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Editorial *Diagnostic Lung Ultrasound*

Wendy CHIANG and George WONG

Physiotherapists in Hong Kong have long history of involvement and experience in the assessment of respiratory functions and provision of relevant intervention in different settings, ranging from life-saving intervention in intensive care unit of acute hospital to chest maintenance in the community-based setting. With the advancement in technology and training, various kinds of examination skills have been developed in our profession, including those which were previously applied mainly by medical doctors. Diagnostic ultrasound is one of such physical means that we as physio are familiar with, but not its application over human chest. We are lucky to have invited two experts in the field, who are ready to bring us through this technique and its establishment in the international and local aspects.

We are delighted to have Mr. Simon HAYWARD from Blackpool Teaching Hospital in UK, to introduce to us the advantage of this technique over auscultation and chest radiograph in the use of differential diagnoses, guidance of physiotherapy treatment choices, and monitoring of treatment efficacy at bedside. He has also shed light on the growth of usage of this technique by physiotherapist in UK and the difficulties and barriers of its development there. His forecast on its development among physiotherapist will definitely inspire you the pathway to its future.

Our second expert is Dr. Tiffany CHOI, Assistant Professor of Caritas Institute of Higher Education, who, besides sharing reviews on the benefit of application and usage of diagnostic lung ultrasound in our practice, tries to show us its current local development and the barricade ahead. Dr. Choi has raised suggestions on its local future development, which you must be interested to dig into.

Let's turn to a new page and enjoy the resonance from the new development of our sound waves.

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 f HKPhysioAssoc

Diagnostic Lung Ultrasound in Physiotherapy Practice

Mr. Simon HAYWARD

Lung Ultrasound Practice Development Physiotherapist,
Blackpool Teaching Hospital NHS Foundation Trust, United Kingdom

Diagnostic ultrasound has been used to investigate the pleura and diaphragm for many decades with Dr Daniel Lichtenstein expanding its use to investigate the lung parenchyma through his early work in the 1990's (Lichtenstein, 2018). Point of care lung ultrasound (LUS) has risen to prominence in the last 10-15 years with a recent accelerated surge in interest due to the impact of the SARS-CoV-2 virus on the lungs (Smith et al, 2020). Diagnostic ultrasound has traditionally been within the remit of the medical profession but in the last eight years LUS has been gradually adopted by physiotherapists working within respiratory specialities to inform their clinical and research practice (Hayward & Janssen, 2018).

With its enhanced accuracy over both auscultation and chest radiograph, when compared to chest computed tomography (Winkler et al, 2018) LUS can be used to identify pathologies, aid differential diagnoses, guide physiotherapy treatment choices, and monitor treatment efficacy at the bedside (Le Neindre et al, 2016). Repeated (serial) LUS scanning before, during and after treatments can not only allow physiotherapists to treat more effectively but confidently alter those treatments during physiotherapy sessions in real-time. The technique can also inform the optimal sequence of both medical and physiotherapeutic interventions for maximum patient benefit (Hayward & Hayward, 2019).

A physiotherapy performed LUS could provide that one additional important piece of clinical information that, in combination with the patient's clinical presentation, proves decisive in starting the patient on the optimal physiotherapy treatment pathway.

Within the United Kingdom (U.K.) the Chartered Society of Physiotherapy permits the expansion of professional scope of practice into an area such as diagnostic imaging. This is only once adequate LUS training and evidence of competency has been achieved. Several U.K. ultrasound training programmes have opened up to allow physiotherapists to train towards their LUS accreditation resulting in 37 physiotherapists gaining

their accreditation so far. More importantly, nine physiotherapists have progressed on to becoming LUS mentors which now allows U.K. physiotherapists to accredit from within our own profession.

The majority of these physiotherapists work within a critical care environment where support from medical colleagues, access to ultrasound machines and the potential for maximum physiotherapy impact has allowed LUS to grow steadily. Unfortunately, many difficulties and barriers remain to the adoption of LUS by physiotherapists that typically revolve around a lack of dedicated time to train, limited funding and access to training places, and consistent support from an appropriately experienced mentor (Hayward et al, 2020). In some cases the attitude shown towards physiotherapists wishing to adopt LUS into their practice by other professions can significantly limit progress. Hopefully this can be overcome with informed discussions about how physiotherapists will use LUS and how it may benefit both the patient and service alike.

For those interested in adopting LUS into their physiotherapy practice there are certainly a few recommendations that can be followed based on our experiences in the U.K.

- Ensure local managers are fully informed and adequate permissions have been secured after discussions with relevant stakeholders (medical leaders, radiology etc.)
- Clear communication with other professions on how physiotherapists will use LUS.
- Access to a suitable training and accreditation processes.
- Dedicated time and funding to train in LUS.
- Consistent access to ultrasound equipment and mentorship.
- Adequate ultrasound quality assurance to maintain high standards of practice.

In hospitals where all the above recommendations can be achieved the opportunity for physiotherapists

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to adopt LUS can progress with minimal difficulty. There will always be local variations to adoption where new barriers are encountered; these barriers could be addressed through the creation of a Hong Kong wide physiotherapy working group to support the wider adoption of LUS within the profession.

With diagnostic LUS growing within the international physiotherapy community what are some of the emerging developments for the profession and how might LUS be used in the future?

Critical care may well be an area that has seen the largest growth in physiotherapy-led LUS but this is likely due to fewer of the practical barriers to its adoption. It is the authors opinion that as LUS grows it will also be adopted into other clinical areas such as the wider acute or respiratory hospital wards. Being a highly portable imaging modality LUS can also be easily adopted into out-patient clinic settings, community-based settings and even directly into the patient's home environment where physiotherapists would benefit from immediate access to lung imaging to inform their practice. Beyond the use of LUS to inform clinical practice this imaging modality can be incorporated into the methodology of physiotherapy research projects using techniques such as the LUS score. The LUS score is a semi-quantitative measure of lung aeration which could act as an outcome measure for assessing the effectiveness of respiratory physiotherapy treatments (Bouhemad et al, 2015).

