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Editorial

From the brain to the body

Mr. Louis TSOI and Dr. Arnold WONG

In this issue, we are glad to have Dr. KARA to explain the use of functional brain imaging and electroencephalography (EEG) in managing mental disorders. Advance technologies such as quantitative EEG (QEEG) and event related potentials (ERP) can provide better differential diagnosis, predict response to pharmacological treatments, and identify optimal training parameters for managing mental health issues.

We are also excited to have Dr. Freddy LAM and Prof. Marco PANG to elaborate the potential benefits of whole-body vibration (WBV) and associated treatment parameters in clinical practice, which can be applied to enhance muscle performance, balance and mobility in people with stroke, osteoarthritis, Parkinson's disease and osteoporosis.

In the NGO Corner, Mr. Jason NG shared his experiences in adopting tele-rehabilitation as a new approach to help deliver services to older clients and their caregivers during an unprecedented global pandemic period. In the People's Corner two Year 2 physiotherapy students, Pauline and Lucy conducted an online interview with Dr. Clare CHEUNG, who is an expert in the management of children with cerebral Palsy. She kindly shared her career journey in Hong Kong, and her reasons for pursuing a lifelong volunteerism in China and Asia. She also shared her unforgettable experiences working with these kids.

As Christmas is approaching, the editorial board would like to send our seasonal greetings to you! We wish you a Merry Christmas and a healthy, prosperous, and happy new year. Enjoy reading!

Noninvasive EEG-based brain mapping as an evidence-based approach in mental health monitoring and support

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The substantial increase and constant growth of the prevalence of mental disorders over the past decades were recognized by World Health Organization (WHO) as a significant economic burden that should be reduced by developing effective prevention and intervention (WHO, 2017). The situation aggravated dramatically in 2020 as a result of COVID-19 that significantly increased the incidence of adverse mental problems as anxiety, suicidal attempts, and substance use (Czeisler et al., 2020). The epidemiological studies worldwide reported that over half of the patients with mental disorders could not get access to proper care, and less than 30% of the patients that were able to get support or receive adequate treatment (Kessler et al., 2003; Demyttenaere et al., 2004; Wang et al., 2005; Wittchen and Jacobi, 2005).

Even though treatment of the mental disorder has evolved by introducing new psychotherapeutic and psychosocial approaches in recent years, the differential diagnostics and treatment plan decisions usually based on the standard interview and pharmacological test for a specific medication efficiency. High rate of side effects and low effectivity (often same as placebo in depression medication) have a negative impact in society concerning the pharmacological treatment.

Limitation in diagnostics tools in psychiatric settings increases the possibility to misdiagnose or misinterpret a patients' symptoms and thus lead to ineffective treatment strategy. Some forms of epilepsy can cause amnesia, fear, anxiety and illusions (in case of temporal localization), can also be presented in the form of behavioral abnormalities with an epileptic focus in the frontal lobe. Symptoms of insomnia, depression, panic disorder and other form of anxiety are often associated with neurological abnormalities. Traumatic brain injury and stroke also can cause different psychopathological symptoms.

Necessity to introduce new approaches in mental health increases interest in evidence-based medicine, which integrates clinical expertise and evidences based on scientific researches, that validate previous approaches, introduce new safer, more powerful methods and replaces ineffective strategies (Sackett et al., 1996). Differential diagnosis based on the evidence-based approach can improve the quality of treatment and reduce its costs.

Brain imaging technologies is a useful asset that can fulfill the gap in current psychodiagnostics by providing modern evidence-based differential diagnostic tool of brain diseases.

Contemporary non-invasive spatial brain mapping can be used to identify morphological construction of different brain structures, measure neurochemical processes and record functional changes in response to particular tasks. These approaches include computerized tomography (CT), magnetic resonance tomography (MRT),

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functional magnetic-resonance tomography (fMRI), positron emission tomography (PET), single-photon emission computer tomography (SPECT), diffusion tensor imaging (DTI) and diffuse optical tomography (DOT). These techniques are used to identify morphological properties of different brain structures, visualize neurochemical processes and record hemodynamic fluctuations in response to a particular task.

However, these methods have a number of limitations, including poor temporal resolution (limits the possibility to analyses fast brain dynamic), high costs, complex technological requirements (a massive device that should be used in shielded rooms), and suitability (age, physical or psychological conditions). These factors limit the possibility of using these devices outside the hospital setting. Additionally, mental health professionals rarely have access to expensive scanning devices as fMRI and PET.

Mental problems such as anxiety, sleep or attention disorder are more often associated with functional but not morphological brain abnormalities, resulting in low diagnostic value of these tools.

A fast-developing area is the non-invasive functional brain imaging or brain mapping, based on the recording and analysis of the brain electrical activity or electroencephalography (EEG).

Traditionally, EEG is well adapted by medical specialists as a routine diagnostic tool in neurology. EEG is affordable and mobile diagnostics technique. It can be used for patients with different health condition (i.e. in coma or in operation room) and age.

In neurological practice, EEG recordings are used to identify abnormalities in the brain electrical activity pattern by visual inspection. A more advanced approach in EEG analysis is called Quantitative EEG or QEEG. This is the method of the mathematical processing of digitally recorded EEG signals that include complex signal processing algorithms. Denoising by independent component analysis allows cleaning out of irrelevant information with minimal distraction of the signal. Automatic event detection allows identification of deviations, that can be later inspected by clinicians. Frequency analysis shows the prevalence of a particular frequency components in the recording, and it helps to identify deviations in slow or high frequency bands. Coherence analysis helps to define the temporal relationship between different recording sites in different frequencies. Source localization analysis allows specification of the location, strength, distribution and orientation of a particular activity (Sand et al., 2013).

