NEWS BULLETIN 物理治療資訊
PHYSIOTHERAPY

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Content

New Year Greetings

Prof. Marco PANG
President of HKPA

The year of 2020 was a special year, with unprecedented challenges imposed on us. The COVID-19 pandemic had caused the postponement of a number of HKPA events, including the World Physiotherapy Asia Western Pacific Regional Congress, which was originally scheduled to take place in June 2020. The latest arrangement is that the Regional Congress would be held at the end of 2022.

The challenges also came with opportunities. We were able to respond promptly to the societal needs arising from the pandemic by organizing a series of activities, including mask donations to various non-governmental organizations, mask distribution to the older adults in need, and acquisition and provision of masks to HKPA members at a discounted price. Some of these initiatives had attracted considerable media attention, which had increased the visibility of the HKPA and physiotherapy profession amongst the general public.

It is now time to look forward to the year of 2021, which is filled with many exciting opportunities. First, our brand new website has just been launched, which I hope will help project a more professional image of our Association. Second, we will be celebrating the 60th Anniversary of Physiotherapy Education in Hong Kong this year. A series of online seminars featuring prominent local and international speakers will be conducted. These seminars are intended to provide us with a comprehensive perspective on development and future directions of physiotherapy education. I sincerely hope that you would join our celebration of this important milestone!

Finally, we are planning to organize our biennial conference in December 2021 in collaboration with Sik Sik Yuen. I hope the pandemic would subside soon, so that our activities can be implemented as planned. May I take this opportunity to thank all HKPA Executive Committee members and volunteers for their contributions in the past year. I wish you all a productive and healthy year of the Ox!

Editorial

Transcranial Magnetic Stimulation

Mr. Maurice HON and Ms. Caroline WONG

Transcranial Magnetic Stimulation (TMS) is a form of non-invasive stimulation therapy used to stimulate parts of the brain with magnetic waves. This has been evidently helpful in rehabilitation. In the first main article, Dr. Chloe CHUNG from Tan Tock Seng Hospital in Singapore and Professor Margaret MAK at The Hong Kong Polytechnic University explore the use of TMS in Parkinson's patients and discuss its clinical implications. The second article was written by Mr. Ka Hei WONG in Tuen Mun Hospital to discuss the use of TMS for stroke patients. He shared with us the screening process, recommended TMS treatment parameters, and the outcome measures used in clinical practice.

In the NGO corner, Mr. Alfred LEE from the Hong Kong Children and Youth Services shared with us his role in a multi-disciplinary team to provide on-site pre-school rehabilitation services. However, since many kids in the target schools are ethnic minorities, Mr. LEE needs to face a huge challenge of language barrier in providing physiotherapy services. In the people's corner, Mr. Raymond TSANG shared his passion and vision of working in the physiotherapy field for 35 years and beyond.

Announcements

The 60th Anniversary of Physiotherapy Education in Hong Kong Online Seminar Series

HKPA

Date & Time	Topic	Speakers
2 March 2021 6-7pm	60 years of physiotherapy education in Hong Kong: History, legacy and future directions	• **Prof. Emma STOKES** (President, World Physiotherapy) • **Mrs. Maria LIU** (Tutor Physiotherapist, Physiotherapy training school, Queen Elizabeth Hospital, 1969-1978; Principal Lecturer and Head of Physiotherapy Section, Institute of Medical & Health Care, Hong Kong Polytechnic, 1978-1985) • **Mrs. Patty TAM** (Tutor Physiotherapist, Physiotherapy training school, Queen Elizabeth Hospital, 1974-1978; Senior Lecturer in Physiotherapy, Institute of Medical and Health Care, Hong Kong Polytechnic, 1978-1986) • **Prof. Alice JONES** (served in the Department of Rehabilitation Sciences, The Hong Kong Polytechnic University in 1988-2011) • **Prof. Gabriel NG** (served in the Department of Rehabilitation Sciences, The Hong Kong Polytechnic University in 1995-2018, 2020-present) • **Prof. Margaret MAK** (Professor, Department of Rehabilitation Sciences, The Hong Kong Polytechnic University)
31 March 2021 6-7pm	Physiotherapy education: The regional perspective	• **Prof. Suh-Fang JENG** (Chair, World Physiotherapy Asia Western Pacific Region) • **Prof. Sandra BRAUER** (Head, School of Health and Rehabilitation Sciences, University of Queensland, Australia) • **Prof. Wendy WANG** (President, Taiwan Physical Therapy Association) • **Dr. Rumpa BOONSINSUKH** (Dean of Faculty of Physical Therapy, Srinakharinwirot University, Thailand)
5 May 2021 6-7pm	Update on Physiotherapy Education Programs in Local Context (I)	• **Prof. Hector TSANG** (Head, Department of Rehabilitation Sciences, The Hong Kong Polytechnic University) • **Prof. Grace SZETO** (BSc (Hons) PT Program Leader, Tung Wah College)
3 June 2021 6-7pm	Update on Physiotherapy Education Programs in Local Context (II)	• **Prof. William TSANG** (Head, Department of Physiotherapy, The Open University of Hong Kong) • **Prof. Arran LEUNG** (BSc (Hons) PT Program Leader, Caritas Institute of Higher Education)

60TH ANNIVERSARY OF PHYSIOTHERAPY EDUCATION IN HONG KONG SEMINAR SERIES

SEMINAR 1:

PHYSIOTHERAPY EDUCATION IN HONG KONG: HISTORY, LEGACY AND FUTURE DIRECTIONS

Date: March 2, 2021 (Tuesday)

Time: 6:00 pm to 7:00 pm

Guest speakers:

Prof. Emma STOKES

President,
World Physiotherapy

Mrs. Maria LIU

Tutor Physiotherapist,
Physiotherapy training school,
Queen Elizabeth Hospital,
1969-1978
Principal Lecturer and Head of Physiotherapy Section,
Institute of Medical & Health Care,
Hong Kong Polytechnic,
1978-1985

Mrs. Patty TAM

Tutor Physiotherapist,
Physiotherapy training school,
Queen Elizabeth Hospital,
1974-1978
Senior Lecturer in Physiotherapy,
Institute of Medical and Health Care,
Hong Kong Polytechnic,
1978-1986

Prof. Alice JONES

Served in the Department of Rehabilitation Sciences,
The Hong Kong Polytechnic University,
1988-2011

Prof. Gabriel NG

Served in the Department of Rehabilitation Sciences,
The Hong Kong Polytechnic University,
1995-2018 and 2020-present

Prof. Margaret MAK

Served in the Department of Rehabilitation Sciences,
The Hong Kong Polytechnic University,
1993 - present

Online Registration:
https://docs.google.com/forms/d/e/1FAIpQLSc9WyWsbpyBpA99sBwCEg0fdCS1fAZncMPZaJPe5JzAPcYdZQ/viewform

