



# NEWS BULLETIN 物理治療 PHYSIOTHERAPY 資訊

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## Editorial

### Coronavirus Disease 2019 (COVID-19)

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

The World Health Organization (WHO) has announced the Coronavirus Disease 2019 (COVID-19) outbreak a pandemic. Up until 7 April 2020, over 1,210,956 confirmed cases and 67,594 deaths have been reported globally [3]. The complete clinical picture and management of COVID-19 are not fully known. The common symptoms are fever, tiredness, and dry cough. Some patients may also have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. However, some do not have symptoms and do not feel unwell. People with underlying medical problems including high blood pressure, heart problems or diabetes, are more likely to develop serious illness [2]. According to the European Centre for Disease Prevention and Control (ECDC), severe form of the illness is more common among specific risk groups: the elderly and people with chronic conditions [1].

In response to the outbreak of COVID-19 pandemic, we need to pay additional attention to care for older adults and those who have chronic conditions in our practice. This outbreak also reminds us to further develop our role in other health related areas, in addition to our regular role as clinicians to assess and manage illness, disease and rehabilitation. The spectrum of physiotherapy services is expanded gradually. Whilst we excel in our clinical and regular duties, it is also a time for us to think about how we may enhance our role in other health related areas for our community. What should we do to further contribute as a healthcare profession in public and primary health aspects?

In this issue, we invited Professor Alice JONES to share her views about inspiration for PTs amidst COVID-19 crisis. We also invited Ms. Snowball IP to share her experiences in treating patients with COVID-19, Ms. Horsanna CHIU to share the information about HA preparation for COVID-19, and colleagues from the Workgroup on Community Based Rehabilitation and Primary Health Care of HKPA to share their views about the impact of COVID-19 on the community physiotherapy in Hong Kong. In the People's Corner, we reported an interview with Mr. Sik Hon HO who founded a company to manufacture surgical masks in Hong Kong. The PA Diary covers the news about masks donation events.

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Although it is a difficult time with uncertainty, we still believe that we will conquer the current challenges arisen from COVID-19. We believe hope is still retained in the Pandora's Box for the mankind. In person, we would like to take this opportunity to wish you, your colleagues and your loved ones health and safety.

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## Announcement

### *The Formation of Hong Kong Physiotherapy Association Private Physiotherapy Working Group*

HKPA

In early 2018, a group of private practice physiotherapists intended to form an organization to represent the private industry so that it can unite the industry, optimizes the private physiotherapy business environment, and enhances the professional standards. Following a number of peers initiated brainstorming sessions, more than 20 private practice physiotherapists agreed to establish a private physiotherapy working group in the Hong Kong Physiotherapy Association. In mid-2018, the working group was established and Mr. Sik Hon HO was elected as the first chairperson. From 2018 to 2019, the group convened private practitioners to participate in multiple exhibitions, scientific conferences, and annual dinners organized by the HKPA.

In 2019, Mr. Sik Hon HO resigned as the chairman due to personal reasons. At the beginning of 2020, the committee members of the working group decided to re-elect a group of new committees. In February 2020, the committee members held a panel meeting, Ms. Sze Mei CHAN was elected as the second chairperson of the working group. The working group is planning to become an official specialty group in 2022.

#### Private Physiotherapy Working Group Executive Committee

|                  |                                                                                 |
|------------------|---------------------------------------------------------------------------------|
| Chairperson      | Ms. May Sze Mei CHAN                                                            |
| Vice-Chairperson | Mr. Lawrence Wui Leung MA<br>Ms. Karen Hoi Hang KWONG                           |
| Treasurer        | Mr. Terry Chan Tong WONG                                                        |
| Secretary        | Mr. Dennis Ho Cheong LO                                                         |
| IT Officer       | Mr. Calvin Man Ho KWAN                                                          |
| Committee        | Mr. Tommy Hoi Fan POON<br>Mr. Mike Man Kit AU-YEUNG<br>Mr. Calson Yau Man LEUNG |

## The COVID-19 Crisis – An Inspiration for Physiotherapists

Professor Alice JONES, Ph.D. FACP



*I am privileged to be invited by the Hong Kong Physiotherapy Association to share my views on the impact of the COVID-19 on physiotherapists.*



To date, the death rate in China is about 4% but elsewhere is as little as 1% or less. The reason for such a large outbreak in China and the higher mortality rate are currently being investigated and may shed light on the effectiveness of public health education and the management of acute respiratory conditions. There is consistent evidence that COVID-19 is highly contagious, so our first and most important consideration must be how to **limit** the spread of the virus. We must know how to properly protect ourselves and the correct use of personal protective equipment (PPE) is essential. Management of patients who are productive of pulmonary secretions puts cardiopulmonary physiotherapists at high risk of infection. To minimise the risk of viral spread, manual hyperinflation technique should be replaced by ventilator hyperinflation in patients with COVID-19. Closed suctioning is preferred in the management of patients on mechanical ventilation [1]. Non-invasive ventilation and techniques commonly employed by a physiotherapist are 'droplet' >10µm in size, rather than 'aerosol' generating procedures [2]. Aerosol generative procedures such as nebulisation should be avoided if possible, although it is still debated whether it is possible to harvest viruses following nebulisation [3,4]. Understanding the mechanism of aerosol transmission of infectious agents guides the appropriate use of PPE [5].

Advances in communication technology has allowed the efficient transfer of news and sharing of opinion with a large audience. I have been involved in a discussion of whether "Rehabilitation" intervention was appropriate in the management of patients COVID-19 through WeChat in China. As a physiotherapist, the answer for me is simple - all interventions must be indicated. Therefore, I only need to consider the problems occurring in COVID-19 patient where a physiotherapist can assist. Clearly, physiotherapists cannot **treat** the disease per se, but rather they can only treat the complications arising from the disease, such as pneumonia. Having said that, a Cochrane review concluded that "Chest physiotherapy might not be recommended as routine treatment for pneumonia in adults" [6]. This

statement, however, has to be considered carefully because of 'chest' physiotherapy includes different techniques used by physiotherapists. While the evidence on airway clearance techniques in patients with pneumonia is inconsistent, some techniques such as the application of positive expiratory devices have been shown to be effective in the management of pneumonia [6]. So, effective treatment depends on the patient's 'problem' and that points us to the importance of appropriate patient assessment.

The role of physiotherapy is less understood in China as it is still not a profession being recognised by the Chinese government. It is therefore not surprising that patients with COVID-19 are not referred to physiotherapists in China. Further, physiotherapists in China may not have adequate experience assessing and providing treatment to patients with acute pneumonia, as their role is normally in a rehabilitation hospital and not an acute setting. That being said, I have been informed that in Hong Kong, there have been 'zero' referrals of COVID-19 patients to physiotherapists in some major tertiary hospitals! There is a need to explore whether this is due to 'overprotection' of the physiotherapists from the risk of contamination or communication problems between the medical practitioners and the physiotherapy department.

Having the opportunity to frequently discuss the disease with other health care professionals and with my MPT graduates in China has allowed me to further appraise the role of the physiotherapist in the management of COVID-19, what first came to my mind were the physiotherapy heroes and heroines during the SARS crisis in HK in 2003. Many colleagues selflessly risked their lives, carried the flag for the Physiotherapy profession and provided a fantastic service to Hong Kong SARS patients. I remember PTCOC efficiently compile a physiotherapy practice guideline for the management SARS patients. I have learnt hugely from physiotherapy colleagues who managed SARS patients in the acute hospitals and am now able to convey their experience to support the PTs in China, who not only had

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to face a new disease but are also inexperienced in acute physiotherapy care.

