities.[19] American Cancer Society reported that majority of children with cancer has been absent from school for extended periods of time due to cancer treatment,[20] hence participation to school activities is actually one major concern. As such, Physiotherapists can assess the child's functional activities in school environment and act as rehabilitation coordinator to discuss with teachers, principal or other professionals in the school.

Conclusion:

This article is not aimed at list out all roles of Physiotherapists in management of children in cancer. Instead, the ICF model is used to highlight some areas of future development in physiotherapy for children with cancer. Understanding how these body structure deficits restrict activities (stair climbing, dressing) and participation (return to schools, attending community activities) provide a broader view of the patient's abilities, and determine how our therapy goals fit into the ICF domains. Physiotherapists have to be adept at understanding the intended focus of the therapeutic interventions in ICF model and using the appropriate interventions to address the problems for children with cancer.

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Engaging Children with Autism Spectrum Disorder During Gross Motor Training

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It is commonly observed that gross motor performance of children with Autism Spectrum Disorder (ASD) is inferior comparing to children with typical development of similar ages. Problems such as general hypotonia, inadequate core muscle stability, sensory-motor deficits, and even presence of persistent primitive reflexes often hinder their motor development that may lead to unfavorable posture, balance, co-ordination and motor planning performance. Their clumsiness in participating in physical games or sport activities may further lead to difficulties in getting along with peers and in building up self-confidence, both will reduce their opportunities for social communication[1].

There are three essential factors for a child to learn new skills, namely "knowledge" (知: understanding of an activity), "action" (行: ability to carry out the activity) and "intention" (意: motivation to participate in the activity). Physiotherapists (PTs) are most concerned about whether the child can perform a particular motor task (the "action" part) and pay less attention to the importance of whether the child understands what to do (knowledge) or whether he/she is willing to do so (intention). This is especially critical for children with ASD, since they often have various learning deficits that in turn affect their understanding and motivation in performing a motor task. Such deficits usually include social communication and interaction problems, stereotyped behaviours, intellectual concerns and sensory abnormalities. Children with intellectual deficits may not be able to master motor tasks as quickly as other typically developed counterparts. Children with interaction problems may have insufficient understanding or attention in learning new motor tasks while those with stereotyped behaviours are usually indulged in a self-stimulation world and are less sensible to what PTs want them to learn. They may perform the tasks in an inappropriate way, e.g., spinning a ball on floor instead of catching and throwing it with the therapist; some may have stereotyped to scream or cry whenever entering the therapy room. Children with sensory abnormalities, in particular, are often less motivated in performing motor tasks in the ways instructed by the therapist. For example, children with tactile hypersensitivity may avoid catching a ball while children with vestibular hyposensitivity may jump down from stairs instead of walking downstairs so as to get more vestibular stimulation. In order to engage the children with ASD in gross motor training, it is necessary to instill "knowledge" and "intention" in these children by addressing their unique needs related to ASD.

Environmental Support

Gross motor training is a seemingly artificial and unpleasant process for children with ASD, since this usually happens in an unfamiliar place (therapy room) by a stranger (PT). In order to get rid of the sense of insecurity, sometimes these children will switch on their natural "protective mechanism" such as screaming, crying, clinging to their parents or fighting back. If a PT is not experienced enough to handle such situation, the children may have a bad impression on the place and the therapist, and the same may happen again in the next visit as such bad experience has been imprinted in their memory. PTs working in paediatric setting are usually skillful in training "action", but an incorporation of "knowledge" and "intention" into the "action" training is

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crucial in order to make children with ASD more engaged during the motor learning process. "People", "Support" and "Structure" are the three main aspects of "Environmental Support"[2] during gross motor training for building up an environment that is optimal and enjoyable for children with ASD in learning new skills (Fig. 1).

