NEWS BULLETIN 物理治療 PHYSIOTHERAPY 資訊

Volume 25 No. 2
MAR to APR 2021

Content

Editorial

Primary Care and Chronic Disease Management

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

Non-communicable diseases (NCD) are major causes of death, disability and ill-health in Hong Kong. Of 46,662 registered deaths in 2016, over half were attributed to cancer, heart diseases, stroke, chronic lower respiratory diseases and diabetes [1]. NCD usually refer to a group of chronic diseases that are of long duration but potentially preventable. As we all known, primary care is a key for effective management of chronic diseases.

In the first main them article, Mr. Jimmy WU and Dr. Jamie LAU shared with us how physiotherapists could position or prepare to contribute in the recent and future development of Primary Healthcare in Hong Kong. In the second main theme article, Ms. Mandy YEUNG shared the physiotherapy management of Lymphedema. In the NGO corner, Mr. Shuk Ming LEE shared his work and challenges in Care and Attention Home for the Elderly. In the people's corner, Mrs. Agnes GARDNER shared the experiences of her physiotherapy career and provided us a recent update.

Reference

1. Mortality Statistics Hong Kong SAR: Department of Health and Census and Statistics Department.

CPD News

Enquiry of CPD News and Activities Please Visit

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

Hong Kong Physiotherapy Association
Room 901, 9/F Rightful Centre, No, 12 Tak Hing Street, Jordan, Kowloon, Hong Kong SAR
I https://www.hongkongpa.com.hk T +852 2336 0172 F +852 2338 0252 E info@hongkongpa.com.hk HKPhysioAssoc

Physiotherapist in Primary Healthcare - Beyond Therapist

Mr. Jimmy WU
Director (District Health Centre Team), Primary Healthcare Office

Dr. Jamie LAU
Physiotherapist, Kwai Tsing District Health Centre

The purpose of this article is to discuss how physiotherapists in Hong Kong can better prepare / position themselves to actively participate and contribute in the recent and future development in Primary Healthcare (PHC) in Hong Kong.

Primary Healthcare

PHC addresses the majority of a person's health needs throughout their lifetime. (WHO) [1] It covers a wide range of services, including health promotion, prevention of acute and chronic diseases, health risk assessment and disease identification, treatment and care for acute and chronic diseases, self-management support, and supportive and palliative care for end-stage diseases or disabilities [2]. PHC is more than care in the community. It implies continuation of quality care after discharging from hospital. It should also identify persons at risk for medical intervention for early intervention [3].

Hong Kong Government Initiatives

The current-term Government attaches great importance to PHC development. In the 2017 Policy Address of the Government, she committed to devote effort and allocate resources in a focused manner to improve our healthcare system and services; determined to step up efforts to promote individual and community involvement, enhance co-ordination among various medical and social sectors, and strengthen district-level PHC services, with the aim to encourage the public to take precautionary measures against diseases, enhance their capability in self-care and home care, and reduce the demand for hospitalisation [4]. It recognized the fact that a comprehensive and co-ordinated PHC system will enhance the overall public health, reduce hospital re-admission and rectify the situation where accident and emergency service is regarded as the first point of contact in seeking medical consultation [5].

The Government also noted an eminent need to effectively change the current focus of our healthcare services on treatment and to alleviate the pressure on public hospitals [6].

District Health Centre (DHC) Scheme

The Government will fund the establishment of DHC in all 18 districts, according to the needs and characteristics of the district, with a view to enhancing public awareness of disease prevention and their capability in self-management of health so that the public can receive necessary care in the community [7].

The DHC operates through district-based medical-social collaboration and public-private partnership to provide services in health promotion, health assessment, chronic disease management, community rehabilitation, etc [8].

DHC provides primary prevention disease to facilitate active healthy life style aiming at disease prevention. Secondary prevention, including health risk factors assessment and diabetic mellitus (DM) and hypertension (HT) screening aiming at early risk / disease identification and intervention. Tertiary prevention programmes include chronic disease management programme for DM, HT, low back pain and osteoarthritic (OA) knee pain patient, and community rehabilitation for stroke, fracture hip and post-acute myocardial patients completed hospital base rehabilitation staying in the community.

Community physiotherapists in the non-government organizations as well as the private sector participate in the scheme under the public-private partnership and medical social collaboration.

(Continued on Page 3)

Challenges of Preventive Care Under the PHC Service

- **Prevention vs CURATION**

  It will be a major paradigm shift for both the public and the professional (physiotherapist) from disease treatment to disease prevention and health maintenance. We are trained to 'TREAT' and provide a "CURE' for every ill (Lam and Lam 2003) [9]. We are proud of our technique and application of various modality and technology to 'treat'. The public will 'seek treatment' when they are sick or have pain. We may overlook the evidence of disease prevention through healthy life style in our daily clinical practice.

- **Motivation for Healthy Life Style**

  It will be hard to change the relatively sedentary and busy life style of the people in a fast pace city like Hong Kong. It is also hard to motivate a young and 'healthy' individual to appreciate the need and meaning of healthy life style for their 'future' health and quality of life.

- **Patient Empowerment vs Professional Driven Paternal Service**

  General public tends to rely on the 'treatment / service' by the professional (physiotherapist). And the kindhearted professional always takes a paternal approach to 'treat' or 'solve' the client's health problem [10]. The public should be educated, equipped and encouraged to taking up the major ownership of the their health problem.

- **Treatment Not Sustainable at the Community**

  In many occasions, health advice and prescription, e.g. home exercise, is considered out of context or impractical making compliance and sustainability at home or in the community difficult.

Extra Attributes of A Phc Physiotherapist

PHC is a complicated, multi-factorial issue involving health, environment, education, economy, social and cultural factors. To meet the challenge, a community physiotherapist should also be able to:

- appreciate the multiple health determinants
- communicate effectively, including listening
- mobilize relevant community / home resources to sustain the 'treatment' in the community
- motivate the client overcoming the inertia for change
- understand and listen to the need and interest of the client

Special / Additional Roles of Phc Physiotherapist

In addition to our conventional 'THERAPIST' role, physiotherapist in PHC is also a:

- Health Advocate
- Health Coach
- Health Educator

Experience from Kwai Tsing District Health Centre (K&TDHC)

K&TDHC, the first district health centre established, which commences service since September 2019. Physiotherapy service is provided by the in-house and the network physiotherapists. Physiotherapist contributes in various primary, secondary and tertiary prevention programmes. In addition to their conventional physiotherapy in treating pain for the low back pain and OA knee clients, weight management for clients with overweight, functional rehabilitation for stroke, fracture hip and post-myocardial infarction clients, physiotherapist also actively engages in health education and health promotion talks to their clients, assessment for basic health to identify potential risk factors for DM and HT for further screening by medical doctors. They screen fall and sarcopenia risk on clients.