In 2003, I designed a head box with the intention of protecting physiotherapists during suctioning. Professor Herman Lau (former Hospital Chief Executive of Shatin hospital, Shatin Cheshire Home and Bradbury Hospice) helped me test for CO<sub>2</sub> retention. The box was never deployed in practice because of the development time, cost of manufacture and sterilisation issues. Physiotherapy colleagues at the Prince of Wales hospital later designed a disposable plastic bag suspended above the head of the patient to prevent aerosol spread during suctioning. Although it is a primitive design, it is simple, effective, inexpensive, and therefore to me, a brilliant device. With the help of my colleagues at the PolyU, I produced a video and a pamphlet explaining how SARS caused pneumonia, the importance of personal hygiene, proper application of a face mask, and general breathing exercises for maintenance of lung expansion and ventilation. These were sent to 900 nursing and elderly homes. I have shared with medical and PT colleagues in China the importance of keeping patients active and mobile as soon as major body systems are stable.

The above sharing intends to remind us that the role of a cardiopulmonary physiotherapist is not limited to treating patients but also educating the general public in respiratory hygiene and to lay foundations which limit personal and economic fallout during future viral epidemics. Any crisis can be a **powerful opportunity** for us to educate the general public on smoking cessation, coughing etiquette and disposal of phlegm which minimises viral spread and the contamination of others. It is **our chance** to let the general public know that helping people to maintain lung health and the prescription of exercise to maximise lung ventilation, is one of the important roles of a 'physiotherapist'. Our role in disease prevention and health promotion can also be facilitated by tele-rehabilitation; an already established platform for 'community physiotherapy'.

To arouse awareness in physiotherapy students in China of their role in community health, I have sponsored a PT student-led innovative project called "Stop viral contamination – cover the toilet" campaign in China. This project requires the students to design a cheap, practical, hands-free toilet cover for all 'squatting' toilets in China. To win the cash prize, students need to also submit a proposal of how they will use media promotion to convince local government to accept their design. The 3rd aim that I wish to accomplish from this project is to foster interdisciplinary co-operation, for example for PT students to work with an engineer. I am looking forward to receiving submissions in a month's time!

Irrespective of whether our role is academic or clinical, we need to consider data collection and sharing as a form of 'research', and as an essential contribution to evidence based practice. There are many research opportunities associated with the current crisis:

- investigation of the relationship between the severity of the COVID-19 and smoking, previous lung disease (e.g. COPD) and activity/mobility level. The number of smokers and COPD (many undiagnosed) patients in China is huge. Could this be one underlying factor generating the higher mortality in China compared to elsewhere?
- investigate the role of tele-rehab when social isolation is necessary for disease containment or management.
- whether high flow oxygen therapy will further aerosolise the virus
- our role for discharged COVID-19 patients. It would be informative to know the functional capacity of discharged patients, and whether 1-min sit-to-stand test, timed up and go test and 6-minute walk test are appropriate and sensitive for these patients.

Lastly, I would like to dedicate this article to the physiotherapy warriors during the SARS battle. Their courage, professional knowledge and skills have provided a model and a wealth of experience for the young Hong Kong physiotherapists of today.

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## Local Experience in Treating COVID-19 Cases by Physiotherapists in Princess Margaret Hospital

**Ms. Snowball Yuen Wa IP**

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After the SARS outbreak in 2003, the Hospital Authority Infectious Disease Centre (HA IDC) in Princess Margaret Hospital (PMH) was established in 2007. The 17-storey block has altogether 108 isolation beds including 14 ICU beds. According to the contingency plan of HA, PMH was designated to admit the first 20 confirmed COVID-19 patients after the emergency response level was activated.

With the valuable experience from SARS, as the newly emerged pathogen is also a coronavirus, stringent infectious control policy and practice was applied by all disciplines caring for the confirmed and suspected cases who were pending for the COVID-19 test result. All healthcare professionals and supporting staff were required to follow the procedures in donning and doffing the required personal protective equipment (PPE) (that is N95 respirator, disposable cap, full face shield and the AAMI level 3 disposable gown and disposable gloves) in the designated gowning area. There was a patrol nurse to monitor every step in the procedures. Such a measure is of utmost importance to prevent staff from getting infected out of negligence.

On 22 January, the first confirmed case in Hong Kong, a male, was transferred to IDC in PMH. Most of the confirmed cases admitted to the IDC were independently mobile, on room air or had low oxygen requirement, had scanty secretion production and had no impairment in handling the daily activities in the wards. Hence, they are not indicated for physiotherapy. However, a small portion of them did later develop respiratory failure and require mechanical ventilation.

The following is a sharing of the experience in treating the confirmed cases in ICU in IDC from the perspective of a physiotherapist.

The first confirmed case mentioned above demonstrated an increased level of respiratory distress on 25 January, required an increased level of supplementary oxygen to 6L/min (via nasal cannula) and therefore was transferred to ICU contemplating intubation (As a general guideline, confirmed cases are not to be managed with non-invasive ventilation in order to avoid aerosol production to the environment). Serial

CXRs showed increased infiltration over the bilateral lower lobe regions. His CT thorax investigation on 24 January showed multiple areas of predominantly ground-glass opacities with patchy consolidation over both lungs. As all cases admitted to ICU of PMH are under blanket referral for physiotherapy, the case was assessed by a physiotherapist with the required PPE on. His clinical conditions improved gradually with antiviral medication Kaletra®, ribavirin, some antibiotics and hydrocortisone. On auscultation, there was mild occasional fine crackles over the lower lobe region. He had strong dry cough and scanty sputum production. He was instructed to perform costal expansion exercise with end-inspiratory hold in sitting by the bedside to optimizing the basal ventilation and was advised to perform self-exercise to maintain lower limb muscle power to prevent deconditioning. Due to the limitation from the monitoring apparatus (the arterial line inserted, ECG lines) and wall oxygen was being used, he could only manage sitting out of bed with supervision or standby assistance. He was able to have oxygen off on 2 February. Before he was discharged to the isolation ward, he was assisted by a physiotherapist to perform stepping by the bedside and then walking exercise within the single-bed cubicle. Although he had mild deconditioning in walking, he had no distress with SpO<sub>2</sub> lowest to 93%.

Another 2 confirmed cases were admitted to ICU on 29 January and 4 February. Both were female and were intubated soon after admission. They were managed with moderately high FiO<sub>2</sub> (0.5-0.7), on Synchronized Intermittent Mandatory Ventilation with Pressure Support mode, and a positive end-expiratory pressure (PEEP) level of 8-10cmH<sub>2</sub>O. The patient admitted on 4 February, had high-resolution CT investigation and found to have predominant bilateral lower lobe consolidation with ground-glass opacities. She demonstrated a marked improvement after having similar medical treatment mentioned above, and with respiratory physiotherapy management while she was on mechanical ventilation. She was weaned to room air and had no distress with bed mobility on 14 February. Her muscle power for four limbs was generally in Grade 3 to 4 on the Oxford muscle power scale before discharged out of ICU.

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The other female patient admitted earlier on 29 January, however, was highly anxious and easily agitated and often found fighting with the ventilator after intubation. Radiological findings showed bilateral basal atelectasis, so she required heavy sedation and was paralyzed with atracurium to facilitate better ventilation, and she demonstrated difficulty with weaning off ventilatory support. She failed in extubation attempt once due to the development of stridor. On 17 February, she was extubated again with the prescription of dexamethasone to control laryngeal swelling and was able to manage spontaneous breathing on room air. Due to the prolonged stay for 20 days in ICU, she was diagnosed with ICU acquired weakness. Her upper limb power improved from grade 2 to 3 and the lower limb power from 0 to 2. She could only manage sitting in bed before she was transferred out to the isolation wards on 24 February.