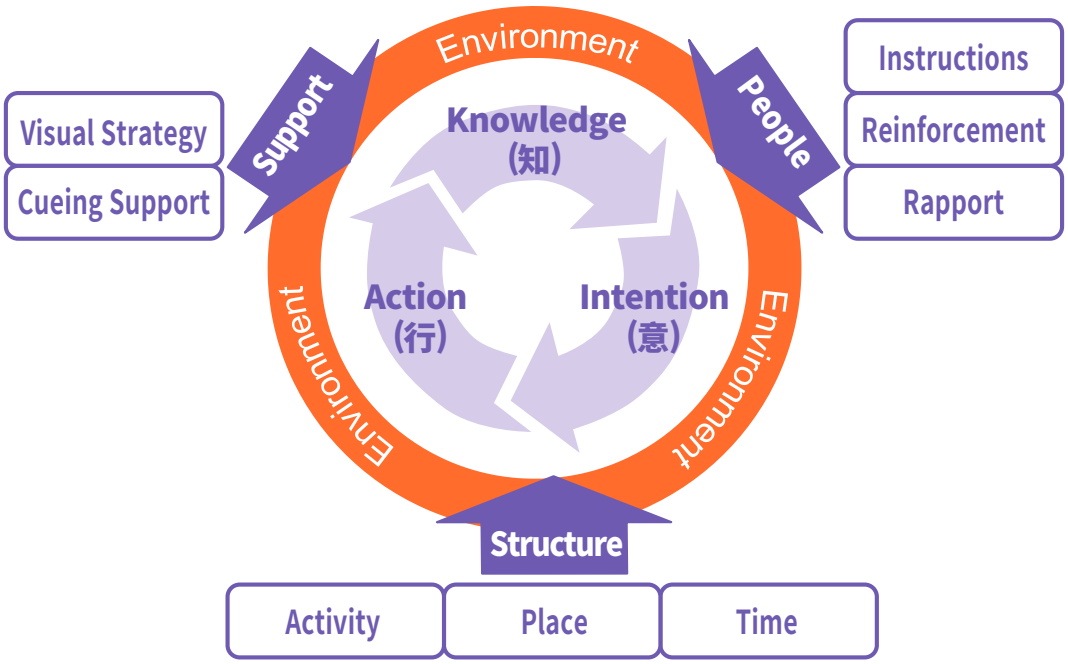

Fig. 1. The interplay between environmental support (people, structure, support) and motor learning factors (knowledge, intention, action) during gross motor training.

I. People

Children with ASD usually have underprivileged social communication and interaction skills, and this may be further complicated by their intellectual deficits and poor ability in verbal expression. PTs working with these children should be sensitive and observant to their emotional issues and subtle needs with special attention to the followings:

Instructions: Instructions to children with ASD should be concise and precise. Single commands are more preferred than commands with multiple steps so as to hold their attention. Consistent wordings are recommended for similar tasks or actions to help better understanding of the instructions. Avoid negative commands as these children need to know what to do instead of what not to do.

It makes children with ASD feel more in control if options are available. However, do not ask question as if they seem to have choices but, in fact, none. For example, question like "Do you want to jump from the step?" should be re-phrased as "Please jump from the step." if you do not intend to allow them to escape jumping.

Reinforcement: Despite their cognitive and social-communicative deficits, children with ASD still love to be appreciated and recognized. However, positive reinforcement (e.g., candies, cartoon stickers, etc) should be given in a concrete and strategic way i.e. PTs need to point out clearly what appropriate behaviors deserve the rewards that should be weaned off and replaced with praises or tokens later on.

Rapport: Close connection can only be built when the children feel that they are being understood, accepted and respected that can be experienced through constant positive reinforcement through a joyful learning process during gross motor training.

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II. Support

Children with ASD are predominantly visual learners who are good at receiving visual input with a strong visual memory but are weak at processing verbal instructions, especially those with complicated sentence structure or with multiple steps.

Visual Strategies: Visual strategies are effective tools in prompting and ensuring emotional stability by forth telling and understanding activity content, or by regulating behaviors. For example, PTs can set up a schedule (Fig. 2) or provide a cue card (Fig. 3) to tell the children in advance what they will be doing in a particular session so as to reduce their anxiety[3].

Fig. 2 Daily schedule for telling the forthcoming activities

Fig.3 Visual cues help in emotional regulation

Cueing support: Children with ASD are apparently less attentive. PTs can use visual cues to help them to comprehend what and how to do in the prescribed gross motor tasks (Fig. 4), for example, by placing arrows on floor to indicate direction, or footprints to indicate left and right foot stepping. Prior notice (by an alarm clock, counting down from 10, etc.) for ending an activity is recommended to psychologically prepare them before ending the activity.

Fig. 4 Visible "target" on floor to motivate child to jump in a specific direction.

III. Structure

Structured planning of training activities, place and time can help to ensure attention, motivation and emotional stability for children with ASD.

Activity: Details of when / where to start / end the activity as well as the required distance and number of repetitions should all be clearly stated in accordance with the child's cognitive abilities and should be written down and posted on walls if necessary. Toys (child's ultimate goal) can be used as a reward when (s)he has completed a specific task (PT's motor goals). The prescribed task should take individual child's interest, cognitive function and sensory issues into consideration. For example, PTs may need to break down smaller steps from a more challenging task, or to add in more sensory factors (Fig. 5) to motivate the child. Moreover, PTs may need to make changes on the prescribed task bit by bit as tolerated by the children.