Physiotherapist conducts exercise class to DM and pre-DM clients, and to elderly for preventing / delaying frailty; teaches self-management for clients with chronic pain illnesses. As a health coach, they re-educate health misconception like 'exercise will

(Continued on Page 4)

make their knee pain worse', educate clients 'benefits of exercise', unleash the clients' full self-help potential through carefully planned and graded exercise 'home' programme.

Advocating the various health needs on physical and psycho-social aspects, physiotherapist explores barrier for recovery and develop practical solution with the clients and their carers. They help clients managing and coping with, for example their pain condition. They facilitate clients disengaging from the thought of "hurt equals to harm". Efforts are put on exploring clients' values and going toward a meaningful living in spite of their pain. Physiotherapist functions as an agent bringing more benefits to clients in the community, improving their health, making them less bothered by their illness and enabling them to live a life toward their values with meaning.

PHC has already put on a high agenda of the Government policy. We see a great demand for more physiotherapists to participate. And, we believe that physiotherapist can and will contribute significantly in this development.

References

1. World Health Organisation. Primary Health Care. Available online: www.who.int/health-topics/primary-health-care (accessed on 11/2/2021)
2. Primary Care Development in Hong Kong: Strategy Document, Food and Health Bureau, HKSAR, December 2010
3. Lee A, Fong BY, Law VTS, Editors. Primary Care Revisited - Interdisciplinary Perspectives for a New Era, Springer, 2020, (Lee A. Chapter 2:27), ISBN 978-981-15-2521-6
4. The Chief Executive's 2017 Policy Address para.155
5. The Chief Executive's 2017 Policy Address para. 157
6. The Chief Executive's 2018 Policy Address para. 176
7. The Chief Executive's 2017 Policy Address para. 159
8. The Chief Executive's 2018 Policy Address para. 176
9. Lam TP and Lam KF. Why do family doctors prescribe antibiotics for upper respiratory tract infection? International Journal of Clinical Practice. 2003;57:167-169.
10. Leung GM, Wong IOL, Chan WS, Choi S and Lo SV. On behalf of the Health Care Financing Study Group. The ecology of health care in Hong Kong. Social Science & Medicine. 2005;61(3):577-590.

Lymphedema

Ms. Mandy ShunYan LEUNG
Physiotherapist I, Certified Lymphedema Therapist, Tung Wah Hospital

Introduction

Lymphedema is the accumulation of protein-rich lymph fluid in the interstitial spaces caused by the failure of the lymph-conducting system to absorb or transport lymph back to the blood circulation [1]. This abnormal collection of excessive tissue proteins leads to edema, fibrosis and inflammation [2]. Complications secondary to lymphedema included repeated cellulitis, discomfort, and functional impairment [2,3]. It causes psychological, physical and functional problem [4,5]. Although lymphedema is a life-long incurable disease, it can be effectively controlled by Complete Decongestive Therapy (CDT) [6,7,8].

Prevalence

Risk factors for lymphedema include lymph nodes dissection, radiotherapy, chemotherapy, increased number of tumor-involved lymph nodes, obesity, and high body mass index [9,10,11,12,13,14,15,16]. The incidence rate of breast cancer-related lymphedema (BCRL) is 3.5-44.8% [4,17,18], about 4 times higher in women who have an axillary-lymph-node dissection than sentinel-node biopsy [18]. In HK, 11.3% of patients developed ipsilateral upper extremity lymphedema 3 months after breast cancer surgery with axillary dissection involved [19].

Classification of Lymphedema

Primary

Inherent in lymphatic vessels or lymph nodes, it can be congenital (e.g. Klippel–Trénaunay–Weber syndrome) or hereditary (e.g. Milroy's disease) [9].

Secondary

It is caused by external factors, such as trauma, malignancy, venous disease, infection, inflammation, immobility, parasites, and factitious conditions [20].

Diagnosis

Lymphedema can be diagnosed by advanced technology imaging techniques, e.g. computed tomography, magnetic resonance imaging, duplex ultrasonography, lymphangioigraphy, radionuclide lymphoscintigraphy, magnetic resonance lymphangiography, and near-infrared fluorescence imaging with Indocyanine green (ICG) [9].

Stages of Lymphedema

According to International Society of Lymphology (ISL), there are 4 stages of lymphedema [21].

Stage	Sign and symptoms
Stage 0/ Ia	No edema but have the presence of lymphatic impairment
Stage I (Reversible)	Mild edema that is reversible with appropriate limb position, may pit
Stage II (Spontaneously irreversible)	Moderate edema that is not reversible with limb elevation. Pitting present, except in late stage II when more fibrosis occurs
Stage III (Elephantiasis)	Lymphostatic elephantiasis with trophic skin changes such as acanthosis, deposition of fat and fibrosis arty overgrowth

Common Practical Physical Assessment

Circumference Measurement

It is the most common method of defining lymphedema [22]. Severity of lymphedema depends on differences between two arm circumferences at any level. A cut-off value of 2 or 2.5cm (circumference) most commonly defines lymphedema [20,23]. Its volume can be estimated by frustum mathematical formulas method [24]. However, the inaccuracy caused by tissue composition changes [24], bony landmarks palpation and irregular limb shape [17] should be taken into consideration.

Bioelectrical Impedance Analysis (BIA)

This advanced technology measures the lymph fluid changes directly. It is indicated by L-Dex ratio, which has high reliability, sensitivity and specificity [25,26]. It is significantly correlated with limb volume by sequential circumferential tape measurement [25] *(Figure 1)*.

Treatment

According to The International Society of Lymphology (ISL), the recommended treatment for lymphedema is CDT [21]. It is an effective evidence-based practice treatment [6,7,8] *(Figure 2 & 3)*. CDT has two phases of treatment regimens [27].

(Continued on Page 6)

Phase 1 is the intensive treatment phase consisting of a daily therapeutic regimen, including manual lymph drainage (MLD), multilayered inelastic compression bandaging, remedial exercises, and meticulous skin care. The aim is to mobilize edema fluid and to initiate the regression of fibrosclerotic tissue alteration [27]. It ends when the affected extremity reaches a plateau of volume reduction [28].

Phase 2 is the maintenance phase which serves to prevent the re-accumulation of edema fluid [27]. It mainly consists of self-care through daytime compression garment, nocturnal bandaging, self-MLD and continued remedial exercises [28].