Both patients received respiratory and limb physiotherapy treatment as indicated in ICU. They were referred to the physiotherapist in the isolation ward for further improvement of their limb power and mobility level until they could self-ambulate independently before discharge.

From the observation in the confirmed cases described above, the viral infection did not cause a marked decrease in dynamic lung compliance in the ventilated cases and it did not cause excessive secretion production. The respiratory physiotherapy management indicated is the application of techniques that are typically applied to patients in ICU aiming for optimizing ventilation and facilitating sputum clearance. These include positioning for drainage and facilitating lung expansion, thoracic expansion exercise, ventilator hyperinflation (VHI), chest shaking and close suctioning. VHI was of great use for the 2 ventilated cases as it does not require disconnection of the ventilatory circuit. It, therefore, could avoid desaturation caused by the loss of PEEP and minimize the risk of spreading of the pathogen to the environment external of the ventilatory circuit. The VHI technique simulates a breath delivered with manual hyperinflation through manipulation of the parameters of the mechanical ventilator setting. It was applied by physiotherapists in Hong Kong since 2010. The indications for VHI are high PEEP of  $\geq 10\text{cmH}_2\text{O}$ , high  $\text{FiO}_2 \geq 0.7$ , cases with multiple drug-resistant or airborne pathogens and cases who are immunocompromised. Application of VHI by physiotherapists is proven to be a useful technique to optimize ventilation while preventing the spread of droplet and airborne pathogens. Further, the close suction system was recommended as a standard

apparatus attached to the ventilator circuit since the SARS outbreak, physiotherapists should comply to close suctioning while treating cases with novel infection.

There are precautions for physiotherapists when treating COVID-19 patients. One is the use of stethoscope for auscultation and the other the change of soiled heat moisture exchanger (HME) in the ventilatory circuit. **Before using the designated stethoscope for auscultation, the earplugs, and the arms of the stethoscope should be thoroughly wiped with Alcohol Swabs. The ears of the therapist should maintain to be well covered with the cap of the PPE during auscultation. While plugging the stethoscope into the covered ears, care should be taken to avoid contact with the N95 respirator and the face of the therapist. In case there is a need to change the soiled HME during or after VHI, the ventilator should be switched to standby mode to avoid aerosol generation. After changing a new HME, the ventilator mode should be switched on again to resume ventilation for the patient.**

Till the writing up of this article on 15 March, the 3 patients mentioned above, aged between 55 and 68 years, were all discharged. Two of the patients have already had the first follow up medical consultation by respiratory physicians. Their CXR showed mark improvement evidenced by significant resolution of the widespread consolidation and ground glass opacities with scattered residual changes as fibrosis. However, they did have complaint of exertional dyspnea. Discharged COVID-19 cases in PMH would have lung function test performed by nurses, and Six Minute Walk Test conducted by physiotherapists to evaluate the impact on their physical and respiratory function.

Although the outbreak is still prevalent around the world, healthcare professionals in Hong Kong did have a good strive in combating the coronavirus. With proper PPE on, physiotherapists, being one of the essential disciplines in a healthcare team in the hospital, can provide the necessary respiratory care and physical rehabilitation in the management of patients with COVID-19.

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# Vigilance against Coronavirus Disease 2019 - Strategies of Physiotherapy Services in Public Settings

Ms. Horsanna CHIU

Senior Physiotherapist, United Christian Hospital

Coronavirus disease 2019 (COVID-19) has been identified in Wuhan, Hubei Province since December 2019. As the infection of the new coronavirus increases and spreads rapidly, the World Health Organization declared the COVID-19 outbreak to be a Public Health Emergency of International Concern on 30 January and announced the outbreak a pandemic on 12 March 2020. Against the background of COVID-19 pandemic, Allied Health Grade Office of Hospital Authority (HA) has formulated the strategic direction and preventive measures for physiotherapy departments to fight against the pandemic under the emergency response. The strategies include staff preparation and engagement at all levels, formation of special duty team for caring of the suspicious and confirmed cases and service re-arrangement in both in-patient and out-patient settings (Fig.1) with the principles to alleviate the risk of cross infection and support in-patient services during the battle.

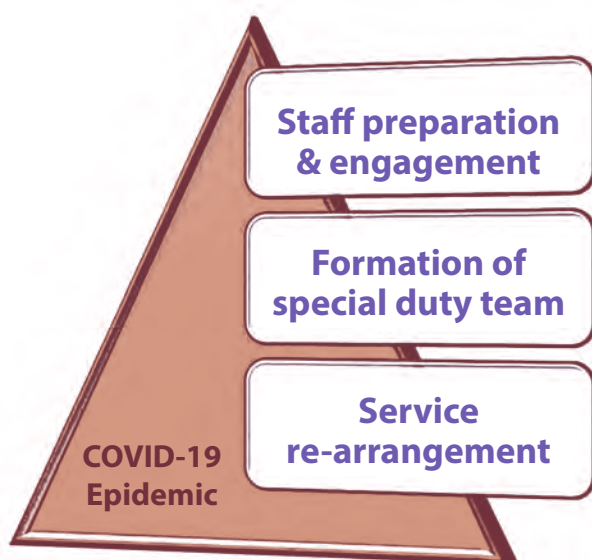


Fig.1 Strategies to prevent cross infection in physiotherapy department.

## Staff Preparation and Engagement

Timely and accurate communication with frontline is crucial in staff preparation and engagement. This can avoid fallacy and unnecessary panic reaction during the pandemic and provide communication channel for frontline to express their concern and clarify their uncertainty. The following measures for staff preparation and engagement will be considered.

- Regular staff briefing sessions to disseminate relevant information concerning about the corporate direction and local policy
- Hospital based staff forum to provide update information and knowledge in the management of COVID-19 and infection control (IC) measures
- Completion of IC refresher course for all staff is mandatory
- Training sessions for proper and prudent use of personal protective equipment are conducted
- Regular on site audit of gown up and gown down procedure to ensure the compliance
- N95 respirator fit test is arranged or revisited by hospital IC team, especially for those who need to work in high risk area
- Staff are recommended to check FTOCC (Fever, travel, occupation exposure, contact history and clustering phenomenon) and laboratory testing of real-time reverse transcription PCR (rRT-PCR) routinely during new case screening and before intervention, particular on those with fever, acute respiratory illness or pneumonia, in addition to epi-link

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## Formation of Special Duty Team (Dirty Team)

As the outbreak ongoing and demonstrating evidence of human to human transmission, the number of suspected and confirmed case of COVID-19 is expected to rise. The provision of physiotherapy services included chest physiotherapy and rehabilitation for decondition in isolation, cohort and surveillance wards is inevitable. In order to minimize risk, formation of special duty team to provide service in these high risk areas is necessary. The staff deployment is on voluntary basis and with the consideration of clinical competency in handling critical chest condition and experience on SARS and Swine flu. The number of staff involved in daily operation depends on caseload and by a weekly or biweekly rotation bases. The principle is the less involved at once time the better to minimize the risk of staff being infected. Pregnant staff and spouse of staff who has already worked in high risk area are exempted. Those who have medical condition and social consideration will also be excluded.

## Service Rearrangement

In line with the strategies to reduce the flow of people and reduce the risk of cross infection, the in-patient and out-patient services will be rearranged accordingly.