Fig. 5 Adding more tactile stimulation in preparing child to learn throwing and catching ball

Place: The place of training should be kept as constant as possible as children with ASD feel insecure about changes and are more engaged in participation in a clearly designated space (Fig. 6). If a change is inevitable, forth telling should be given as early as possible with appropriate cueing strategies. Too many colors and decorations are overwhelming especially for those who

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have visual hypersensitivity or sensory addict. This is also applicable for those with figure-ground problems as it will be difficult for them to distinguish training apparatus from other things around. Noise is intolerable for those children with auditory hypersensitivity, especially if it is unexpected. Remedial options (e.g., putting on headphone, moving to another room, etc.) should be made available proactively so as to address their potentially emotional issues.

Fig. 6 Clear designated zones for different activities

Time: Sufficient time should be given for children with sensory issues to get used to the altered sensory input arisen from gross motor training. PTs need to be flexible in breaking the prescribed task into smaller, manageable components and never insist these children to participate in the whole task. Positive feedback should be given immediately even for a subtle desirable behavior or performance and in an explicit way to keep their continuous co-operation and motivation. Moreover, gross motor training can be integrated into routine-based activities that are carried out at home so as to extend the learning time for repetitive practice in a familiar environment.

Last but not least, working with children with ASD can both be fun and challenging. Besides working on the gross motor aspect, PTs should put an eye on their sensory, cognitive, communicative and socio-emotional aspects that are inter-related and interdependent. Team collaboration with other professionals such as occupational therapists and/or speech therapists is indispensable in order to construct a full picture of the children's abilities and needs.

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6. 香港耀能協會 (2010) *視覺教具教材套*。香港：香港耀能協會

CPD News

Enquiry of CPD News and Activities Please Visit

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

Interview with Professor Alice JONES

Date : 10 August, 2018

Venue : The Hong Kong Polytechnic University

Interviewee : Prof. Alice JONES
(Honorary Professor,
University of Sydney,
The University of Hong Kong and
The Hong Kong Polytechnic University)

Interviewers : Ms. Daisy YUEN, Ms. Sze Ki NG
(PolyU BSc. Physiotherapy Year 4 students)

*(Prof. Alice JONES: **AJ**; Daisy YUEN & Sze Ki NG: **Y&N**)*

Y & N

You are known in the physiotherapy profession as an academic clinician with a strong track record in teaching and research related to cardiopulmonary physiotherapy. What motivated you to choose physiotherapy as a profession?

AJ

I feel grateful for the opportunity to join the profession. I truly believe this profession can increase a patient's quality of life, which makes my professional care so rewarding. My passion for cardiopulmonary physiotherapy started during my first appointment to Grantham Hospital after my graduation. I really enjoyed my work and it motivated me to share my knowledge and pleasure with my students. My most effective contribution to the profession is within my expertise in this area of practice.

Y & N

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Y & N

You have attained academic and professional success. What is the most valued achievement in your career? Why do you choose that one?

AJ

Comments from patients, research publications, positive feedback from students are all memorable moments and motivate me to continuously improve. If I had to choose a particular achievement, it would be my admission to Australian College of Physiotherapists as a fellow specializing in cardiopulmonary physiotherapy. At the time, I was only the second cardiopulmonary fellow in Australia, and it greatly boosted my confidence and motivation to develop the cardiopulmonary domain in physiotherapy.

Y & N

Your status as a researcher in cardiopulmonary physiotherapy, has allowed you to teach and work around the globe. Why did you choose to teach and conduct research in Hong Kong?

AJ

A collateral benefit of my profession is that it allows the holder of a recognized degree to practice, conduct research and teach anywhere in the world. I practiced in Hong Kong, then in Australia, and then back in Hong Kong. I was very happy to return and contribute the techniques and knowledge I learnt in Australia, to the Hong Kong profession.

(Continued on Page 13)

I always like a challenge, and new developments brings new challenges. I was fortunate to enter the academic field, in which my students were the biggest motivation for me to improve. Now I teach part-time at Bond University and University of Queensland in Australia. Teaching in Hong Kong and Australia are equally enjoyable. Physiotherapy students are thirsty for knowledge and quick to learn. They are most often friendly, cheerful and caring, which is a splendid basis for a great therapist.

Y & N

In what way has physiotherapy developed in Hong Kong over the past 3 decades? What is the major difference between physiotherapy in Hong Kong and other developed countries?

AJ

In terms of physiotherapy education, our curriculum is contemporary, because our teaching staff are actively involved in academia. However, when it comes to development of the profession, Hong Kong is limited by existing legislation. For example, physiotherapists have yet to earn the status of 'primary contact practitioner' in Hong Kong, which was granted in Australia in 1976. Due to the early establishment as an independent profession, Australian physiotherapists are able to take up advanced roles in hospitals, increasing patient numbers and quality of care, at a lower patient cost. For instance, physiotherapists are able to triage and discharge patients with musculoskeletal problems in emergency rooms. They can prescribe splints and analgesics, and refer patients for surgery if deemed necessary.