In summary, LUS has the potential to enhance many aspects of respiratory physiotherapy assessment, treatment, and monitoring. With informed discussions and planning many of the barriers to LUS adoption can be addressed. This is important because LUS is an achievable and valuable skill for physiotherapists to learn that has the potential to positively impact both clinical and academic practice.

For any questions, you are welcome to contact Mr. Hayward at simon.hayward1@nhs.net

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Other sources of information that readers may find useful:

- A link to a document about finding a mentor



- A link to the BTH Ultrasound YouTube channel the author runs



- A link to author's ResearchGate page for his publication/posters/abstracts on LUS



Development of Physiotherapist-led Diagnostic Lung Ultrasound in Hong Kong

Dr. Tiffany Ching Man CHOI

Assistant Professor, Caritas Institute of Higher Education

Professional Developments in Critical Care Physiotherapy in Hong Kong

In the past 10-15 years, major developments in critical care physiotherapy have been witnessed in Hong Kong (HK), such as the provision of early mobilization and ventilator hyperinflation to the critically ill in Intensive Care Units (ICUs) with the aims of avoiding ICU-acquired weakness, weaning the patients off ventilators and shortening the patients' hospitalization time.

In respect of the development of early mobilization in ICU, protocols have been established. The benefits brought to patients by these protocols are well recognized and appreciated by medical practitioners in many local ICUs. Relevant resources have been increasingly allocated to this area. Equipment, staff training and manpower are improved.

Diagnostic Lung Ultrasound – Another Niche Area in Critical Care Physiotherapy

Professor Daniel Lichtenstein, one of the pioneers in point of care ultrasound (POCUS) in critical care, once acknowledged that physiotherapists should acquire ultrasound imaging skills. The mastering of such skills would change many aspects of the physiotherapy protocols as the imaging result can be seen real-time (Lichtenstein, 2018).

Leech et al. (2015) examined the diagnostic performance of diagnostic lung ultrasound (LUS) which investigated pleura, lung, parenchyma and diaphragm, compared with auscultation and chest Xray. It was found that LUS, due to its superior sensitivity and specificity, would enable physiotherapists to make timely and accurate diagnosis of acute pulmonary pathologies at bedside and determine if the pathology is amenable to physiotherapy interventions. Le Neindre et al. (2016) emphasised on how physiotherapists could apply LUS in daily practice and they commented that LUS was a potential tool for physiotherapists as it performed

better than auscultation and chest Xray. It therefore should be considered as an outcome measure and used in making informed clinical decisions. Hayward and Janssen (2018) reviewed that the use of LUS among physiotherapists on a broad range of pathologies and patient populations was gaining popularity. They also found that diaphragm thickness and mobility were the most frequently investigated outcome measures adopted by physiotherapists.

In addition to being more accurate in making real-time differential diagnosis between pneumothorax, pleural effusion, lung consolidation and lung collapse and being able to be done at bedside due to its portability, LUS is non-invasive and fast to perform. It does not emit any ionising radiation but allows serial investigations (Leech et al. 2015). LUS could be applied in most patient populations but it could be difficult in some circumstances such as over surgical emphysema, dressings, wounds, burns and in obese patients (Leech et al. 2015).

With the use of LUS in ICUs, critical care physiotherapists can guide, monitor and evaluate before, during and after their interventions to see whether they are yielding improvements, for example, using manual or ventilator hyperinflation and patient mobilization in re-expanding a collapsed lung, and using LUS as visual feedback in deep breathing exercise in facilitating better diaphragm mobility etc. (Leech et al. 2015). Afterall, LUS enables physiotherapists to make interventions more targeted and effective.

Adopting Diagnostic Lung Ultrasound in Physiotherapy Practice

Diagnostic ultrasound has traditionally been applied within the scope of practice of medical practitioners. However, review showed that LUS has been gradually adopted by physiotherapists specialized in cardiopulmonary around the world and there has been a dramatic increase in its use during the coronavirus disease 2019 (COVID-19) pandemic (Hayward & Janssen, 2018; Smith et al., 2020).

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From the scoping review conducted by Hayward and Janssen (2018), it was shown that the use of physiotherapist-led LUS was growing in the United Kingdom (UK), Australia, Brazil, South Africa, India and South-east Asian countries e.g. Japan, Singapore and Republic of Korea. In the UK, diagnostic imaging has been added into the physiotherapy scope of practice, and related training programmes, protocols and accreditation have been well developed and implemented. The UK physiotherapy community is also proud of their mentorship system and within-profession self-accreditation capability about the use of physiotherapist-led LUS.

Hayward et al. (2019) conducted a national survey on physiotherapists and identified the most common concerns regarding integrating LUS safely into physiotherapy practice. These concerns included team support, machine/training cost and availability, time pressure and mentor availability (Hayward et al., 2019). Solid solutions needed to be found to avoid progress limitation.

Diagnostic Lung Ultrasound in Hong Kong - Where We Are and What We Can Do

Development of physiotherapist-led LUS in local settings is still at a very preliminary stage. The availability of competent physiotherapists in the use of LUS is very limited in HK. This is due to a lack of knowledge, interest and understanding within the critical care physiotherapist community in the value of LUS, and the unavailability of mentors and relevant training courses in HK. Generally, there is a lack of LUS-equipment designated for physiotherapists to use. No local governance and policy available to guide physiotherapists to the accreditation of implementing LUS in clinical situations is another challenge to the local profession.

To catch the global trend and work for a better physiotherapist-led LUS development in HK, there are several important things we should do. First, as advised by Mr Simon Hayward (specialist physiotherapist in LUS in the UK), a HK wide physiotherapy working group should be established in setting up timelines and priorities.

Second, even though hands-on training by overseas experienced physiotherapists have ceased since the outbreak of COVID-19, online training could be proactively arranged with the provision of local experts' back-up.

Third, LUS education to the local critical care physiotherapy teams, ICU nursing and medical teams and management teams should be largely increased for better communication on how physiotherapists will use LUS in practice. By doing these, the resources allocated to the purchase of LUS-equipment will hopefully be growing.

