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Editorial

Telemonitoring for Patients with Chronic Obstructive Pulmonary Disease (COPD)

Dr. Tiffany CHOI and Ms. Bonnie MA

In recent years, the use of telehealth services (telemedicine/ teleconsultation, telemonitoring and telecare/ telerehabilitation) and self-management have been on a rise for the management of patients with chronic obstructive pulmonary disease (COPD), with the aims of improving clinical outcomes and reducing healthcare costs.

To help patients recognize the early onset of acute exacerbation of COPD (AECOPD), among different telehealth services, there is an increasing trend for the use of telemonitoring to identify early deterioration based on symptoms and/or the lack of appropriate response to different interventions provided by different professions in an adequate or a timely manner.

Telemonitoring refers to the use of electronic information and communication technologies to support distance healthcare, allowing information exchange between healthcare providers and long-distance patients regarding symptoms or physiological measurements, for example dyspnea, heart rate and oxygen saturation, and enabling access to healthcare services through individualized interventions to detect early onset of AECOPD, prevent further exacerbation events, decelerate disease progression and reduce mortality.

In this issue, we are delighted to have Dr. Kah Lin CHOO, Chief of Service of Department of Medicine from North District Hospital, to share her experience on the establishment of the Hospital-At-Home (H@H) programme with her interdisciplinary team and the use of telemonitoring for patients with COPD. Ms. Yonny VONG, Mr. Joseph CHENG and Mr. Joe TSANG, physiotherapists from North District Hospital tell us their experience in implementing telemonitoring of pulse oximetry, usage of oxygen concentrator and home non-invasive ventilator (NIV) parameters for patients with COPD.

We are also very pleased to have Mr. Magnus LEUNG, physiotherapist from St. James' Settlement to show us tactics when providing physiotherapy to people with intellectual disabilities. On the lighter side of this issue, we have an interview done by two Year 3 physiotherapy students, Paco and Evest, from the Hong Kong Polytechnic University. They have talked to the Principal of the Hospital Authority Institute of Health Care, Mr. Dicky WONG, who generously shared his career journey from a sports lover to a successful leader of the Hospital Authority Institute of Health Care. He has also shared his insights in becoming a good physiotherapist and working as a senior management member.

Enjoy reading!

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How Telemonitoring can Support a Hospital-At-Home Service for Patients with Chronic Obstructive Pulmonary Disease (COPD)

Dr. Kah Lin CHOO

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Burden of Chronic Obstructive Pulmonary Disease (COPD)

COPD accounted for 8% of all emergency admissions to the Medical Department in Hospital Authority (HA) hospitals (2015 and 2016 data). For the 51,000 COPD patients under the care of HA hospitals, around 25% were admitted via Accident and Emergency Department (AED) each year. COPD also accounted for 55% of those admitted with chronic disease. Average bed days occupied by COPD patients increased from fewer than five days among the 40 to 49-year-old patients to approaching 9 days for those aged 70 and above.

Faced with these daunting figures, a Respiratory Collaborative Care Team (RCCT) was started in North District Hospital (NDH) in January 2009. The aim was to reduce bed days occupied by COPD patients during winter surge in hospital bed demand. Strategies included assisted early discharge from hospital or admission avoidance. A Hospital-At-Home (H@H) programme was initiated to help patients cope with their chronic disease in the community.

Hospital-At-Home (H@H) programme

NDH had had the experience of running an ambulatory multidisciplinary Pulmonary Rehabilitation Programme (PRP) since 1998. In fact, the PRP team that consisted of physiotherapist (PT) and occupational therapist (OT) was already engaged in 2009 to conduct community rehabilitation programmes for pneumoconiosis patients. Since pneumoconiosis patients who were frailer than COPD patients were benefiting from home outreach, it was decided to use a similar approach to support early discharged COPD patients. However, the sheer number of COPD patients required the engagement of new partners. Colleagues from Community Nursing Service (CNS) were therefore invited. Based on H@H experience from National Health Service, United Kingdom, we shared COPD acute exacerbation protocols with CNS that empowered community nursing

staff to safely manage COPD patients who became distressed at home. An integrated care model that served COPD patients from hospitalisation to home was developed. Patient and caregiver education would begin once the patient is stabilised in hospital. Led by respiratory physician, the interdisciplinary RCCT (comprising respiratory nurse, community nurse, community PT and OT) collaborated to support patients as they transition between the different discipline's respective care. Such collaboration provided ample opportunities for transdisciplinary learning.

