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Editorial

Impact of COVID-19 on Physiotherapy Services

Dr. Tiffany CHOI and Ms. Christine NG

The COVID-19 pandemic is undoubtedly an unprecedented global crisis. Since its first identification, it has quickly become a Public Health Emergency of International Concern in about a month and was recognized by the World Health Organization as a pandemic in March 2020. As of September 2020, more than 30 million cases have been reported, resulting in close to a million deaths across the globe.

The pandemic in general is not merely a serious public health concern, rather it has triggered disastrous socio-economic crises globally. Its impact is on all fronts and physiotherapy, being one of the health care professions, is no exception. The pandemic has brought many changes in our practice and our services. Amid these difficult times, we see the more frequent use of technology in the delivery of Physiotherapy services. We also witness various adaptations in our daily practice.

In this issue, we are delighted to have Ms. Mandy LEUNG, a physiotherapist from Shatin Hospital, to share her experience on the use of telecommunication technologies to remotely provide health care information and services. Private clinics do not have as much resources as public hospitals and the pandemic has posed a major challenge to some private practitioners. A private physiotherapist, Mr. Kenneth AU YEUNG, tells us his easy-to-follow infection control "3-touching-moment" guidelines and how to implement telehealth into his clinical practice.

On the lighter side of this issue, we have an interview done by two Year 2 physiotherapy students, Aiden and Elton, from The Hong Kong Polytechnic University. They talked to the Director of District Health Centre Team, Food and Health Bureau, Mr. Jimmy WU, who generously shared his career journey from a physiotherapy student to a successful leader of Allied Health and District Health Centre Team.

Stay safe and enjoy reading.

Physiotherapy Tele-Rehabilitation in Geriatric Day Hospital at Shatin Hospital

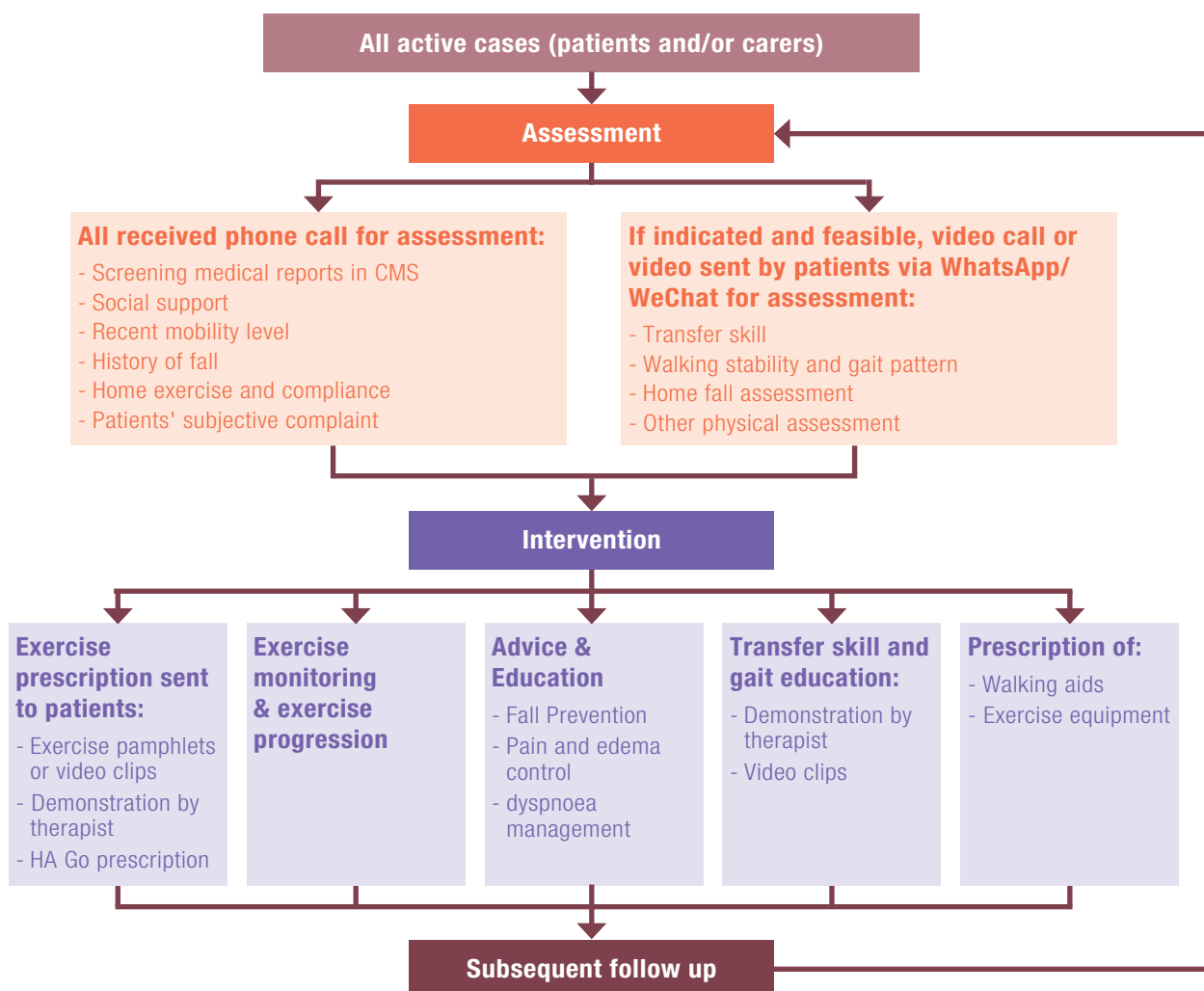
Ms. Mandy Hong Ching LEUNG
Physiotherapist, Shatin Hospital

The past few months was undoubtedly unprecedented and difficult for all of us. At the rehabilitation day hospital setting, we faced various challenges of providing patient care amid this epidemic. Before the outbreak of COVID-19, the Shatin Hospital Geriatric Day Hospital (GDH) provided day rehabilitation training to patients, mainly elderly. The conventional service model of the GDH constituted a thorough initial assessment with patients and carers, an 8-12 weeks' structured exercise training, periodic progress review and multi-disciplinary case conferences. However, starting from February 2020, non-emergency service in the Hospital Authority has been curtailed in order to enhance resource allocation and reduce the chance of cross infection. Thus, patients could not receive physical training at GDH like what they did before. In light of the barrier of providing patient

care through face-to-face contact, a new mode of service was put into implementation in GDH at Shatin Hospital: Tele-rehabilitation.