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GO GREEN

HKPA News Bulletins will go green from April 2021 onward

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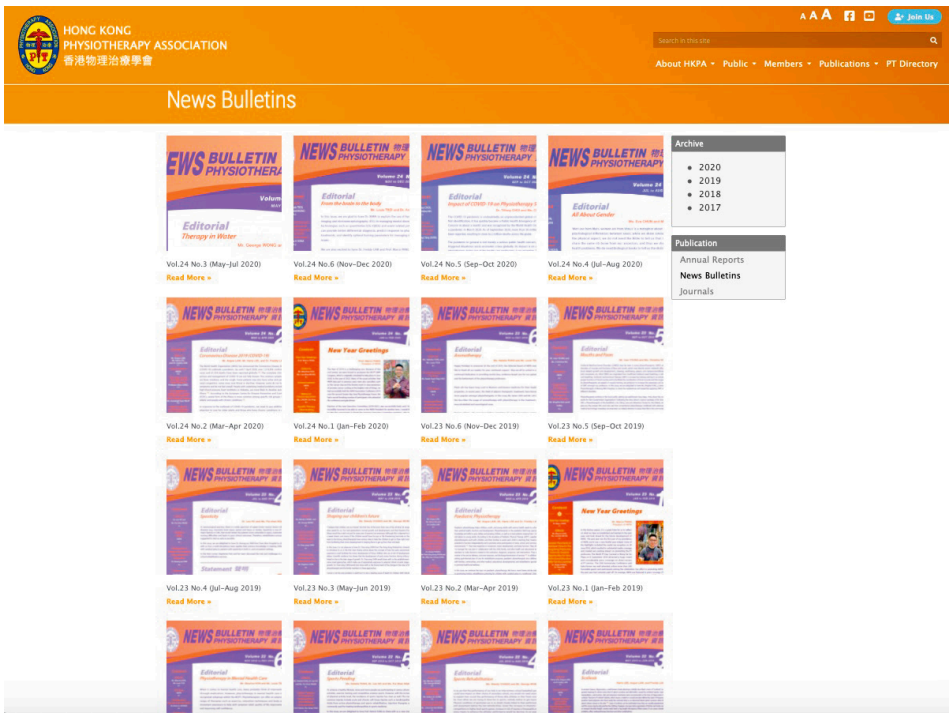

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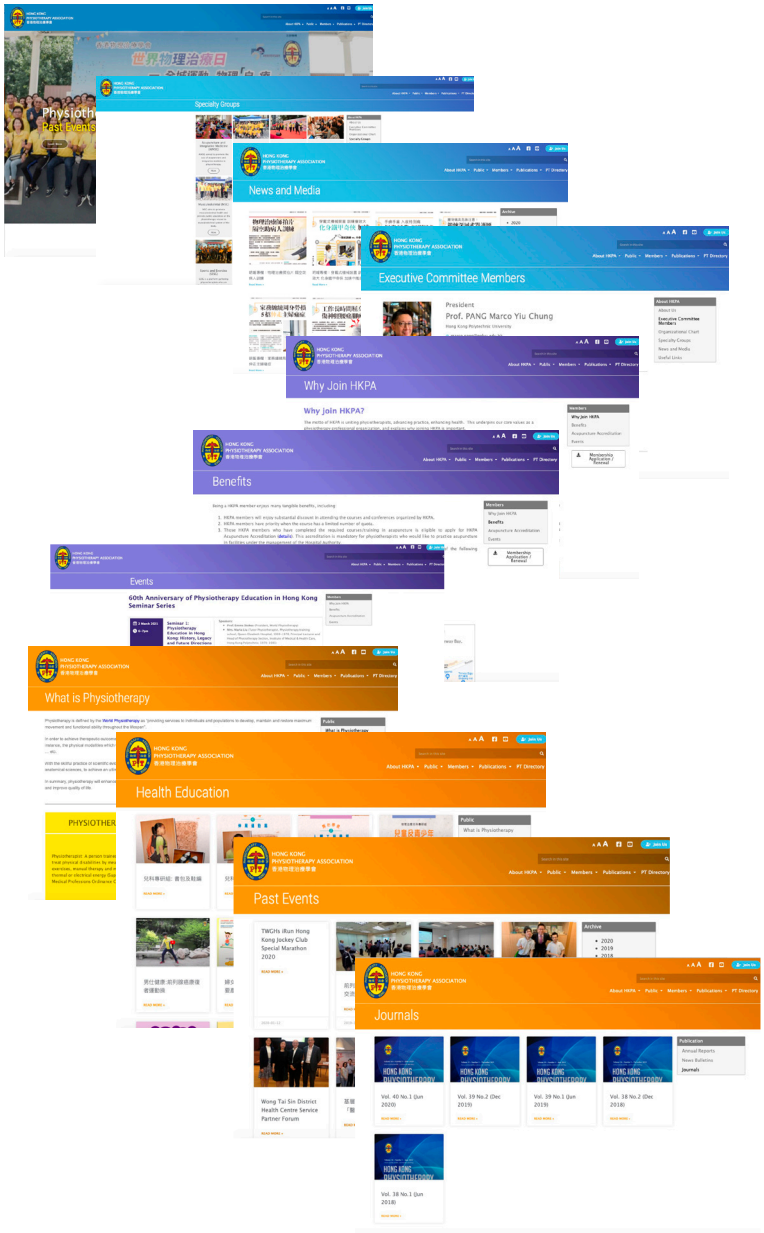

What's more? Go and explore!

Clinical Effects of Transcranial Magnetic Stimulation in Parkinson's Disease

Dr. Chloe LH CHUNG
Principal Physiotherapist, Tan Tock Seng Hospital, Singapore

Prof. Margaret KY MAK
Professor, Department of Rehabilitation Sciences, The Hong Kong Polytechnic University

Introduction of Transcranial Magnetic Stimulation

The use of magnetic field in brain stimulation was first introduced by Anthony Barker and the Sheffield group in 1985. [1] Stimulation of the brain is done by passing a brief, high voltage current in a coil of wire generally placed tangential to the scalp. A magnetic field is produced perpendicular to the current flow within the coil, which can penetrate the scalp and skull without much impedance. The magnetic field in the brain produces a secondary current in the brain as according to the principle of electromagnetic induction, and hence the technique was called Transcranial Magnetic Stimulation, TMS.

The electric current induced in the brain mirrors that in the coil but flows in an opposite direction (Fig. 1). As such, TMS allows painless and non-invasive activation of the cerebral cortex by depolarising nearby neurons and producing action potentials in the neurons. Depending on the contributing function of the targeted cortical areas, TMS can generate neurophysiological and/or behavioural effects. For instance, muscle twitches can be elicited when TMS is applied over the motor representation in the primary motor cortex (M1) and these TMS evoked responses can be readily recorded with surface electrodes and picked up as motor-evoked potentials (MEPs, Fig. 2).

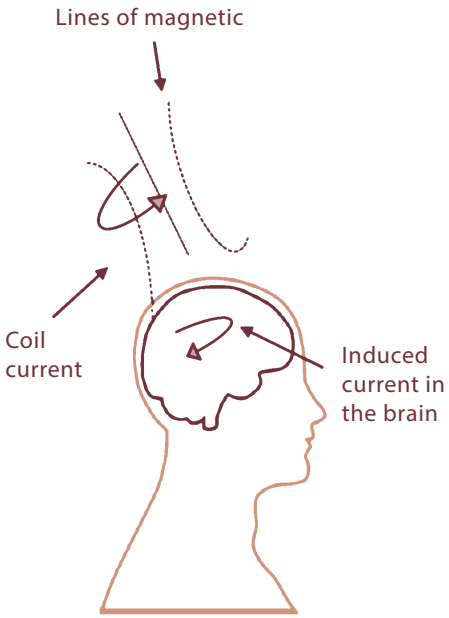

Fig 1. Illustration of directions of current flow in a magnetic coil and the induced current in the brain