Telemonitoring for COPD patients NIV telemonitoring for compliance monitoring and troubleshooting

Home non-invasive ventilation (NIV) has been increasingly used to support chronic respiratory failure patients in Hong Kong. COPD accounted for 60% of home NIV patients managed at NDH between January 1999 and January 2007. Many of these patients had undergone NIV titration at NDH Sleep-Disordered Breathing Unit (SDBU). Unlike obstructive sleep apnoea (OSA) patients, chronic respiratory failure patients suffered from high mortality and rehospitalisation rate if they complied poorly with NIV. SDBU staff used to provide caregiver education and elective admissions for ventilatory adjustment when patients encountered problems. However, due to SDBU staff movement and shortage of overnight sessions, admission to SDBU was no longer feasible. Telemonitoring was therefore employed to trouble-shoot and track home ventilation usage of chronic respiratory failure patients by SDBU and respiratory nurses.

Between 2009 and early 2016, 244 episodes of telemonitoring were provided to 172 patients. While most patients suffered from COPD. Other diagnoses included OSA, overlap syndrome, obesity hypoventilation syndrome, congestive heart disease, post-irradiation nasopharyngeal carcinoma, muscular dystrophy, and restrictive lung disease. Although respiratory nurses had provided patient and caregiver training before discharge, anxiety over the need to self-manage ventilatory equipment often remained high.

(Continued on Page 3)

Knowing that the patient's condition was being telemonitored was particularly reassuring to the caregiver. When telemonitoring revealed problems affecting effective ventilation, such as excessive mask leakage or inappropriate ventilatory settings, the respiratory nurse would make a referral to community PT who would either reinforce mask fitting techniques or rectify other problems on site. An NIV titration protocol also guided the respiratory nurse or community PT in fine adjustment of the patient's ventilatory settings. Early proactive detection of problems, followed by prompt discussions with respiratory physicians allowed the delivery of relevant interventions. Between May 2010 and May 2012, 99 episodes of telemonitoring were provided to 65 patients (21 of whom were re-admitters). Twenty-eight-day readmission was avoided for 67.6% of these critically ill patients.

COPD Assessment Test (CAT) telemonitoring: from exacerbation detection to self-help tips

To encourage discharged COPD patients to self-monitor their symptoms, we requested our telemonitoring service provider to develop a customised tablet device that incorporated COPD Assessment Test (CAT) questions in 2010. During the first fortnight of discharge from hospital, respiratory or community nurses would track these patients' CAT scores on a daily basis. An increase in overall CAT score indicated disease worsening. If it increased by five, this could signify the onset of an exacerbation. The nurse would then make a phone call and depending on patients' needs, arrange home visit by community nurse, PT or OT or a fast-track clinic appointment with respiratory physician. Between December 2010 and 2011, 45 percent (35/78) patients had an exacerbation detected by CAT telemonitoring. After intervention, mean CAT score improved and readmission was avoided for 30 (86%) patients. To empower patients with exacerbation self-management skills, multidisciplinary healthcare advice was incorporated into the second-generation device in 2012. Patients were directed automatically to instructions on breathing techniques, use of inhalers or crisis management pack of antibiotics and steroid according to their respective CAT scores. Between May 2012 and January 2013, fewer patients (23%) had an exacerbation. Twenty-eight-day readmission was 9.5% compared to 18.2% in 2010/2011. To improve access of COPD patients to PRP educational contents, multidisciplinary PRP educational components were incorporated into the third-generation device in 2017.