In comparison, clinical practice development in Hong Kong is lagging behind. Despite these limitations, we need to be able to present our competence to the community, so that when opportunity comes we are ready to become primary contact practitioners. With this in mind, I have been working with the Hospital Authority to attach Hong Kong physiotherapists to their counterparts in Australian hospitals. By doing so, I hope Hong Kong physiotherapists can be ready to take up advanced duties when the cost/benefit opportunity becomes clear to the community and legislators.

Y & N

Despite having retired from a formal teaching position, you are still actively involved in physiotherapy at an international level. What are your plans for the future and what further would you like to achieve in your working lifetime?

AJ

I hope I can empower other physiotherapists with my passion. To achieve such a goal, I teach the younger generation and chat with my counterparts. It would be great if all of us could recognize our mission as professional physiotherapists. Also, given the chance, I like to contribute to new program development, including program structure, quality monitoring and student motivation. It is very important to keep the program up-to-date, evidence-based, and of an international standard. As for my achievement, I do not have a solid goal but just try to do my best and any 'achievement' is a bonus.

Y & N

Why and how should graduates continue with life-long education and research in physiotherapy in Hong Kong? How can being a life-long learner/teacher/researcher enhance Hong Kong's international standing in physiotherapy?

AJ

The graduation certificate is merely an 'entry ticket' to the profession. It is crucial for students to think about how they may become a good clinician. Continued education, learning and processing experience underpins clinical expertise. Physiotherapists should not only apply clinical techniques but understand the clinical reasoning that underpins each technique. This skillset is what, in part, makes physiotherapists professional. Furthermore, we need physiotherapists dedicated to research. Without evidence, we can become simply technicians. Research is not confined to a randomized controlled trial or a published article, but a questioning mind behind clinical practice looking for improvement. Asking why and how is the spirit of research. Clinicians with such a mindset will definitely become good physiotherapists and lead our professional standing in the community.

Concerning the development of the profession as a whole, it is vital for those working in different sectors to stay united and empowered. We have the potential to work a wide variety of health care settings, ranging from hospitals, clinics, community centers to amusement parks. How can we achieve more? We must connect and empower all physiotherapists who serve different patient cohorts, and last but certainly not the least, we must always include our latest generation of physiotherapy graduates.

Note: Prof. Alice JONES was recently awarded the WCPT International Service Award 2019 in Education on 9 May, 2019

Sexual Relationship with a Former Patient

Mr. Bronco BUT
Honorary Legal Advisor of HKPA

Assumed Scenario

Parties:

1. Mr. N is a Part I registered physiotherapist carrying out his physiotherapy practice in Central.

2. Ms. E was aged 30 at the time of the events hereinafter described.

3. Ms. E received physiotherapy from Mr. N for nine sessions commencing on 26 November 2018.

Physiotherapy Relationship

4. In or around November 2018, Ms. E developed right shoulder pain. She sought physiotherapy treatment for her right shoulder pain from Mr. N.

5. Ms. E had her first physiotherapy appointment with Mr. N on 26 November 2018. Mr. N provided treatment for Ms. E's right shoulder that consisted of soft tissue mobilisation, stretches, manipulative therapy. Mr. N also gave Ms. E strength training options for on-going recovery of her shoulder after her appointment ended. The treatment provided by Mr. N was standard treatment for a rotator cuff/ shoulder injury.

6. Ms. E attended 8 further appointments (in total of nine appointments) for the treatment of her right shoulder injury, the last of which ended on 30 December 2018.

The Physiotherapy Appointment

7. Ms. E attended the physiotherapy treatment with her girl aged three.

8. During the appointment, Ms. E and Mr. N discussed movies. Mr. N offered to lend Ms. E some of his DVDs.

9. The clinical notes of the appointment recorded that Ms. E's injury had settled and she was ready to recommence Yoga training in the New Year.

10. At the end of the appointment, Ms. E did not book another appointment. There was no formal written discharge from treatment.

The Evening of 30 December 2018

11. After the appointment, Ms. E and Mr. N exchanged WhatsApp messages numbering 38 total in the afternoon and evening of 30 December 2018.

12. Mr. N sent a WhatsApp message to Ms. E at 4:50 p.m. and asked Ms. E for her address. At 5:20 p.m., Ms. E provided it.

13. There were no WhatsApp messages sent between 5:22 p.m. to 6:58 p.m. the messages began again at 6:59 p.m. with Mr. N asking whether Ms. E liked action movies. Ms. E replied that she did.

14. At 7:02 p.m., Mr. N sent a WhatsApp message to Ms. E saying: "I am going to your house with DVDs and see if we have the same taste." Ms. E replied: "Fantastic".