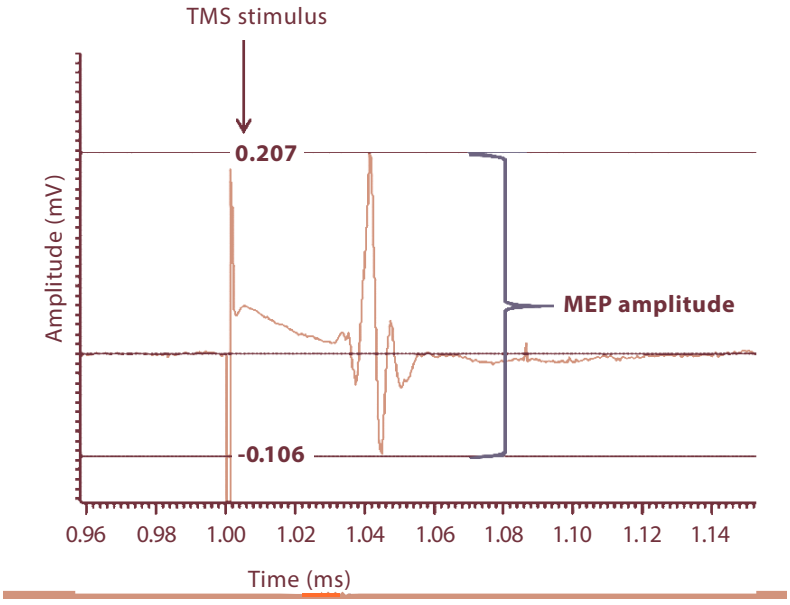

Fig 2. An example of motor-evoked potentials recording

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Resultantly, TMS has quickly emerged as a common and useful tool to study brain physiology in both research and clinical settings. TMS can be delivered as single or paired pulses or as regular repeating pulses (known as repetitive TMS, rTMS). rTMS can modulate cortical excitability that outlasts the stimulation period, and this gives rise to its therapeutic potential. The therapeutic utility of rTMS in various psychiatric disorders and neurological conditions has been reported in the literatures. [2,3] In this brief communication, the emphasis will be on applications of TMS on Parkinson's disease (PD).

TMS Use in PD

Degeneration of midbrain dopamine neurons in the substantia nigra leads to various motor disturbances in PD. [4] According to the basal ganglia-thalamocortical circuit model, the degeneration of dopaminergic nigrostriatal pathway would result in frontal cortical deafferentation and functional alternations of the corticospinal system. [5] These abnormalities in PD have been revealed through electrophysiological measures in M1 as assessed using TMS techniques. Previous TMS studies reported an imbalance of corticomotoneuron excitability toward a state of disinhibition evidenced by shorten cortical silent period (CSP), reduced short-interval intracortical inhibition (SICI) and enhanced motor evoked potentials (MEPs) at rest. [6-9]

Amplitude of MEP reflects the strength of corticospinal projections and cortical excitability while duration of CSP and amplitude of SICI indicate cortical inhibition. CSP is the suppression period of EMG produced by TMS delivered to the contralateral M1 during voluntary contraction of the corresponding muscle (Fig. 3). [10] SICI refers to the suppression effect on a suprathreshold test stimulus that was preceded by a subthreshold conditioning stimulus given at interstimulus intervals of 1-5ms (Fig. 4). [11]

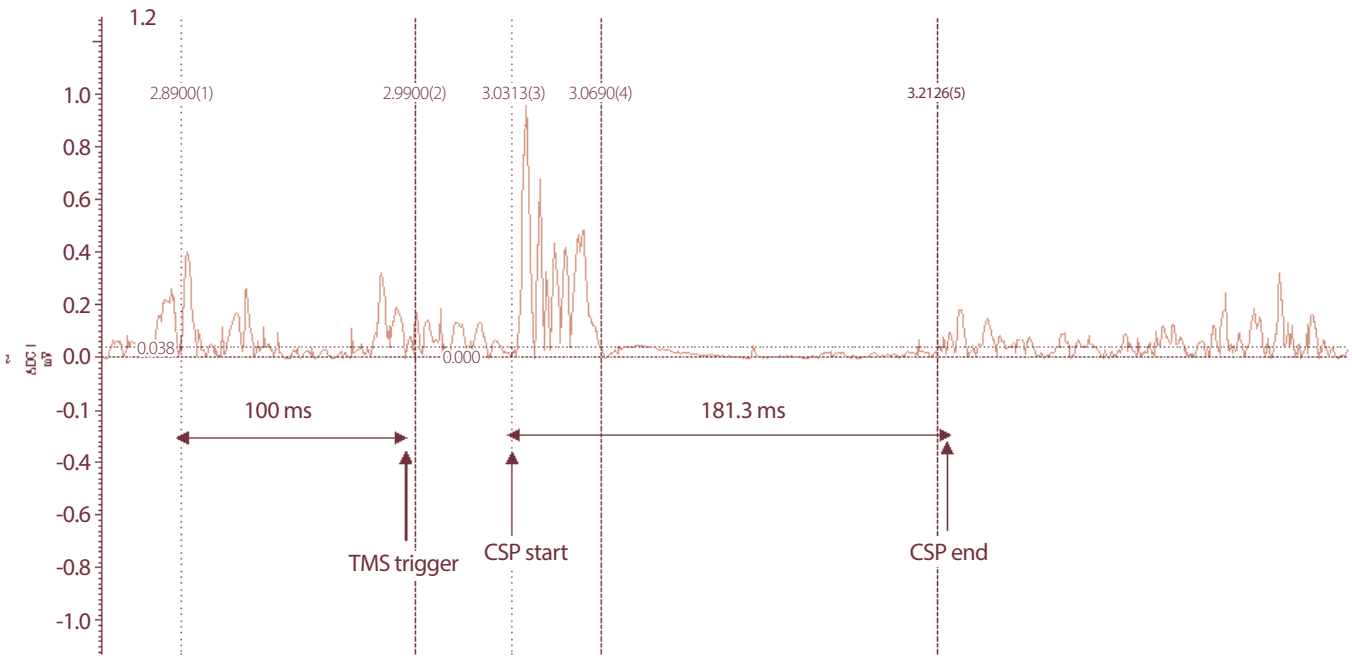

Fig 3. Example of EMG raw data of CSP

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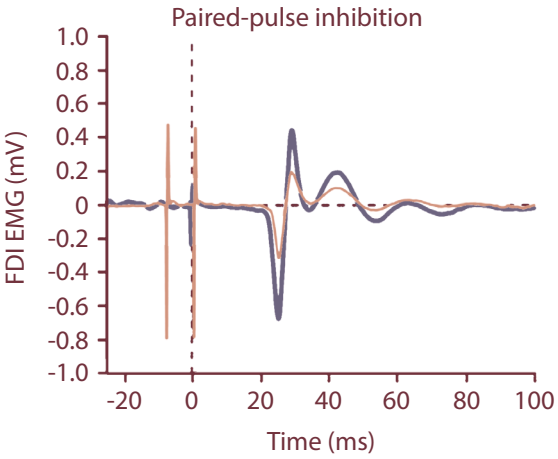


Fig 4. Example of EMG raw data of SICI; blue coloured trace represents the unconditioned TMS response and red coloured trace represents the suppression of test pulse under SICI TMS paradigm

The functional changes in cortical activity in PD support the use of neuromodulation therapy. Reversing these abnormal brain activities that contribute to clinical deficits may promote symptoms relief. Therefore, rTMS became an appealing neuromodulation strategy in PD due to its ability to transiently modify cortical activity. Broadly speaking, when rTMS is delivered at a slow rate, such as 1 Hz, it will lead to reduction of excitability and fast rates, such as 10 Hz or 25 Hz, will lead to increased excitability. [12] Significant clinical effects have been obtained in patients with PD by stimulating different cortical regions with rTMS at low- or high-frequency rTMS.