In-patient services:

- Deploy staff into clean and dirty teams according to service needs
- Rearrange workflow and logistic to scale down staff number entering to each ward
- Reduce patient number in in-patient gym to ensure social distancing
- Suspend clinical placement and training, mobilize staff to support in-patient services

Out-patient services:

- Conduct fever triage and health screening before out-patient registration
- Suspend hydrotherapy service since Serious Response by arranging alternative treatment
- Trim down non-urgent services and postpone or space out subsequent appointments
- Implement tele-care for interview, exercise prescription, advice and home program monitoring

As the COVID-19 pandemic is ongoing, the strategies and preventive measures of physiotherapy departments in public settings are subjected to change and fine tune from time to time depends on the corporate direction and the development of the pandemic. The extensiveness of staff deployment and service rearrangement will also be adjusted according to the service needs. Definitely, the implementation of the strategies and the preventive measures may have variations in different clusters and may not be generalized among all physiotherapy departments under HA.





# Community Physiotherapy under the Impact of COVID-19 in Hong Kong

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COVID-19 has swept across Hong Kong in the past few months and no one on earth can stay away from this pandemic now. Whilst the provision of day and out-patient physiotherapy services in Non-Government Organization settings (NGOs), are inevitably suspended, catering for residential and domiciliary services remained as usual. When the end of such contagion could not be predicted by the leading experts in infectious diseases, so would the resumption of full service. How have our fellow community physiotherapists responded to face such challenge?

With the vivid experience of SARS, many of our fellow physiotherapists have proactively prepared ourselves for possible community outbreaks. As for NGOs, many quickly had our personal protective equipment (PPE) stock re-estimated and planned for coping with the escalating needs, not among staff, but more importantly, among a wide range clientele, both developmental and acquired, who are vulnerable and each with unique special needs. This article is about how community physiotherapists at the administrative and frontline levels contribute themselves in the face of the outbreak.

## Preparations and Arrangements during the Pandemic

Sourcing of PPE has been a challenge as costs had gone up from 200% to 400% and means of sourcing needed to be very flexible and speedy, including on-line purchases and overseas ordering. At the first two weeks post Lunar New Year, much local sourcing effort has gone in vain as suppliers failed to deliver the orders.

Apart from the residential services, many day services have cut down their programs and retained essential services only. Some switched to home office but maintained email and phone services to our service users. Work routine was re-designed to minimize cross-unit contact, to increase social distance among staff and between staff and service users, and to optimize the proper supply of PPE to the most needed services. This was also the case of many of our therapists on the frontline. Fractional staff working schedule has to be planned among different units to minimize unnecessary travelling whilst maintaining essential physiotherapy to those in need.

Management has enforced many infection control procedures including strict handwashing, alcohol hand rubbing, use of surgical mask and many staff had completed their refresher training and audit. Other actions like staff and visitor health surveillance, seating plan update at service users and staff rest area were all in place.

Crisis boosts people's innovations. In this difficult time, staff meet each other less, and they use lots of video-conferencing applications to stay connected, e.g. for meeting, for training and even for staff interview.

## Stroke Survivors

Under the pandemic, routines of the most of the stroke survivors, especially those attending rehabilitation service in the community, are affected. They are at higher risk of developing complications if contracted coronavirus. With the emphasis that contact should be minimized outside home, maintenance of healthy lifestyle through practice of home exercise is of the essence.

Emotional health and well-being is another concern. Suspension of weekly center-based sessions of physiotherapy and other functional training not only reduces their training intensity but also adversely affects their psychological status. Uncertainty in the resumption of service caused worries to stroke survivors and their families concerning recovery and prognosis. Further, news and updates on COVID-19 can also be sources of stress, while proper information from reputable sources seems to be the sole solution.

Under the WHO-ICF model, fellow physiotherapists in The Hong Kong Society for Rehabilitation advocate to decrease activity limitation, increase social participation, and avoid complication from inactivity, through the facilitation of continuous home exercise and functional training, to maintain physical and psychological well-being of stroke survivors. Physiotherapists make regular phone calls to their clients to offer consultation and encouragement. In addition, physiotherapists do not only post exercise sheets on Facebook, but also demonstrate exercises in Facebook Live for clients to practice at home simultaneously.

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Self-management concept is reinforced. The clients are advised to have dual-task walking with attention-demanding activities at home besides scheduled practice of daily sitting and standing. The details are recorded and shared to physiotherapists and other stroke survivors to sustain their adherence.

### People with Visual Impairment (VI)

The outbreak of COVID-19 has made life even tougher for people with VI. It is suggested that the virus spread mainly through direct contact or respiratory droplets. This leaves people with VI more vulnerable to infection as most of them rely on touching sensation to communicate with the world. This is why even when they put on gloves to minimize unnecessary contact to avoid infection, they cannot avoid taking off gloves outside home e.g. running fingers over tactile dots on lift buttons to search for their targeted floor.

Fear of infection makes people with VI stay home longer than usual. Since their physical level are usually low and they are considerably less active when compared to the general population [1,2], and they are prone to the collateral impact of the pandemic.

Physiotherapists play the major role to educate and promote physical training for people with VI through home exercises to avoid adverse effects of inactivity. Studies found that they were commonly observed to have faulty postural alignment as the visual system plays an important role in stabilizing the posture [3]. Therefore, besides regular aerobic exercises to promote their general fitness, stretching and strengthening exercises focusing on postural alignment is essential.

### Adults with Cerebral Palsy (CP)

The high metabolic demands in battling against their biological impairments render adults with CP vulnerable to ill health. Institutional seasonal outbreak of influenza is known to be common in hostels for severely physically handicapped persons. In the face of the highly contagious COVID-19, the prevention of an institutional outbreak seems to be a mission impossible.

Wearing surgical mask is a big challenge to adults with CP. Masks are easily displaced due to facial involuntary movements, wetted by poor lip closure and protruding tongue, or sucked into the mouth. Individuals with weak respiratory functions may even develop breathing difficulties. Instead of relying solely on wearing masks, a combined use with face shield, as appropriate, is recommended. Due to the soaring price, home-made shield is designed and manufactured in the sheltered workshops, where regular production is suspended.

Clients are taught to rub their hands with sanitizer during meal, toilet and exercise times. In each therapy session, the capacity is limited and users are scattered, with all equipment and facilities thoroughly cleaned in-between each session. Training intensity is inevitably lowered. Nevertheless, it is a right time to empower them with self-management concept as motivated by their own survival.

Self-administered exercises are taught as daily routine to be practiced even in sitting or lying, focusing on breathing and hand rubbing movements.

As physiotherapists have close contacts with clients, we have to spend double effort in our own personal hygiene and protection not only at workplace, but also after work, to avoid our own infection and contamination of the living environment of our susceptible clients. With the perseverance and persistence of our fellow colleagues, impossible becomes possible. Thus, no institutional outbreak is reported so far.

### Adults with Intellectual Disability (ID)

Physiotherapists have the major role to mitigate the age-related decline for older adults with ID through exercise. In Fu Hong Society, fellow physiotherapists have formulated treatment program pertaining to muscle strength and cognitive ability of our service users and promoted the use of an 'Interactive Exercise Menu (ITM)' since 2013 in order to slow down their early ageing problem. A list of exercise items is provided to motivate and to suit service users with various degrees of mental and physical disabilities to engage in physical exercise, and thereby improving their body control, flexibility and balance.

During this outbreak and suspension of day service, outdoor activities and group programs were prohibited. In order to sustain compliance to their individual exercise regime, fellow physiotherapists have developed a fun video-based approach of the 'ITM' execution for the day center users and hostel residents during home/hostel bound days. The 'ITM' is incorporated into the hostel residents' daily schedule as an integral part of dormitory activities. The 'ITM' comprises exercise items tailored for cognitive health, osteogenic and fall prevention as well as body-mind-spirit elements such as mindfulness, Yoga, TCM Meridian and acupoint, and the videotaped training duration is about 15-30 minutes as tolerated.