QEEG includes topographic display of brain activity on the three-dimensional volume reconstructed MRI or 3D brain maps that allows localization of specific brain activity. The method known as low resolution brain electromagnetic tomography or LORETA, which provides information of the activity localization source, even in deeper cortical areas with zero localization error (Pascual-Marqui et al., 1994).

Brain biomarkers of mental diseases can be obtained by statistical comparison of QEEG between the normative database and individual brain activity pattern. This procedure determines whether parameters are within the range of normal value. Statistical comparison values reflect the degree of deviations and can be used as diagnostic criteria.

Event-Related Potentials (ERP) is an additional type of EEG-based analysis, in which the brain electrical activity is recorded continuously during a psychological test performance. This method is used to determine the condition of sensory brain pathways, defining the stages of brain information processing and cognitive brain functioning. This

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information can be used to identify deviation during the course of the brain information processing and to define brain biomarkers of attention deficit hyperactivity disorder (ADHD), Traumatic brain injury (TBI), schizophrenia, migraine and many other abnormalities by measuring the reaction of the brain to specific mental tasks (Marquardt et al., 2018).

A growing level of evidence suggested that the existence of specific brain biomarkers associated with functional brain state abnormalities and information processing inconsistencies in different brain diseases. Specific brain biomarkers were found for psychiatric and neurological conditions such as ADHD, depression, schizophrenia, TBI and Parkinson's disease. It also helps to differentiate the Central Auditory Disorder and Asperger.

QEEG and ERP can serve not only in differential diagnostics of mental conditions, it can also be used to predict the response to psychopharmacological treatments and to develop brain training protocols based on the brain-computer interface (BCI) approach. Individual BCI-based brain training protocols requires understanding of the abnormalities so as to suggest optimal training parameter, which include frequency and training site location. The same is also true for non-invasive brain stimulation. QEEG and ERP help to identify the training frequency band, target areas, direction and intensity of the stimulation so as to decrease possible adverse effects and duration of treatment.

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Whole-Body Vibration Therapy in Physiotherapy Practice

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Prof. Marco PANG
Professor, Department of Rehabilitation Sciences
The Hong Kong Polytechnic University

Whole-Body Vibration (WBV) receives increasing attention from the physiotherapy profession in the past decade. In a recent update of a textbook for electrophysical therapy – Electrophysical Agents: Evidence-Based Practice, 13th edition, a new chapter specifically dedicated to vibration is added.[1] We are honored to be invited as co-authors in this new chapter.

WBV therapy provides mechanical stimulation to the entire human body by requiring the recipient to stand on a vibration platform. Currently, there are two main types of vibration platforms - vertical and rotational. In vertical vibration, the whole platform moves up and down in synchronous. In rotational vibration, the platform delivers rotational vibration with a fulcrum in the middle of the platform. Therefore, there are reciprocating movements across the left and right sides of the platform.

WBV is proposed to be effective in relieving pain, improving muscle strength and balance, reducing spasticity in neurological conditions, and improving cardiovascular and bone health. Among various claims of benefits, the effect of WBV on muscle performance sustains the most consistent supportive evidence.[2] In young athletes, muscle performance was found to be improved after preconditioning with dynamic exercises plus WBV therapy.[3] With a course of WBV, leg muscle performance, particularly muscle power, was shown to be improved when compared with no exercise.[4] WBV plus exercise was also shown to deliver greater improvement than the same exercise with no WBV. The mechanism of improvement lies in the ability of WBV in increasing muscle activation. Experimental studies consistently show that WBV can increase lower limb muscles activity during exposure to vibration stimulation. The increase in muscle activity was shown to be greater in the older population.[5]

With the improvement in muscle strength and power, research was conducted to explore the effect of WBV on improving balance and mobility. While some studies have shown that WBV can improve relatively basic balance ability, the results are less consistent.[6] It appears that exercise in combination with WBV can improve balance in older people. However, studies that can single out the effect of WBV reported conflicting results. It remains unclear if adding WBV to exercise intervention can augment the improvement of balance and mobility in older people. Similar finding has also been reported in patient populations including stroke, osteoarthritis, Parkinson's disease.[7–9] Nevertheless, subtle trends were found that frailer older people are more likely to show improvement after WBV training. Rotational vibration also appears to be more effective in improving balance relative to vertical vibration possibly due to the added sideway instability induced during training.[6]

As a form of mechanical stimulation, WBV can potentially stimulate osteogenesis and benefits bone health. Meta-analyses show that WBV can improve bone mineral density in both the lumbar spine and the hip in postmenopausal women.[2,10] While the increase in bone density is modest (i.e., less than 1% after more than 6 months of WBV intervention), WBV might be an adjunct treatment to osteoporosis medications especially considering its potential benefits on muscle function. However, its effectiveness on facilitating bone healing remains uncertain.

Other proposed benefits of WBV have less clinical evidence and greater controversies. WBV might reduce pain in osteoporosis patients, people with low back pain, or people with Achilles Tendinopathy. Its effect is not superior to active exercise whereas its added effect on top of exercise training remains unclear.[11,12] This may limit the potential clinical adoption of WBV therapy for pain management. Similarly, the effect of WBV on cardiovascular health remains largely unclear.