Tele-rehabilitation, a branch of tele-medicine, refers to the use of telecommunication, by either direct video or audio, to deliver rehabilitative interventions. This allows provision of rehabilitation services across geographic, time, social and cultural barriers. During the suspension of conventional GDH training, all existing patients were provided with tele-rehabilitation as a complementary service in multi-disciplinary approach. In respect of Physiotherapy, the following workflow was formulated in Shatin Hospital GDH with regard to the Allied Health Tele-Care Operation Guide endorsed by HA Head Office.

Workflow of PT tele-care service in GDH during COVID-19 outbreak



(Continued on Page 3)

Considering patients' privacy and autonomy, each session is commenced with the checking of patient identity and the acquirement of patient's verbal consent to the tele-rehabilitation programme. Patients are then provided with the tele-rehabilitation service which consists of three components: tele-assessment, tele-intervention and tele-monitoring.

In tele-assessment, patients are initially asked about their active complaint, recent mobility, history of fall, availability of carer and technological support. When more advanced communication means are possible, an array of assessments can be done, including indoor/outdoor mobility, limbs function, carers' skills, home environment and fall risk screening. They can either be conducted through videotaping by carers, or real-time video call under safe condition. With the aid of these assessment tools, Physiotherapists are able to have a clear picture of the patients' conditions and will be allowed to conduct examinations despite the time and geographic constraints.

After identification of patients' active problems in the assessment, Physiotherapists will deliver interventions via remote platforms. Such interventions include distribution of electronic educational pamphlets, demonstration of caring skills through videos and remote home exercise prescription. Recent development of a mobile platform by the Hospital Authority - "HA Go" – has greatly facilitated the prescription and monitoring of home exercise of the patients, in which the patients are able to access videos of exercise as prescribed by Physiotherapists on their own smartphones, and they are reminded to perform the exercise by daily notifications. Apart from home exercise programme, carer empowerment is also an essential component in the GDH tele-rehabilitation. Physiotherapists give advice on fall prevention and caring techniques based on a patient's unique home environment and resources. The patients and carers then demonstrate their performance and amendments via smart platforms, and feedback can be given by Physiotherapists. This interactive communication supports better coping of patients and carers in the community, and Physiotherapists can build good rapport with them.

Continuous monitoring of patients' conditions is reinforced by tele-rehabilitation. For instance, Physiotherapists monitor exercise adherence by the compliance rate shown in the HA Go App. Patients' exercise performance is inspected via video call, and patients' home environment is assessed through photos. It allows effective and individualized delivery

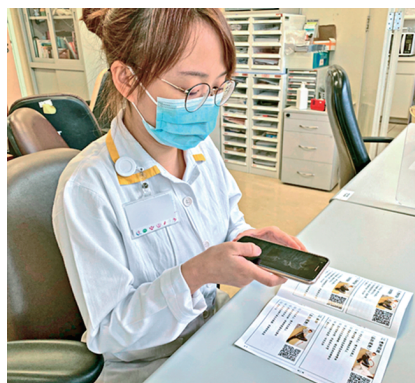
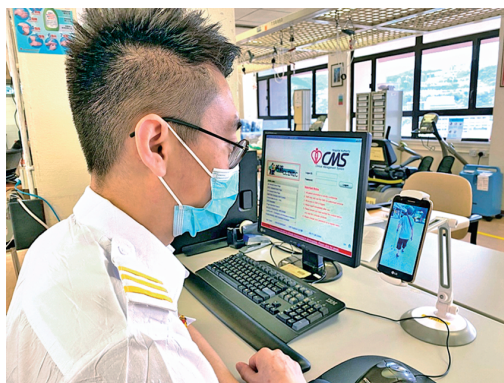
of rehabilitative interventions and ensures the safety of exercise administration.

The pilot run of tele-rehabilitation in Shatin Hospital GDH has demonstrated positive results. During 9/3/2020 to 3/7/2020, a total of 144 patients received tele-rehabilitation sessions. By comparing the outcomes taken before the suspension and after re-opening of GDH, patients were shown to have significant improvement in functional mobility, balance and walking endurance. Moreover, there was high level of appreciation with our service, with 98% of patients agreed to the usefulness of tele-rehabilitation and 100% of patients being satisfied with our service. In short, the pilot run has had a good start.

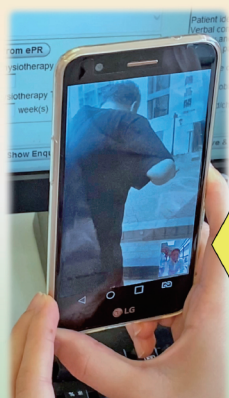
To take a further step, a new scheme targeted on stroke patients, coined "Get-To-Start", was launched in mid-August 2020 with the collaboration of the inpatient and GDH teams in Shatin Hospital. First, inpatient Medical & Geriatric teams conduct a screening and make referrals of stroke cases with high rehabilitation potential and need. Patients screened in for the scheme are escorted to GDH on the day of their discharge. A face-to-face initial physical assessment is then conducted. Recruited patients are subsequently followed up by tele-rehabilitation service. This scheme not only provides necessary post-discharge care, but also bridges the service gap during the suspension of GDH, thus hastening the patients' track of rehabilitation journey.