Pulse oximetry telemonitoring for oxygen compliance

A key physiologic parameter used to track home NIV usage is overnight pulse oximetry. Since marginally hypoxic COPD patients were often not willing to receive long-term oxygen therapy (LTOT) at discharge from hospital, our telemonitoring service provider was requested to provide 24-hour pulse oximetry telemonitoring for this group of patients. Telemonitoring pulse oximetry helped us understand the activity level of COPD patients and whether oxygen saturation might decline when activities of daily living were resumed upon returning home. Patients who complied poorly with LTOT, particularly when going outdoors, were presented with objectively recorded oximetry data. To help patients overcome hurdles of transporting oxygen cylinders when going out, portable oxygen concentrators (POC) were introduced.

To study the impact of POC on LTOT patients' physical activity level, oxygen usage of 39 patients was evaluated between June 2013 and February 2014. Mean daily oxygen usage was 17 h 46 min among all users. Twenty-seven patients (69.2%) reported using oxygen for more than 15 hours a day. There was a trend towards decreasing unplanned hospital readmission among compliant oxygen users (7.4%) compared to those who used oxygen for less than 15 hours a day (16.7%). Twenty-eight patients used conventional oxygen therapy consisting of stationary oxygen concentrators and cylinders while 11 used POC as their portable oxygen therapy in addition to stationary oxygen concentrators. Conventional oxygen users reported spending 2 h 41 min engaged in daily physical activities while POC users were active for 3 h 22 min. POC users spent more time pursuing outdoor activities (2 h 16 min) compared to conventional oxygen users (1 h 17 min).

Physical activity (PA) telemonitoring for behavioural modification

In 2015/16, a custom-made physical activity (PA) waist belt sensor that would transmit data to the telemonitoring equipment vendor's server was developed. Apart from monitoring actual PA level of COPD patients, we wondered whether patients' self-awareness would be enhanced and overall PA might be increased. Fourteen COPD patients undergoing twice weekly ambulatory PRP were studied. Eight received PA telemonitoring while 6 were control patients. Pedometers were distributed to all patients. Despite being more sedentary, the PA group patients' step count increased from 3971

(Continued on Page 4)

at baseline to 8535 steps. With PRP, the control group also increased from 5207 to 8122 steps. Mean energy level score (as reflected in one of the CAT questions) improved from 1.75 to 0.38 in the PA group and from 1.60 to 0.40 in the control group.

Opportunities and challenges posed by telemonitoring

Due to the high healthcare burden posed by COPD, NDH embarked on her H@H and telemonitoring journey with the aim of reducing demand on hospital beds in 2009. NIV telemonitoring (available through the NIV equipment supplier's web server) was one of the ways SDBU cut manpower cost due to inadequate night-shift staff on site. Overnight pulse oximetry is a level IV sleep test for the diagnosis of obstructive sleep apnoea. To adapt pulse oximetry telemonitoring for COPD patients, the vendor had to ensure the device battery power could handle 24-hour data. Novel pulse oximetry devices that were handy for ambulatory patients and facilitated wireless transmission were explored back in 2010. Finally, a number of store-and-forward devices were custom-made by the equipment vendor for the transmission of CAT and PA data.

However, technology can only help with storage and transmission of data. For a telemonitoring service to be effective and beneficial to patients, we need designated

monitoring and response teams of healthcare professionals (figure 1). Thresholds for abnormal data had to be set and logistics to alert respective colleagues worked out. Monitoring staff were trained by the respiratory physician to interpret and detect abnormalities. Upon detection of patient deterioration, response team members had to be notified. Phone enquiries to clarify patient status and discussions with respiratory physicians were often needed.

Conclusion

Telemedicine has been catapulted into action worldwide during the COVID-19 pandemic. Locally, with the general public's aversion to hospitalization and a shortage of hospital beds due to the need for infectious disease surveillance, the demand for H@H has never been greater. Nevertheless, discussions on funding for H@H or telemedicine are still in their infancy. Without integrated care models or designated telemonitoring/response teams, it is difficult to sustain new models of service. Instead of merely investing in technology, an organization interested in implementing telemonitoring would have to strengthen her resolve to train and build committed and responsive teams. Only then could we meet the evolving healthcare needs of our patients as we enter the 21st century.