Depending on the treatment goals, the parameters for WBV training varies. For muscle stimulation, commonly used vibration frequency ranges from 20-40Hz with an amplitude ranges from 0.7 to 3mm for vertical vibration. For rotational vibration, commonly used frequency ranges from 10-30 Hz with the amplitudes ranges from 1-5mm. WBV training is usually delivered in short bouts of 30 to 60

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seconds for two to 10 bouts separated by short breaks in each training session. WBV therapy is usually prescribed two to three times a week, for 6 to 12 weeks. Exercise (e.g., squats) are often incorporated in WBV therapy with the above protocol. Clinical evidence suggests that higher frequencies and amplitudes with a longer training duration might lead to greater improvement. However, safety has to be of primary consideration during WBV prescription. Therapists are advised to stay within the limit of the above range of vibration exposure before a clear guideline on the limit of safety exposure is available. This is of great importance given prolonged occupational exposure to vibration in sitting was shown to be associated with degenerative changes in the spine. Therefore, to limit vibration exposure to the upper body, recipients are advised to bend their knees during exposure to WBV. For bone health, other than the above parameters, there is one specific protocol using a very low amplitude of vertical vibration (i.e., 0.05mm to 0.1mm). Under such protocol, the treatment duration per session can be extended to a single bout of 20 minutes and the patients would be asked to keep their knee straight to facilitate vibration transmission to the lumbar spine. Contraindication to WBV includes malignancy, deep vein thrombosis, electronic implants (e.g., cardiac pacers, deep brain stimulators), lower limb metal implants, and pregnancy.

To summarize, WBV has the potential for clinical adoption as an adjunct therapy on top of exercise intervention or as a standalone treatment for frail populations to improve muscle performance, balance, and mobility. Therefore, patient populations including stroke, osteoarthritis, Parkinson's disease, or frail older people may potentially benefit from WBV therapy. It may also be an useful adjunct treatment for patients with osteoporosis. More studies are warranted to evaluate other potential benefits of WBV.

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Telerehabilitation for Elders and Caregivers in Community during COVID-19 Pandemic

Mr. Jason NG
Physiotherapist I, Hong Kong Family Welfare Society

Introduction of Our Elderly and Community Support Services

The position of our Elderly and Community Support Services is to support Hong Kong families to care for elders in the community. We have been expanding our service to address the rapid growth of the aging population. Specifically, we are providing an array of services including Integrated Home Care Service (IHCS), Enhanced Home and Community Care Service (EHCCS), Neighbourhood Elderly Centre (NEC), Community Care Service Voucher (CCSV) for the Elderly, Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment, Self-financing Elderly Service, and other special projects.

In our multi-disciplinary team, physiotherapists (PTs) are responsible for assessing the targeted clients and prescribing tailor-made interventions (e.g., rehabilitation exercise, pain management, manual therapy, etc.). To empower caregivers, onsite caregiver training is given to clients' caregivers, such as their family members or maids. Our trained supporting staff also provide PT-prescribed rehabilitation exercises to clients regularly in different districts. Through these services, clients' rehabilitation potential is expected to be optimized and the heavy burden of their caregivers would be alleviated.

COVID-19 Pandemic

COVID-19 refers to the cluster of viral pneumonia cases occurring in Wuhan, Hubei Province and other parts of the world since December 2019. Common symptoms of COVID-19 include fever, malaise, dry cough and shortness of breath. According to the World Health Organization, about 20% of the cases may develop serious illness with breathing difficulty. The elderly or those having underlying diseases (e.g., hypertension, heart and lung problems, diabetes, or cancer) are at a higher risk of deterioration into serious condition. The main transmission mode is through respiratory droplets. The virus could also be transmitted through contact. The incubation period ranges from 1 to 14 days, and the most common one is around 5 days [1]. Since the outbreak of COVID-19 is fluctuating, the operation of different service sectors were adversely affected.

Suspension of Onsite Rehabilitation Service

Based on the instructions of the HKSAR Government in February 2020 [2], our daycare and home care services were provided on a limited scale in view of infection control concern. Onsite rehabilitation service was suspended whereas only meal delivery, escort, nursing and administration of medicine services were maintained for our clients. This phenomenon last for about 3 months owing to fluctuating development of the outbreak. The rehabilitation progress of our clients was adversely affected and their caregivers suffered from heavy burden.

Telerehabilitation Strategy

In view of the situation, we adopted a new approach to help our clients. According to the College of Physical Therapists of British Columbia [3], "Telerehabilitation (a subset of telehealth) relates to the services delivered by a number of rehabilitation disciplines, including physical therapy, through any form of technology (including but not restricted to videoconferencing, email, apps, web-based communication, wearable technology and telephone) as an alternative to face-to-face interventions." We adopted various telerehabilitation modes for our clients. The followings are some of the examples.

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A. Provision of Online Rehabilitation Service

Our trained supporting staff met the targeted clients and their caregivers through a smartphone app. After checking their vital signs (as measured by caregivers) and other subjective complaints, the staff would teach the clients to perform rehabilitation exercises prescribed by PTs. Their caregivers would provide standby assistance. Clients' safety is our first priority. Our staff keep monitoring clients' condition and ask their feeling through the screen. The frequency of exercise session was approximately 1 to 2 per week so that our clients could continue receiving rehabilitation service at home.

Fig 1 and 2. The trained supporting staff taught theraband exercises for the client through smartphone

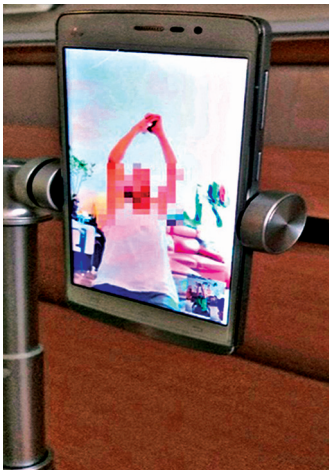

Fig 3. The client performed exercise through smartphone

B. Regular Production of Exercise Videos

Our PT team also regularly produced videos (「家福生活一分鐘」) related to stretching and strengthening exercises (e.g. using Theraband). The videos were posted on our Agency's Facebook Page and the links were sent to clients' caregivers regularly for health education purpose.