Last, when the number of competent physiotherapists and culture of using LUS in practice gradually grow, local governance and policy to guide physiotherapists to the accreditation of implementing LUS in clinical situations should then be discussed and worked out.

Conclusion

LUS has the potentials to enhance the ability to differentially diagnose respiratory pathologies, aid respiratory assessment and support clinical reasoning. With the foreseeable barriers, it would be another long battle for the critical care physiotherapy team in HK, just like the development of early mobilization in ICUs. However, to fight for the best to benefit patients, the benefits of adopting physiotherapist-led LUS should be recognized and appropriate steps should be taken to overcome its barriers.

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The Application of ICF Model in Rehabilitation

Mr. Jonathan TSOI

Senior Physiotherapist, Fu Hong Society

More attention has been attached to apply "The International Classification of Functioning, Disability, and Health (ICF)" system in rehabilitation planning in recent years. ICF provides a standard language and framework that describes how people with a health condition function in their daily lives. It addresses human functioning, rather than focuses on a labelled medical diagnosis or presence of disease.

It helps healthcare professionals shift from the purely medical approach to an integrated bio-psycho-social model in assessing human functioning and disability. With ICF system, we can collect consistent and reliable information to select corresponding outcome measures, evaluate treatment effectiveness and facilitate the communication across settings and healthcare disciplines.

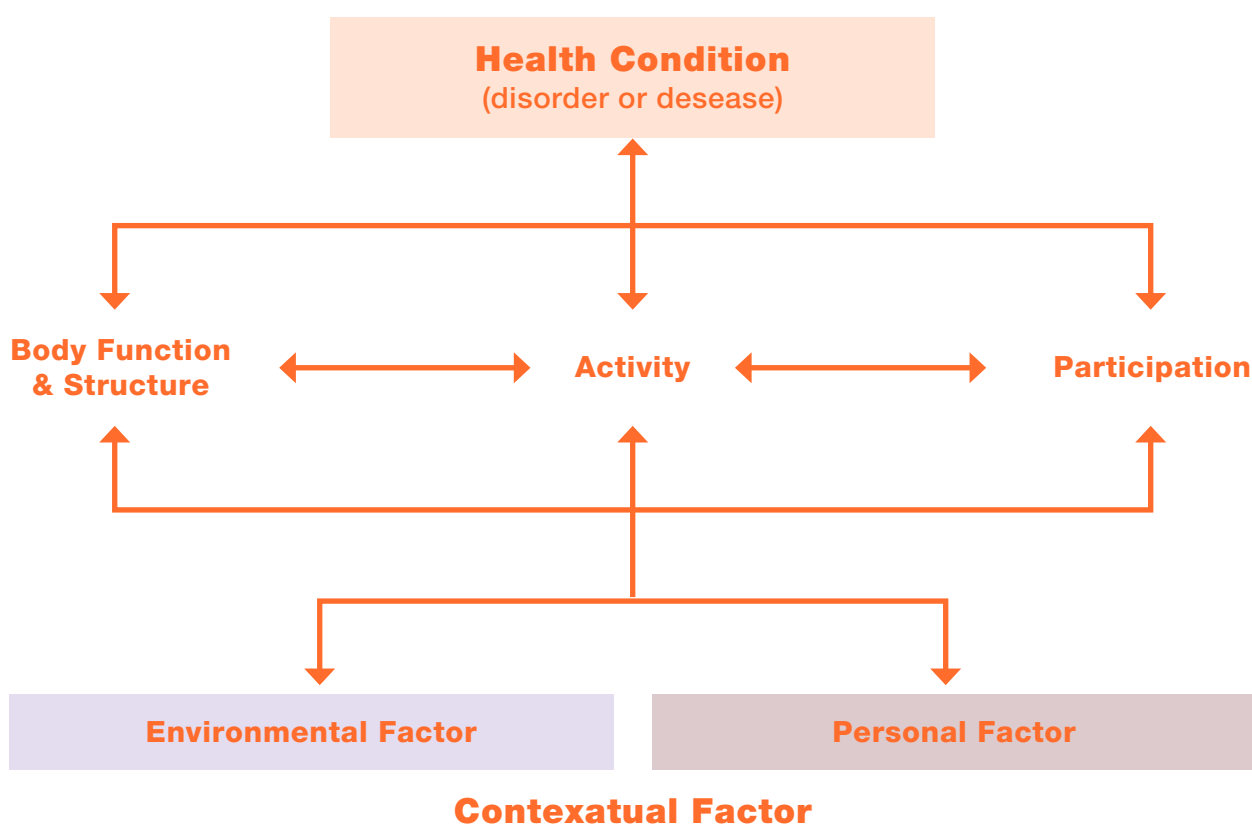


Figure 1.

ICF framework (Fig 1) consists of six domains including Health Condition; Body functions and Structure; Activity; Participation; Environmental factors and Personal factors. Each of the six domains will interact and influence each other.

Fu Hong Society (FHS) has been carrying out a series of pilot studies (122 cases) on the application of ICF model in rehabilitation planning since 2019. Next, I will share one of the cases to illustrate the differences

of rehabilitation planning before and after the application of ICF model.