(Continued on Page 15)

15. Mr. N arrived Ms. E's home shortly after 7:00 p.m. Mr. N was showing Ms. E some DVDs when a pizza delivery arrived. Ms. E invited Mr. N to stay for some pizza.

16. Ms. E put on a DVD called "Mission Impossible" to play on her laptop while they were eating. At that stage, Ms. E's daughter was present.

17. Later, Ms. E put her daughter to bed and, when she returned, the movie was still playing. Mr. N was sitting on the couch and she also sat on the couch. The movie continued playing and they talked from time to time.

18. Mr. N and Ms. E kissed and engaged in sexual intercourse in Ms E's bedroom. Mr. N stayed with Ms. E until 5:30 a.m. on 31 December 2018. During that time, Mr. N and Ms. E had sex more than once.

Issues

19. Is it always a misconduct for a physiotherapist to enter into a sexual relationship with a former patient?

20. If not, then in what circumstances it is misconduct?

21. If it is misconduct at one point in time, at what subsequent point in time, if any, does it cease to be misconduct?

To be continued

22. The above issues will be discussed in the next issue of Physiotherapy News Bulletin.

Meeting with the Task Force on the Role-Based Access Control (RBAC) in the Electronic Health Record Sharing System (eHRSS)

Date : 8 April 2019
Venue : Multi-function room, 7/F Kowloonbay International Trade and Exhibition Centre
Physiotherapists : Dr. Ivan SU, Prof. Marco PANG

The captioned Task Force of the Electronic Health Record (eHR) Office held a consultation meeting with the professional bodies of 6 supplementary medical professions (SMPs) to solicit their expert opinions regarding the extension of RBAC to the community-based SMPs from both private and NGO sectors. Last year, HKPA advocated the extension of eHRSS to community-based physiotherapists in various platforms and was invited to represent physiotherapists at the meeting. President Prof. Marco PANG and an Executive Committee member from the NGO sector, Dr. Ivan SU, attended the meeting. The access matrix of each SMP was discussed and the community-based physiotherapists will have the same access authority as those from the hospital settings. Additionally, Prof. PANG explained that reading and interpreting orthopaedic and chest X-rays are standard undergraduate education of local physiotherapists and it was agreed that radiology images with and without written reports will be uploaded to the eHRSS that is scheduled to be implemented in 2020. According to the eHR Office, the extension of the eHRSS to the community will be launched by the third quarter of 2019 and a briefing seminar will be held on 20 August 2019 at 12:30-14:30 in the Lecture Theatre of the HA Building. HKPA agrees to help the eHR Office to disseminate related electronic promotional materials to its members via emails.

Skypost article on「錯姿勢變圓肩」

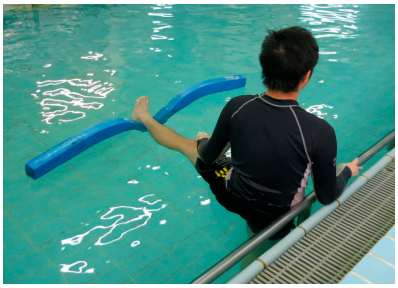
Date : 9 April 2019
Venue : Physiotherapy clinic
Physiotherapist : Mr. Gorman NGAI

This interview discussed what rounded shoulder was, and the cause, symptoms and possible treatment from point of view of physiotherapist. Demonstration on self-exercises and postural correction were also given.

Regular Hydrotherapy Class for Members of Hong Kong Arthritis & Rheumatism Foundation

Date : Every Saturday throughout 2019
Organizer : Hong Kong Arthritis & Rheumatism Foundation (HKARF)
Venue : Pok Oi Hospital
Physiotherapists : Ms. Mandy MAK and others

The Hong Kong Physiotherapy Association has been providing hydrotherapy class for the members of HKARF since 2013. There are around 4 to 5 training cycles every year. Each cycle contains 8 sessions. The class is conducted every Saturday afternoon at the Pok Oi Hospital. There are over 50 physiotherapists who have participated in this meaningful activity since 2013. Different hydrotherapy exercises were introduced to the clients who suffered from different types of rheumatoid diseases. The clients performed stretching exercise, strengthening exercise, core stability training and aerobic training, aided with properties of water. This activity is highly appreciated by the members of the HKARF.



Workshop on "Orthopedic Rehabilitation in The Greater Bay Area"

Date : 27-28 April 2019
Venue : Guangzhou Orthopaedic Hospital 廣州市正骨醫院
Physiotherapist : Ms. Roselyn CHAN

The workshop was jointly organized by HKPA and Association of Hong Kong Health Care Professionals. It aimed to enhance the knowledge and skills of healthcare personnel of Greater Bay area in the rehabilitation of orthopaedic patients.