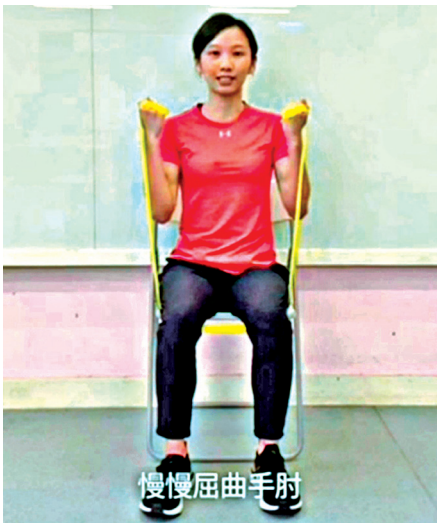

Fig 4 and 5. The physiotherapists taught stretching and strengthening exercises shown in the videos

C. Regular Concern Calls

Our PTs regularly phoned clients and their caregivers to keep up-to-date clients' condition (e.g., any fall incidence, hospitalization, etc.). Clients' enquiries related to rehabilitation were also answered and appropriate advice (e.g., fall prevention) was also given. These calls would facilitate our PTs to plan home visit schedule upon resumption of home rehabilitation service.

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D. Online Exercise Talks for the Public

Our PT provided two online exercise talks for the public and staff of a large-scaled NGO through the computer software in August 2020. Health education (e.g., common joint pain, exercise theory and prescription) was delivered to the participants so that they would be aware of the importance of maintaining healthy lifestyles and health. The PT also answered the participants' enquiries.

Fig 6 and 7. The physiotherapist taught exercises for the public through computer software

Conclusions

Lately, our daycare and home rehabilitation service has resumed since the COVID-19 pandemic was under control. The PT Team assessed clients' condition and reviewed intervention regularly based on assessment results. The choice of continuing telerehabilitation application depends on the development of COVID-19 pandemic in the future. Both telerehabilitation and onsite rehabilitation service would continue be used to facilitate the clients' recovery.

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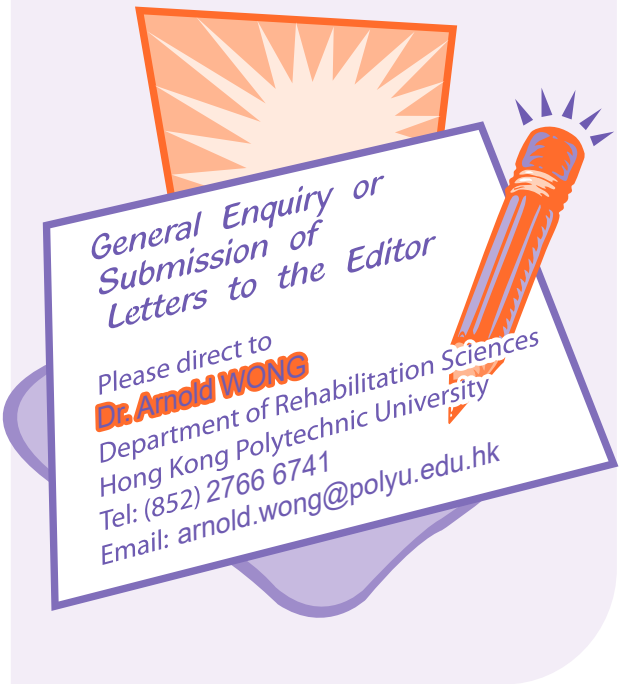

An Interview with Dr. Clare Yuk-Kwan CHEUNG

Date : 10 Auguet 2020

Venue : Video conferencing

Interviewee : Dr. Clare Yuk-Kwan CHENG

Interviewers : Ms. Pauline PANG and Ms. Lucy LUI
(Year 2 Physiotherapy Students, The Hong Kong Polytechnic University)

Q1

Given that physiotherapy is a wide-ranging profession, why do you specifically choose to provide physiotherapy for children with cerebral palsy (CP)?

A1

My passion in the field of neurological rehabilitation has begun since my physiotherapy year 2 clinical placement in the Hong Kong Red Cross John F. Kennedy Centre(JFK), which is a special school for children with physical impairment. The experience differed from my clinical placement in acute hospitals, where I felt that physiotherapists played a lesser role in such settings as long as patients' contact time is concern. Importantly, I am more interested in spending time to develop helping relationship with patients. Interacting with patients with neurological impairment or witnessing the whole-person development of children with CP brings me a sense of fulfilment.

Q2

What makes you decide to resign from your stable job in Hong Kong to go to mainland China to help children with CP? What keeps you motivated to commit yourself into lifelong volunteerism?

A2

After my graduation in 1979, I worked in hospitals under the Medical and Health Department for 2 years. However, I knew that I always wanted to serve children with CP due to my prior clinical experience. Therefore, when I got promoted from Physiotherapist II to Physiotherapist I after 2 years of work in hospitals, I went to Australia to study a Bobath course on CP. Upon completion of the course, I was more sure of my direction of service. I quitted my job and went straight to work in JFK in 1982.

A spark that drove me into volunteerism is an episode of a local TV documentary "The Common Sense" (now known as "Hong Kong Connection") about a cross-border voluntary team, including a physiotherapist, helping children with CP in the mainland every weekend. I then realised physiotherapists should not only be considered as a "paid job", but as a profession with a helping and teaching nature.

Upper left: Ms. Lucy LUI, Upper right: Dr. Arnold WONG, Lower left: Ms. Phoebe PANG, Lower right: Dr. Clare CHENG

While I was still working in JFK, I joined a voluntary team in 1984 consisting of several zealous volunteers from different walks of life but being eager to serve deprived children with CP in China. We visited the children in Guangzhou every other weekends and I realised that mainland children with CP had very little educational resources. Being the only physiotherapist in the team, I was responsible to design the rehabilitation programs. I started conductive education. As our resources were limited, our team needed to adapt the equipment. Parents were very innovative to make basic furniture such as stools and ladder frames from trashed wood.