Case study:

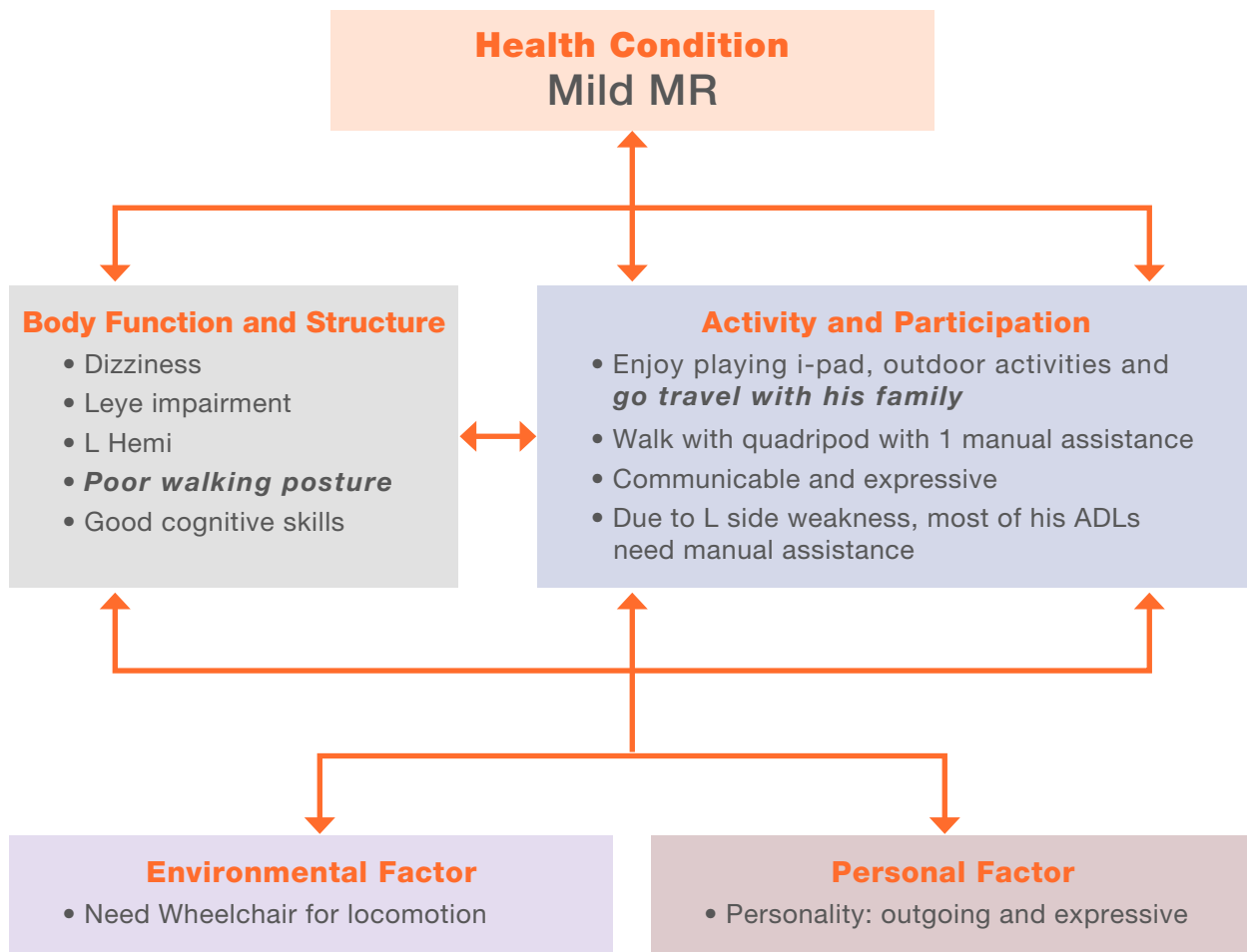
Service user A lives in one of our Day Activity Centre cum Hostel. He is 57 years old with mild grade MR, L Hemi and poor walking posture. Before the application of ICF model, our original rehabilitation goals were to improve his walking posture and walking endurance so that to maintain his quality of

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life (QoL). However, service user A was not keen on doing those prescribed exercises.

While applying ICF model in rehabilitation planning, firstly, a transdisciplinary meeting comprised of social

worker, nurse, OT and PT was held to discuss the needs of service user A based on the ICF framework (Figure 2). Secondly, we had adopted person-oriented approach and prioritized the needs of service user A in consideration of his will and expectation.



(Remarks: Activity and Participation are combined into one domain for easier analysis.) (Figure 2)

After the transdisciplinary meeting, we all agreed that “fulfill his wish to go travel with his family” was put into the top priority. To meet this goal, we had planned and encouraged service user A to practice a series of muscle strengthening exercises for his trunk and lower limbs. In addition, we had provided a series of lifting and transfer skills training to his family members. As service user A had known that those training sessions could help him to travel abroad easier with his family, we observed that his exercise compliance had increased significantly during the training period. After training for a few months, service user A had fulfilled his wish and travelled to Taiwan with his family successfully.

From the above case study, we can observe that the application of the ICF system is regarded as person-centered caring approach. Also, ICF system respects

the will of the service user and emphasizes on the transdisciplinary collaboration among professions. It also optimizes personal motivation by sharing goal-setting and decision-making during the rehabilitation process between service user and the rehabilitation team.

In Hong Kong, ICF framework is not yet widely adopted in NGO setting. Further research is warranted to understand how ICF framework can influence the intervention styles and treatment effectiveness during the rehabilitation process.

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An Interview with Dr. Jamie LAU

Date : 28 August, 2020

Venue : Online

Interviewee : Dr. Jamie LAU

Interviewers : Ms. Herona HN LAM and Mr. Daniel KH KWOK
Year 2 Physiotherapy Students

Q1

How did your learning experience shape you to become a physiotherapist?

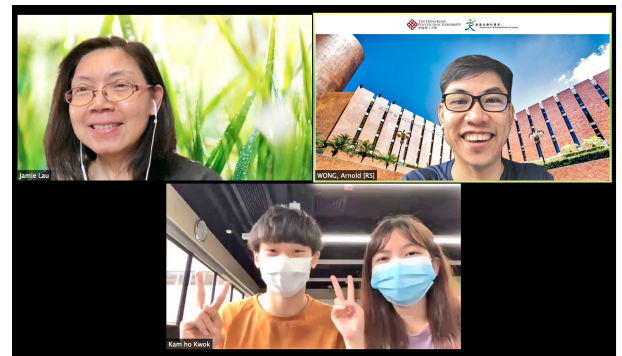
A1

Working as a physiotherapist in the past three decades was like riding on a roller-coaster. Since I was the second cohort of graduates from the PolyU Physiotherapy Higher Diploma course, the teaching materials and the pedagogy were not as sophisticated as courses nowadays. Despite the challenges of studying a pioneer programme, I gained very fruitful learning experiences from my clinical educators and peers