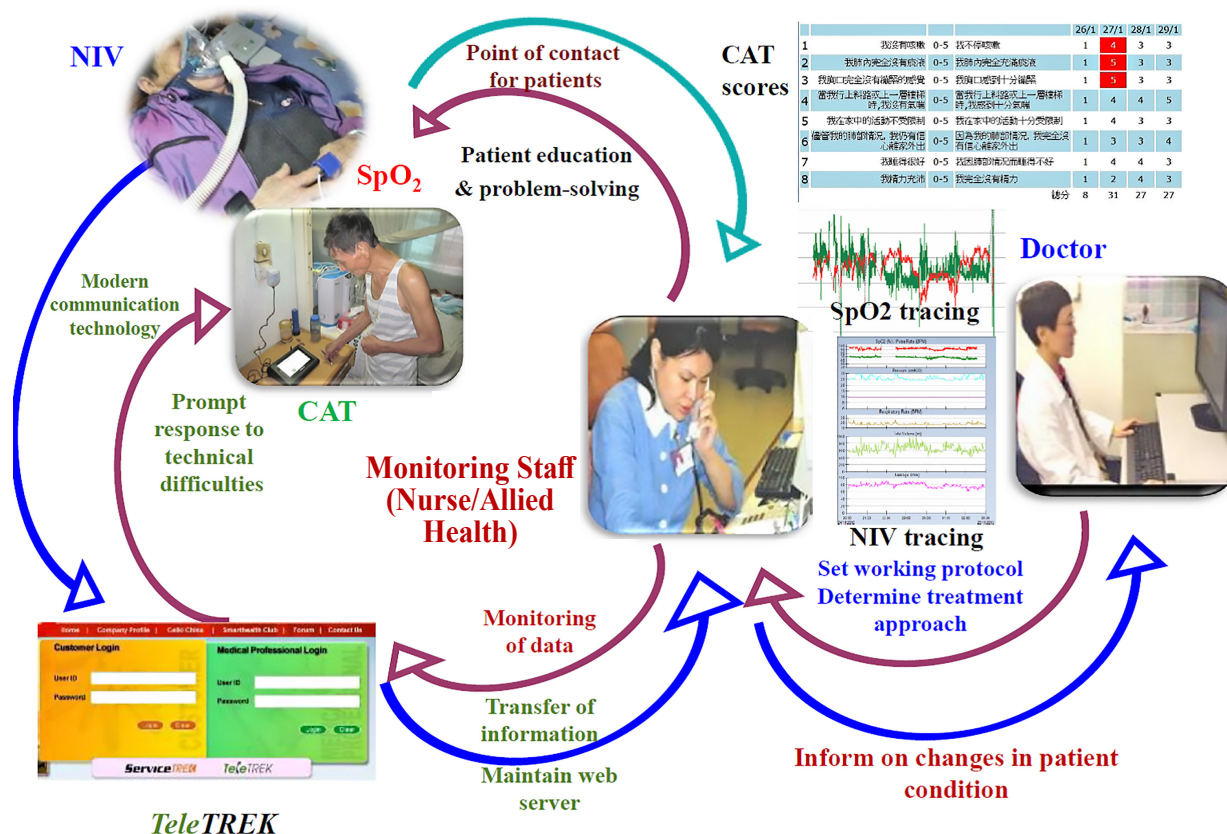


Figure 1: The NDH multiparametric telemonitoring workflow includes electronic transmission of patient information from devices to a web server, data interpretation by healthcare professionals and follow-up response coordination.