To conclude, tele-rehabilitation is a feasible and valuable mode of service delivery. It allows continuity of care disregarding the physical boundaries and improves service quality and efficiency. Not only can it save patients' and carers' travelling time, but it also reinforces the communication with patients and carers. However, there are still some shortcomings of tele-rehabilitation. First, effective delivery of tele-rehabilitative interventions depends on patients' technological and social support. Although there are quite a number of elderly patients who are able to use smartphones (we had a 86-year-old lady being able to receive video calls alone at home!), majority of our elderly patients have difficulties in accessing tele-communicative means. Furthermore, comprehensiveness of assessment and effectiveness of interventions in tele-rehabilitation are hindered by the lack of Physiotherapists' manual facilitation and advanced equipment. Despite its limitations, tele-rehabilitation is still a good adjunct to conventional training and it definitely deserves more contemplation on its integration into our usual practice.

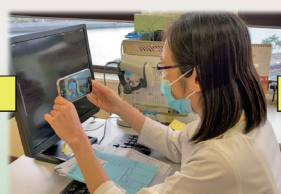
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Physiotherapy Assessment Real-time Video Calls with Patients/ Carers



Assessment under
safe condition



Functional Assessment -
Indoor/Outdoor Mobility

Physical Assessment -
Limbs Function

Physiotherapy Intervention Home Exercise Prescription



Electronic
Educational Pamphlets

Video Clips

HA Go
Prescription

Private physiotherapy under the Impact of COVID-19 in Hong Kong

Mr. Kenneth AU-YEUNG
Private Practice

COVID-19 has changed the lifestyle and habits of everyone in Hong Kong. At the time of writing, Hong Kong is experiencing the third wave of coronavirus infections with a record of new daily high cases, many of which with unknown source of infection. Surgical masks have become one of our daily necessities in life. Every one of us needs to practise proper hand hygiene and pay more attention to environmental and personal hygiene. Social distancing is a requirement to prevent spread of the infection.

As private practitioners, we encounter different patients every day. Our services were inevitably being affected. Many new patients avoid coming for physiotherapy treatment and choose to stay at home, but there are still some of the old cases who want to continue their treatment to preserve the previous treatment effect. This article is to share, as a private practitioner, what strategy our centres took to balance the threat of COVID-19 outbreak and provide services to our patients.

Preparations and Arrangements during the Pandemic

Private clinics do not have much resources like the Hospital Authority. Resource has become a huge challenge for us. However, the advantage of private clinics facing the pandemic is that we are able to make decision in a speedy and very flexible way. At the beginning of the pandemic, all our staff tried their best to source masks from overseas via the Internet, from Indonesia, Brazil and even Israel. Luckily, we managed to order enough masks for our staff in late January and we even distributed close to 3,000 masks to those in need in February. Fortunately, the Food and Health Bureau has supported us by allocating surgical masks to private physiotherapy practitioners via our professional bodies in May to relieve our pressure.



Apart from sourcing protective equipment for staff, we also need to provide guidelines for staff to follow. These guidelines have to be simple and easy to follow. We have established the “3T” guidelines. We suggest staff to wash hands or use hand sanitizer at 3 touching moments (3T):

before touching a patient, after touching a patient, after touching patient surroundings.



Like many other organizations, we have increased the frequency of disinfection and maintain good environmental hygiene of the clinic. We monitor patients' body temperature once they enter our clinics. We basically follow the FTOCC (Fever, Travel, Occupation, Contact, Clustering) principle of the Centre for Health Protection^[1]. The difference is that we must tell our patients what measures we have implemented to gain their confidence via different ways, e.g. social media, email, whatsapp, etc. We distribute news and health advice on the prevention of COVID-19 to patients who stay at home and avoid coming for treatment continuously to maintain the good rapport with them and educate them how to protect themselves from COVID-19.

Tele Rehabilitation

As private practitioners, we have to respond to the market quickly and timely. Although we used to have online basic consultation function, the enquiries were responded by our clinic assistants via messenger and that is not enough to meet the market needed in the pandemic condition. Thus, we have implemented telehealth physiotherapy via Zoom. Telehealth physiotherapy aims at overcoming barriers (e.g. social distancing) and provides adequate access to healthcare services and interventions. Evidence shows telehealth is effective and comparable to conventional methods of healthcare delivery for improving musculoskeletal function and pain^[2].

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However, telehealth has its limitations. We mainly focus on subjective examination for new cases or follow up cases with stable conditions. Telehealth includes a series of questions and movements to help provide a provisional diagnosis. We have to explain to the patients clearly that accurate physical diagnosis has to be made after physical assessment in our clinic. For cases with stable conditions, these patients are advised on the best way to self-manage the condition through a bespoke exercise program. Follow-up appointments are arranged as necessary to monitor progress and provide further advice. Early physiotherapy intervention on musculoskeletal disorders can prevent acute conditions from becoming chronic. We are obligated to educate patients how to manage the condition by themselves in such pandemic.

Delivering health talk is one of our scope of service in the private sector. We also inevitably must change our way to deliver it. Many health talks have been suspended or called off. But some organizations still want to have health talks by physiotherapists educating them how to keep healthy and exercise when staying at home. Thus, we have spent double effort to prepare the PowerPoint and exercise program via Zoom. We have delivered more than 10 talks in such a way so far. It inspired us a new way to educate the public health knowledge despite physical boundaries.

Remote service has become a new trend against the backdrop of the epidemic. Hong Kong Government has launched the Distance Business (D-Biz) Programme to

support enterprises to adopt IT solutions to continue their business and services during the epidemic. One of the funding scopes aims at helping clinics to adopt online consultation. I suggest our fellow private practitioners may consider applying to upgrade services including e-shop, online booking system, etc.

Conclusion

Although the risk of exposure to COVID-19 for private practitioners is not as high as colleagues who work in HA respiratory team. We should still spare no effort to maintain the good hygiene of ourselves and our workplaces. I think private practitioners should adapt to changes and review from time to time how to meet the public need. May Hong Kong overcome the pandemic soon and everyone stay healthy.