My clinical educators (CEs) were the kind of teachers and role models whom I looked up to. When I first started my placements in the hospitals, there were rumours among the first cohort Physiotherapy students that our clinical educators were "The Difficult Four", which got us petrified and nervous. In fact, those CEs were as harsh as the rumours suggested. They always asked challenging questions during their treatments and expected precise and concise answers from us. However, such apprenticeship training gave us chances to clarify misconceptions, and applied theories in clinical practice. It also provided us first hand experiences to experience the future physiotherapists' life. In spite of their poker faces towards students, they were surprisingly kind to their patients. They clearly explained the treatment procedure or the pathology of the condition to their patients using layman terms. They exemplified the importance of building good rapports with patients, which could improve the communications and enhance patient-centered rehabilitation through understanding patients' needs and goals. Those CEs were great role models for me and they shaped me as a good physiotherapist today.

Additionally, I learned a lot through forming a study group with my classmates. My journey to become a physiotherapist could not have been completed without them. We kept motivating and helping one another through challenging our knowledge in the school and hospitals.

Last but not least, my commitment and dedication to the healthcare field were also pivotal. Physiotherapy involves a wide range of concepts and knowledge, which would



Dr. Jamie LAU (upper left); Ms. Herona LAM and Mr. Daniel KWOK (bottom); and Dr. Arnold WONG (upper right)

be constantly updated. Many new knowledge may be formulated after graduation. Therefore, a lifelong learning attitude is essential to enable us to continuously search academic articles or evidence to support our treatments or management of patients.

Q2

How was your clinical experience built up and whether there was any evolution throughout the years?

A2

My clinical experience and approaches evolved over the years. Of course, clinical contacts exposed me to a wide variety of cases that could not be achieved solely through reading academic articles or textbooks. When I worked in a clinical setting, I could evaluate patients and practiced hand-on skills on real cases, which differed from applying certain techniques on classmates. Such clinical exposures allowed me to consolidate my knowledge and clinical skills.

Self-reflection is another crucial element in contributing to my improved clinical experience. As I gained more exposures to cases, I realised the importance of preparation before clinical contacts (e.g., developing proper assessment forms) and customization of treatments for patients. Even for the same type of cases, the precautions for individual patients may vary. Therefore, the assessment and treatment approaches should all be modified according to patients'

(Continued on Page 9)

progression. The self-reflection mentality allowed me to improve my diagnosis and treatments for patients.

One prominent evolution of my treatment approach is the adoption of psychologically informed practice (PIP) in physical therapy. PIP allows me to connect with patients emotionally and improve their mental health during the rehabilitation process.

Q3

From a Physiotherapy (PT) Board member's perspective, do you have any advice for our members?

A3

As a PT board member, we uphold the quality and the standard of Physiotherapists in Hong Kong. It is paramount important to deliver treatment to clients safely and effectively. As a Physiotherapist, the safety of our clients should be our top concern. Additionally, the effectiveness of assessments and treatments is another top priority that we should focus. We need to ensure that our treatments are effective to help restore our patients' normal daily function. In order to maintain the quality of Physiotherapy, continuous education is essential to our profession. Since new technologies and medical findings emerge every day, our assessments and treatments should be modified and improved from time to time. Therefore, we have to equip ourselves with new knowledge constantly.

Q4

What are your opinions on the education and academic support for the development of Physiotherapy in Hong Kong?

A4

I would only regard undergraduate basic training as the 'admission ticket' of the occupation. More importantly, lifelong learning is essential given that physiotherapy is by no means a static field. To pursue excellence in Physiotherapy, higher education and on-the-job training are two major pathways. Firstly, undertaking postgraduate studies is a good opportunity to expose to diverse schools of thoughts, theories and skills. Back in 2015, I went to the United Kingdom to study the management of complex chronic low back pain from a psychologically informed approach. The experience has granted me a precious opportunity to learn how to handle illnesses from a brand-new perspective that was not adopted in Hong Kong. Aside from school, a worksite can be a wonderful learning environment. To treat the same type of cases, Physiotherapists do not necessarily use the same method. Under this circumstance, we can 'stand

on a giant shoulder' to learn what other colleagues excel.

New knowledge is the cornerstone of innovation because it prompts the development of patient management. Therefore, we can involve in clinical research to evaluate the effectiveness different intervention. If our outcomes are promising, we should disseminate the results to benefit the profession locally and globally.

Q5

From the local context, what are your viewpoints on the functions and roles of PTs in hospitals and communities?

A5

The major role of Physiotherapists in hospitals is to facilitate the rehabilitation of patients with various diseases or physical conditions. When compared to the community setting, hospital cases are relatively more severe and acute. In addition to rehabilitation, prehabilitation programme has become bandwagon recently. Prehabilitation aims to use physical training to optimize patients' physiological conditions prior to surgery so as to hasten postoperative recovery. For example, prior to anterior cruciate ligament reconstruction operations, we may educate patients on using crutches, as well as prescribe exercises to strengthen their upper and lower limb muscles so that they can ambulate better with modified gait pattern.

In the community setting, Physiotherapists play an important role in chronic diseases management and in assisting patients to reintegrate to community after early hospital discharge. Notably, Physiotherapists need to teach patients the concept of self-management (e.g., understanding of owns' conditions, exercises to alleviate discomfort, ways to improve sleeping quality, and etc). Patients can thereby handle their own flare-up without rushing to hospitals.

Q6

How can local physiotherapists contribute to the bigger professional community?

A6

Given the digital era, we can easily access professional knowledge around the globe. Using the internet, we are able to visit databases to search for the most updated research articles, protocol, and evidence. We may even attend overseas conferences or workshops. These opportunities have enable local Physiotherapists to learn innovative techniques and knowledge, which should be shared among colleagues.

Is Right of Assembly a Shield to the Charge of Unauthorised Assembly?