Manual Lymph Drainage (MLD)

MLD is developed by a physiotherapist, Emil Vodder. It is a gentle skin-stretched form of manual massage which stimulates the lymphangio-motoricity [27] *(Figure 4)*. It re-routes the lymph flow around the blocked areas into the more centrally located healthy lymph vessels which drains into the venous system. It can also increase the re-absorption of protein-rich fluid from the intersitium to the lymph capillaries, improving the lymph circulation and increasing the volume of lymph fluid transported to the lymph vessels. The special techniques also help to break down the fibrotic areas [29].

Bandaging

Bandages are applied after MLD *(Figure 5)*. This short-stretch type bandages provide high working pressure and low resting pressure. It can decrease the production of new lymph via ultra-filtration by increasing tissue pressure, preventing the re-accumulation of evacuated lymph fluid, breaking up deposits of accumulated scar and connective tissue, increasing re-absorption, generating safe compression forces for improving the efficiency of the muscle and joint pumps as a lymph propellant and mechanically manipulate and improve lymphostatic fibrosis [29]. Different pads are applied with pressure adjusted for fibrotic, disfigured, body prominent areas for more effective progress.

Compression Garments

Compression garments are mainly for maintenance during Phase II of CDT [21,27]. In general, the compression garments cannot generate pressure gradient like bandaging, so the patients are advised to put it on mostly during daytime for preventing relapse. The garment should allow for superior mobility and thus a high degree of functionality in the affected extremity. The class prescribed should depend on the patients' condition.

Class CCL	Pressure
CCL I	20-30mmHg
CCL II	30-40mmHg
CCL III	40-50mmHg

Remedial Exercise

The remedial exercise is usually performed with bandages or compression garments. It involves an active range of movement, strengthening and stretching components. It should be done with low exertion, slowly and rhythmically. The exercise is also more effective with diaphragmatic breathing. The increase of muscle and joint pumping enhances the lymph vessel activity, and thus facilitates the venous and lymphatic return [27]. For example, the theraband (Figure 6) and the trampoline can be used for upper and lower extremity lymphedema respectively.

Skin and Nail Care

Lymphedema may be exaggerated even from a minor trauma, therefore, skin care is important. According to the position statement of the National Lymphedema Network [30], in general in the lifetime, for example, patients should avoid injury to reduce infection risk; avoid limb constriction; avoid activities with extreme temperature and wear suitable compression garment for air travel.

Self-Management

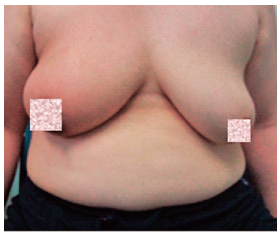
Lymphedema is a life-long incurable disease, patients need to have good control of it during their lifetime. Hence, education on self-management for MLD, bandaging, meticulous skin care and remedial exercises is advised (Figure 7). It is reported that through the patients' empowerment program, the arm circumference of patients with BCRL could be reduced by 21% [31].

Conclusions

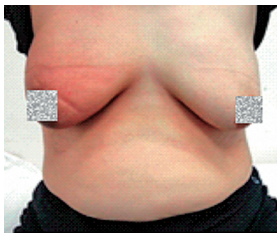
Although lymphedema is a life-long incurable disease, it can be effectively well-controlled by CDT [6,7,8]. The treatment effectiveness highly depends on the qualifications and the experience of the physiotherapist, the quality of bandaging, the compression garments' materials and the patients' compliance [27,32]. Surprisingly, for BCRL in HK, only 37.4% of patients were referred for physiotherapy, only 23% received manual lymphatic drainage and only 7.9% had compression bandaging [11]. It, therefore, reflects that CDT is still uncommon in HK. Hence, more promulgation and promotion is needed to allow patients to benefit from it.

(Continued on Page 7)

Figure 1. Assessment of upper extremity lymphedema by Bioelectrical impedance analysis (BIA).



27 Feb 2013



22 Mar 2013

Figure 2. Stage II right breast lymphedema after lumpectomy with axillary dissection. Right breast size became normal after 23 days of intensive CDT.

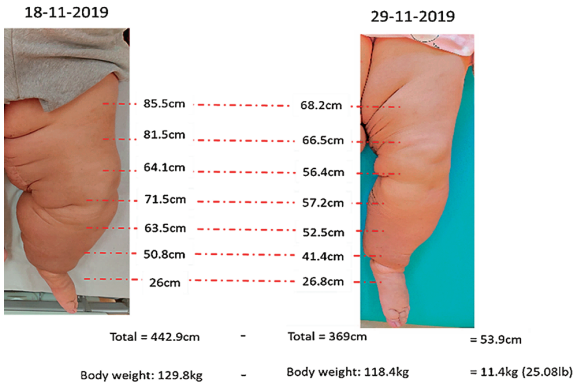


Figure 3. Stage III left extremity lymphedema after surgical treatment followed by chemotherapy and radiotherapy for corpus cancer. Left extremity became stage II after 11 days of intensive CDT.

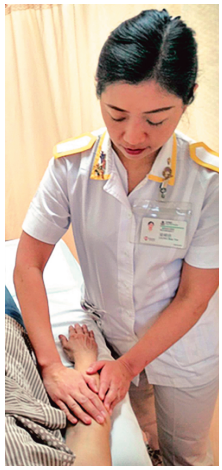


Figure 4. Manual Lymph Drainage (MLD) for upper extremity lymphedema.

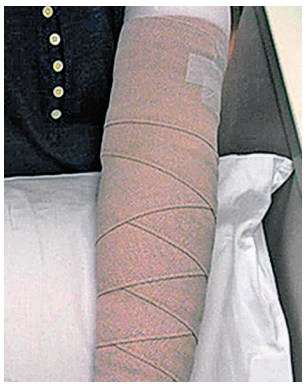


Figure 5. Bandaging for upper extremity lymphedema.

Figure 6. Remedial exercise with theraband for right upper extremity lymphedema with bandages on.

Figure 7. Self-care education on bandaging.

References

1. Mortimer P: Arm lymphedema after breast cancer. *www.thelancet.com/oncology* 2013;14:442-3.
2. Armer JM, Radina ME, Porock D, et al: Predicting breast cancer-related lymphedema using self-reported symptoms. *Nurs Res* 2003;52(6):370-9.
3. Simon MS, Cody RL: Cellulitis after axillary lymph node dissection for carcinoma of the breast. *Am J Med* 1992;93(5):543-8.
4. Paiva DMF, Rodrigues VO, Cesca MG, et al: Prevalence of lymphedema in women undergoing treatment for breast cancer in a referral center in southeastern Brazil. *BMC Women's Health* 2013;13:6-12

(Continued on Page 8)

5. Tombin MB, Lacey HJ, Meyer L, et al: The psychological morbidity of breast cancer-related arm swelling. Psychological morbidity of lymphedema. *Cancer* 1993;72:3248-52.