### Conclusion

Crisis improves bonding. This can be the bonding among citizens, who initiates to reach out and share the basic PPE with the frail, aged and disabled. With joint effort and suitable means, this can also be the bonding between physiotherapists and our service users. May Hong Kong overcome this pandemic soon and every one stay healthy.

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# The Use of Acupuncture in Controlling Blood Pressure in Patient with Muscular Dystrophy

Mr. Yin Kin LEE

Physiotherapist I, Christian Family Service Centre

## Background Information

Limb-girdle muscular dystrophy is a group of diseases that the patients are suffered from weakness and muscle wasting in the arms and legs. Proximal muscles are mostly affected, including shoulders, upper arms, pelvic area and thighs. The disease onset, severity and presentation could be various among patients as there are several forms of the disease caused by mutations in many different genes [1].

## Subjective Examination

Mr. A was diagnosed to have Limb-girdle muscular dystrophy at mid-30s. According to his memory, the onset of symptoms (e.g., easy to fall and lower limbs clumsiness) occurs at his early 20s. He was able to walk but required assistance from one person during his mid-20s to early 30s. His mobility gradually decreases. Starting from late 30s, when it comes to lying to sitting, one assistant was needed. Also, around age 40, he became more sedentary by turning his job into home office. Luckily, he kept doing exercises such as standing and walking with handrail.

After that, he decided to install a hoist at his room for regular standing exercise indoor and started to use continuous positive airway pressure (cPAP) while sleeping in order to tackle obstructive sleep apnea. In fact, his disease progression was quite slow from 2005 to now.

## Major Complaint

His chief complaint was the persistent chronic low back pain with the onset over 8 years ago. The aggravating factor was sitting for about 30 minutes for using computer. He could not find any easing factor at that stage. He relied on the pain patches for pain control and avoided active exercises as he thought he was not allowed to have specific exercises for the lower back. Also, there were ankles pitting edema. In addition, he stated that his blood pressure was quite high.

## Physical Findings

### Range Of Motion

| Joint              | Right            |                      | Left             |                      |
|--------------------|------------------|----------------------|------------------|----------------------|
|                    | AROM             | PROM                 | AROM             | PROM                 |
| Shoulder flexion   | 30,<br>no pain   | 175,<br>no pain      | 30,<br>no pain   | 175,<br>no pain      |
| Elbow              | 0-70,<br>no pain | -5 – 130,<br>no pain | 0-65,<br>no pain | -5 – 130,<br>no pain |
| Fist               | Full             | N/A                  | Full             | N/A                  |
| Hip Flexion        | 45,<br>no pain   | 130,<br>no pain      | 45,<br>no pain   | 130,<br>no pain      |
| Knee               | 0-70,<br>no pain | -5-135,<br>no pain   | 0-70,<br>no pain | -5-135,<br>no pain   |
| Ankle Dorsiflexion | 0,<br>no pain    | 5,<br>no pain        | 0,<br>no pain    | 5,<br>no pain        |

### Muscle Power

|                   | Right | Left |
|-------------------|-------|------|
| Upper Trapezius   | 3-    | 3-   |
| Deltoid           | 1+    | 1+   |
| Biceps brachii    | 2-    | 2-   |
| Triceps brachii   | 1+    | 1+   |
| Fingers extensors | 4     | 4    |
| Fingers flexors   | 4     | 4    |
| Hip Flexors       | 2+    | 2+   |
| Quadriceps        | 2+    | 2+   |
| Tibialis anterior | 2+    | 2+   |
| Gastrocnemius     | 2+    | 2+   |

### Palpation

There was tenderness over the paraspinal muscles in his lower back.

### Sitting posture

Slough sitting with rounded shoulders were found when he was doing his clerical work.

### Standing posture

With hoist, locked knee and sway back were found.

(Continued on Page 12)

## Treatment

The blood pressure of Mr. A was taken at the beginning of each session by an upper arm blood pressure monitor (Model: A&D UA-651SL). The time was around 1630 on that day. During the 10 sessions of acupuncture, once per week for 10 weeks, the targeted tissues included the scalp, both sides of iliotibial bands and calves' muscles.

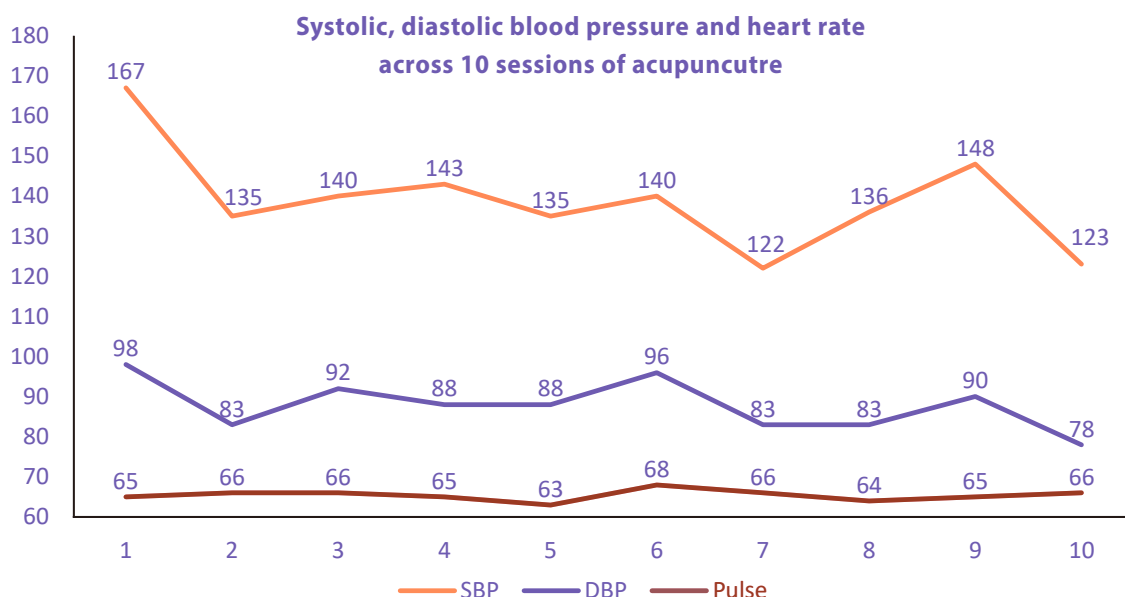
Active exercises prescribed in lying included isometric gluteal maximus, hip-knee flexion and extension, ankle and toes. While active exercises prescribed in standing included isometric scapular retraction and depression, gentle active mobilization

for the lower back and pelvic. He was asked to do the exercises on his own with the main focus on muscles control. No forceful contraction, no trick movement and no pain should be found during the exercises.

## Results

He reported that the low back pain almost subsided in the 10th session and he did not use the pain patch for more than a few weeks.

The diagram below showing the summary of blood pressure and heart rate across 10 sessions of treatments.



## Discussion

At the 9th session, Mr. A just received a phone call from his office. He was furious during the conversation. Because of time constraint in treatment time, the blood pressure was measured after around 5 minutes. This may influence the actual blood pressure in a normal situation.