By another chance, I was invited to assist an orphanage in Guangzhou. I organised a small team under the Caring For Children Foundation with my colleagues in JFK and some volunteers from The Spastics Association of Hong Kong (now known as SAHK). Since we could only serve on weekends, we took the ferry to Guangzhou on Friday nights after work, and started voluntary work as soon as we arrived at the orphanage on Saturday mornings. After a long day, we usually stayed in the dormitory of the orphanage for a night, and then worked another half

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day on Sunday before going back to Hong Kong for the weekday job. Although our schedule was tight, we were determined to serve this minority.

Thanks to the Caring For Children Foundation, I have gotten to know a number of people with the same vision. In 2008, I was invited to provide advice to the New Milestone Project for CP children in China, a collaborative project by the Li Ka Shing Foundation and the China Disabled Persons' Federation, which was another spark that caused me to pursue lifelong voluntarism. I was thinking that if we could help those children with CP and educated their parents timely, they would not end up in orphanages. I understood that episodic visits to China for providing supervision to the project would not yield sustainable results. Being a Christian, I also believe that was a calling from God for me to make my devotion. So I resigned from my full-time job to commit myself to this project as well as pursuing my lifelong volunteerism. From then on up to now, my religious belief and support from other volunteers has upheld me to carry on with my voluntary work for these deprived children who deserve to be loved.

Personally, I believe that physiotherapy is a teaching profession and I enjoy educating and interacting with patients to care for their physical as well as psychological well-beings. Additionally, I have met a lot of brilliant, inspiring people whom I look up to as role models, for example, Dr Marion Fang, and the physiotherapist in the TV documentary (It's a pity that I forgot his name.).

Q3

What are the major differences in helping children with CP in Hong Kong and mainland China? Can you share one of the most unforgettable experiences in your journey?

A3

I think the working environment and healthcare system of these two places are totally different but there is no need to compare.

Hong Kong is a small place in comparison with China. We are blessed with sufficient systematic medical, educational and social supports. For example, there are organisations like the Child Assessment Centre, JFK and the Social Welfare Department. With clear guidelines for assessments, referrals and treatments, appropriate services and follow-ups are given efficiently according to the age of children with CP. Furthermore, since resources for children CP are accessible, parents can easily seek help from social workers, healthcare professionals, and special educators throughout their children's development. Besides the well-developed healthcare system in Hong Kong, helping children with CP as a physiotherapist in Hong Kong is relatively easy and convenient as distance is not a problem. There is also good distribution of labour and good cooperation among healthcare professionals.

There are indeed a number of rehabilitation centres or departments under the medical system and Disabled Persons' Federation in mainland China. However, the referral system is considerably weak to almost none. Special education is used to only cater for the visually impaired, the hearing impaired and cognitively impaired. Therefore, parents of children with CP often find it difficult to seek assistance and access to education. They might end up staying in hospitals, at home, or even being abandoned in orphanages. Fortunately, the recent rapid development of the rehabilitation profession in China and the policy renewal has brought light to the future of children with CP but the specialty for rehab-cum-education for CP is yet to unfold .

Apparently, a volunteer like me cannot transform the entire situation for mainland children with CP but we can make a change by working with the people around us. I notice that the frontline rehabilitation staff in the mainland are willing to learn although they seem to lack guidance and team spirit. When I volunteered as a trainer and advisor in mainland orphanages and rehabilitation centres, besides demonstrating the practical skills, I tried to influence the attitude of local staff, hoping to bring about a positive and holistic mind-set towards children with disability and their families. I believe that the system will be established eventually when there are more local practitioners holding similar beliefs.

To me, there were many unforgettable experiences. In addition to children with CP, orphans who were lack of parental care and love since their childhood touched me the most. I still remember that there was an orphan who seldom gave me response until one day I got the chance to chat with him and asked him why. He said, "I don't even know when you will come to see me next time. Why should I be close to you?" At that point, I realized that building a close bonding with them means more to them, rather than merely providing professional assistance. Since then, I have spent more time to interact with them, care more about their spiritual needs instead of checking their wheelchairs and paying attention to their personal safety. In order to build up our relationships, after my full-day services, I would also invite them to meet under "the big tree" at night, a secret place where only those kids and I know.

(Continued on Page 12)

Our relationships have connected us until now. I am so touched that no matter how disabled or how old they are, they still hold a strong belief in pursuing their meaning of life, and try their very best to be a normal person. One of them who suffered from severe spinal muscular atrophy even risked her life twice to deliver her babies and be a devoted mother. Fortunately, the mother and her babies are all safe and healthy. Their perseverance and determination have inspired me a lot.

Q4

What are your opinions regarding the existing government/community support for children with CP or their caregivers in HK?

A4

As I have mentioned, the governmental or community support system in HK for children with CP is very well-organized, efficient and accessible. However, I think we can put more emphasis on supporting services for new arrivals from the Mainland and ethnic minorities. Nowadays, there is a growing number of new immigrants in Hong Kong who are not familiar with our support system and are less likely to obtain relevant information. By providing education and training to the newcomers whose kids are in special needs, we can better help them adapt to new environments.

Regarding the policy on caregivers, HK indeed provides well-developed, advanced and professional training courses as well as counselling services for nurses, doctors and therapists. They all possess good abilities in helping children with CP and have made a great contribution to our society.

Q5

Can you tell us more about the Silver Lining Foundation? How did you become one of the Foundation members in this organisation? What is your advice for young physiotherapists who are also eager to serve the minority?