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Announcement

Acupuncture and Integrative Medicine Specialty Group

HKPA

Acupuncture and Integrative Medicine Specialty Group Biennial General Meeting was held on 15 September 2020. The new Executive Committee of AIMSG in the year of 2020-2022 was elected.

The new Executive Committee members and their post are listed below:

Post	Name	Working Place
Chairperson	Mr. Eric Y.T. LAW	Private
Vice-chairpersons	Mr. Ben B. CHAN	QEH
	Ms. Yvonne P. LAM	UCH
Secretaries	Mrs. May M.Y. CHEUNG	Private
	Ms. Rebecca M.P. NGAI	DTRC
	Ms. Michelle T.K. CHUNG	QEH
Treasurer	Ms. Frances S.M. LAW	CCH
Education Officers	Mr. Kenny C.C. YUEN	Private
	Mr. Derek K.H. YEUNG	Private
IT Officer	Mr. Derek K.H. YEUNG	Private
Public Relation Officer	Ms. Ada S.K. TSUI	BH
Liaison Officer	Mr. Kerry W.Y. FUNG	Private

Physiotherapy for Dementia

Ms. Angel Oi Ping CHAN

The Salvation Army Paramedical Service Supervisor

Dementia is a syndrome with progressive brain damages resulting in diverse physical and intellectual disabilities, various degrees of emotional and behavioral problems (e.g. confusion and disordered communication, moody temper or depression, lack of concentration to follow guidance and instructions, etc.), as well as significant physical deconditioning even with regular exercise regime. The elderly with dementia may also have various pain problems due to physiological deteriorations and/or psychological deficits. According to the Hospital Authority, the estimated prevalence of dementia in Hong Kong is between 5% and 8% among people aged over 65 years, and 20%-30% among those aged over 80 years^[1]. Another study published in 2012 estimated that approximately 11% of the people aged 60 years and above would have dementia in 2039. These figures are considerably higher than the corresponding figures of 8.4% in 2009^[2]. Since there is no definite cure for this progressive chronic illness, physiotherapy should be one of the very important treatments for improving the mobility and physical functioning, as well as providing support and education to the elderly with dementia and their caregivers to optimize their well-being and quality of life.

Physiotherapists frequently collaborate with medical and health professionals, and also social workers in a multidisciplinary team to assess, review, and evaluate the tailor-made care and treatment plan for clients. If we identify some older people with dementia who refuse to receive treatments (most of them are moody and lack of motivation for treatments and exercise), the case management cycle of assessments, reviews and evaluations would repeat itself until a better modified "tailor-made" treatment program is designed. Nevertheless, this leads to a series of questions. For example, what is the meaning of "tailor-made" treatment plan and program? To what extent should we involve our elderly in the process of tailor-made treatments? In addition to physical assessments, have we explored what our older clients want? Certainly, we have been trying our best to motivate our older clients with short attention span to do exercise and receive therapies. However, this is normally happened after treatment planning and we should encourage them to be back on track of the treatments despite of this.

The Salvation Army envisions the creation of a life worth living environment for our elderly clients through enhancing opportunities for companionship, usefulness, spontaneity and variety to tackle loneliness, boredom and helplessness in the care setting. We have experienced a new elderly centered care philosophy with innovative perspective and paradigms focusing on a constructive care culture of "home" where the

elderly direct their own lives. This is The Eden Alternative® which emphasizes on the care of the human spirit as well as the care of the human body. The following is how we incorporate this caring model into our physiotherapy dementia care program.

The Eden Alternative® Principles

There are 10 Principles of The Eden Alternative®:

1. The three plagues of **loneliness, helplessness, and boredom** account for the bulk of suffering among our Elders.
2. An Elder-centered community commits to creating a human habitat where life revolves around close and continuing contacts with **people of all ages and abilities**, as well as **plants** and animals. These relationships provide the young and the old alike with a pathway to a life worth living.
3. **Loving companionship** is the antidote to loneliness. Elders deserve easy access to human and animal companionship.
4. An Elder-centered community creates **opportunity to give as well as receive care**. This is the antidote to helplessness.
5. An Elder-centered community imbues daily life with **variety and spontaneity** by creating an environment in which unexpected and unpredictable interactions and happenings can take place. This is the antidote to boredom.
6. Meaningless activity corrodes the human spirit. The opportunity to **do things that we find meaningful** is essential to human health.
7. Medical treatment should be the **servant** of genuine human caring, never its **master**.
8. An Elder-centered community honors its Elders by de-emphasizing top-down, bureaucratic authority, and instead, seeking to place **the maximum possible decision-making** authority into the hands of the Elders or those closest to them.
9. Creating an Elder-centered community is a **never-ending process**. Human growth must never be separated from human life.
10. **Wise leadership** is the lifeblood of any struggle against the three plagues. For it, **there can be no substitute**.

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In other words, whenever we provide physiotherapy to our elderly with dementia, we aim at improving their well-being by transforming the communities in which they live. The therapeutic programs are developed with ideas of innovation, empowerment and passion. As such, we start to liaise with the elderly, care staff, family relatives and even the community partners in order to design and implement a really "tailor-made" physiotherapy program to the elderly.

Mr. T is an elderly diagnosed with dementia, mild stroke and moderate depression who needs constant residential home care services. When he was a newcomer in the elderly home, he showed hostility to people and tried to attack those approached him. He had limited cognitive function to communicate clearly with the home staff, yet we could still read his mind and meaning with patience, care and concern. Although our physiotherapists had tried very hard to explain to him about his physical capacity and the physiotherapy care plan, he still refused all the prescribed exercise and treatments. Traditionally, a course of anti-depressants became one of the alternatives.