We have conducted and published a meta-analysis and systematic review aimed to examine the efficacy of rTMS on improving walking performance and motor symptoms over the short- and long-term in people with PD. Our findings demonstrate the beneficial effect of rTMS on walking performance and motor symptoms measured by motor section of Unified Parkinson's Disease Rating Scale (UPDRS-III) scores in both the short and long-terms. [13] In a recently updated clinical guideline, Level B evidence was reached for the repeated use of high-frequency rTMS of bilateral M1 regions for improving motor impairment in PD. [3]

TMS to Modulate Motor Training

Apart from the therapeutic effects of using TMS on its own, the approach of neuromodulation offers a promising rationale in augmenting behavioural training by priming the brain with TMS. TMS can induce plastic changes itself as well as to change the state of a brain region and thereby exert influence on subsequent stimulation or motor learning process. [14] Motor learning can be enhanced if the excitability of the motor cortex is transiently enhanced during motor learning, which is known as "gating". [15] Interestingly, utilising a process called homeostatic metaplasticity, motor learning can also be facilitated if neuronal activity is lowered (e.g., by low frequency rTMS) in the motor cortex prior to training. [16,17] This bidirectional homeostatic regulation is an important safeguard mechanism to maintain synaptic efficacy within the normal physiological range. [18]

In people with PD, treadmill training primed with 5 Hz rTMS has been noted to produce a greater improvement in walking speed than treadmill training alone. [19] It is conceivable that the enhanced motor learning effect was due to the transient increase in cortical excitability induced by 5 Hz rTMS. However, it is not known whether high- or low-frequency rTMS has better priming effect and thereby optimising rehabilitation and therapeutic protocols. To answer this question, my PhD study was conducted alongside a prospective double-blind randomised placebo controlled RCT. [20]

The study aimed to investigate whether 1 Hz or 25 Hz rTMS is more effective than sham rTMS in augmenting the effects of a treadmill training in patients with mild to moderate PD in the long-term, and to establish the relationship between improvements in motor performance and changes in cortical excitability. Fifty-

(Continued on Page 9)

one participants with PD were randomised to receive 12 sessions of rTMS (25 Hz, 1 Hz, or sham) followed by treadmill training (Fig. 5). All participants were assessed at baseline, 1 day after intervention, 1 month after intervention and 3 months after intervention.

Our results showed that the 1 Hz and 25 Hz rTMS groups both produced more improvement in fastest walking speed, the timed-up-and-go test, and the MDS-UPDRS III than the sham group, and these effects were enduring for 3 months. Furthermore, the improvement in behavioural measures correlated with the increase in intracortical inhibition in the 1 Hz and 25 Hz rTMS groups. This indicates a normalisation of brain excitability and a plastic change of the motor system.

Overall, this study extends our understanding of the beneficial effects of rTMS on priming motor training in patients with PD and also shed lights on possible neural mechanisms underlying behavioural improvement. Our data suggest that both 1 Hz and 25 Hz rTMS promoted treadmill training through gating with a breakthrough of homeostatic excitability barrier. Rebalancing cortical excitability by rTMS appears critical for plasticity induction in PD.

Conclusion

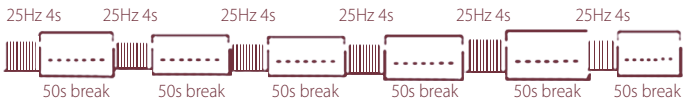
It is clear that TMS has enhanced our understanding of PD pathophysiology and repeated use of rTMS has a possible therapeutic potential. Priming the brain with rTMS can further potentiate efficacy of rehabilitative interventions in PD by altering brain plasticity.

rTMS protocol:

Target : Bil. motor area of the tibialis anterior muscles
Intensity : 80% RMT
Dosage : 600 pulses to each hemisphere

1 Hz 10 minutes at 1Hz = 600 pulses

25 Hz 6 blocks of 4s-25Hz = 600 pulses



Sham

Treadmill protocol:

- Warm up at 50% over ground max walk speed (5 mins)
- 0.2 km/h every 5 minutes as tolerated
- Maximum speed, total walking distant and Borg's scale to monitor exercise intensity
- Safety harness without body weight support

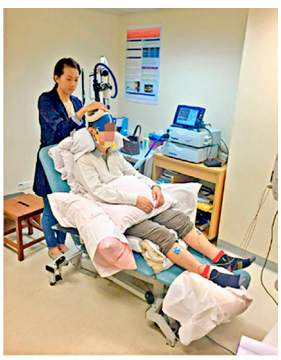


Fig 5. Intervention protocol - rTMS protocol (1Hz / 25Hz / Sham) + 30 minutes treadmill training, 12 sessions over 3 weeks (4 x per week)

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New Frontiers in Neuro-Rehabilitation - Transcranial Magnetic Stimulation (TMS) for Upper Limb Rehabilitation in Stroke Patients - An Overview

Mr. Ka Hei WONG
Physiotherapist, Tuen Mun Hospital

Introduction

TMS is a non-invasive neurostimulation technique based on the principle of electromagnetic induction. An electric current is induced on cortex by a rapidly changing magnetic field from the coil. The induced current can depolarize neurons and lead to initiation of an action potential. [1]

A typical TMS system consists of a stimulation coil, a power unit and a Motor Evoke Potential (MEP) recording pod. Upon a suprathreshold stimulation to primary motor cortex (M1), the motor cortex evokes descending volleys through corticospinal tracts, which activate motor neurons and Motor Evoke Potential (MEP) of target muscles. [2] MEP is recorded by electromyographic (EMG) recording electrodes.

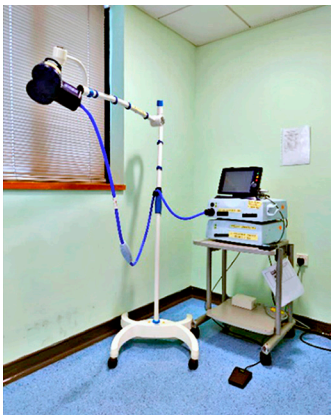

Fig 1. A typical TMS system with a figure of 8 stimulation coil

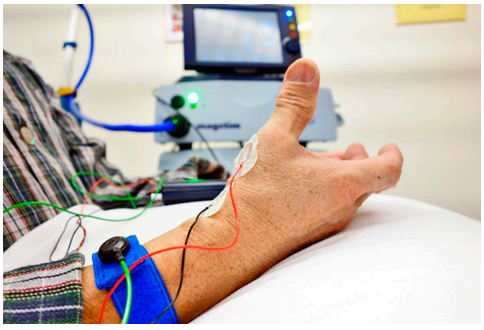

Fig 2. MEP recording through EMG electrodes

There are three basic types of TMS, including single pulse, paired pulse and repetitive TMS (rTMS). While single pulse TMS and paired pulse TMS are mainly for diagnostic and investigation purposes, rTMS is mainly for therapeutic purposes.

Repetitive TMS

rTMS can modulate the cortical excitability, depending on the parameters of stimulation, even beyond the duration of stimulation. [3] High frequency rTMS increases cortical excitability of the stimulated hemisphere. Whereas low frequency rTMS decreases the cortical excitability of the stimulated hemisphere and increases the cortical excitability of the non-stimulated hemisphere through rebalancing the cortical excitability between two hemispheres. [4] Therapeutic applications of rTMS include medication refractory depression, neurorehabilitation, migraine, neuropathic pain and Parkinson's Disease. [1] In Hong Kong, physiotherapists are using rTMS to promote upper limb motor recovery in stroke patients. [5]

a) rTMS on Upper Limb Rehabilitation in Stroke

Attaining functional recovery of upper limb (UL) in stroke patient is a challenge which inspires novel intervention. Number of studies have investigated effects of rTMS on upper limb motor function in patients with stroke. [6] High frequency rTMS (>1 Hz) over primary motor cortex (M1) of the affected hemisphere could improve upper limb function in patients with stroke. [7] Low frequency rTMS (≤1 Hz) over M1 of the unaffected hemisphere also has beneficial effects on hand dexterity, pinch acceleration, grip force, reaction time, and finger tapping. [8] Application of rTMS to patients with acute and sub-acute stroke has positive and carry over effects on the motor recovery in hand functions. [9] Local experience also showed that rTMS could augment physiotherapy treatment in enhancing upper limb motor functional recovery in acute stroke patients. [5]