6. Ko DSC, Lerner R, Klose G, et al. Effective treatment of lymphedema of the extremities. *Arch Surg* 1998;133:452-8.

7. Koul R, Dufan T, Russell C, et al: Efficacy of complete decongestive therapy and manual lymphatic drainage on treatment-related lymphedema in breast cancer. *Int J Radiation Oncology Biol Phys* 2007;67(3):841-6.

8. Yamamoto R, Yamamoto T: Effectiveness of the treatment-phase of two-phase complex decongestive physiotherapy for the treatment of extremity lymphedema. *Int J Clin Oncol* 2007;12:463-8.

9. Chiu TW: Management of secondary lymphedema. *Hong Kong Med J* 2014;20(6):519-527.

10. Herd-Smith A, Russo A, Muraca MG, et al: Prognostic factors for lymphedema after primary treatment of breast carcinoma. *Cancer* 2001;92(7):1783-7.

11. Lww YM, Mak SS, Tse SM, et al: Lymphedema care of breast cancer patients in a breast care clinic: a survey of knowledge and health practice. *Support Care Cancer* 2001;9:634-641.

12. Logan V: Incidence and prevalence of lymphoedema: a literature review. *J Clin Nurs* 1995;4(4):213-9.

13. Mak SS, Yeo W, Lee YM, et al: Predictors of lymphedema in patients with breast cancer undergoing axillary lymphedema node dissection in Hong Kong. *Nurs Res* 2008;57(6):416-425.

14. Paskett ED, Naughton MJ, McCoy TP, et al: The epidemiology of arm and hand swelling in premenopausal breast cancer survivors. *Cancer Epidemiol Biomarkers Prev* 2007;16(4):775-782.

15. Shih YCT, Xu Y, Cormier JN, et al: Incidence, treatment costs, and complications of lymphedema after breast cancer among women of working age: a 2-year follow-up study. *J Clin Oncol* 2009;27(12):2007-14.

16. Tracey D, Sheree R, Beth N, et al: Incidence of unilateral arm lymphedema after breast cancer: a systematic review and meta-analysis. *Lancet Oncol* 2013;14(6):500-515.

17. Gerber LH: A review of measures of lymphedema. American cancer society lymphedema workshop. *Cancer* 1998; 83(S12B):2803-4.

18. Ridner SH, Dietrich MS, Cowher MS, et al: A randomized trial evaluating bioimpedance spectroscopy versus tape measurement for the prevention of lymphedema following treatment for breast cancer: interim analysis. *Ann Surg Oncol* 2019; 26:3250-9.

19. Leung SY: A prospective cohort study on physiotherapy service to identify service gaps for post-operative breast cancer patients. Proceedings of the Hospital Authority Convention 2010 Hong Kong: Poster display: Service review & Audits:ssp-p5-16

20. Werner RS, McCormick B, Petrek J, et al: Arm edema in conservatively managed breast cancer: obesity is a major predictive factor. *Radiology* 1991;180:177-184.

21. International Society of Lymphology: The diagnosis and treatment of peripheral lymphedema: 2016 consensus document of the international society of *lymphology*. Lymphology 2016;49:170-184.

22. Bertelii G, Venturini M, Forno G, et al: An analysis of prognostic factors in response to conservative treatment of postmastectomy lymphedema. *Surg Gynecol Obstet* 1992; 175(5):455-60.

23. Perek JA, Senie RT, Peters M, et al: Lymphedema in a cohort of breast carcinoma survivors 20 years after diagnosis. *Cancer* 2001;92:1368-77.

24. Johnson KC, Kennedy AG, Henry SM: Clinical measurements of lymphedema. *Lymphatic research and biology* 2014;12:216-221.

25. Fu MR, Cleland CM, Guth AA, et al: L-Dex ratio in detecting breast cancer-related lymphedema: reliability, sensitivity, and specificity. *Lymphology* 2013;46(2):85-96.

26. Hidding JT, Virhogg PB, Brutdkrnd CHG, et al: Measurement properties of instruments for measuring of lymphedema: systematic review. Phys *Ther* 2016;96:1965-81.

27. FÖldi E: The treatment of lymphedema. American cancer society lymphedema workshop. *Cancer* 1998; 83(S12B):2833-4.

28. FÖldi M: Editorial: Treatment of lymphedema. *Lymphology* 1994:27:1-5.

29. Leall NFB da S, Carrarall HHA, Vieiralll KF, et al: Physiotherapy treatments for breast cancer-related lymphedema: a literature review 1. *Rev Lat Am Enfermagem* 2009;17(5):730-6.

30. NLN Medical Advisory Committee: Lymphedema risk reduction practices. Position statement of the national lymphedema network 2008:1-4.

31. Leung SY: Innovative lymphedema management program (LMP) in TWH for breast cancer patients to improve service efficiency and effectiveness. Proceedings of the Hospital Authority Convention 2013 Hong Kong: Oral Presentation SPP4.5

32. Vignes SI, Porcher R, Arrault M, et al: Long-term management of breast cancer-related lymphedema after intensive decongestive physiotherapy. *Breast Cancer Res Treat* 2007;101(3):285-90.

Useful links for the press media about lymphedema:

1. http://cablenews.i-cable.com/ci/videopage/program/122549275
2. http://news.tvb.com/programmes/vitallifeline/5cf4fe57e60383e94c5dee62
3. https://hk.news.appledaily.com/local/realtime/article/20170622/56849304

Challenges in the Physiotherapy Department during the Pandemic of 2020

Mr. Shuk Ming LEE
Physiotherapist in Charge, Buddhist Li Ka Shing Care & Attention Home for the Elderly

2020 proved to be a very challenging year for every global citizen. Anxiety and disruptions caused by the pandemic are far reaching and long lasting. I would like to share with you some of the challenges we have faced in the Physiotherapy Department during the pandemic.

Our Care and Attention Home for the Elderly is situated at a vertically set up building from second floor to seventh floor and with approximately 44 residents on each nursing floor. Normally our physiotherapy treatment includes individual or group therapy and clients were brought together come various floors to the Physiotherapy Department for their treatment sessions. In January 2020, when the Coronavirus infections were rampant in China, we decided to send our team of physiotherapy staff to various floors to perform on-site treatments in order to limit the chance of cross infections.

When it became clear that the situation was not going to improve anytime soon, we decided to rearrange our schedule so that in each therapy session held in the Physiotherapy Department was limited to clients residing on the same floor only. Residential and Day Care clients who normally attend both group classes and individual sessions were scheduled for one-on-one sessions only to comply with social distancing. Home exercise programs were issued so that exercises can be continued at home as some Day Care clients decided to hold off attendance for the time being. Most recently, the Social Welfare Department stipulates that attendance cannot be greater than 50% for Day Care Services during the pandemic.