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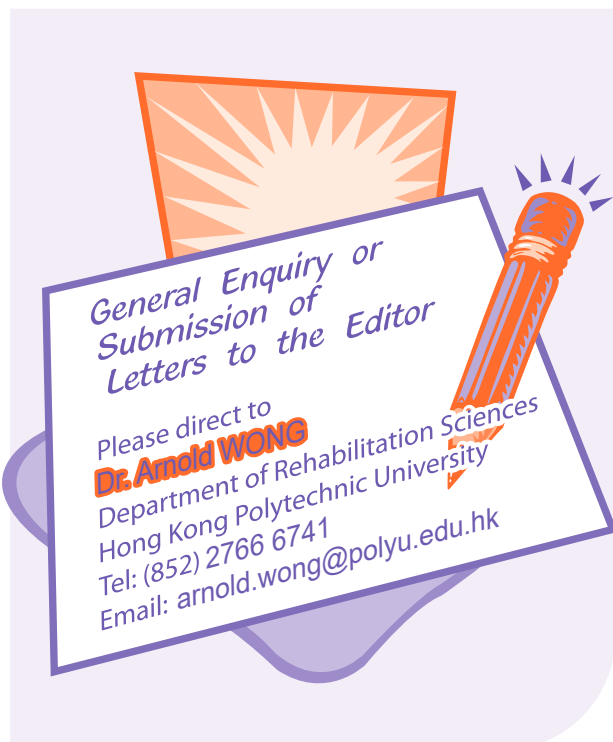
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Telemonitoring for Patients with Chronic Obstructive Pulmonary Disease (COPD) – a Local Practice Sharing

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Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of death worldwide, accounting for 3.23 million deaths in 2019 (World Health Organization [WHO], 2021). It is a disease characterized by persistent airflow limitation that is usually progressive with inevitable deterioration, often resulted in frequent and unplanned hospitalization. Frequent exacerbation of COPD accelerated the decline in lung function and health status, and associated with a significant mortality (Halpin et al., 2012). Therefore, minimizing exacerbation and preventing hospitalization are essential to the control of the disease. With the advancement of information technology, the application of telemonitoring has been increasingly advocated so that early detection of exacerbation and prompt intervention would improve the disease control.

Telemonitoring for patients with COPD in North District Hospital (NDH)

Several kinds of telemonitoring have been developed in NDH including the monitoring of COPD Assessment Test (CAT) scores, pulse oximetry, usage of oxygen concentrator and home non-invasive ventilation (home NIV) parameters. Among these, monitoring of pulse oximetry, usage of oxygen concentrator and home NIV parameters are commonly performed by physiotherapists.

Telemonitoring of pulse oximetry and usage of oxygen concentrator

Patients at home are telemonitored round-the-clock by using a wrist oximeter (Fig. 1). Parameters including oxygen saturation and pulse rate are recorded. Apart from the degree and period of desaturation that could be identified by analysing the oximetry report, suspicion of some other conditions like Obstructive Sleep Apnoea (OSA), sleep-related or obesity hypoventilation syndrome would also be made if repeated saw-tooth tracing pattern or periodic nocturnal desaturations are noted (Fig. 2). Further investigations would be necessary to confirm the postulation. To monitor the compliance and titrate the flow rate of the users of long-term oxygen therapy (LTOT), a special device is connected to the oxygen concentrator to monitor the respiratory rate and oxygen flow rate (Fig. 3). Together with the information from the oximetry monitoring, physiotherapists could evaluate if patients are receiving the oxygen therapy “correctly” and “adequately” following the recommended regime.



Figure 1. Tablet and oximeter for telemonitoring

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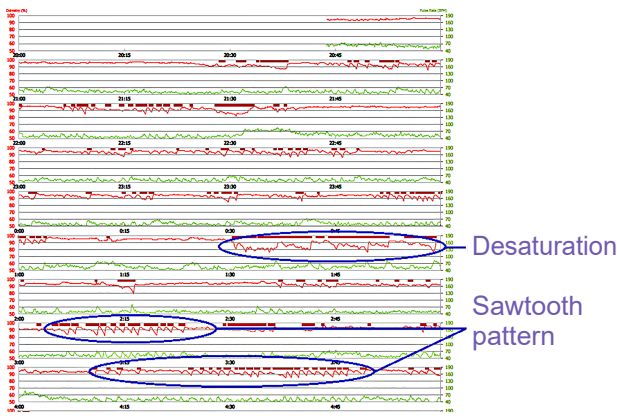