Safety Considerations on Applying rTMS to Stroke Patients

a) Potential Side Effects

Despite huge potential benefits of rTMS, there are potential side effects. The most severe side effect could be induction of seizures and syncope, however the risk for seizure is rare for low frequency rTMS. [1] While other less severe side effects include headache, neck pain, local transient pain, nausea and temporary increase in auditory threshold. [1]

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b) Risk Management

Screening Contraindications:

Patients must be screened for contraindications before considering rTMS treatment:

- Presence of metallic hardware in the head (apart from the mouth) with close contact to the stimulation coil
- Presence of cardiac pacemakers, implanted medication pumps, cochlear devices or other electronic implants
- Pregnancy
- Individuals with unstable major medical conditions (e.g. increased intracranial cerebral pressure), major psychiatric conditions (e.g. dementia) and neurological conditions that predispose an individual to epilepsy
- Individuals who are predisposed to epilepsy or those with CNS lesions or diseases
- Conditions of increased or uncertain risk of inducing seizure
- Patients who are unable to give consent due to severe aphasia, anosognosia or cognitive deficit

Screening Questionnaire:

Further screening is required to minimize the risk of potential side effects with the following screening questionnaire: [10]

Medications Screening:

Since some medications could lower the seizure threshold, patients on medications must be screened thoroughly before commencement of rTMS treatment: [1]

1.	Do you have epilepsy or have you ever had a convulsion or a seizure?
2.	Have you ever had a fainting spell or syncope? If yes, please describe on which occasion(s)?
3.	Have you ever had a head trauma that was diagnosed as a concussion or was associated with loss of consciousness?
4.	Do you have any hearing problems or ringing in your ears?
5.	Do you have cochlear implants?
6.	Are you pregnant or is there any chance that you might be?
7.	Do you have metal in the brain, skull or elsewhere in your body (e.g. splinters, fragments, clips, etc.)? If so, specify the type of metal.
8.	Do you have an implanted neurostimulator (e.g. DBS, epidural/subdural, VNS)?
9.	Do you have a cardiac pacemaker or intracardiac lines?
10.	Do you have a medication infusion device?
11.	Are you taking any medications? (please list)
12.	Did you ever undergo TMS in the past? If so, were there any problems.
13.	Did you ever undergo MRI in the past? If so, were there any problems.

Table 1. Screening 13-Item Questionnaire for rTMS Candidates [10]

Risk Level	Medications
Strong potential hazard for application of rTMS due to their significant seizure threshold lowering potential	• **Antidepressants (tricyclic):** Imipramine, Amitriptyline, Doxepine, Nortriptyline, Maprotiline • **Antipsychotics:** Chlorpromazine, Clozapine • **Antiviral/Antiretrovirals:** Foscarnet, Ganciclovir, Ritonavir • **Amphetamines** • **Illicit Drugs:** Cocaine, MDMA (Ecstasy), Phencyclidine (PCP, Angel's Dust), Ketamine, Gamma-hydroxybutyrate (GHB) • **Alcohol** • **Bronchodilator:** Theophylline
Relative hazard for application of rTMS due to their significant seizure threshold lowering potential	• **Antidepressants (SSRIs):** Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Citalopram • **Antidepressants (other):** Mianserin, Reboxetine, Venlafaxine, Duloxetine, Bupropion, Mirtazapine • **Antipsychotics:** Fluphenazine, Pimozide, Haloperidol, Olanzapine, Quetiapine, Aripiprazole, Ziprasidone, Risperidone, Lithium • **Antibiotics / Antifungal / Antiviral:** Chloroquine, Mefloquine, Imipenem, Ampicillin, Penicillin, Cephalosporins, Metronidazole, Isoniazid, Levofloxacin, Cyclosporin • **Chemotherapy:** Chlorambucil, Vincristine, Methotrexate, Cytosine Arabinoside, BCNU • **Anticholinergics** • **Antihistamines** • **Sympathomimetics**
Withdrawal from one of the following drugs forms a strong relative hazard for application of rTMS due to the resulting significant seizure threshold lowering potential	Alcohol, Barbiturates, Benzodiazepines, Meprobamate, Chloral hydrate

Table 2. Medications Which are Potential Hazards for rTMS [1]

(Continued on Page 13)

c) Operator Training

Physiotherapists should receive proper training on operation of TMS, treatment procedures and contingency management before operating the TMS system.

d) Management of Potential Emergencies

Patients must be closely monitored for potential side effects during and after treatment to ensure their safety. Contingency plan should be in place in order to manage potential emergencies such as seizure or syncope.

Patient Recruitment

Patients with diagnosis of stroke and with upper limb functional deficits can be recruited. All recruited patients are required to provide written consent before commencement of treatment. The case physiotherapist is responsible to explain treatment procedures, benefits and potential side effects of treatment to patients.

Treatment Protocol

For promoting upper limb recovery in stroke patients, stimulation is delivered to the primary motor cortex (M1). rTMS should be applied according to recommended published parameters only. The followings are some protocol examples:

For inhibitory stimulation, rTMS is applied to the contra-lesioned hemisphere at 1 Hz for 20-25 mins (1,200 to 1,500 pulses) with intensity at 90% of Resting Motor Threshold (RMT). [8-10] Number of treatment session is 5 per week and last for 1-2 weeks (total of 5-10 sessions).

For excitatory stimulation, rTMS is applied to ipsi-lesioned hemisphere at 3 Hz, with train duration 10s and intertrain interval 50s, for 10 trains (total number of pulses: 300) with intensity at 120% of RMT. Number of treatment session is 5 per week and last for 2 weeks (total of 10 sessions). [11]

RMT is defined as the minimum stimulus intensity necessary to produce MEP with peak-to-peak amplitude >50uV in at least 5 out of 10 trials. [7] Target muscles for recording MEP are Abductor Pollicis Brevis or the First Dorsal Interosseous. Intensive physiotherapy upper limb training is required with the TMS treatment to maximize the functional recovery.

Evaluation

The following assessments on function, activity participation and body structures could be performed as indicated:

- Fugl-Meyer Assessment
- Wolf Motor Function Test
- Action Research Arm Test (ARAT)
- Nine Hole Peg Test
- Perdue Pegboard Test
- Measurement of spasticity (Modified Asworth Scale)
- Motricity Index and Trunk Control Test
- Goal Attainment Scale
- Upper limb pain
- Upper limb motor control (range and muscle power)
- Power grip strength
- Pinch grip strength

Multidisciplinary Communication

Communication with referring doctor before commencement of rTMS is required to clear any potential risks or concerns. Constant communication with doctors, nurses and other disciplines is important so as to facilitate the holistic management and monitoring of progress throughout the course of treatment.

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Roles and Challenges of Physiotherapist in On-Site Pre-School Rehabilitation Services at Hong Kong Children and Youth Services

Mr. Alfred LEE
Physiotherapist, Hong Kong Children and Youth Services

Background

Hong Kong Children and Youth Services (HKCYS) has launched its On-site Pre-school Rehabilitation Services (OPRS) funded by the Social Welfare Department since 2019. The service aims to promote holistic development of children with special needs, and to provide parents/caregivers/teachers with methods for training and activities of daily living to support the rehabilitation process of their children.

HKCYS has a unique and diverse portfolio of partnerships with local, international, and ethnic minority (EM) schools. Thus, team members for the OPRS aim to be responsive to the ethnic, cultural and language profile of the children in catering developmental goals and training.

The Roles of the Physiotherapist in HKCYS OPRS

The primary goals of the physiotherapist in the service are to improve the children's development of gross motor skills and abilities, to enhance the children's physical fitness, and to advise on the children's structural and postural problems. These are done mainly by the process of conducting intake and regular assessments, setting individual training plans, and providing individual, pair-up and group treatment to children.