「世界關懷哮喘日2019」運動示範

Date : 28 April 2019
Organizer : The Hong Kong Asthma Society
Venue : Areas A&B of Piazza, Hong Kong Cultural Centre
Physiotherapists : Ms. Eva CHUN (coordinator), Ms. Cherry CHEUNG, Mr. Matthew KWOK & Ms. Sara POON

Ms. Eva CHUN, on behalf of HKPA, was invited by the Hong Kong Asthma Society to conduct an exercise demonstration for the public in the event of "世界關懷哮喘日2019". The event included a number of game booths, educational exhibitions and performances on stage, in order to promote the awareness of disease control and management of asthma among the general public.

Three volunteer physiotherapists, Ms. Cherry CHEUNG, Mr. Matthew KWOK and Ms. Sara POON, demonstrated a set of stretching exercises on stage, while at the same time Eva took the lead to explain the benefits and importance of stretching. Stretches were introduced as a warm up or cool down before or after the aerobic training for asthma patients, as well as pain relieving exercises for common conditions like neck pain, shoulder pain, tennis elbow, low back pain and knee pain. Correct way of stretches and safety issues were also emphasized.

The exercise demonstration served as a kick-off after the opening ceremony and all participants of different ages actively performed the stretches along with the demonstration as a good warm up for the rest of the event.

The team (from left to right: Matthew, Cherry, Sara & Eva) was supported by our President, Prof. Marco PANG

Exercise demonstration on stage.

Interview by Oriental Daily News on Exercise and Dementia

Date : 29 April 2019
Venue : SAHK Continuing Rehabilitation Centre
Physiotherapists : Prof. Marco PANG, Mr. Ricco YIP

Prof. PANG and Mr. YIP (PT II in SAHK) were interviewed to share their expertise in exercise intervention for people with dementia. The report was published on 7 May 2019.

Outstanding PolyU Alumni Award Presentation Ceremony and Dinner

Date : 30 April 2019
Venue : Hotel ICON
Physiotherapist : Prof. Marco PANG

Two physiotherapists, namely, Dr. Herman LAU and Mr. Elton NG, received the Outstanding PolyU Alumni Award this year.

Site visits to Regal Kowloon Hotel and Conference Restaurant

Date : 1 May 2019
Venue : Regal Kowloon Hotel and Paramount Restaurant
Physiotherapists : Prof. Marco PANG, Ms. Mandy MAK, Ms. Anna Bella SUEN, Dr. Arnold WONG

Prof. PANG, Ms. MAK, Ms. SUEN and Dr. WONG visited Regal Kowloon Hotel and Paramount restaurant in order to make arrangement for the HKPA Conference 2019 cum 2nd Greater Bay Area Physiotherapy Forum on 25 May 2019.

Ming Pao Article on Rounded Shoulders

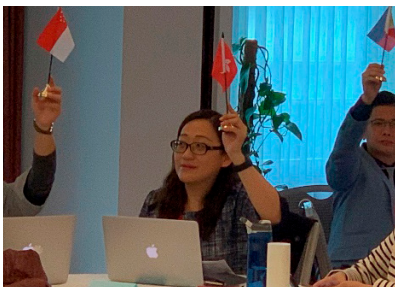
Date : 6 May 2019
Title : 肩負重任，膊頭積勞成痛
Physiotherapist : Mr. Edmund Wai Lun NG

Ming Pao is collaborating with HKPA to publish a series of health-related articles. The articles would be prepared by different physiotherapists working in different sectors (e.g., private and NGOs). Each article would have a full-page coverage in both the newspaper and online formats. The first 8 articles would be job-related musculoskeletal problems. starting from May 2019. This first article was related to shoulder problems among healthcare professionals. Causes of rotator cuff pathologies, rehabilitation and relevant exercises were described.

World Confederation for Physical Therapy (WCPT) Asia Western Pacific (AWP) Region Election and General Meeting

Date : 7 and 10 May 2019
Venue : Geneva, Switzerland
Physiotherapists : Prof. Marco PANG, Dr. Shirley NGAI

Dr. NGAI was the voting member representing HKPA at the AWP Region Election. Mr. Yasushi UCHIYAMA from Japan was voted as the new regional member of the WCPT Executive Board.



World Confederation for Physical Therapy (WCPT) General Meeting and World Congress

Date : 8-13 May 2019
Venue : Geneva, Switzerland
Physiotherapists : Prof. Marco PANG, Dr. Shirley NGAI

Dr. NGAI was the voting member representing HKPA. At the General Meeting, the new constitution of WCPT was passed, with some minor amendments. Prof. PANG was also acknowledged by the President of WCPT, Dr. Emma Stokes, for his excellent service in the WCPT Executive Board in the past two years.