Eventually, The Eden Alternative® treatment approach was piloted in our practice. Gradually everything went differently. In particular, he accepted our invitation to sit in the case conference with our caring team that consisted of health care professionals, social work professionals, frontline care workers and family relatives. Having obtained the consent of Mr. T and his family, his roommate, who was one of his driving forces, was invited to join. At first, he was irritated and refused to talk, and shared that he disliked exercise. To his surprise, his exercise therapy was suspended for some sessions and he was invited to be the audience in the gym room. In the case conference, he openly shared his worries and revealed that he did not want to miss his wife's visit in case he stayed in the gym room. Furthermore, he did not want to bother others. With the joint efforts of physiotherapist and social workers, he was willing to try simple exercise with passive bike for his lower limbs and reciprocal pulley for his upper limbs. After approximately two to three months, he had got used to his new gym schedule without any hesitation. His mood has become relatively stable. Finally, he has stopped his anti-depressant regime. He was happy to take part in the whole care program and demonstrated significant improvement in his mobility through practice of assisted walking with a rollator.

The Eden Alternative® not only eliminates loneliness, boredom and helplessness of our elderly, but also enlarges the capacity of care partners by diversified supports and training. All elderly people, including those with memory loss, can enjoy meaningful therapy and exercise positive influence in their lives.



Case Conference with Our Elderly

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An Interview with Mr. Jimmy WU

Date : 15 June 2020

Venue : Video Conferencing via Zoom

Interviewee : Mr. Jimmy WU
Director of District Health Centre Team, Food and Health Bureau

Interviewers : Mr. Aiden MA and Mr. Elton LEUNG
BSc (Hons) Physiotherapy Year 2 students

Q1

What are the most interesting or unforgettable things when you were a physiotherapy student?

A1

I really miss the warm and happy "PolyU days". Life was simple but full of fun. We did not have many facilities and equipment. Almost all of our activities were taken place in a small room located on a floor of current library building, in which we had physiotherapy lectures and practical sessions. The same room was also used as male and female changing room! I still remember vividly that I had my first clinical attachment at Kowloon Hospital when I was a year 1 physiotherapy student. We were asked to 'persuade' long-term hospital stay wheelchair-bound patients to participate archery lesson on Saturday morning. Yet, it was hard to motivate them to go... In the field, our key role was just picking up arrows from missed shots and giving arrows back to the archers. At that moment, I wondered why I needed to do this instead of providing physiotherapy treatments to them. Years later, I started to realize such simple on-field service – "picking up arrows by physiotherapist", could be no less important than other sophisticated physiotherapy treatments. This is an important element and emphasis of Holistic Patient-Centered Care.

Q2

Can you share with us how to transform yourself from a physiotherapist student to the leader of Allied Health Team?

A2

To me, I think this is a long learning process and consists of 3 key components. Firstly, "I do and I learn" so I keep learning. Secondly, "I make mistakes and I learn". I realize that I have made many mistakes in the past, and at the same time I recognize the importance of learning from my mistakes. Thirdly, "I ask and I learn". I am very grateful to my teachers, mentors, peers and colleagues during my professional development. They are so willing to share their knowledge and experiences, helping me to become a good physiotherapist. I believe we need to realize our



Mr. Jimmy WU (Lower Left photo)
Mr. Aiden MA (Lower Right photo) and
Mr. Elton LEUNG (Upper Left photo)
Mr. Arnold WONG (Upper Right photo)

limitations and be humble to seek for help. Furthermore, I am glad that I have many opportunities to participate in different services and to take up different responsibilities.

Q3

As the Director of the District Health Centre Team, can you tell us what are the biggest obstacles and fulfillments along the process of setting up District Health Care Scheme?

A3

Our team is responsible for developing, promoting and launching the Distinct Health Centre Scheme, which emphasizes healthcare education and promotion as well as diseases prevention. One of the biggest challenges is to promote to both the healthcare professionals and the general public on paradigm shift from disease cure to disease prevention. Another challenge is the tight schedule for launching the scheme. We only had two years to set up the first district health center in Kwai Tsing, which included developing the service model, securing the center site, designing the infrastructure, having public consultation, consulting and liaising with various healthcare professionals in different levels of care, setting up the DHC professional team, promoting to the general public and launching the new service. We also plan to set up similar health centers in all 18 districts in Hong Kong coming years. Regarding the fulfillment, I am honored and

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excited to participate in developing this brand new healthcare project which I believe it will benefit many Hong Kong people. Furthermore, this opportunity let me making many new friends, broadening my horizons and enriching my career life.

Q4

With your local and overseas work experiences, what are the major differences of Physiotherapy services in different places? How can Hong Kong physiotherapists contribute in Mainland China?

A4

I am lucky to have opportunities to meet different people, visit various overseas and also Mainland China physiotherapy centres and educational institutions. I am proud to say that the standard of physiotherapy in Hong Kong is very well recognized internationally.

In Hong Kong, the government subsidies majority of health care expenditure on public hospitals and low level of medical fees continues to attract a multitude of patients. Physiotherapy is one of the healthcare specialities in public hospital, which provides specialised skill-based and cost-effective services. At the same time, professional trainings and advanced medical equipment are government funded. In Mainland China, residents must either pay for treatment or purchase health insurance, whereas a large portion of the population in rural areas still could not afford despite of low medical fees. Therapists in the Mainland China, hence, need to strive hard for better treatment quality as well as providing cost-effective services.

With a solid foundation laid down by our predecessors in the past six decades, Physiotherapy in Hong Kong is now being characterized by harmonious integration of modern Chinese medicine and advanced Western medical approach. I am sure we would definitely have an overarching role in expanding physiotherapy services in the South East Asia countries as well as Mainland China.

Q5

What are your views on the future development of physiotherapy in Hong Kong?

A5

With a big team of passionate physiotherapists, I am confident that we can contribute a lot on the healthcare system in Hong Kong.

We should not only focus on traditional physiotherapy treatment; instead, we could delve deeper to understand the

need of people and also participate more in the primary care services. We could be advocate to promote active and healthy exercise lifestyles and diseases preventions. Physiotherapy services should be patient-centred and we could integrate clients' preferred activities into health education and programs that maximize local resources to ensure sustainability. Regard our 'patients' as 'clients'; empower our clients to actively engage into their self-care programs.