Mr. Bronco BUT

Honorary Legal Advisor of HKPA

Assumed Scenario

Alex was a physiotherapist working in a public hospital. He took part in a public procession on 1 October 2019. The Commissioner of Police had prohibited the holding of public meetings and a public procession on 1 October 2019 by the Civil Human Rights Front ("the CHRF"). The Police Public Relations Branch held a press conference on 30 September 2019 to explain the decision of the Commissioner of Police in details. It was widely broadcasted. They urged the public not to participate in any unlawful public events on 1 October because there was a substantial risk of violence based on the escalation of violence and wanton destruction over the past 3 months. They gave specific examples of recent violence. They also shared details of the intelligence they had received relating to the public holiday, National Day, 1 October. They used screenshots of intelligence and internet messages to demonstrate their concern.

The procession indeed took place on 1 October 2019. It stretched back a significant distance and all its participants did not arrive at the same time at the finishing point in Central. Video footage captured unlawful behaviour, criminal damage, arson and violence during the course of the public procession but after the head of the procession had reached its destination point in Central. Bricks were thrown towards police stationed on a footbridge near the Police Headquarters and laser beam interference. Groups of protesters gathered at Admiralty outside the Central Government Offices throwing petrol bombs. There were petrol bombs thrown along or near the route of the public procession in Admiralty and Wanchai with explosions heard and fires raging. Alex did not take part in any violent acts. He just followed the crowd; swore foul languages and abused Police; chanted political slogans that were anti-police, anti-government, anti-China.

The organisers of the public procession were charged with and convicted of the offence, knowingly taking part in an unauthorised assembly contrary to section 17A(3)(a) of the Public Order Ordinance after trial in District Court in DCCC 534/2020.

The Police has not yet arrested Alex who was of the view that the Basic Law guarantees the right of assembly for Hong Kong residents and his right of assembly under the Basic Law was the shield to the criminal charge of unauthorised assembly.

Alex discussed his concerns with his Senior Physiotherapist who suggested him that he should seek legal opinion.

Discussions

in the case of DCCC 534/2020, District Judge Woodcock said

the Basic Law and the Bill of Rights both guarantees the right of assembly and the right of expression for Hong Kong residents. However, these rights are not absolute and are subject to restrictions imposed by law. The challenge of the constitutionality of these restrictions was ultimately considered by the Court of Final Appeal and the statutory requirement for notification was ruled constitutional. Many other jurisdictions in the world have the same or very similar requirements. These freedoms are enjoyed subject to those restrictions and irrespective of a person's politics.

In the Court of Appeal judgment of *Secretary for Justice v Wong Chi Fung*, the Court of Appeal held that under Chapter III of the Basic Law, all Hong Kong residents shall abide by the law when exercising their rights guaranteed by law. The freedom of assembly had never been

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absolute. Article 17 of the Hong Kong Bill of Rights protected the right of peaceful assembly, subject to restrictions including those for preserving public safety and order and protecting the rights of others. Although the court would interpret such restrictions narrowly in order to give full effect and protection to the right of peaceful assembly, citizens must exercise it in a lawful and peaceful manner without disrupting or threatening to do so. Once demonstrators overstepped the bounds on the right laid down by law, they had to bear the consequences and be sanctioned by the law. Poon JA, as he then was, identified the inherent risk of large gatherings when he says that from experience, when large numbers of demonstrators gather together, emotions will run high and the crowd may become agitated so that these situations have the inherent risk of breaking out into violence. There will be those who seek to instigate violence from volatile situations, therein lies the risk that cannot be ignored.

The Court of Appeal in the later judgment of *Secretary for Justice v Chung Ka Ho* found the

sentencing factors in *Wong Chi Fung* not only applicable in unlawful assembly involving violence. It is unreasonable to divide unlawful assemblies by violence when passing sentence. Even if there is no actual violence, the court should take into consideration the threat and imminent risk of violence and actual breach of peace caused by criminal acts. Depending on the circumstances of each case, deterrent and punitive sentence may be passed by the court.

In the present case, Alex intended to use his right of assembly guaranteed by the Basic Law and the Bill of Rights to defend the charge of unauthorised assembly. In view of the above discussions, his right of assembly could not be used as a shield to the charge of unauthorised assembly under section 17A(3)a of the Public Order Ordinance.

Should Alex be prosecuted and convicted of the offence of unauthorised assembly, his registration as a physiotherapist may be jeopardised.



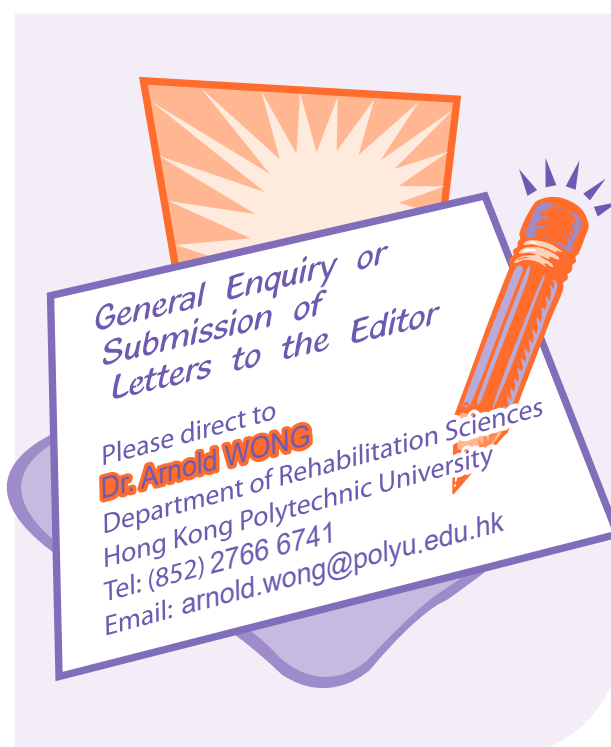
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Tel: 2766 7156
Dept of Rehabilitation Sciences
Hong Kong Polytechnic University
Email: Marco.Pang@polyu.edu.hk