Physiotherapy staff had been wearing masks as an infection control measure during client contacts since the age of SARS in 2003. Since the beginning of the 2020 pandemic, clients are also required to wear masks when they attend physiotherapy sessions. With the lower half of our faces covered, some clients especially those with hearing impairment found it difficult to follow verbal instructions. Therapists and supporting staff were compensated by speaking louder, slower and leaning closer to the clients. We supplemented with non-verbal communication such as gesturing, body language and the use of hearing aids. Since visitors were not allowed during most of time in 2020, video or voice calls were substituted for actual family or carer visits. We also took photos or videos of clients during therapy to send to their families to alleviate any concerns.

In pre-pandemic times, we held large scale events every year which included the fun filled Elderly Olympics and team handball, volleyball or basketball matches amongst clients residing on different floors. Smaller scale ball games and activities were held on individual floors instead during the pandemic with more emphasis on individual activities such as basketball shooting, ping pong practices or catch and throw games.

A number of gerontechnology products were procured through the Innovation and Technology Fund since 2018. We supplemented our physiotherapy treatment with virtual reality cycling, the use of a smart pegboard and a smart projector with encouraging results. Clients were delighted to be able to virtually cycle through different cities or countryside in a foreign country when travel was restricted for almost everyone.

Every item touched or used by a client needed to be disinfected for the next user. Smaller manipulatives such as beads and game pieces or larger equipment such as standing wheelchair were thoroughly disinfected after each use. Contact killing germicidal coatings were applied twice in the Physiotherapy Department as well as the entire facility in 2020. Another two germidical coatings will be scheduled for 2021. Although the infection control measures added to the daily workload of our staff, they have to be done in order to curb the chance of infection.

With routine COVID-19 testing of all staff, soon to be administered COVID-19 vaccines and the stringent infection control measures in place, we certainly hope life can gradually return to pre-pandemic normal level and our routines in the PT department can be resumed.

An Interview with Mrs. Agnes GARDNER

Date : 25 August 2020

Venue : Online

Interviewee : Mrs. Agnes GARDNER

Interviewers : Mr. Percy WAN and Mr. Thomas CHAN, Year 2 Physiotherapy Students

Q1

Why did you study physiotherapy?

A1

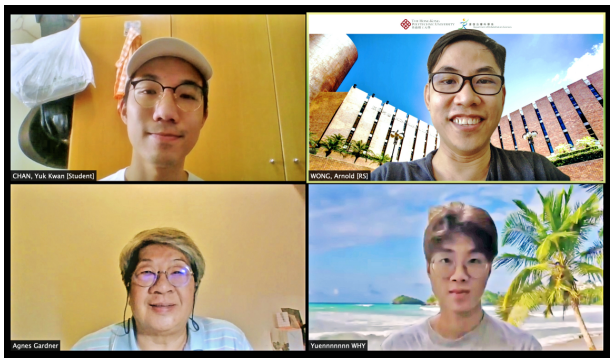
This has been a long story. My father suffered from neck pain in the 1960s. He then consulted a famous orthopedist, who recommended an immediate surgery after a thorough diagnosis. Unlike the surgery options nowadays like fusion, the operation was only a manipulation under anesthesia, which caused his neck to barely move. Subsequently, we consulted a government doctor. After taking a series of X-ray films, my dad was referred to receive Physiotherapy (PT). This was the first time that I heard the term 'physiotherapy'. After that, he fully recovered without further pain. As I was interested in the medical field and Physiotherapy seemed to be a more interactive and interesting study, I was eventually determined to study physiotherapist. At that time, Physiotherapy was only a certificate course in Hong Kong. Therefore, I pursued a Bachelor degree in Physiotherapy at the University of Wisconsin. When I returned to Hong Kong in 1973 as an university graduate, I started my career in the Duchess of Kent Children's Hospital at Sandy Bay.

Q2

Could you describe your school life when you were studying PT?

A2

As I studied a bachelor's degree, my school life was like the life of most university students these days. The



number of lectures depended on how many credits I took. Sometimes, I had a day off. There was quite a lot of leisure time. Good students might make good use of that time to study in the library. Students who were not that good would dance or drink during their leisure time. For me, as a Chinese girl, I was an introvert and did not like that kind of social activities. Fortunately, my older brother was studying at the same university. I lived like a typical university student in Hong Kong.

Q3

How was the working environment of Physiotherapists in Hong Kong when you first returned to Hong Kong?

A3

At that time, Physiotherapists were in great demand in Hong Kong. Most Physiotherapists worked in Hospitals. There were always a shortage of Physiotherapists in non-government organizations (NGOs), which was pretty much like the current situation in Hong Kong. However, working in NGOs usually had a lower salary and relatively poor job security. When I returned to Hong Kong, I received job offers from both the United Christian Hospital and the Duchess of Kent Children's

(Continued on Page 11)

Hospital. The United Christian Hospital wanted me to be the head of their new Physiotherapy department. However, I was afraid of being the head as I had no experience back then. Further, the Duchess of Kent Children's Hospital (DKCH) had a well-developed PT department, I decided to learn more with those experienced overseas physiotherapists in DKCH. Up till now, I would never regret my decision. As the DKCH was closely associated with Doctors from the Orthopedic department in the Queen Mary Hospital, I had a chance to be exposed to many different pediatric cases, which deepened my pediatric and orthopedic knowledge. Doctors and Physiotherapists formed a good bonding. We had regular grand rounds on Mondays or Wednesdays. It was a really pleasant working environment.

Q4

When and why did you decide to teach PT?

A4

In the fifth year of my seven-year hospital career, I was promoted to be a Senior Physiotherapist and the Head of the physiotherapy department, which gave me a chance to nurture Physiotherapy students who were undergoing clinical training. From these experiences, I found that teaching was an enjoyable task because the students liked my teaching and I had a good relationship with them. In 1978, the Physiotherapy school became a department at the Hong Kong Polytechnic, and the department recruited tutors, I was interested and applied for the job. The application was successful in 1979 and it turned into my life-long career till I retired.

Q5

Do you have some memorable moments in your PT career?

A5

In DKCH, there were many poliomyelitis cases, and many manual muscle testings had to be done to complete a full diagnosis. I learned a lot through these experiences. It also enhanced my manual muscle testing skills and deepened my knowledge in anatomy, which laid a good foundation for me to develop relevant physiotherapy courses. As such, in my anatomy classes, I always emphasized the importance of precisely identifying the origins and insertions of muscles and bony landmarks, which were indispensable skills for manual muscle testing.

Q6

What is your typical day after retirement?