I hope physiotherapy students and physiotherapists could have more opportunities to work in different health care settings such as public or private hospitals and clinics, non-government organizations with community and outreaching services, academic universities and self-financed tertiary institutions etc. I also hope physiotherapists would have more collaborations among health workers from different professional backgrounds so as to work together synergistically with clients and their families, carers and communities to deliver highest quality of care across settings.

Q6

Can you give us some tips and advices to physiotherapists and physiotherapy students to become a leader in the future?

A6

I believe a leader should have the ability to call upon and gather people for a common goals. Leaders need to understand their organizations in depth (at both an operational and strategic level), set a good example, be able and willing to be challenged by others, listen to staff or people and ensure that they feel valued, respected and supported. As a physiotherapy student, you have to have strong passion and responsibility towards people not only your professional career. I think physiotherapists in Hong Kong are outstanding and my advices to them are to build a sense of 'family at work' especially in a team that span different staff grades and healthcare disciplines, to build resilience by creating support and supervision for staff and ensure all staff are clear about their responsibilities, allow decisions to be devolved, communicate effectively, providing feedback that gives credit and recognition.

Lastly, I encourage the physiotherapy students and physiotherapists to "Think High, Think Wide and Think Wild" in sense of having aspiring goals and targets, preparing to serve the profession enormously and thinking beyond the box. Remember that leadership is not a position or a title; it is the art of leading and motivating team members to create an effective and efficient healthcare team.

Hong Kong National Security Law

Mr. Bronco BUT
Honorary Legal Advisor of HKPA

Hypothetical Scenario

It is widely known that scientists of Mainland China have conducted research of COVID-19 vaccine. Some of the vaccines have begun stage 3 clinical trials in several countries. There is no report from WHO that those vaccines undergoing stage 3 clinical trials have caused adverse harmful side effects to those volunteers who participated in stage 3 clinical trials.

WHO has issued warnings that a new wave of COVID-19 pandemic is looming and will cause many people to be infected in the coming winter. COVID-19 vaccine can prevent people from getting infected with the virus. The HKSAR Government will try to buy vaccines sufficient for all Hongkongers.

Mary was a registered physiotherapist. She held the belief that Hong Kong would not have freedom under the current administration. She was prepared to do anything to discredit the governance of the HKSAR Government. She was thinking of ways to sway Hongkongers to believe that those COVID-19 vaccines to be produced by Mainland China were unsafe. She had tried to search for an authoritative medical journal which condemned the safety or efficacy of vaccines currently tested by Mainland China. However, her efforts proved to be futile. In the absence of expert opinion from an authoritative medical journal, she colluded with overseas organisations to participate in a campaign which aimed to smear COVID-19 vaccines developed by People's Republic of China ("PRC") for the ulterior purpose of sabotaging HKSAR Government's efforts of securing COVID-19 vaccines sufficient to inoculate all Hongkongers. The overseas organisations which provided her with the smearing articles told Mary that she had the freedom of expressing her opinions and that it was perfectly legal for her to share the smearing articles amongst her WhatsApp friends. She was going to disseminate articles (which were not published in any authoritative medical journal and smeared PRC vaccines currently undergoing stage 3 clinical trials) via WhatsApp and urged her friends to decline the vaccines in the event that HKSAR Government was going to supply Hongkongers with the PRC vaccines. The goal was to seriously interfere in, disrupt or undermine the performance of duties and functions in accordance with the law by the HKSAR Government.

The Special Department of HKSAR Police Force tasked with safeguarding national security has received intelligence

regarding Mary's plan of smearing COVID-19 vaccines to be produced by PRC. After investigations, Mary was arrested by the Special Department of HKSAR Police Force tasked with safeguarding national security for alleging committed an offence under Article 22 (3) of Hong Kong Security Law namely:

"Seriously interfering in, disrupting, or undermining the performance of duties and functions in accordance with the law by the body of power of the HKSAR".

Discussions

Article 42 of Hong Kong Security Law has stipulated that no bail shall be granted to a criminal suspect or defendant unless the judge has sufficient grounds for believing that the criminal suspect or defendant will not continue to commit acts endangering national security.

In view of Article 42, Mary's chance of successfully getting the bail pending trial was slim. It was likely that Mary would be remanded in custody at Lai Chi Kok Reception Centre pending trial. Bearing in mind that she might be remanded in custody for several months before trial, Mary might have difficulty of retaining her job of working as a physiotherapist at a public hospital.

Article 22 of Hong Kong Security Law has stipulated that a person who is a principal offender or a person who commits an offence of a grave nature shall be sentenced to life imprisonment or fixed-term imprisonment of not less than ten years. A person who actively participates in the offence shall be sentenced to fixed-term imprisonment of not less than three years but not more than ten years. Other participants shall be sentenced to fixed-term imprisonment of not more than three years.

Depending on the evidence to be adduced against Mary, she was at risk of being imprisoned from three years to life imprisonment if she was convicted of the offence after trial.

In light of the above discussions on the severity of punishment in the event of being convicted of an offence under Hong Kong Security Law, it is advisable to distance oneself from the possibility of being involved in any matters which might have the risk of being prosecuted under Hong Kong Security Law.

Health Topic Published in "MingPao"

明報健康網

Date : 3 August 2020
Physiotherapist : Ms. Judy Yuk-Sau IP

Ms. Judy Yuk-Sau IP, on behalf of the Community-based Rehabilitation and Primary Healthcare Work Group of HKPA, published an article on 3 August 2020. The health topic was "埋首工作長用手机 致組織受傷 物理電療 運動 踢走一身痛症". Ms. IP introduced physiotherapy electrical modalities to the general public and advised some practical tips on pain management and prevention.