**General Enquiry or
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Letters to the Editor**

Please direct to
Dr. Arnold WONG
Department of Rehabilitation Sciences
Hong Kong Polytechnic University
Tel: (852) 2766 6741
Email: arnold.wong@polyu.edu.hk

Two Articles Published in News Media

Dates : 3 May 2021, 17 May 2021

Physiotherapists : Mr. Calson Yau-man LEUNG and Ms. Yuk-mun NG

Two articles published in the 明報健康網 in May. The article on 3rd May was authored by Mr. Calson Yau-man LEUNG of the Private Physiotherapy Working Group. It covered 3 topics, namely “「力從地起」保平衡防拗柴足底筋膜助穩步「舉足輕重」”, “知多啲：腰腹小腿肌力弱 一撞即「拗」” and “訓練篇：「穩陣」4招 練腳力強腰腹”. The article on 17th May titled “運動處方：動一動 防未老先衰” was authored by Ms. Yuk-mun NG of the Community-based Rehabilitation and Primary Healthcare Work Group.



Ms Y. M. NG's article.



The 3 topics of Mr. Calson LEUNG's article.

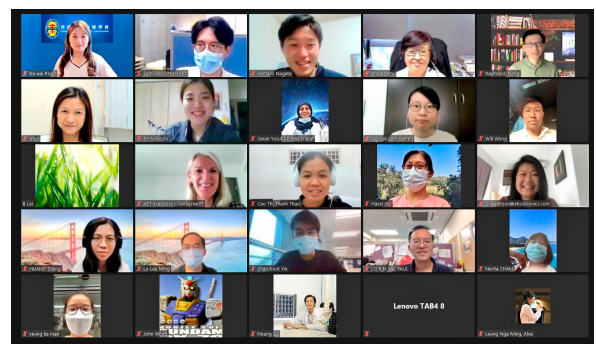
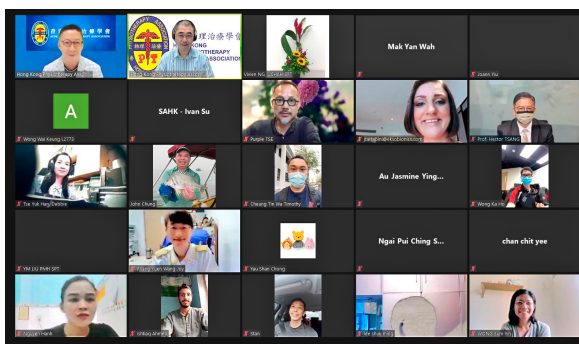
60th Anniversary of PT Education in Hong Kong online seminar 3

Date : 5 May 2021

Venue : Online

Physiotherapists : Prof. Marco PANG, Mr. Alexander WOO, Miss Sara POON, Mr. Sam WAN, Mr. Will WONG

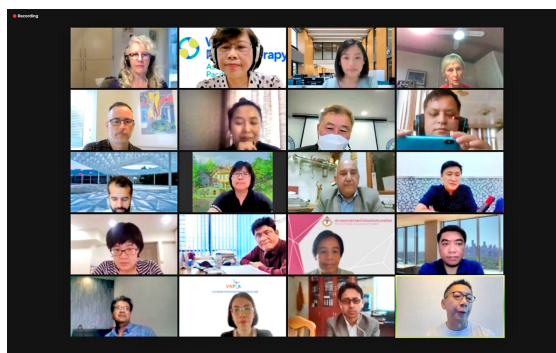
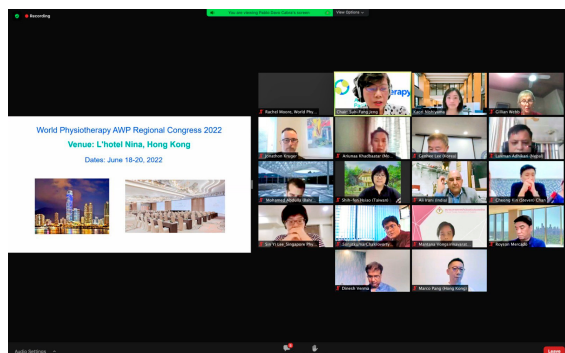
The online seminar was held to celebrate the 60th Anniversary of PT Education in Hong Kong, The guest speakers were Prof. Hector Tsang, Prof. Grace Szeto and Ms. Janette Tartabini. More than 150 people enrolled in the event.



World Physiotherapy AWP Region General Meeting

Date : 8 May 2021
Venue : Online
Physiotherapists : Prof. Marco PANG, Dr. Arnold WONG, Dr. Billy SO

This meeting was held every 4 years. The representatives from different Member Organizations of the World Physiotherapy Asia Western Pacific (AWP) Region attended the event. During the meeting, the new Executive Committee members of the AWP Region were elected. Prof. PANG also took the opportunity to promote the World Physiotherapy AWP Regional Congress that is scheduled to take place in Hong Kong on June 18-20, 2022.



Interview by the HKCSS Channel @抱抱照顧者 Give a Hug

Date : 12 May 2021
Physiotherapists : Ms. Chamie Ching-yee YIP, and Mr. Tsz-him LAM

The Hong Kong Council of Social Service (HKCSS) is currently undertaking a【照顧者宣傳計劃】aiming at providing a range of support to the caregivers through a series of public education. One part of the series is short video production, including common wear and tear and health issues associated with caregiving. Two members of the Community-based Rehabilitation and Primary Healthcare Work Group, Ms. Chamie YIP and Mr. T. M LAM attended an interview by Mr. Ray YEUNG of the HKCSS Channel on 12 May 2021. Two videos titled “照顧者扶抱易勞損 教你正確扶抱姿勢 @抱抱照顧者” and “教你簡單運動紓緩痛症 增強扶抱肌肉 (照顧者workout) @抱抱照顧者” were made.



The interview took place at the HKPA Premises on 12 May 2021 and the 2 videos will be uploaded to the HKCSS Channel's website.