A5

Silver Lining Foundation is one of the charity organizations that I serve for. It was founded in 2005 by a couple, Lydia and Chris, who moved from the United States to Guangxi, China after they learned about the plight of orphans in the mountainous areas in China. I acquainted with Chris when I did my voluntary work in Nanning, Guangxi. At that time, he was a project officer of an orphanage in Nanning and we had some cooperation. As we share the same belief and vision, I was invited to be one of the Foundation board members and the Hon. Executive Officer. Silver Lining Foundation serves 2 major groups of people - orphans and children with CP. Currently, we have lent our helping hands to Myanmar and Vietnam as well.

The first advice I will give to you is to broaden your horizons and your mind. Try not to only focus on your profession and the job in hospitals. Take a step further to search for the meaning of your career and the value of your profession. We can also bear our role as Physiotherapists outside the hospital, like in Sports Centres, Special schools or Homes for the Aged. Another advice is that do not exacerbate or overate your profession as a Physiotherapist nor look down on it. Be humble to collaborate with other therapists and professionals, as every profession has its own strengths. For instance, I have worked with occupational therapists, speech therapists, nurses, social workers and teachers of special education in JFK. I have learned a lot from them, which enriches my professional perspective (e.g., how to communicate verbally or physically with disabled kids, stroke patients, or people with neurological impairments). Most importantly, it is more beneficial to show mutual respects and give credits to each other, rather than competitions.

Q6

What are the influences of COVID-19 on you helping those children with CP in developing countries?

A6

With the advance of the Internet, the Covid-19 pandemic actually provides us with more connections with kids in the mainland. In Wuhan where the first outbreak was identified, I have been helping another charity centre serving children with CP beyond 6 years of age through the Cornerstone Association. During the lockdown of Wuhan, I met with the local staff daily from 9am through Wechat. We made use of online classes to continue Conductive Education for the children and family. We started to use Wechat conference calls later Zoom meetings to organize whole day activities from morning wake-up routine, lunch routine to evening bedtime routine. The parents followed the demonstration from the screen to teach their children to groom, to eat, to shower and to change clothes in the real home situations. Some even learned to do dish washing! We discuss with the local staff on physical tasks and educational programs. We also recruited volunteers to do storytelling with the children. To our surprise, it works, and is effective. Some children showed progress. Our online programs continue and we welcome more volunteers to join us !

The Law of the People's Republic of China on Safeguarding National Security in the HKSAR

Mr. Bronco BUT
Honorary Legal Advisor of HKPA

Assumed Scenario

Alice was a Part 1a registered physiotherapist and member of Hong Kong Physiotherapy Association. After graduation from the Hong Kong Polytechnic University, she was working in a public hospital. COVID-19 pandemic broke out locally earlier this year. The first wave of COVID-19 pandemic was caused by people entering Hong Kong from Mainland China. The fourth wave of COVID-19 pandemic had occurred. Alice was not satisfied with the Government's policy to combat COVID-19 pandemic. She opined that cutting off the transmission chains of COVID-19 virus was the only effective way to win the war against the virus; identification of infected persons without symptoms and quarantine of them was of top priority. She firmly believed that compulsory testing and screening of all Hong Kong residents should be implemented forthwith. However, the HKSAR Government was unwilling to carry out compulsory testing and screening of all Hong Kong residents. In order to put pressure on the HKSAR Government, Alice planned to call upon Public Hospital's medical staff to stage a strike and not to report duty for three days hoping that the HKSAR Government would yield to the pressure of unable to provide essential medical treatments to patients due to shortage of medical personnel. Alice's plan was to issue an open demand to the HKSAR Government that the strike would be escalated if the HKSAR Government did not comply with the demand. Alice thought that Basic Law guaranteed Hong Kong citizens' right of strike and the planned strike would not breach of any law because it did not involve violence.

Alice discussed her plan with some senior physiotherapists and tried to persuade them to participate in her planned strike. Mr. Lee, one of Alice's Senior Physiotherapists was concerned that Alice's plan might be in breach of Hong Kong laws and suggested her to seek proper legal opinion.

Law of the People's Republic of China on Safeguarding National Security in the HKSAR ("the National Security Law")

At its Twentieth meeting on 30 June 2020, the Standing Committee of the Thirteenth National People's Congress, after consulting the Committee for the Basic Law of the HKSAR and the Government of the HKSAR, decided to add the law titled "Law of the People's Republic of China on Safeguarding National Security in the HKSAR ("the National Security Law") to the list of national laws in Annex III to the Basic Law of the HKSAR. The new law, the National Security Law was promulgated on 30 June 2020.

Article 22(3) of the National Security Law has stipulated that a person who organizes, plans, commits or participates in any following acts by force or threat of force or other unlawful means with a view to subverting the State Power shall be guilty of an offence: "Seriously interfering in, disrupting, or undermining the performance of duties and functions in accordance with the law by the body of central power of the People's of China or the body of power of the HKSAR".

Article 22 of National Security Law has also stipulated: " A person who is a principal offender or a person who commits an offence of grave nature

(Continued on Page 14)

shall be sentenced to life imprisonment or fixed-term imprisonment of not less than 10 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 10 years; and other participants shall be sentenced to fixed-term imprisonment of not more than 3 years short-term detention or restriction.

Discussions

Should Alice's plan of calling for a strike to paralysis the public health service thereby putting pressure on the HKSAR Government to implement universal COVID-19 compulsory testing and screening, be carried out, the public health service provided by the HKSAR Government via Hospital Authority would be interfered or disrupted. The strike if carried out would be seriously interfering in, disrutping or undermining the performance of duties and functions of the HKSAR Government. There is a high risk that Alice's plan would fall foul of Article 22 of National Security Law.

Should Alice orchestrate the plan of strike, there is a high risk that she would be charged as a principal offender under Article 22 of National Security Law and if convicted, she shall be sentenced to life imprisonment or fixed-term imprisonment of not less than 10 years.