Generally, there was a decreasing trend for both systolic and diastolic blood pressure. Meanwhile, Mr. A reported that his low back pain was getting better gradually. In one retrospective study, it was

concluded that people with chronic pain have an increased risk of hypertension as the hypothesis claiming that chronic pain causes overlapping in the modulating systems in both pain and blood pressure [2]. Similar finding was shown in Tromsø's study. They have concluded that the increased hypertension risk in the chronic pain population may be linked with chronic pain-related dysfunction in the interaction of cardiovascular-pain modulatory systems [3]. With the presence of noxious stimuli, stable blood pressure is maintained by the homeostatic feedback loop

(Continued on Page 14)

which is thought to be governed by the blood pressure–related hypoalgesia [4]. Several studies showed that blood pressure–related hypoalgesia was diminished or absent for those having chronic pain [5,6]. In addition, impaired blood pressure–related hypoalgesia was reckoned as the cause of reducing baroreceptor sensitivity [7], which is known to be the predictor of hypertension [8,9]. Therefore, the reduction of chronic low back pain in Mr. A may contribute to the decrease in blood pressure in 10 weeks.

In addition, another opinion would be that acupuncture can stimulate the autonomic nervous system, which is crucial in blood pressure regulation. Review studies shows that acupuncture might be beneficial to the autonomic response [10, 11]. The proposed mechanism is related to the nucleus ambiguus located in the ventrolateral division of the hindbrain. It contains the preganglionic parasympathetic vagal motor neurons that regulates autonomic function by releasing acetylcholine [12]. One animal study indicated that some preganglionic vagal neurons were activated in the electroacupuncture group but not the sham electroacupuncture group [13]. It is believed that acupuncture can modulate autonomic function by the activation of nucleus ambiguus [14].

## Conclusion

In short, after 10 sessions of acupuncture and active exercises with the focus on chronic low back pain, Mr. A's blood pressure seemed to be decreased. He was satisfied with the treatment results and changed his mindset towards active exercises. In fact, one of the essential elements in the improvement is his positive mentality. He was 59 years old when he had the acupuncture treatments. He said that he earned more than he thought as the average lifespan of people suffering from Limb-girdle muscular dystrophy was about 59 years. He is now 61 years old. He is welcoming to face any challenges in the coming future.

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Further discussion is welcomed  
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## An Interview with Mr. Sik Hon HO

**Date** : 19 February 2020

**Venue** : Online

**Interviewee** : Mr. Sik Hon HO  
Chief Executive Officer, Dynamic Intelligence; Co

**Interviewers** : Mr. Nicholas TO (BPT Year 3 Student, PolyU) and Mr. Matthew CHUNG (MPT Year 2 student, PolyU)

### Q1

What makes you decide to set up a factory to manufacture surgical masks for Hong Kong people?

### A1

I first began to have this idea before Lunar New Year when I was in Japan for a vacation. I witnessed people snapping up of masks in Japan. I was shocked by the scene and when I came back, HK had already been running out of surgical masks in the market. After looking for the cause of this phenomenon (e.g., was it attributed to insufficient import or panic buying?), I realized that the root cause was due to the fact that HK did not manufacture enough surgical masks locally. A lot of my fellow PT colleagues could not run their business simply due to the lack of masks. I was also very upset by the news that many older people had to queue up at midnight to purchase masks. With a few people sharing the same thoughts, we put our heads together for two to three days and finally were determined that mask manufacturing was feasible and could be achieved shortly in the form of a start-up business. That was how we decided to execute this plan.

### Q2

How did you begin to execute the plan?

### A2

At the beginning, we used three days to do our background research and consult relevant parties, including the Commerce and Economic Development Bureau, Hong Kong Productivity Council, raw materials suppliers and manufacturers. With regarding to doing research, our PT training has benefited me a lot as I could critically appraise different research articles very quickly. After familiarizing ourselves with the composition and standard of surgical masks, we began contacting different parties to look for partnerships.



Left upper corner: Mr. Matthew CHUNG;  
left lower corner: Mr. Sik Hon HO;  
right upper corner: Mr. Nicholas TO;  
right lower corner: Dr. Arnold WONG

### Q3

What were the responses from your friends and the public?

### A3

Before executing the plan, I wrote an article on Facebook to try to gain support and gather ideas. I got a lot of responses from people with different backgrounds and professions. I received more than 2,000 emails and up to 3,000 messages from the Facebook post. Of which most of them were really helpful in terms of the supply of manpower, technology, experience and equipment. We got a lot of supports and even some partnerships were derived from this platform. We also received feedbacks from some experienced manufacturers who expressed their hesitations towards our project, such as the financial sustainability of the business and the difficulties in setting up a factory. However, in my opinion, there are no start-ups without risk and the purpose of our project is to solve problems that the existing manufacturers could not solve.

(Continued on Page 15)

**Q4**

What was the feedback from your donors and the government?

**A4**

The feedback from donors was massive although we didn't accept donation or external funding. In the form of crowd sourcing, I have been receiving all kinds of support, including machinery, raw materials, finance, design, branding, distribution and logistics. On the other hand, the government's response was slow. It took more than a week for the Commerce and Economic Development Bureau to reply us. So far, there are no concrete policy or actions from the government.

**Q5**

Do you actually need government's support? Do you have enough resources so far?

**A5**

Thankfully, the resources gathered at first were more than enough. There was even a surplus of financial resources due to numerous supports from different HK people. However, we do not want our shareholders to be too diverse as it may slow down our decision process. Therefore, we declined many investors. Nevertheless, we would still be very glad if the government could sponsor us. If some forms of subsidy did come, I would like to view it as a form of recognition or endorsement, which will certainly provide our team with more incentive to strive better. As surgical masks will a healthcare product, the endorsement of the government will certainly make a huge difference.

**Q6**

What is your current progress?

**A6**

Manpower, machinery and raw materials are ready. We are constructing our cleanroom that will meet ISO 100,000 or even 10,000 standard.

**Q7**

When will the manufacturing start?

**A7**

April will be tentative month if we are lucky enough. There are many uncertainties at the moment. The raw materials of surgical masks have become important strategic resources among countries and there could be many hindrances in the export of these raw materials. The government's policy changes rapidly these days. This also makes our timeline hard to predict.

**Q8**

How many similar manufacturers are there in Hong Kong?

**A8**

Before Lunar Chinese New Year, there were only 3-4 of them. Today, I believe there are around 20. It seems to be a big number but if you assume that each of them has two production lines and each production line can manufacture 80,000 masks per day. Only 3.2 millions masks can be produced every day, which still cannot meet the demand in HK if the epidemic persists.

**Q9**

What would be the price of your masks?

**A9**

Our original intention is to help HK people. We will set the price of our masks to be the same as the price before the outbreak of COVID-19. To achieve this, there are two ways: (1) to find charities that are willing to subsidize our business; or (2) to control our costs and increase our capacity and efficiency. We choose the latter as we think this is a more sustainable approach in long-term.

**Q10**

In the long run, will you develop other products aside from surgical masks?

**A10**

Yes, but not for now. We would like to focus on mastering the craft of surgical mask manufacturing at this stage as we are still learning.

## *Do COVID-19 Patients Owe a Duty of Care to Physiotherapists?*

**Mr. Bronco BUT**

Honorary Legal Advisor of HKPA

### **Assumed Scenario**

Mary was a Part I registered physiotherapist. She operated a private physiotherapy clinic in Central. In view of the outbreak of Covid-19, she had taken precautionary measures to prevent patients who were suspected to contract Covid-19 from attending her clinic for receiving physiotherapy treatment. All patients coming to her clinic for treatment would have their body temperature checked. Furthermore, they would be required to fill in a declaration form declaring whether they had overseas travel history in the preceding 14 days and whether they had close contacts with person(s) confirmed to have contracted Covid-19.