Figure 2. Report of oximetry monitoring

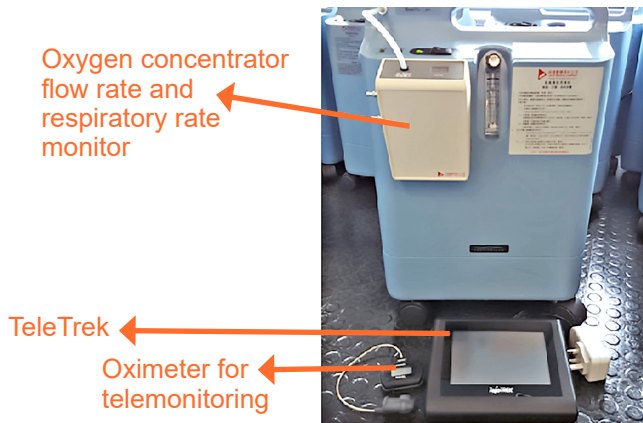


Figure 3. Set up of oxygen therapy monitoring

Telemonitoring of home NIV parameters

To capture the utilization profile of home NIV users, a device is connected to the home NIV machine (Fig. 4). Information such as daily usage time, ventilatory pressure, tidal volume, respiratory rate and air leakage are collected (Fig. 5). The usage time allows physiotherapists to monitor patient's compliance to the NIV therapy, ventilatory pressure, tidal volume and respiratory rate allows them to understand the effectiveness of NIV settings and air leakage would reflect the mask fitting condition. Together with oximetry monitoring, physiotherapists could determine whether chest physiotherapy, oxygen level adjustment, mask refinement, other interventions or follow ups should be offered to the patient.



Figure 4. Monitoring system for non-invasive ventilation

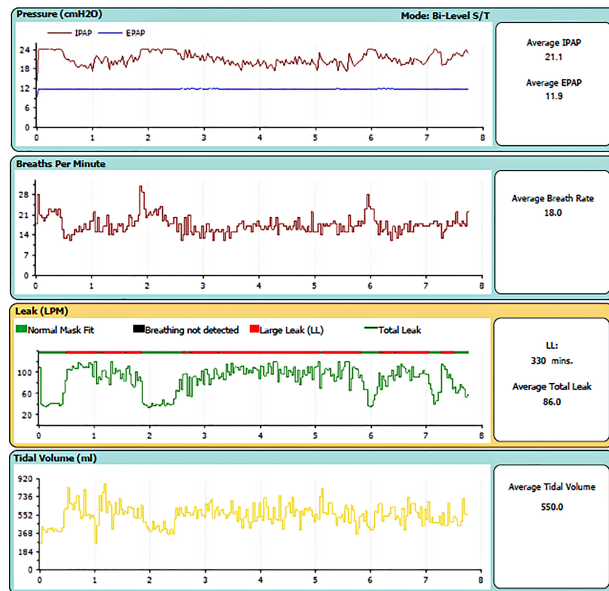


Figure 5. Report of non-invasive ventilation monitoring

Workflow of telemonitoring

Patients who are newly prescribed with home NIV therapy, with recent frequent hospitalization or marginal respiratory conditions are usually referred for telemonitoring on discharge. After obtaining consent from patients, the devices for telemonitoring will be delivered to patients' home. Instructions will be given to the patients and the caregivers on how to collect and transmit the data to the designated server where physiotherapists would retrieve the data for analysis. Interpretation of the data is usually supplemented with phone follow up with the patient or caregiver. Urgent home visit will be arranged for detailed assessment and intervention if remedial actions through instructions on the phone are not effective. In some occasions, further discussion with respiratory team members like physician or community nurse may be necessary especially for those complicated and urgent cases where on-site adjustment of oxygen flow rate, NIV parameters or medication dosage would be required.