A6

I was fully indulged in the Physiotherapy world throughout my career, fully immersed myself in scientific journals and research. After retirement, I have developed other interests (e.g., history). Further, I love to play online games, all types of games, like puzzles. When I was working, I barely had leisure time to have this kind of entertainment. Additionally, I love to do voluntary works. In fact, I enjoyed my retirement quite a lot.

Q7

For PT students or young Physiotherapists who want to become leaders, what would you suggest them to prepare?

A7

I used to be a Physiotherapy Department Head in DKCH. As the Head, I had to handle a lot of administration duties, even some trivial stuff. Also, I had to update my Physiotherapy knowledge constantly, and had a comprehensive understanding of the whole health care development so as to lead my colleagues to provide better services to patients. I think a leader needs to possess three characteristics. First, you have to behave yourself in a proper and disciplined manner and follow professional ethics. Second, you need to pick the right person to do the right job. Third, you need to uphold the principle of fairness. Of these, I think the most important thing is to be fair to everyone (no bias). If you are fair, your team members are willing to follow you loyally and genuinely.

Joint Enterprise – Applicable in Unlawful Assembly and Riot?

Mr. Bronco BUT
Honorary Legal Advisor of HKPA

Assumed Scenario

Mary was a physiotherapist working in a public hospital. She was sympathetic of those young people who were involved in the social movements in 2019. She frequented public meetings and provided first aid treatment to those protesters who suffered injuries in the course of conflict with the police when peaceful demonstration degenerated into unlawful assembly or even riot. The following event occurred in July 2019.

On 28 July 2019, a public meeting was held at Chater Garden in Central pursuant to a letter of no objection issued by the police. At 3 pm, a large group of people left the meeting and marched westwards along the carriageway of Connaught Road Central, in breach of the conditions specified in the letter of no objection from the police. At about 4:30 pm, a large crowd of people were marching along Connaught Road Central towards the Liaison Office of the Central People's Government in the HKSAR. About 20 minutes later, the police was deployed outside Western Police Station on Des Voeux Road West to prevent unauthorized assemblies. At about 5:20 pm, the police set up an eastward cordon line outside Western Police Station on Des Voeux Road West. A large crowd of people were then assembling on the Des Voeux Road West between Western Street and Centre Street before the police cordon. Some were wearing black outfits, helmets, goggles and surgical masks, and holding hiking sticks or umbrellas in their hands. Some were speaking through loudspeakers while others were shouting slogans and raising hue and cry.

Between 5:20 pm and 7:00 pm, such disorderly conduct degenerated into acts of breach of peace. Some protesters removed the metal railings from the roadway and used them together with umbrellas and other objects to form barricades in staging a confrontation with the police. Some generated noise by hitting on hard objects. The police issued warnings repeatedly and displayed warning banners in different colours to warn protesters to leave. When they refused, the police at about 7:00 pm took action to disperse them. When moving eastward along Des Voeux Road West outside Western Police Station, the police fired tear gas towards the protestors. Some protesters threw bricks towards the police. The situation became chaotic and emotions were high. At the same time, protestors retreated along Des Voeux Road West. Mary who stationed behind the frontline of protestors to offer first aid treatment to protestors also retreated along with the protestors. About 20 officers of the Special Tactical Contingent were advancing in the front row. They chased and followed a group of about 30 to 50 protestors who were retreating into Sai Yuen Lane. Mary was immersed in those 30-50 retreating protestors and was shoved by the retreating crowd into Sai Yuen Lane.

The CCTV footage showed that at about 7:00 pm, a group of people suddenly dashed from Des Voeux Road West into Sai Yuen Lane followed by the Special Tactical Contingent officers who saw several people including Mary were trying to climb over a mesh fence at the end of Sai Yuen Lane. Mary was arrested by the police and was brought back to the Western Police Station.

At the time of arrest, Mary was wearing a black vest, a pair of black trousers, and a pair of black shoes, with a black helmet and grey-pink respirator. She was also carrying a black rucksack, containing items which included one pair of green transparent goggles, one pair of black gloves, 5 bottles of saline and 5 rolls of bandages.

After investigations, Mary was charged with the offence of unlawful assembly and riot.

(Continued on Page 13)

There was no direct evidence against Mary to show that she had actually participated in the riot. The prosecution was going to rely on the circumstantial evidence to prove its case against Mary, including her outfits and gear at the time of arrest and her attempted flight.

Mary was considering giving evidence that throughout she was only standing at the pavement watching the confrontation between the protestors and the police and was only prepared to offer first aid treatment to those protestors affected by tear gas and until the police advanced the cordon and fired tear gas. Amidst the confusion, she was shoved by the retreating crowd into Sai Yuen Lane.

Mary asked her Senior Physiotherapist for advice regarding her intended defence to the charge of unlawful assembly and riot. Her senior physiotherapist suggested to her that she should seek legal opinion.

Discussions

In the Court of Appeal judgment of Secretary for Justice v Tong Wai Hung & Others [CASJ 1/2020], the Court of Appeal ruled that the legal doctrine of joint enterprise is applicable in unlawful assembly and riot.

Hon Poon CJHC agreed with the submissions of the prosecution and said unlawful assemblies and riots nowadays are highly fluid in nature. They involve a myriad of participants playing various roles and sometimes with a rather sophisticated division of labour among them. Some physically participate in the unlawful assembly or riot at the scene. Some aid or abet the participants at the scene. Some may not even be present at the scene but clearly participants under the doctrine of joint enterprise. The following non-exhaustive list contains some examples:

(1) A mastermind of the unlawful assembly or riot who remotely oversees the situation and gives commands or directions to the participants on the ground.

(2) A person who funds or provides materials for the unlawful assembly or riot.

(3) A person who encourages or promotes the unlawful assembly or riot by making telephone calls or spreading messages on social media.

(4) A person who provides back-up support to the participants in the vicinity of the scene, such as collecting gear, bricks, petrol bombs, other weapons and other materials to be used by the participants.

(5) A lookout stationed in the vicinity who alerts the participants to the advance or deployment of the police.

(6) A person who drives a gateway car to allow the participants to leave the scene.

Hon Poon CJHC said whatever role the above participants might have played, they have all acted in concert with the principal offenders thereby sharing both their physical acts and culpability.

In the present case, Mary intended to use saline to assist protestors to clear off the tear gas so that they could keep on confronting the police or escape the apprehension of the police. In light of the legal doctrine of joint enterprise, it was likely that Mary would be convicted of the offence of unlawful assembly and riot.