Meeting with Physiotherapy Students in the Open University

Date : 12 May 2021
Venue : Online
Physiotherapist : Prof. Marco PANG

Prof. PANG conducted an oral presentation to introduce HKPA and benefits of joining as student members to year 1 physiotherapy students in the Open University. The HKPA would like to acknowledge Prof. William Tsang for his coordination and follow-up effort in encouraging his students to join HKPA.

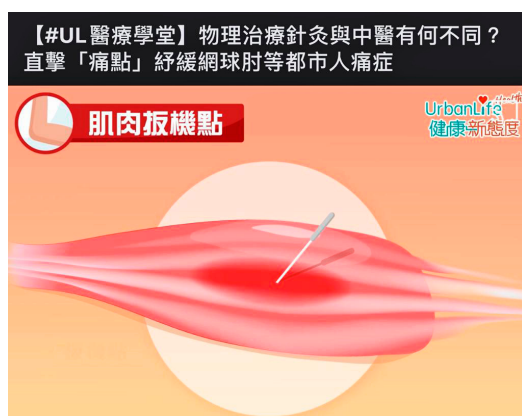
UrbanLife Health “物理治療針灸與中醫有何不同？”

Date : 12 May 2021
Physiotherapist : Mr. Eric LAW

Mr. Eric LAW, on behalf of HKPA, was interviewed by a local media, UrbanLife Health 健康新態度. The health topic was “物理治療針灸與中醫有何不同？” Mr LAW explained the modern acupuncture concept employed by physiotherapists and the common conditions treated with acupuncture by physiotherapists. He also used tennis elbow as an illustration.



<https://fb.watch/5rC2NZ32S8/>



4th Meeting of Working Group on Implementation of Modified Referral System for PT Services, PT Board

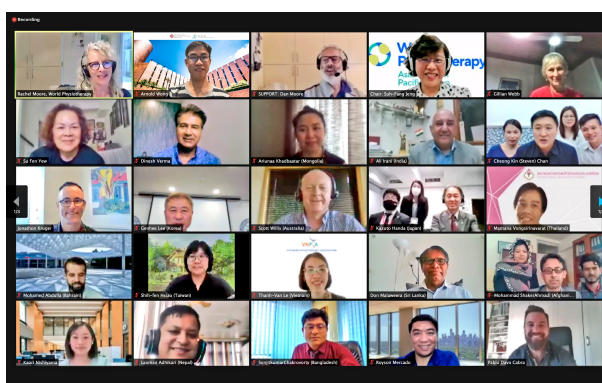
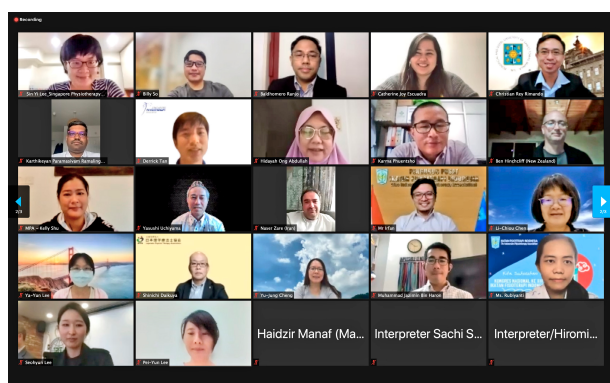
Date : 21 May 2021
Venue : Online
Physiotherapist : Prof. Marco PANG

Prof. PANG attended the captioned meeting on behalf of HKPA to discuss the way forward with physiotherapy service referral system in Hong Kong.

Third Asian PT Forum

Date : 22 May 2021
Venue : Online
Physiotherapists : Dr. Billy SO and Dr. Arnold WONG

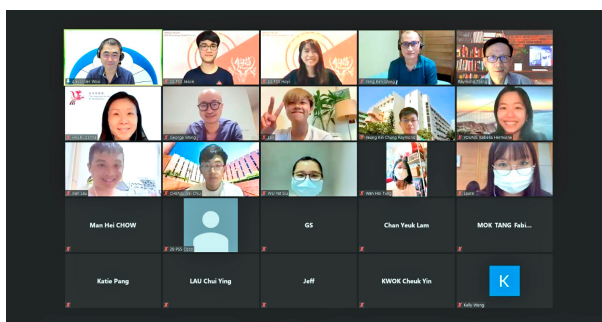
HKPA was invited by the Japanese Physical Therapy Association to participate in the online 3rd Asian Physical Therapy Forum 2021 on 22 May, 2021. Dr. Billy SO and Dr. Arnold WONG represented HKPA to join the Forum. There were more than 30 representatives from 18 physiotherapy associations in Asia attended the forum. The online forum included an opening ceremony, 2 symposia, round table discussion and a closing ceremony



PT Career Talk for PolyU PT Students

Date : 27 May 2021
Venue : Online
Physiotherapists : Mr. Raymond TSANG, Mr. Kwok-cheong George WONG, Mr. Siu-keung WONG, Ms. Yuen-ting Joanne CHAN, Mr. Alexander WOO, Mr. Lawrence MA, Ms. Karen KWONG, Mr. Mike AU-YEUNG

This activity is a collaboration between HKPA and Physiotherapy Students' Association of PolyU. Physiotherapists from different sectors (Hospital Authority, NGO, private practice, academic) shared their views on career pathway of physiotherapists.



10th Anniversary of Tung Wah College Ceremony

Date : 31 May 2021
Venue : Hotel ICON
Physiotherapist : Prof. Marco PANG

Prof. PANG attended the captioned event on behalf of HKPA to celebrate the 10th Anniversary of Tung Wah College. The photo below shows (from left to right) Mr. Dennis CHEUNG, Prof. Grace SZETO, Prof. Marco PANG, and Dr. Ivan SU.



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Vice President	Mr. TSANG Chi-Chung, Raymond	Physiotherapy Department, MMRC	2872 7124	raycctsang@yahoo.com.hk
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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
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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
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	Ms. POON Ka Wai, Sara	Physiotherapy Department, PMH	6579 1115	sarapkwsarapkw@gmail.com
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