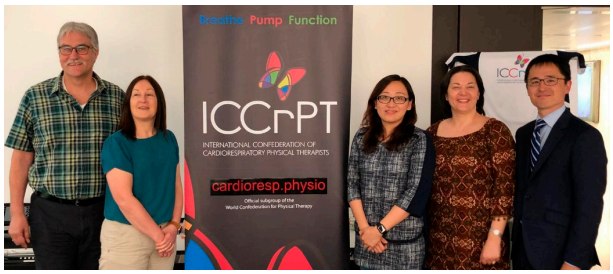
Prof. Alice JONES was nominated by HKPA for the WCPT International Award for Education earlier this year, and we are very proud to announce that Prof. Jones was formally granted the award by WCPT at the Award Dinner on 9 May 2019.

During the conference, HKPA also acquired a free booth in the exhibition hall, where we were able to promote HKPA and also the WCPT-AWP Regional Congress, which will be held in Hong Kong in June 2020. The booth was visited by many participants. All our conference pamphlets and souvenirs were taken! Thanks to Dr. Shirley NGAI, Mr. Alexander WOO, Dr. Amy FU, Dr. Nicola MOK, Ms. Nerita CHAN, Mr. Tiev MILLER, Ms. Charlotte TSANG, Ms. Rainbow LAW, and Ms. Yuen-Bing HO for helping us to take charge of the booth at various time periods during the conference.

WCPT Subgroup Meeting: International Confederation of Cardiorespiratory Physical Therapists (ICCrPT)

Date : 10 May 2019
Venue : Geneva, Switzerland
Physiotherapist : Dr. Shirley NGAI

Dr. Shirley NGAI attended the meeting on behalf of HKPA, and she was elected as the Secretary of the ICCrPT.



WCPT Subgroup Meeting: International Society for Electrophysical Agents in Physical Therapy (ISEAPT)

Date : 11 May 2019
Venue : Geneva, Switzerland
Physiotherapists : Prof. Marco PANG, Mr. Alexander WOO

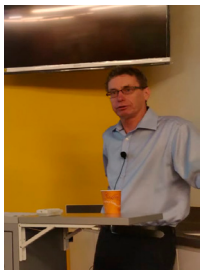
Prof. PANG and Mr. WOO attended the meeting on behalf of HKPA. Mr. Alexander WOO was elected as one of the Executive Committee member of the ISEAPT.

HKPA Pre-Conference workshops 2019

Date : 24 May 2019
Venue : The Hong Kong Polytechnic University

Prof. Stephen LORD and Dr. Anna BASU led a pre-conference workshop on "Risk factors, assessment and strategies for prevention in older adults", and a workshop on "Management of perinatal stroke and hemiplegic cerebral palsy", respectively. A total of 44 participants actively participated in the two workshops to learn the latest theories and skills in managing patients in different target groups.

Prof. Stephen LORD and some attendees in his workshop.



Prof. LORD was sharing the latest evidence in his workshop

Attendees were practicing in Prof. LORD's workshop

Dr. Anna BASU and attendees in her workshop

Dr. Anna BASU was teaching in her workshop

HKPA Conference 2019 cum the Second Greater Bay Area Physiotherapy Forum

Date : 25 May 2019
Venue : Regal Kowloon Hotel

The conference was successfully held on 25 May 2019 in Regal Kowloon Hotel. A total of 181 registrants from Hong Kong, Macau, Taiwan and mainland China attended the full-day conference. Prof. Stephen Lord from the University of New South Wales, Dr. Anna Basu from New Castle University, and Mr. Jimmy Wu (Director of the District Health Centre Team) were invited as keynote speakers. The conference organizing committee also invited nine prominent guest speakers from Hong Kong (Prof. Hector TSANG, Dr. Philip LAM, Ms. Lavinia WONG, Dr. Ivan SU), China (Prof. Yuling WANG, Ms. Joyce ZHOU, Mr. Alejandro PRIETO), Macau (Mr. Steven CHAN), and Australia (Prof. Alice JONES) to share their experiences and insights regarding the development of physiotherapy services or training in the Greater Bay Area.

Additionally, Dr. Man CHUNG, Mr. Terence YU, and Dr. Andy Kwai-wen CHEN shared their evidence-based knowledge on the latest technology for orthopedics rehabilitation, neurological rehabilitation, and blood flow restriction training, respectively, in three sponsored sessions.

Importantly, the conference, for the first time, included 8 parallel sessions to allow presenters with diverse backgrounds and interests to share their research findings and clinical practice experiences with our audience. The majority of audience rated this conference as excellent because they could acquire diverse knowledge and insights from various speakers.