埋首工作長用手机 致組織受傷 物理電療 運動踢走一身痛症
<https://health.mingpao.com/%E5%9F%B8%E9%A6%96%E5%B7%A5%E4%B8%9C%E9%95%B7%E7%94%A8%E6%B8%E6%A9%9F-%E8%B7%B4%E7%B6%B4%E7%B9%94%E5%B9%97%E5%B2%B7-%E7%B9%A9%E7%90%B6%E9%9B%B6%E7%99%B2-%E8%B8%A2%E8%B5%B0/>



焦點新聞 健康專題 健康生活 癌症360

健康生活

首頁 > 埋首工作長用手机 致組織受傷 物理電療 運動踢走一身痛症

埋首工作長用手机 致組織受傷 物理電療 運動踢走一身痛症

2020年8月3日 物理治療, 痛症, 臨牀, 術後, 超聲波, 足底筋膜炎, 運動

f t w p i e d Like

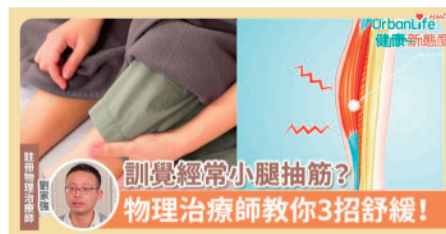
【明報專訊】香港人生活緊張，經常維持同一姿勢埋首案頭工作，或長時間使用手機及電玩；加上缺乏運動，體能下降，令身體組織容易受傷，引致不同程度的痛症。根據一項本地調查，過去1年間曾患有持續或間斷痛症超過3個月的人口高達10.8%。最常見的痛症，超過四成屬肌肉骨骼痛。

痛症很多時候會影響情緒及心態，造成惡性循環。痛症處理成為都市人經常面對的挑戰，可採用藥物及非藥物綜合療法以治標，配合改善姿勢及生活調適去治本。藥物治療必須在療效與長期服用後遺症之間取得平衡，是故非藥物療法漸成治療肌肉骨骼痛症的重要一環。

Health Topic Interview by "UrbanLife Health"

Date : 23 August 2020
Physiotherapist : Mr. Moses Ka-Keung LAU

Mr. Moses Ka-Keung LAU, on behalf of HKPA, was interviewed by a local media, UrbanLife Health 健康新態度. The health topic was "訓覺時腳抽筋". Mr. LAU explained physiotherapist's view of the mechanism and possible causes of nocturnal leg cramps. He also advised some practical tips on how to prevent muscles cramp and demonstrated useful stretching exercises to the general public.



【抽筋原因+舒緩】訓覺經常小腿抽筋？物理治療師教你3招解救方法！

醫學專科 · 骨科及運動醫學



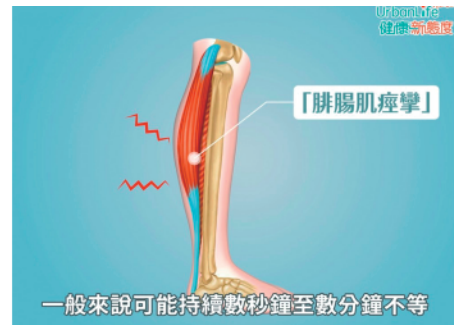
By Amber on 23 Aug 2020
Reporter

夜間睡覺時小腿抽筋的情形十分常見，長期發生會影響睡眠質素，香港物理治療學會肌肉骨骼專科委員會及註冊物理治療師劉家強解釋為何睡覺時小腿會抽筋，以及舒緩、預防的動作，讓大家整夜好眠。



經常訓覺腳抽筋？跟物理治療師學解救方法！

小腿抽筋在醫學上稱之為腓腸肌痙攣，即是強直性、突發性的小腿肌肉抽筋，一般來說可能持續數秒鐘至數分鐘不等。物理治療師劉家強指出因暫時未明確，但一般來說與活動量和姿勢有關。第一，如果日間的活動量過大，肌肉用力過度，或者肌肉過份疲勞，



小腿抽筋在醫學上稱之為腓腸肌痙攣，即是強直性、突發性的小腿肌肉抽筋。

第三，如果長時間保持某一種姿勢，人體局部血流不通暢，可能造成缺血，肌肉產生的代謝物不能被排出體外，刺激肌肉，可能會造成晚上腳抽筋。劉家強指，一般從事餐飲業、服務業人士相對高危，他們通常需要長時間站立或坐，腳部肌肉長時間需要用力時，肌肉有痙攣情況，又未能緩解到時，晚上就可能會腳抽筋。



方法一 毛巾操

UrbanLife Health 健康新態度

<https://urbanlifehk.com/article/50993/%E6%8A%B7%E7%A0%B8%E5%9E%9F%E5%9B%A0-%E8%B8%92%E7%B7%A9-%E8%A8%93%E8%A6%B4%E7%B6%93%E5%B8%B8%E5%B0%B8%E8%B5%B6%E6%8A%B0%E7%A0%B8-%E7%B9%A9%E7%90%B6%E6%B8%E7%99%B2%E5%B8%A9%E6%95%99%E4%B0%A3%E6%8B%98%E8%A7%A3%E6%95%91%E6%96%B9%E6%B3%95>



Zoom Interview by "MingPao JUMP"

Date : 28 August 2020

Physiotherapists : Prof. Marco PANG and
Ms. Karen KWONG
(Private Practice WG)

Prof. PANG and Ms. KWONG were invited for an interview with Ming Pao JUMP to discuss the career prospects of physiotherapy graduates, future development of the physiotherapy profession, influence of COVID-19 pandemic on physiotherapy service delivery, and opportunities and challenges in working as a physiotherapist in private practice. The report was published in Ming Pao JUMP on 28 August 2020.



Health Topic Published in "MingPao"

Date : 14 September 2020
Physiotherapist : Mr. Will Hin-Wai WONG

Mr. Will Hin-Wai WONG, Executive Committee member of the Hong Kong Physiotherapy Association, published an article “中西醫學合璧「針」對激痛點 通筋活絡減痛” on 14 September 2020. Mr. Wong introduced some physiotherapy skills and modalities on soft tissues and pain management.