Five Articles Published in News Media

Dates : 20 November 2020, 17 December 2020, 18 January 2021, 1 February 2021, and 22 March 2021

Physiotherapists : Mr. Calvin Man-Ho KWAN, Mr. Curtis Ka-Ho WONG, Mr. Lok-Yip LAI, Mr. Calvin Man-Ho KWAN and Mr. Ho-Cheong LO

After completed a series of articles under the theme of "Rehabilitation Technology", the Association has launched a new theme on "Preventive Physiotherapy" on the 明報健康網. The first two articles of the new series were coordinated by the Occupational Safety, Health and Rehabilitation Specialty Group. The article in November 2020 on "筋膜炎｜練臀部小腿肌肉 踢走足底筋膜炎" was authored by Mr. Calvin Man-Ho KWAN while the article in December on "痛症丨姿勢正確一樣中招 腰背痛 吸煙、緊張都關事" was authored by Mr. Curtis Ka-Ho WONG. This was followed by an article on "家有一老 必有一倒？ 鍛煉得法 穩抱穩推" authored by Mr. Lok-Yip LAI and coordinated by the Community-based Rehabilitation and Primary Healthcare Work Group in January 2021. The article was accompanied with a video on exercises for the caregivers.

In February and March, we published two articles on the 明報健康網 under the theme of "Preventive Physiotherapy". These two articles were coordinated by the Private Practice Work Group. The first article on "姿錯能改：膝蓋啪啪聲 關節退化虛驚" was authored by Mr. Calvin Man Ho KWAN, while second one on "姿錯能改：怎樣坐才是最好？" was authored by Mr. Ho Cheong LO.

Mr. Calvin KWAN's article.

Mr. Curtis WONG's article

Mr. LAI's article cum video

Mr. Calvin KWAN's article

Mr. Ho Cheong LO's article

Meeting with Hong Kong Physiotherapy Concern

Date : 5 February 2021
Venue : Online
Physiotherapist : Prof. Marco PANG

A meeting was held to discuss potential collaboration with the Hong Kong Physiotherapy Concern (HKPC) regarding the administration of the survey on the system regulating registration of physiotherapists in Hong Kong, and co-organization of activities that are more geared towards the physiotherapy student population.

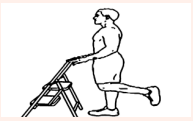
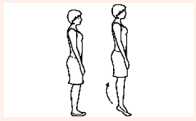
Meetings with SANOFI Regarding Design and Filming of Exercises for Renal Patients

Dates : 5 February 2021 and 12 March 2021
Venue : Online meeting via ZOOM
Physiotherapists : Ms. Joey CHENG and Mr. Eyckle WONG

Ms. Joey CHENG and Mr. Eyckle WONG representing HKPA CPSG discussed the design of an education exercise video for the Hong Kong Society of Nephrology.

HKPA CPSG / Hong Kong Society of Nephrology Exercise Video shooting (May 2021)

Exercise Video Design (draft)

Joint mobilization	• Neck mobilization in 3 planes (flex / ext; rotation; S/F)	
Stretching ex	• Trunk side flexion in standing / sitting • Hamstring stretch in sitting	 
Strengthening ex	• Hip abduction in standing • Sit to stand	 
Balance training	• Single leg stand 10 sec hold • Tip toeing	 
Aerobic training	• Stepping in standing / sitting (2 minute)	 

***Precaution**

hemodialysis patients with arteriovenous access
– no direct weight / pressure to the access

peritoneal dialysis patients – preferred exercise when 'abdomen' is empty
kidney transplant patients – decrease exercise if signs of rejection present

Meeting with Year 1 PT Students at Tung Wah College

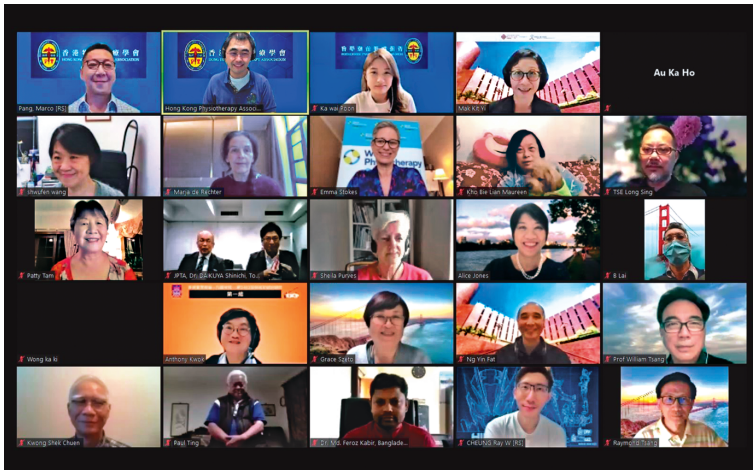
Date : 24 February 2021
Venue : Tung Wah College campus, Ho Man Tin
Physiotherapist : Prof. Marco PANG

Prof. PANG visited the Tung Wah College to meet with the year 1 physiotherapy students and introduced them to HKPA. All students in this cohort have joined HKPA as student members.

60th Anniversary of PT Education in Hong Kong Online Seminar 1

Date : 2 March 2021
Venue : Online
Physiotherapists : Prof. Marco PANG, Mr. Alexander WOO, Miss Sara POON, Mr. Sam WAN

The inaugural online seminar was held to celebrate the 60th Anniversary of PT Education in Hong Kong. A number of pioneers in local PT education were our guest speakers, including Mrs. Maris LIU, Mrs. Patty TAM, Prof. Alice JONES, Prof. Gabriel NG, and Prof. Margaret MAK. We were also honored to have Prof. Emma Stokes, the President of World Physiotherapy, to give us an opening speech. Close to 200 participants attended the event.



香港老年學評審部——院舍評審公正性審查小組的會議

Date : 9 March 2021
Venue : Online
Physiotherapist : Prof. Marco PANG

As a member of the captioned Committee, Prof. PANG attended this meeting organized by the Hong Kong Association of Gerontology.

Meeting with 4 PT Schools to Discuss HKPA Survey on Public Examination for PT Registration

Date : 18 March 2021
Venue : Online
Physiotherapist : Prof. Marco PANG

An online meeting was held with the representative of the entry-level physiotherapy program of the Hong Kong Polytechnic University, Tung Wah College, Open University of Hong Kong and the Caritas Institute of Higher Education to discuss the potential implementation of the survey on the system regulating registration of physiotherapists in Hong Kong.

Meeting with RS PT and OT Program Leaders and HKOTA Chairperson to Discuss Strategies to Increase Student Membership

Date : 22 March 2021
Venue : Online
Physiotherapist : Prof. Marco PANG

A meeting was held to discuss the strategies to increase recruitment of student members from the Hong Kong Polytechnic University. It was proposed that the HKPA would co-organize a student activity (e.g., career pathway workshop, etc.) that is free for all students. The proposal was subsequently endorsed by the Department of Rehabilitation Sciences.