Prof. Marco PANG, the President of HKPA, was giving an opening speech

Prof. Stephen LORD was delivering his keynote speech on the Update on Risk Factors and Prevention

Dr. Anna BASU was delivering her keynote lecture on Hand Function in Children with Hemiplegia

Mr. Jimmy WU was giving his keynote speech on How Physiotherapist Contributes in the New Milestone of Primary Healthcare in Hong Kong

Prof Alice JONES, Prof. Yuling WANG, Mr. Steven CHAN, Prof. Hector TSANG, and Prof. Marco PANG PT Development in the Greater Bay Area Symposium

Mr. Raymond TSANG, Mr. Charles LAI, Prof. Alice JONES, Prof. Stephen LORD, Prof. Marco PANG, Prof. Hector TSANG, Dr. Anna BASU, and Mr. Jimmy WU

(Continued on Page 23)

A parallel session on rehabilitation sciences research

A parallel session on clinical research

Prof. Marco PANG and volunteers

Mr. Charles LAI, Prof. Hector TSANG, Prof. Alice JONES, and Mr. Raymond TSANG

Prof. Yuling WANG, Prof. Marco PANG and delegates from mainland China

Dr. Man CHUNG was delivering his talk on orthopaedics rehabilitation

Dr. Philiip LAM was sharing the importance of early mobilization for patients in ICU

Dr. Andy CHEN gave a talk on blood flow restriction training

Mr. Alejandro PRIETO, Ms. Joyce ZHOU and Ms. Lavinia WONG in the Primary Healthcare in Different Sectors and Regions: Role of Physiotherapists Symposium

Dr. Ivan SU in the Primary Healthcare in Different Sectors and Regions: Role of Physiotherapists Symposium

Ms. Lavinia WONG in the Primary Healthcare in Different Sectors and Regions: Role of Physiotherapists Symposium

Mr. Terence YU was giving his talk on new technology for neurological rehabilitation

(Continued on Page 24)

Our attendees were excited about various products in our sponsors' booths.

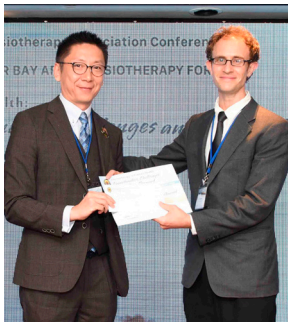
A group of Physiotherapy graduates were presenting their best final year project.

Audience were attending the parallel session on "Physiotherapy for Knee Osteoarthritis – Sharing of Good Practice" Session

Prof. Alice JONES was leading a group discussion on the "Development of PT in the Greater Bay Area" session

The poster session

Best oral presentation award winner, Ms. Echo OUYANG



Best oral presentation award winner, Mr. Tiev MILLER

The Gold Award of the Best Final Year Project Winners

The Silver Award of the Best Final Year Project Winners

The Bronze Award of the Best Final Year Project Winners

(Continued on Page 25)

The organizing committee

HKPA Gala Dinner 2019

Date : 25 May 2019
Venue : Paramount Banquet Hall

This year, HKPA Gala Dinner was held in the Paramount Banquet Hall on 25 May 2019. It was our honor to have Prof. Stephen LORD, Dr. Anna BASU and Mr. Jimmy WU, who were the keynote speakers of the HKPA Conference 2019 as well as the former Presidents of HKPA, as our honorable guests in this important event.

Toasting from HKPA executive committee members

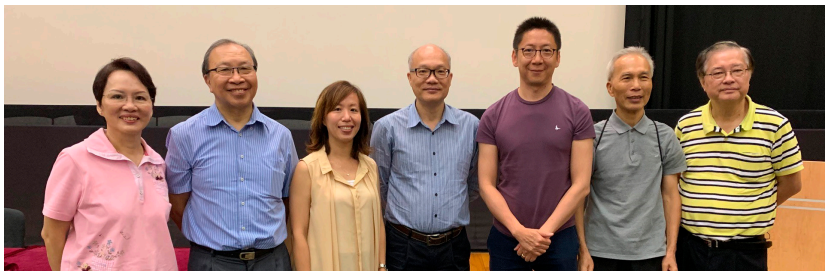
Prof. Marco PANG, the President of HKPA, gave us an opening speech

Pro.f Marco PANG and prize winners

Public Lecture: prevention and rehabilitation of heart disease

Date : 26 May 2019
Venue : Hong Kong Science Museum
Physiotherapists : Ms. Joey CHENG, Prof. Marco PANG

Ms. CHENG and Prof. PANG gave a public lecture on prevention and rehabilitation of heart disease. The importance of exercise was highlighted. The event was organized by Care for Your Heart, a patient self-help group for heart disease. Prof. PANG is also an honorary advisor of this organization.



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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