Physiotherapy goals aim to be integrated with the overall development plan of the children in mind. This is done by collaboration with other professional counterparts (clinical psychologist, social workers, special child care workers, speech therapists and occupational therapists) in the team, with school partners, and with caregivers as listed below:

- Involve in case conferences to bring out children's physiotherapy needs, to understand children's other developmental needs, to share the performance of children under different learning contexts, and to redefine children's individual training plan.
- Participate in multidisciplinary training programmes with other professional team members.
- Share with team members physiotherapy training approach and knowledge.
- Conduct seminars or workshop for staff of partnering schools, and give advices when appropriate.
- Empower parents and caregivers to be engaged with children's gross motor development through home programme, attending physiotherapist session and submitting written pieces to the service's periodic newsletter.

As advocates of exercises, the physiotherapist investigates the evidence on benefit of exercises on specific population groups such as the autistic spectrum disorder and the attention deficit hyperactive disorder. As gross motor is a relative strength for many children, the physiotherapist also works to support the children's other aspects of development during gross motor activities. This is done by collaboration with other professional members in the team and by understanding the holistic developmental goals of the children discussed in case conferences. Training session is delivered with a balance between instructional and scaffolding learning in mind.

The Challenges for Physiotherapist at HKCYS OPRS

1. Physiotherapy Training During the Pandemic and Social Distancing

The counterintuitive nature of the pandemic which requires social distancing is a hurdle for a hands-on profession that at most times requires physical contact. This is also a time where children can fall into a sedentary lifestyle. At the height of the pandemic, video training is a valuable platform.

Conducting Video Training

Aside from the difference in the children's attention and ability to follow instructions during video training, there are several external factors that affect the outcome of a video training:

(Continued on Page 15)

- *Caregiver skills:* The physiotherapist greatly relies on the caregivers as they are the ones present in the children's immediate environment. The role of the caregivers will be to understand the task and demonstrate it to the children, and to maintain the children's attention and compliance. This is an excellent opportunity for therapist to train the trainer and observe the dynamics between caregivers/ siblings and the children. During a video session, caregivers are required to implement the training hands-on instead of only observing by the side. Thus, the caregivers, by working with the therapist, can gain additional perspectives that might be applied to improve efficiency during home training or day-to-day interactions with the children.

- *Video connections:* To avoid valuable information loss due to poor internet connection, the physiotherapist usually makes phone calls before and after the video session. This is to collect subjective information, to instruct parents on setting up, and to debrief caregivers.

- *Equipment:* An equipment list of common household items is sent out in advance to caregivers to prepare ahead of time. This includes various sized balls/stuff animals, coloured tapes, targets made of pieces of paper taped together, cushion/pillows, and playmats.

- *Space:* Although space is usually a limitation for gross motor, the physiotherapist aims to show the caregivers how to creatively perform gross motor task in restrictive space.

2. Physiotherapy for Ethnic Minority (EM) Children

When working with children from ethnic minority backgrounds, language is the most immediate barrier. Most EM children's native language is neither English nor Cantonese, which means the physiotherapist need to work via an intermediary translator throughout the service. The physiotherapist is also required to coordinate with other professional team members to explore with the family the most appropriate language medium for training. Other factors that amplify the challenges children face in achieving their developmental goals can be grouped into Economical, Environmental and Educational factors (3E's).

- *Economical:* Some EM children usually come from lower income households where the breadwinners are the males in the family involved in work requiring labor. Thus, the caregiving resource to child ratio is usually lower. An EM child is usually a) from a bigger family, b) co-raised by a group of relatives, or c) co-living with other families. Often, even though the main contact for the children might be English-speaking, other caregivers or relatives that bring the children to training are not. Communication work for children's care plans and training follow-ups need to be well coordinated.

- *Environmental:* Bigger family sizes and smaller living spaces mean denser home environments. EM children can be more easily distracted with more background noises and more disorganized living spaces. The multidisciplinary team works with the families to provide a more structured learning environment/schedule. In terms of school environment, smaller EM schools will have less space for children's gross motor development. Also, the OPRS team will need to work with EM schools on room availabilities with consideration to the school's worship scheduling which will affect the available training rooms and training schedules. The EM schools are bridges to communication and trust between the rehabilitation team and EM families. EM schools usually have EM teachers who are more familiar to the families in terms of language and culture.

- *Educational:* There are usually more hurdles in building rapport with EM families due to cultural and language differences. Culturally, EM families might place different emphasis on training and education. For some families, their aspiration for the children is to be able to work in order to meet their basic needs. The OPRS team needs to walk with the family in showing them how training can improve performance in everyday life beyond academic performance. The team also needs to educate families for accessing community resources and the referral process.

Conclusion

The challenges faced during the pandemic can become an opportunity for physiotherapist in preschool rehabilitation services (e.g. train the trainer, being creative with training at home). The challenges of working with the EM population can also become an opportunity to help a population that usually has more barriers to overcome (e.g. language, economy, environment and education).

An Interview with Mr. Raymond TSANG

Date : 24 August 2020

Venue : Online

Interviewee : Mr. Raymond TSANG
Department Head, MacLehose Medical Rehabilitation Centre

Interviewers : Ms. Anson WONG and Ms. Athena WONG
Year 1 Physiotherapy Students

Q1

Why do you study Physiotherapy (PT)? Have you considered studying something else?

A1

It was 35 years ago when I graduated from the secondary school. I was interested in studying Sociology and Humanities. Unfortunately, there were only two universities at that time so it was challenging to get in with an acceptance rate of only 10-20%. I had several concerns in choosing majors, with the first one as being able to serve people, as well as suiting my interests so that I could utilise my strengths as I like teaching students. I was also concerned about the level of education as it directly determined my competitiveness. These led me into studying Physiotherapy.

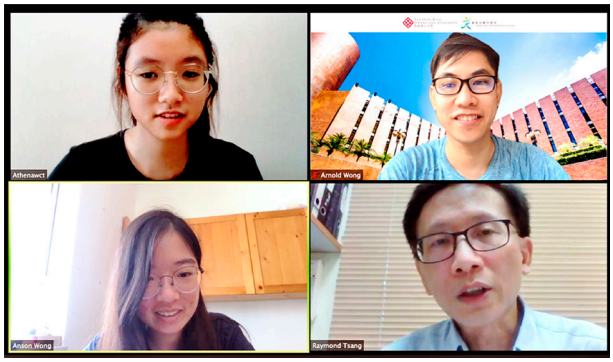
Compared to the current times, information about majors like Physiotherapy was not that clear as it could only be obtained through printed materials, and that not many informational sessions were conducted. I'm delighted to see that students nowadays get to know more about Physiotherapy, thanks to the Internet and social media.

Q2

Any changes in PT services in HK over the years?

A2

Being in this field for 35 years, I would say PT services have changed very much. Obviously, the education opportunities and the number of physios in HK have proliferated. Physios' autonomy has increased too. In the past, we only received "treatment orders" from doctors; now we have more control over our services. The "self-management" concept has also been promoted. Previously, the use of equipment composed the majority of PT services. Owing to the burdened public services, we need to enhance patients' self-efficacy and their responsibility to take care of themselves. Thus, we introduce patients to various exercises according to their situations.



Ms. Anson WONG, Ms. Athena WONG, Dr. Arnold WONG, and Mr. Raymond TSANG

Importantly, PT services have become more evidence-informed. Actually, I was in the Steering Group for promoting such practice in Hospital Authority (HA). Informed by scientific discoveries, physios incorporate them into clinical services. However, clinicians should carefully translate evidence into practice due to diverse populations and clinical contexts behind papers. That is also why we call it evidence-informed rather than evidence-based.