On 3 March 2020, a new patient named Angela (aged 30) came to Mary's clinic to have physiotherapy treatment to her sprained wrist. Angela filled in the health declaration form declaring that she had no overseas travel history in the preceding 14 days and that she had no close contacts with any person confirmed to have contracted Covid-19. Angela's body temperature did not indicate that she had a fever. Mary saw Angela and confirmed with her once again the contents of the health declaration form. Angela confirmed that the contents of the health declaration form were true and correct. In view of her health declaration form and normal body temperature, Mary examined Angela's right wrist, took her history of right wrist injury and provided treatment to her wrist. The physiotherapy treatment lasted for about 45 minutes.

Unknown to Mary, Angela had overseas travel history to Italy with Mr. Chan, a married man in the preceding 14 days. Angela did not divulge in the health declaration form that she had overseas

travel history because she did not want anyone including her husband, Mr. Lam to know that she had a secret extra marital affairs with a married man, Mr. Chan who was confirmed to have contracted Covid-19 on 2 March 2020. Mr Chan did not divulge to the Centre for Health Protection ("the CHP") that he and Angela travelled together to Italy because he did not wish his wife to know that he had a secret extra marital affairs with Angela, a married woman.

In the evening of 3 March 2020, Angela developed high fever and symptoms of Covid-19. She went to the Accident & Emergency Department of a public hospital and was diagnosed to have contracted Covid-19. Angela was concerned that her young daughter (aged 2) would get infected with Covid-19. In order to protect her young daughter, she divulged to her treating doctor that she had travelled with her secret boy friend, Mr Chan to Italy and that she had attended Mary's physiotherapy clinic for treatment on 3 March 2020.

The CHP informed Mary that one of her patients, Angela was confirmed to have contracted Covid-19. As Mary and her two assistants were classified as persons with close contacts with the infected patient, they were sent to the designated quarantine centre for 14 days' quarantine. Mary's physiotherapy clinic was forced to close down for 14 days. Unfortunately, Mary and her assistants also developed high fever a few days later and were confirmed to have contracted Covid-19.

Mary was infuriated and asked her lawyer over the phone whether she could sue Angela for damages.

Could Mary sue Angela for negligence? Do

*(Continued on Page 17)*

Covid-19 patients owe a duty of care to their treating physiotherapists?

The law of negligence in the leading case of *Donoghue v Stevenson* states that a man owes a duty of care to his neighbor, who is a person so closely and directly affected by the man's acts that it is reasonably foreseeable that the man's acts would affect his neighbor. Developments in the law of negligence show that mere reasonable foreseeability is insufficient to prove a duty of care and it has to be further established that the circumstances link the defendant with the plaintiff in some special way.

Angela and Mary are in a sufficiently close relationship as they are in a contractual relationship. Angela was an invisible Covid-19 patient when she visited Mary's physiotherapy clinic. Mary carried on the treatment with Angela, and it was reasonably foreseeable that Angela would spread Covid-19 virus to Mary if Angela herself was an asymptomatic carrier of virus. Hence, Angela had a duty of care to Mary.

To ascertain whether Angela breached her duty of care to Mary, it is necessary to determine whether Angela acted up to the standard of a reasonable person. With such close contact, it was very likely that Mary would be infected of Covid-19 if Angela was indeed an asymptomatic carrier of the Covid virus. Besides, having contracted Covid-19 virus would cause significant injury. Even though Angela was not aware that she was an asymptomatic

carrier of Covid-19 virus, it was easy for her to take steps to avoid transmitting Covid-19 virus to Mary – Angela simply refrained from going to Mary's clinic at all in the first place. Hence, Angela failed to act up to the standard of a reasonable person and she breached her duty of care to Mary.

Applying the but-for test, if Angela had not gone to Mary's physiotherapy clinic, Mary would not have contracted Covid-19 virus. More specifically, if Angela had been honest and revealed her overseas travel history, Mary would have refused to carry out the treatment on her – subsequently there would not have been close contact between Mary and Angela and Mary would not be infected with Covid-19 virus. There are no intervening acts, so Angela's breach of duty is a factually necessary condition that led to Mary's infection of Covid-19. Hence Angela's negligence caused Mary's infection of Covid-19.

## Conclusion

In the event of occurrence of similar unfortunate incident to physiotherapists, nurses, doctors or other medical staff, the above analysis might be helpful to determine whether medical staff had a prima facie case of negligence claim against those selfish and reckless patients who provided misleading information to medical staff during pandemic

The circumstances of each case are different. It is always advisable to seek legal advice so as to protect one's interests in the event of occurrence of unfortunate incident.

## CPD News

*Enquiry of CPD News and Activities*

*Please Visit*

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

## A Recent Survey on Surgical Mask Usage and Storage in the Private Physiotherapy Sector

**Time** : Late January to early February 2020

**Physiotherapists** : Private Physiotherapist Workgroup

The Private Physiotherapist Workgroup launched an online survey between the late January to early February to collect the information regarding the amount of surgical mask storage in private physiotherapy clinics. The survey was posted on the HKPA Facebook page. A total of 48 responses were received encompassing the feedback from 196 physiotherapists and over 200 physiotherapy assistants (some clinics have multiple physiotherapy-related staff). The results showed that the estimated daily consumption of surgical masks in the private sector was approximately 700. It was estimated that the existing surgical mask storage in the private sector at that moment would only last for 3 to 4 weeks if no supply was available.

## Ming Pao Article on Rehabilitation Robotics 鍛煉深層武器護腰

**Date** : 2 February 2020

**Physiotherapist** : Mr. Chun Fung TSANG

Mr. TSANG shared the knowledge regarding the use of rehabilitation robotic (including exoskeleton) to improve the clinical outcomes of stroke patients.

穿戴式機械裝置 訓練療效大 化身鐵甲奇俠 加速中風復健

2020年2月3日 中國、地理治療、康復器材、機械、康復器材、機械人、中國研發、曾毅輝

f t w h i n e l i n e



(作者提供)

## Donation of Surgical Masks to Sik Sik Yuen

**Date** : 27 February 2020

**Venue** : Sik Sik Yuen Head Office

**Physiotherapist** : Prof. Marco PANG

The HKPA donated a total of 1,000 surgical masks to Sik Sik Yuen. They can then distribute the masks to the elderly living in the old age homes under their management, and also the frontline staff in these homes.





## *Donation of Sanitizers to Hong Kong Blind Union and Interview by TVB “東張西望”*

**Date** : 28 February 2020  
**Venue** : HKPA Premises  
**Physiotherapists** : Prof. Marco PANG and Mr. Will WONG

The HKPA donated a total of 110 bottles of sanitizers to the Hong Kong Blind Union. This activity also attracted the attention of the media. Prof. PANG was interviewed by TVB, which was broadcasted in the program “東張西望” on 28 Feb 2020.



## *Donation of Masks to the Direction Association of the Handicapped (路向四肢傷殘人士協會)*

**Date** : 29 February 2020  
**Venue** : HKPA Premises  
**Physiotherapist** : Prof. Marco PANG

The HKPA donated a total of 1,000 surgical masks to the Direction Association of the Handicapped (路向四肢傷殘人士協會) so that they can then distribute the masks to the people with disability in need.