Organizing Committee Meeting of the World Physiotherapy AWP Regional Congress 2022

Date : 25 March 2021
Venue : Online
Physiotherapists : Prof. Marco PANG, Dr. Shirley NGAI, Ms. Mandy MAK, Dr. Billy SO, Mr. Brian MA, Mr. Alexander WOO

The captioned congress will be held in June 2022. The OC meeting was held to discuss the planning of the Congress.

Public Consultation on Yuen Long District Health Centre

Date : 30 March 2021
Venue : Online
Physiotherapist : Mr. Will WONG

The Food and Health Bureau invited NGOs and healthcare professionals to give their views on Yuen Long District Health Centre (DHC) which will commence operation in 2022. Mr. Will Wong, on behalf of HKPA, attended the webinar to express opinions on the advancement of DHC.

60th Anniversary of PT Education in Hong Kong Online Seminar 2

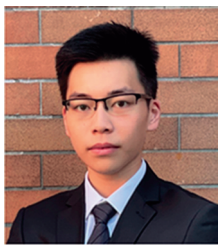
Date : 31 March 2021
Venue : Online
Physiotherapists : Prof. Marco PANG, Mr. Alexander WOO, Miss Sara POON, Mr. Sam WAN

This was the second of the seminar series, as part of the celebration of the 60th Anniversary of PT Education in Hong Kong. The speakers were Prof. Sandy BRAUER, Prof. Suh-Fang JENG, Prof. Wendy WANG, Prof. Marco PANG, and Assoc. Prof. Rumpa BOONSINSUKH. Prof. Alice JONES was the hostess of the event. Close to 150 people attended the event.

Announcement

The Regional Coordinator of World Physiotherapy Asia Western Pacific Region

Mr. Henry GUO
Year 3 Physiotherapy Student



I am Henry GUO, a current year 3 physiotherapy student in The Hong Kong Polytechnic University. As an enthusiastic learner who is active in leadership playing, network building and event organization, I always seek chance to represent Hong Kong and get involve in different worldwide organization like Asia Physical Therapy Student Association (APTSA).

As a student member of Hong Kong Physiotherapy Association (HKPA), I was offered a chance to apply for a leading role in the world physiotherapy Future. Thanks to the support and nomination from HKPA, I am appointed as the Asia Western Pacific region coordinator. World Physiotherapy Future is a network for physiotherapist students and early career professionals, who have been qualified less than five years and want to connect with other students and early career professionals worldwide. It aims to encourage, promote and facilitate the interchange of ideas and activities of common interest between physiotherapy students and early career professionals with World Physiotherapy and their member organizations.

Being the facilitator, I am going to represent the whole Asia Western Pacific region and involve in world-stage discussion. I hope to get PT students and early professional of the region united, amplify their voice and allocate resources to help them. I also wish to help promote and present the strengths and advancements of Hong Kong Physiotherapy to the world.

Disclaimer

All materials published in the Hong Kong Physiotherapy Association (HKPA) News Bulletin represent the opinions of the authors of the articles. The materials do not reflect the official views or policy of HKPA.

Product and course information are supplied by manufacturers and service providers. Product described and publication of an advertisement in HKPA News Bulletin should not be construed as having the endorsement of HKPA.

HKPA assumes no responsibility for any injury and / or damage to persons or property arising from any use or execution of any methods, treatments, therapy, instructions, and ideas contained in the News Bulletin. Due to the rapid advances in medicine and rehabilitation, independent judgment of diagnosis and treatment method should be made.

Correspondence of HKPA Executive Committee Members (2019-2021)

Post	Name of EC Members	Working Place	Contact Tel. No.	Email
President	Prof. PANG Yiu Chung, Marco	Hong Kong Polytechnic University	2766 7156	marco.pang@polyu.edu.hk
Vice President	Mr. TSANG Chi-Chung, Raymond	Physiotherapy Department, MMRC	2872 7124	raycctsang@yahoo.com.hk
Honorary Secretary	Mr. WAN Sung, Sam	Physiotherapy Department, TMH	9234 2430	smallwan3340@yahoo.com.hk
Honorary Treasurer	Mr. MA Fat Chuen, Brian	Physiotherapy Department, TMH	3767 7469	hkpafinance@gmail.com
Associate Treasurer	Mr. LEE Chung Yau, Victor	Physiotherapy Department, RTSKH	6681 5333	vleephysio@gmail.com
International Affairs and Publications Subcommittee				
International Affairs and Publications Subcommittee Chairperson	Dr. NGAI Pui Ching, Shirley	Hong Kong Polytechnic University	2766 4801	shirley.ngai@polyu.edu.hk
International Affairs and Publications Subcommittee Member	Dr. WONG Yu Lok, Arnold	Hong Kong Polytechnic University	2766 6741	arnold.wong@polyu.edu.hk
Membership Subcommittee				
Membership Subcommittee Chairperson	Dr. SO Chun Lung, Billy	Hong Kong Polytechnic University	2766 4377	billy.so@polyu.edu.hk
Membership Subcommittee Members	Dr. KWOK Wei Leung, Anthony	Tung Wah College	9633 6734	anthonykwok@twc.edu.hk
	Mr. NGAI Chi Wing, Gorman	Private Practice	9759 0823	gorman_hk@hotmail.com
Professional Development Subcommittee				
Professional Development Subcommittee Chairperson	Ms. MAK Man Yu, Mandy	Physiotherapy Department, TMH	9624 2701	mandy96242701@yahoo.com.hk
Professional Development Subcommittee Members	Mr. YEUNG Ngai Chung, Ivan	Physiotherapy Department, YCH	2417 8214	ivanyeunghkpa@gmail.com
	Ms. CHIU Pik Yin, Horsanna	Physiotherapy Department, UCH	3949 6450	horsanna.chiu@gmail.com
	Ms. WONG Wan Loon, Judy	Physiotherapy Department, RTSKH	9230 2624	judywongphysio@gmail.com
Promotion and Public Relations Subcommittee				
Promotion and Public Relations Subcommittee Chairperson	Mr. WOO Chuen Hau, Alexander	Hong Kong Polytechnic University	2766 5386	alexander.woo@polyu.edu.hk
Promotion and Public Relations Subcommittee Members	Dr. SU Yuen Wang, Ivan	SAHK	3965 4026	ivan_syw@sahk1963.org.hk
	Ms. CHOW Ha Yan, Carmen	Private Practice	9557 0052	carmenhychow@hotmail.com
	Ms. POON Ka Wai, Sara	Physiotherapy Department, PMH	6579 1115	sarapkwsarapkw@gmail.com
	Mr. WONG Hin Wai, Will	Heep Hong Society	6752 2921	willwong0129@gmail.com