Q3

How long did you work as a clinical educator? Any changes in the student quality over the years while you were a Clinical Educator (CE)?

A3

I began to teach students in 1991 and switched to work as a clinical educator in QMH from 1995 to 2008, mainly supervising students on musculoskeletal disorders and orthopaedics. I found teaching university students an enjoyable experience, especially when chatting with them and discussing clinical problems. I would ask different questions to stimulate students to consider various factors before making a clinical decision and analyse their clinical reasoning through their responses. It is always fun to help students unleash their potential.

(Continued on Page 17)

As for the changes in the qualities of students while I was a CE, it was evident that students were required to sharpen their clinical skills: setting up equipment efficiently. Yet, an emphasis is placed on communication skills instead where students are allowed to hone through various presentations and group projects. Personally, I believe that clinical placement is the best in helping students to improve clinical skills and review, integrate and apply the knowledge learned in previous university courses in clinical practice.

Q4

How do you see the development of PT services in hospitals? What will be the trend?

A4

Development in geriatrics and healthy aging will become our main focus. PT services in HA are largely affected by public health situations. It is hard to make other changes in public PT services without addressing the aging problem. Physios in HA can also develop multi-department collaborations. However, it is very opportunistic since the department is usually just a partner in the projects. It has to wait for invitations for collaboration. That is why physios have to maintain good relationships with other clinicians.

Higher institutions also help physiotherapy develop. Research in universities can inform our colleagues of new ideas in services. It is a pity that HA and higher institutions have few collaborations. This makes academic outcomes less transferable to clinical development. I understand the situation takes years to improve, but I still hold high expectations for more effective cooperation in the future.

Q5

What should Physiotherapists do to equip themselves to fit in the future trend?

A5

The 4-year education in post-secondary institutes has already trained physios of all essential capabilities. But for me, life-long learning and research abilities are the most important ones.

1. Life-long learning

   When I was a CE, I always told my students "20≠20": 20 years of experience is not regarded as so if you just keep repeating yourself. It is important that we read journal articles and attend workshops from time to time, and keep reflecting on practice. The enhancement might not have immediate applicability, but sometimes they may give you surprising benefits.

2. Research ability

   In many countries, clinicians actively participate in clinical research. They are the consumers but also producers of scientific evidence. Yet, our colleagues have heavy workloads and limited time to learn doing research. Certainly, clinicians' main focus should remain as treating patients, but the bottomline is that they keep up with new evidence. Still, it would be ideal if they can join some research projects.

Q6

If you were given the chance to start all over again, what will you do?

A6

I actually find this question hard to answer. I did not think much when I made many life decisions. To be honest, I am not a very farsighted person. Sometimes I just go with the flow. But it does not mean I have been satisfied with my achievements. Instead, I always want to perform better. If I look back on the past 30 years as a physio, I think my pathway would not change much. I might make the same mistakes again, but mistakes are inevitable in our growth, as long as the mistakes are forgivable. If I have to change something from my past, I hope I could be more diligent. Despite having continuously attending courses for 20 years out of my 30-year career, I think I could have learnt more.

Q7

Why are you so devoted to the profession?

A7

I think it depends upon how you see yourself as what kind of a person you are. I believe that helping others with my strengths is a blessing, regardless of helping a patient or a student. I would say that I am devoted to teaching students and I would do so whenever possible. I treasure my close relationships with my students as the biggest accomplishments throughout my career. Until now, I still maintain contact with them so we would have meals regularly. They would even bring their entire families to the gatherings. It was really memorable and treasurable since such relationships with people cannot be bought with money or valuables.

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

Peter was born in Hong Kong and went to United Kingdom to study Physiotherapy after having finished his secondary education in Hong Kong. Throughout his university studies, he was used to the idea of self-determination and took the stance that Hongkongers should have more say regarding the election of the Chief Executive of the HKSAR. He was an advocate of universal suffrage and was disappointed that the HKSAR Government did not put forward a timeline on when the Chief Executive of the HKSAR would be elected by universal suffrage. After graduation, he returned to Hong Kong and worked as a physiotherapist in a public hospital.

COVID-19 pandemic broke out locally in 2020. More than one year had lapsed since the first wave of COVID-19 occurred here. The HKSAR Government was unable to cut off the transmission chain leading to the spread of the virus. The fourth wave of COVID-19 pandemic was raging. USA, UK and PRC had developed vaccines to combat the virus. However, the global demand for vaccines far exceeded the supply. Although the HKSAR Government had tried its best endeavors to secure the supply of vaccines, the roll out of inoculation was postponed to the end of February. The administration had experienced difficulties in securing doses of BioNTech vaccine from Europe, Beijing based Sinovac's CoronaVac and the job jointly developed by Astra_Zeneca and Oxford University. The supply of CoronaVac doses originally scheduled for delivery by the end of February as Sinopharm had yet to publish any third-round clinical data in medical journals. The authorities said that the vaccine (developed by Sinopharm) had similar rate of adverse effects to other brands. According to their trials, less than 0.1 % of subjects experienced mild fever, whilst serious allergic reactions occurred in about two per million people. Last month, Sinopharm claimed its vaccine had 79.34 efficiency, a non-peer reviewed rate based on interim analysis of phase-three clinical trials. The vaccine rolled across the mainland – pending full release of phase 3 clinical trials. Sinopharm's vaccine had also been approved in several Middle Eastern and Asian countries.

Priority for the first batch of vaccines to arrive will be given to high risk groups starting with staff and residents of care homes for the elderly followed by hospital workers and other senior citizens. There was yet a definite schedule of citywide inoculation since it was uncertain whether the vaccine manufacturer could deliver the virus as scheduled.

Peter was angered that Hongkongers could not have self-determination and that the Chief Executive was not elected by universal suffrage. Knowing that the HKSAR Government need to win over public acceptance of the vaccines (including Sinopharm's vaccine) to be rolled out for inoculation, Peter and some medical professionals were planning to set up social media chat groups claiming that the adverse effects of vaccines far outweighed the benefits of taking the jab without credible evidence. Peter's aim is to discredit the administration and scare off ordinary Hongkongers from taking the jab. Shaking Hongkongers' confidence in the vaccines would defer Hongkongers from taking the vaccines. The pandemic could not be kept under control; economical activities would be hamstrung and the economy would further deteriorate causing Hongkongers to point their fingers at the HKSAR Government. His goal was to undermine the normal functioning of the society and the HKSAR Government.

Peter discussed his plan with some close physiotherapists and tried to persuade them to participate in his chat group. One of his close friends, Tommy was concerned that Peter's plan

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might be in breach of Hong Kong laws and suggested him to seek proper legal opinion before kick start the chat group.

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 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.

Discussion

Should Peter's plan of kick start the social media chat groups with the hidden agenda to smear the beneficial effects of vaccines thereby undermining the performance of duties and functions the HKSAR Government. The social media chat group if started would be seriously interfering in, disrupting or undermining the performance of duties and functions of the HKSAR Government. There is a high risk that Peter's plan would fall foul of Article 22 of National Security Law.

Should Peter be the mastermind of the social media chat group, strike, there is a high risk that he would be charged as a principal offender under Article 22 of National Security Law and if convicted, he shall be sentenced to life imprisonment or fixed-term imprisonment of not less than 10 years.

Should Peter's medical friends and colleagues actively participate in the social media chat group, 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 breach the National Security Law. Otherwise, the arrested person would be put in custody without any bail pending trial. Freedom of movement would be lost even before conviction of any crime.