## Donation of Surgical Masks to Older Adults

**Date** : 29 February 2020  
**Venue** : HKPA Premises, Kwun Tong District  
**Physiotherapists** : Prof. Marco PANG, Mr. Gorman NGAI, Mr. Will WONG, Mr. Freddy LAM, Dr. Anthony KWOK, Mr. Sam WAN, Dr. Ivan SU, and student volunteers (Miss Fion CHEUNG, Miss Flora KO, Mr. Jeffrey MAN, Mr. Jeff NG, Miss Venus WONG, Mr. Sunny WONG, Mr. Brentan YAU)

The HKPA successfully completed the free distribution of 1,500 adult masks (5 per person) and exercise leaflets to senior citizens aged 65 or above in the morning of 29 Feb 2020 at the HKPA premises in Jordan.



We also took the initiative to contact and distribute to the elderly and people in need in Kwun Tong District (Wo Lok Estate, Tsui Ping Estate, Shui Wo Street Market) in the afternoon on 29 Feb 2020. Kwun Tong District was chosen because the proportion of older adults was one of the greatest, and the socioeconomic status was one of the lowest among all districts in Hong Kong. We were able to distribute 1,500 adult masks free of charge (5 masks per person) together with exercise leaflets to senior citizens aged 65 or above. By entering the community, it was a very effective way to reach the needy.





## Ming Pao Article on Technology and Rehabilitation 卧牀坐輪椅都可訓練 電激懸吊 重拾走動能力

**Date** : 9 March 2020

**Physiotherapist** : Mr. Pak Kei CHIN

Mr. CHIN shared the knowledge regarding the latest application of rehabilitation technology in the rehabilitation of patients with central nervous system disorders or spinal cord injury.



## Online Ordering of Discounted Surgical Masks for HKPA Members

**Date** : 6 to 10 March 2020

At the crucial moment amidst the battle against the coronavirus disease (COVID-19), the HKPA was able to acquire 100 boxes of masks for our members. Each HKPA member is eligible for purchasing a maximum of 1 box of masks (50 masks in each box) at the price of HKD80 (which is equivalent to less than 40% of the original price). As there were over 400 applications, a random draw was performed to determine the successful applicants. We would like to thank Dr. Ivan SU for identifying the source of the masks, Mr. Sam WAN for creating the online application platform and administrative support, Dr. Billy SO for verifying the membership status of applicants, Mr. Alexander WOO for sending out notifications to members, and Ms. May CHAN and Mr. Kelvin KWAN for their help in distributing the masks to the successful applicants.





شركة باسلامة المتطورة المحدودة  
BASALAMAH Co. Ltd

**SPECIFICATION SHEET**  
270-4000



**DISPOSABLE FACE MASK**

- Pleated style with ear loops
- High filtration efficiency for protection in many environments
- 3 ply construction
- Bacterial Filter Efficiency (BFE) 99%
- Low breathing resistance
- Latex free and hypo-allergenic
- Adjustable nose clip

**APPLICATIONS**

- Medical
- Industrial

**TECHNICAL DATA**

|                 |                                        |
|-----------------|----------------------------------------|
| MATERIAL        | Polyester / Polypropylene              |
| COLOR           | White / Blue                           |
| USES            | One time                               |
| PACKAGING       | 50 masks per box, 40 boxes per case    |
| CASE DIMENSIONS | 35.3" x 15" x 12" / 90cm x 38cm x 30cm |
| CASE WEIGHT     | 12 kg / 26 kg                          |
| STD             | China                                  |



## Self-Reflection of PT Students Following the HKPA Voluntary Mask Distribution Event

### Mr. Brentan YAU

The mask distribution last week provided me an opportunity to walk into the society and identify those in need. One important thing I learnt in this activity is approaching the unapproachable. As a future healthcare professional, we take a large role in promoting public health awareness. 'Approach the unapproachable' may be the key to determine how deep health messages can spread. In this panic period when people are searching for masks everywhere or discussing the quality of a mask, the elderly and the underprivileged may be those who do not even have a mask to leave home. Even so, they still try to go to market every day without a mask, not because of their courage, but their daily needs. It is hoped that the masks we distributed really help the needy.



Mr. Brentan YAU



Mr. Sunny WONG

### Mr. Sunny WONG

Under the outbreak of the coronavirus epidemic, with relatively weaker body health, elderly is the most vulnerable group. Joining this mask distributing activity, I could reach out to the needy and get to know the real situation of the mask shortage among this population. Seeing their thankful faces upon receiving the masks, I felt that the activity is very meaningful. In the future, as a healthcare professional, I hope I can fulfill such social responsibilities as a physiotherapist.

### Mr. Jeffrey MAN

The situation we experienced demonstrated the shortage of protective gears among the public, not to mention those who are immobile to a different extent. It is barely possible for them to queue for a long time to buy a mask. Moreover, elderly could not buy the masks online as most of them are not familiar with social media.

Services could be done in different ways, such as delivering the service in a fixed location or taking a step forward to do an outreach service. It might consume more manpower and resources to go out, however, I observed the fact that this way might benefit more people and could reach to those who require more help. This reminds me that we should always bear in mind that we have to always keep ourselves active and take a step further.



Mr. Jeffrey MAN

### Ms. Fion CHEUNG



Ms. Fion CHEUNG

What a wonderful weekend spent with HKPA! This was a perfect opportunity for us to "reach the unreachable". Many of the elderly who received our goodie pack lack financial ability and knowledge in sanitary and disease prevention.

I almost forgot the feeling of joining a service activity, due to cancellation of many recently. When I see the smiles on people's faces, it was truly the best gift for me during this epidemic. This is one of the most direct way to help our community. I cannot be more grateful, when I hear people say nice words like "thank you" and "take care".

This is my first encounter with HKPA, and it's a meaningful and rewarding one. Thank you HKPA for inviting us to be part of this wonderful campaign. I am inspired by your passion to giving back to the society, and I wish you good health and everlasting joy.

### Ms. Venus WONG

There are always more needy in the society than we think. Taking a step further and reach the unreachable groups allow me to realize and understand their distress under the pneumonia epidemic. They may not be able to purchase masks online or queuing for hours with their physical health. Due to different reasons, they may hardly get enough protective gears. Participating in this mask distributing activity, we are giving a chance to reach our helpful hands to whom in need and which reminds me to think more in comprehensive perspective.



Ms. Venus WONG

# THE HONG KONG POLYTECHNIC UNIVERSITY

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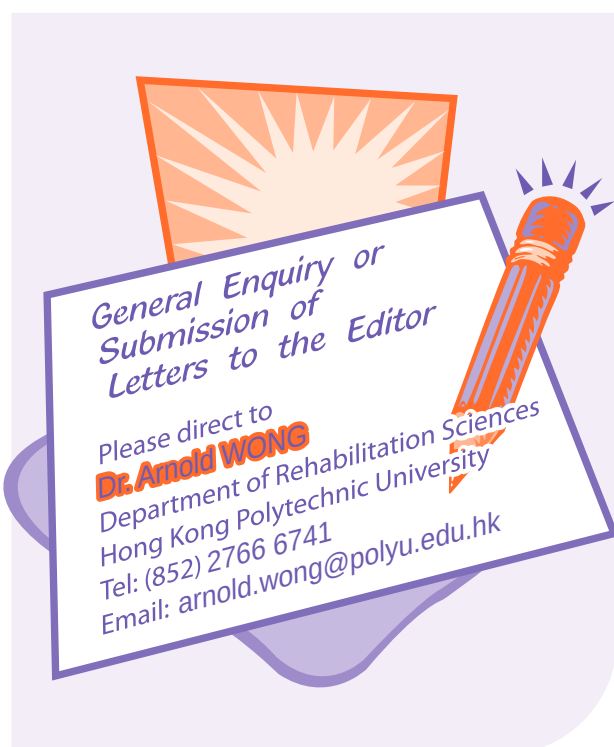
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