Should Alice's colleagues actively participate in the strike, there is a high risk that they would be charged and shall be sentenced to fixed-term imprisonment of not less than 3 years but not more than 10 years.

In view of the draconian nature of the National Security Law, it is advisable not to fall foul of the National Security Law. Otherwise, the consequences will be painful and regrettable.

Staff training for the Housing Society Elderly Resources Center

Date : 9 October 2020
Venue : Housing Society Elderly Resources Centre
Physiotherapist : Ms. Polly LO

HKPA was invited by the Hong Kong Housing Society to deliver a staff training in the Elderly Resources Centre. Geriatrics Specialty Group (GSG) represented HKPA to join this event.

Ms. Polly LO delivered a 3-hour educational talk. The topics included "Exercise on fall prevention", "Keeping your eye healthy – visual hygiene, acupuncture point", and "Living with arthritis – pain management and coping strategies".

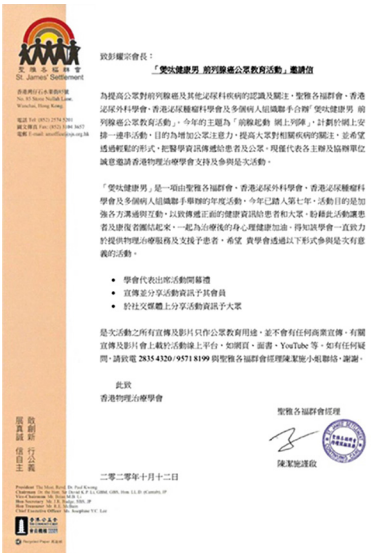
Exercise demonstration by Ms. Polly LO

Ms. Polly LO delivered an educational talk

Bowtie TV Kickoff 【煲呔TV開台禮】
聖雅各福群會、香港泌尿腫瘤科學會、香港泌尿外科學會

Date : 14 October 2020
Venue : Online
Physiotherapist : Ms. Lavinia WONG

HKPA was invited as one of the supporting organization on the captioned event. On behalf of HKPA, Lavinia delivered the opening speech and illustrated how physiotherapists uses exercise, to help people with prostate cancer in their rehabilitation and lead an active life.



致彭耀宗會長：

「煲呔健康男 前列腺癌公眾教育活動」邀請信

為提高公眾對前列腺癌及其他泌尿科疾病的認識及關注，聖雅各福群會、香港泌尿外科學會、香港泌尿腫瘤科學會及多個病人組織聯手合辦「煲呔健康男 前列腺癌公眾教育活動」。今年的主題為「前腺起動 關上同陣」，計劃於網上安排一連串活動，目的為增加公眾注意力，提高大眾對相關疾病的關注，並希望透過輕鬆的形式，把醫學資訊傳遞給患者及公眾。現邀代表各主辦及協辦單位誠意邀請香港物理治療學會支持及參與是次活動。

「煲呔健康男」是一項由聖雅各福群會、香港泌尿外科學會、香港泌尿腫瘤科學會及多個病人組織聯手舉辦的年度活動，今年已踏入第七年，活動目的是加強各方溝通與互動，以鼓勵確正前的健康資訊給患者和大眾，盼藉此活動讓患者及康復者團結起來，一起為治療後的身心理健康加油，得知該學會一直致力於提供物理治療服務及支援予患者，希望 貴學會透過以下形式參與是次有意義的活動。

- 學會代表出席活動開幕禮
- 宣傳並分享活動資訊予其會員
- 於社交媒體上分享活動資訊予大眾

是次活動之所有宣傳及影片只作公眾教育用途，並不會有任何商業宣傳，有關宣傳及影片會上載於活動線上平台，如網頁、面書、YouTube 等，如有任何疑問，請致電 2835 4320 / 9571 8199 與聖雅各福群會經理陳某某小姐聯絡，謝謝。

此致
香港物理治療學會

聖雅各福群會經理

陳某某謹啟

二零二零年十月十二日

Sik Sik Yuen Ho Fung College graduation ceremony

Date : 17 October 2020
Venue : Ho Fung College
Physiotherapist : Prof. Marco PANG

Prof. PANG was invited as the officiating guest of the Sik Sik Yuen Ho Fung College graduation ceremony. At the ceremony, Prof. PANG delivered a speech and presented the award certificates to the recipients.


Asian Confederation for Physical Therapy (ACPT) Executive Board meeting

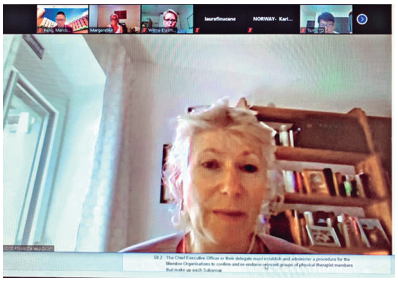
Date : 24 October 2020
Venue : Hosted in Macau (attended online)
Physiotherapist : Prof. Marco PANG

Prof. PANG introduced HKPA to the Member Organizations of the ACPT. It was a unanimous decision by the ACPT Executive Board to accept HKPA as a Member Organization of the ACPT.


World Physiotherapy Focus Group meeting

Date : 3 November 2020
Venue : Online
Physiotherapist : Prof. Marco PANG

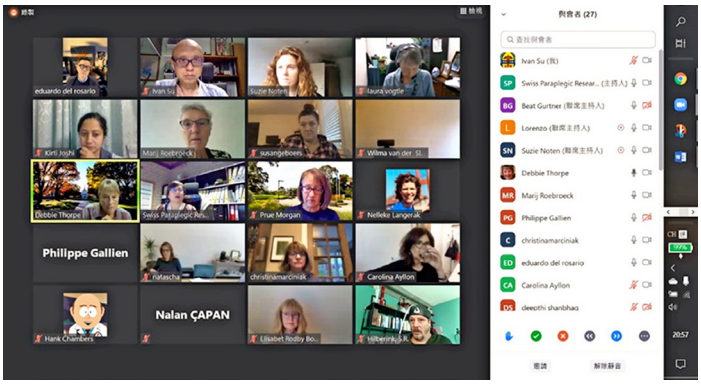
Prof. PANG participated in the focus group meeting hosted by the World Physiotherapy (formerly WCPT). During the meeting, issues related to the draft regulations on the subgroups and the dispute on the definition of "country" as described in the Constitution of the World Physiotherapy were discussed.