UrbanLife Health Interview

Date : 3 August 2020
Physiotherapist : Mr. Denis CHAN

Mr. Denis CHAN, on behalf of the Musculoskeletal Specialty Group of HKPA, was interviewed by a local media named UrbanLife Health. The topic was, in Chinese, "睡前玩電話高危! 一覺瞓醒頸部隱隱作痛 - 物理治療師教你「瞓捩頸」急救". Mr. CHAN elaborated on the characteristics and possible mechanisms related to wry neck. Some exercise demonstrations were performed and practical tips on self care were provided. The contents can be found in the following website: https://urbanlifehk.com/article/55006/瞓捩頸原因-經常睡前玩電話小心瞓捩頸-物理治療師教你三招舒緩落枕方法

Geriatrics Specialty Group (GSG) Biennial General Meeting (BGM) cum Seminar on "Exercise App for Knee Pain Management"

Date : 6 October 2020
Venue : HKPA Premises
Physiotherapist : Mr. George WONG

GSG BGM cum seminar was held on 6 October 2020. The new executive committee of GSG in the year of 2019-2021 was elected. In addition, Ms. CHEUNG Ka Wai, Kennis and Ms. Leona YAN stepped down from the GSG Ex-com. GSG would like to thank their contribution in past years.

The new executive committee members and their posts are listed below:

Post	Name
Chairperson	Mr. CHEUNG Hok Leung, Steven
Vice-chairperson	Mr. CHAN Kin Shing, Bill
Vice-chairperson	Mr. LEUNG Yiu Kwok
Secretary	Ms. LO Yin Yee, Marine
Treasurer	Ms. Polly LO
IT Officer	Ms. LI Yan Yi, Ann Mr. WONG Wing Kin, Brian
Ex-com	Mr. KAN Pong Yin, James Ms. LEE Wing Yan, Angela Mr. WONG Wai Lung, Thomson Ms. WU Man Sum, Annie

GSG chairman, Mr. Steven CHEUNG presented souvenir to guest speaker

Mr. George WONG delivered seminar to physiotherapist colleagues

A total of 21 members had attended the seminar, "Exercise App for knee pain management". Mr. WONG Kwok Cheong, George, Senior Physiotherapist, Hong Kong Sheng Kung Hui Welfare Council Limited, shared his valuable knowledge and experience on application of Exercise App for knee pain management in older adults.

The Third Logistics Committee of Oxfam Trailwalker 2020

Date : 6 November 2020
Venue : Oxfam Office, Hong Kong
Physiotherapist : Mr. Alex HO

Oxfam Trailwalker 2020 (15-17 January 2021) was eventually cancelled, however, the Logistics Committee (LC) meeting was still held to smoothen the logistic arrangement and event operation. Every detail was addressed to enable an unique experience to all walkers and volunteers involved.

Meeting with World Physiotherapy Asia Western Pacific Region Executive Committee

Date : 12 November 2020
Venue : Online
Physiotherapists : Prof. Marco PANG, Dr. Shirley NGAI

A meeting was held with the World Physiotherapy Asia Western Pacific Region (AWP) Executive Committee to discuss the arrangement of the World Physiotherapy AWP Regional Conference, which was originally scheduled to take place in Hong Kong in 2020. After thorough discussion, it was decided that Hong Kong would remain as the hosting city of the Conference and that the Conference would be tentatively scheduled in late 2022.

The Third Meeting of Working Group on Implementation of Modified Referral System for Physiotherapy Services, PT Board

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

A meeting was held to discuss the way forward in the fight for direct access to physiotherapy services in Hong Kong. It was agreed at the meeting that HKPA would take the lead in designing the survey questionnaire to obtain opinion from different stakeholders (general public, patient groups, physicians, physiotherapists, etc.) on this issue.

RTHK Interview

Date : 27 December 2020
Venue : Broadcast Drive 1A, RTHK
Physiotherapist : Mr. Desmond YEUNG

HKPA attended the RTHK interview for shooting of a RTHK TV program "Doctor and you" (醫生與你). The topic of the program was rheumatoid arthritis. There were also rheumatologist, chinese medicine practitioners, representatives from self-help groups. The physiotherapy assessment and management of people with the disease were discussed. The program will be tentatively broadcasted on 25 January 2021.

Meeting with Department of Rehabilitation Sciences (PolyU)

Date : 15 January 2021
Venue : Online
Physiotherapists : Prof. Marco PANG, Dr. Ivan SU

A meeting was hosted by the Department of Rehabilitation Sciences of PolyU to update us on the current status of the different aspects of the physiotherapy entry-level education programs (e.g., curriculum changes, students' performance, facilities, staffing, etc.).

第五屆「安老服務傑出員工選舉」面試評審

Date : 26 January 2021
Venue : Online
Physiotherapist : Prof. Marco PANG

The captioned event was co-organized by the Elderly Services Association of Hong Kong and the Hong Kong Employment Development Service. Prof. PANG, on behalf of HKPA, served in the judging panel.

Committee Member of CPSG (2020 - 2022)

HKPA

Post	Name	Working Place
Chairperson	Ms. CHENG Ling, Joey	Kowloon West Cluster Family Medicine and Primary Health Care Department
Vice-Chairperson	Ms. TAM On Yan, Jasmine	Tuen Mun Hospital
Treasurer	Ms. CHUN Yee Wah, Eva	Chinese University of Hong Kong Medical Centre
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	Ms. KWAN Wai Shan, Aggie	Tuen Mun Hospital
	Ms. CHIU Pik Yin, Horsanna	United Christian Hospital

Development and Delivery of the QF Level 6 Programme on Professional Certificate in Primary Healthcare in Community Care Context for Physiotherapy

Date : November 2019 - Still On-Going

Venue : Multiple Meetings at Healthcare Office, Food and Health Bureau; The Hong Kong Polytechnic University; and HKPA Premises

Physiotherapists : Prof. Marco PANG, Dr. Ivan SU, Dr. Doris CHONG, Dr Freddy LAM, Ms Yuk Mun NG, Mr. George WONG

Mr. Jimmy WU, Director (District Health Centre Team), Primary Healthcare Office (PHO) approached Dr. Ivan SU in 2019 for developing the captioned programme. A meeting was held with Mr. WU and Dr. Cissy CHOI, Head of Primary Healthcare Office (PHO), on 28 November 2019 at PHO. The task was followed-up by the Work Group on Community-based Rehabilitation and Primary Healthcare of the Hong Kong Physiotherapy Association with intended learning outcomes and synopsis of the programme proposed to Mr. WU and Prof. PANG.

Through Mr WU's coordination, the first meeting with Department of Rehabilitation Sciences (RS), the Hong Kong Polytechnic University was held on 2 March 2020 with Prof. PANG and Dr. SU attended. It was agreed to launch the programme at QF level 6 with 3 credits (44 hours) through PolyU SPEED and co-organised with the SAHK Institute of Rehabilitation Practice. The captioned programme was then further refined in collaboration with Dr. Wayne CHAN of RS and underwent accreditation in July 2020.

The programme contents are well acclaimed by the Food and Health Bureau and a course fee subsidy of $3,000 will be granted for eligible course participants by the Bureau. Ms. Yuk Mun NG and Mr. George WONG, Executive Committee members and Dr. Doris CHONG, member of the Work Group have been invited as instructors for the Programme. The Programme was originally intended to be launched in January 2021. However, due to the fourth wave of COVID-19 outbreak, it has been deferred to April 2021 and is now open for enrolment.

Dr. Doris CHONG

Work Group and Community-based Rehabilitation and Primary Healthcare, Hong Kong Physiotherapy Association

Ms. NG Yuk Mun

Work Group and Community-based Rehabilitation and Primary Healthcare, Hong Kong Physiotherapy Association

Mr. George WONG

Work Group and Community-based Rehabilitation and Primary Healthcare, Hong Kong Physiotherapy Association

Members and Executive members of the Work Group as programme instructors.

CPD News

Enquiry of CPD News and Activities Please Visit

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

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Correspondence of HKPA Executive Committee Members (2019-2021)

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