*The Acupuncture and Integrative Medicine Specialty Group –
Biennial General Meeting*

Date : 15 September 2020

Venue : HKPA premises

Physiotherapists : Mr. Eric LAW
Mr. Ben CHAN
Ms. Po LAM
Ms. Fiona TANG
Mrs. May CHEUNG
Ms. Ada TSUI
Ms. Rebecca NGAI
Mr. Kerry FUNG
Mr. Derek YEUNG
Ms. Michelle CHUNG



Mr. Eric LAW delivered a Sharing on
Clinical Application of Taiji Xiao Jin
Zhong (太極小金鐘)

Webinar on Practical Tips for Resuming Hydrotherapy Services after COVID-19 Pandemic

Date : 26 September 2020
Time : 4:00-5:45pm
Physiotherapists : Aquatic Physiotherapy Work Group

The Aquatic Physiotherapy Work Group (APTWG) organized a Webinar on 26 September with over 60 enrollments. There were 51 attendance from HA, NGOs, private practice and academic institutions, as well as practitioners from Macau.

Ms. Lavin WONG, our Chairlady of APTWG delivered a welcoming speech on the aim of the Webinar and shared the vision of the Work Group while Dr. Billy SO was the moderator.



A photo of our keynote speaker, members of APTWG, and participants.

Dr. Cesar SA, President of International Organization of Aquatic Physical Therapists (IOAPT) from Portugal, was invited to share the management of the global aquatic physiotherapy communities and the newly published international statement from IOAPT on COVID-19.

Ms. Catherine WONG (SPT, HA) and Ms. C.Y. CHOW (PT I, NGO) shared their firsthand experience regarding their preparation for resuming hydrotherapy service for patients.

The discussion was actively participated by various practitioners. We sincerely hope that the webinar gave our members a new insight for hydrotherapy service in the near future.

Post Webinar Feedback from IOAPT President

"It was a pleasure to meet you all and to share and connect with amazing colleagues from Hong Kong. It was very exciting for me and I was very happy to see that your Webinar was very dynamic and well organized. So Congratulations! And congratulations to the other speakers, I loved their presentations! And I believe that this strongest communication and mutual support could bring your aquatic group more closely to IOAPT and we would love to have your support in the future about your guidelines and way of working in Hong Kong. Thank you so much once again and I hope to meet you all soon in person in Hong Kong."

Participants' Online Evaluation Report

A follow-up online survey was sent between 27 and 30 September 2020. Thirty-eight (74.5% of 51 participants) respondents returned their feedback on the webinar. Approximately 97% of them agreed that the objective of the webinar was met, and the speaker was well prepared. More than 80% of the respondents agreed that the content was relevant to their work and loved the interactive discussion of the webinar.

CPD News

Enquiry of CPD News and Activities Please Visit

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

Course 1

(VE201118)

針灸學文憑課程 2020

Diploma in Acupuncture and Moxibustion 2020 Autumn

特色：

- 師資優良 (陳國正中醫師本身是物理治療師，教授以中西結合，並針對物理治療師臨床常見病例作重點教授)
- 課程內容會以正宗針灸知識及技術為基礎，使學員掌握以中西結合之醫術，以符合法例規管要求，在物理治療各種適應症
- 課程之內容及學時均參照物理治療學會針灸認可資格之要求
- 本課程以全面、實用及豐富臨床為主要特色

好處：

- 本課程之講師均擁有二十年之針灸及中西結合治療經驗
- 由於內容以正宗針灸為基礎，學員不但能掌握中西結合之治療，完成本課程更有助將來進修針灸學碩士
- 確保課程之水平
- 除針灸學，陳醫師亦會教授他從黃帝內經及中醫理論所創之推拿整脊手法 (COMT technique)。更會專題講解如何運用手法或針灸治療中風、貝爾氏麻痺、彈弓手、大腦性麻痺、帕金森氏病、婦科病 (如經痛) 及各種痛症等等

內容：

第一部份：

- 1) 中醫學基礎課程
- 2) 中醫診斷學課程
- 3) 針灸學課程
- 4) 針灸手法學；常見物理治療病案及專題講座
- 5) 針灸手法學 (各式補瀉手法；三梭針操作；頭針及耳針操作；取穴思路)

第二部份：臨床實習：(獨立運用針灸方法處理真實病人)

日期：18/11/20 至 13/10/21 (逢星期三) 公眾假期除外

時間：7:30PM – 9:30PM

全期學費：\$22000

名額：40 額滿即止

對象：對針灸有興趣之人士 CPD Points：15

講師：陳國正

(註冊中醫、註冊物理治療師、中國認可針灸師)

英國威爾斯大學痛症醫學碩士

香港大學醫學院針灸學碩士

香港大學中醫學院中醫全科學士

前香港中文大學中西結合醫學學區研究所兼任導師(臨床)

香港理工大學物理治療專業文憑

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以上上課日期、時間、地點及講師可能有所更改，將另行通知。

備註：

如果疫情仍未受控，課堂教學會以Zoom形式進行，而臨床仍以小班面授進行，確保大家能正常學習

除了本學院取消課程外，其他情況概不退回已繳學費。

Course 2

(VE201017)

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絡，促進氣血運行，激發元氣，達到防治疾病之果效。所有內容均是道家口傳心授之絕密內容。這是一套能高效針對多種專科之手法治療。

日期：17/10/2020-18/10/2020 (Part 1)

14/11/2020-15/11/2020 (Part 2)

19/12/2020-20/12/2020 (Part 3)

時間：10:00am-5:00pm

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

地點：九龍尖沙咀麼地道28號中福商業大廈六樓601-602室

附註：

本課程亦是報讀高級術數針灸課程之必修課程

除了本學院取消課程外，其他情況概不退回已繳學費。

報名方法請參照報名表格及須知。

1. 請填妥以下報名表格，連同劃線支票 (抬頭請註明 Vcare International Medical Limited) 寄交九龍尖沙咀麼地道28號中福商業大廈六樓601-602室。
2. 如報名人數不足，本公司有權取消課程，並將會另行通知受影響學員。

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日期		支票號碼	

課程查詢 2739 2727

Email: vcareintl@gmail.com

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Please direct to

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