Online International Consensus Meeting on ICF Core Sets for Adults with Cerebral Palsy

Date : 13, 14, 21, 22, 28, 30 October and 4 November 2020
Venue : Online
Physiotherapist : Dr. Ivan SU

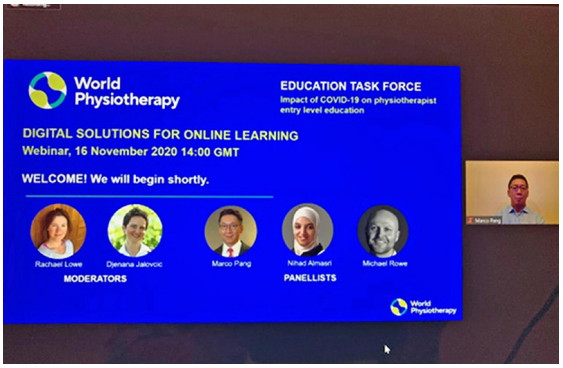
The International Consensus Meeting is a follow-up to the Worldwide Expert Survey on Development of an ICF Core Set in Adults with Cerebral Palsy (CP) organised by the Erasmus Medical Centre, The Netherland in collaboration with the ICF Research Branch in 2018. Dr. Ivan SU was nominated by HKPA to participate in the Survey and a paper "Developing an ICF Core Set for Adults with CP: A Global Expert Survey of Relevant Functions and Contextual Factors" was published in the Journal of Rehabilitation Medicine in 2020. In Sep 2020, Dr SU was invited by the same research team to participate in the international online consensus process to create the final ICF Core Sets. A total of 25 participants of different backgrounds, representing the 6 WHO regions, were selected and divided into 3 work groups for participation. The consensus process was done over a 4-week period, comprising 2 work group sessions, 4 plenary sessions with 4 voting and ranking rounds, and 1 debriefing session. The meetings were carefully sought for a timeslot that was achievable for all participants in different time zones and all the online meetings started at CET 14:00. Consensus on both the Comprehensive (120 categories) and Brief (33 categories) ICF Core sets for adults with CP was reached and the results will be published soon.



World Physiotherapy Focus Group Digital Solutions for Online Learning Webinar

Date : 16 November 2020
Venue : Online
Physiotherapist : Prof. Marco PANG

Prof. PANG was invited to give a presentation on the impact of the COVID-19 pandemic on undergraduate physiotherapy education in Hong Kong, and how digital solutions were utilized to deal with the challenges on the teaching.



Council Meeting and Annual General Meeting of The Federation of Medical Societies of Hong Kong, and Annual General Meeting of the HKFMS Foundation Limited

Date : 19 November 2020
Venue : The Federation of Medical Societies of Hong Kong
Physiotherapist : Dr. Arnold WONG

Dr. Arnold WONG represented HKPA to attend the council meeting of The Federation of Medical Societies of Hong Kong (FMSHK), 35th Annual General Meeting (AGM) of FMSHK, and 21st AGM of the HKFMS Foundation Limited.

CPD News

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

專業增值　與時並進

在物理治療專業中，「光學治療」屬於處理炎症及痛症的常用治療方案。但在醫學美容領域裡，「光學治療」於處理皮膚老化問題及脱毛方面有着顯著的成效，亦被廣泛使用。若干年前，香港物理治療學會曾邀請一位在電療領域中很有名氣的教授到香港作年度會議的演講嘉賓，這位教授曾作出以下分享：「大家很接受物理治療師透過物理治療方法為沒有受傷的運動員提升肌肉力量表現的做法，專稱他們為"運動物理治療師"；大家可否接受物理治療師透過物理治療方法改善老化皮膚，讓物理治療範疇延伸拓展？」

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美容光學專業證書

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- 對激光及強烈脈衝光儀器操作感興趣，或有意認識及提供光學美容治療之物理治療師。

課程特色

- 本課程分別已獲香港學術及職業資歷評審局 (HKCAAVQ) 及英國 iTEC 評審，為香港資歷架構 (第四級別) 及 英國政府 The Office of Qualification and Examination Regulation (Ofqual) (第四級別) 認可資歷，擁有該等資歷人士可操作激光及強烈脈沖光儀器進行光學美容治療；
- 課程共 70 小時 (包括：50 小時網上理論培訓，16 小時面授實操練習 及 4 小時總體評核)；
- 學習進度自主決定；
- 課程費用：港幣 $26,500 (已包括所有考試及雜項費用)；
- 透過以下二維碼登記報讀課程，即有專員聯絡，並提供優惠碼獲豁免入會費用價值 500 元正

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證書頒發

完成課程並通過所有考核及出席率達 80% 要求之學員可以獲頒發兩張專業證書，包括：

1. 香港特別行政區政府教育局認可之資歷架構第 4 級別「美容光學專業證書」；及
2. 英國 iTEC 所頒發之 "iTEC Diploma in Laser and Light Treatments (Level 4)"。

* Professional Certificate in Cosmetic Light Therapy organized by the Council of Health and Beauty is accredited as a continuing professional development programme **(CPD Points: 8)** by the **Physiotherapists Board** via the Hong Kong Physiotherapy Association Limited.

CHB
Council of Health & Beauty
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「美容光學專業證書」查詢連結：
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