Apart from physical respiratory examination and reinforcement of breathing control or bronchial hygiene techniques, inspection of respiratory equipment during on-site assessment is also important. LTOT users would need inspection on oxygen flow rate, integrity of the circuit, proper storage and application of portable equipment like oxygen cylinder or portable oxygen concentrator. NIV users would need inspection on parameter settings, ventilator circuit and mask fitting. In some situations, on site measurement of Transcutaneous Carbon Dioxide (TcCO₂) would be valuable to evaluate the

(Continued on Page 8)

effectiveness of the NIV settings. Those settings may need to be adjusted to facilitate the removal of carbon dioxide after phone consultation with respiratory physician.

From 2010 to 2012, 67 patients had undergone 82 episodes of monitoring in oximetry. Desaturation was noted in 63 (77%) episodes among 50 patients. Twenty-seven (33%) episodes were caused by acute COPD exacerbation. Among them, 11 patients had oxygen flow rate titrated, 2 required oxygen prescription, 10 patients were given crisis pack (antibiotics and prednisolone), 10 received inhaler advice and 3 required advanced follow-up and physician's consultation. Among the 43 LTOT users, 35 were found to have poor compliance, 32 received titration of oxygen flow rate, 19 required inhaler advices, 8 received training on breathing control and pacing of activities and 6 of them presented with suspected OSA features and thus were referred for sleep study. Unplanned hospital admission due to COPD acute exacerbation was avoided in 72% (59/82) episodes. Among those desaturations, admission was avoided in 70% (42/63) episodes (Vong et al., 2012).

Challenges in telemonitoring

Cooperation and motivation of the patients and caregivers are vital to the success of telemonitoring. Some patients are reluctant to be monitored and they also encountered difficulty in handling technological devices. Besides, although telemonitoring provides us with the physiological data of patients at home, it is not a real time monitoring after all as data processing and analysis take time. In some rural areas, poor data transmission may be resulted from inadequate network coverage. Data have to be downloaded manually through regular home visits and it may lengthen the monitoring period and hamper the efficiency of our management plan.

Conclusion

Telemonitoring provides us with the objective physiological data of patients at home. Early detection of potential problems including poor competency of self care management, poor compliance to therapy, poor applications of respiratory equipment and/or inadequate caregiver support would allow healthcare workers to provide timely interventions to the patients so that

unnecessary hospitalization could be avoided. Its effectiveness relies heavily on multidisciplinary team approach, prompt follow-up action, clear handover among team members and active participation of both patients and care givers.

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- Celki VitalAire

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Walk the Path Less Travelled

Physiotherapy for People with Intellectual Disabilities

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Introduction

With modern advancement in medical intervention, humans are living longer than ever before. This also applies to the population with intellectual disabilities (ID). ID refers to a disability originated before the age of 22 and is characterized by significant limitations in both intellectual functioning and adaptive behaviour, which covers many everyday social and practical skills [1]. ID hinders individuals from performing activities of daily living independently.

According to the statistics from the Hong Kong Government in 2013, the prevalence of people with ID was 1.0% to 1.4%, representing a population of 71,000 to 101,000 [2]. Nowadays, various kinds of healthcare services are provided by the Social Welfare Department to this population such as residential service, day training service, community support service and vocational rehabilitation service. Physiotherapists are heavily involved in these services. However, providing physiotherapy services to this target population could be challenging in some healthcare settings for example hostels and day care centres.

Health Conditions of People with ID

Ageing conditions usually come earlier in the population with ID compared to normal population. The cognition of people with ID declines faster and they are more likely to develop dementia by the age of 40 [3]. Physical conditions including osteoporosis, obesity, cardiovascular disorders, musculoskeletal disorders, and pain are commonly found among people with ID during premature ageing [4]. Other possible health conditions such as poor vision and hearing, dental health problems, swallowing problems, and mental health diseases can also lead

them to have activity and participation limitation according to the framework of the International Classification of Functioning, Disability and Health (ICF) model. Eventually, their quality of life will be severely affected.

Physiotherapy for People with ID

There is evidence showing that people with ID have a significantly lower physical activity level compared to that of the healthy population [5]. It is also well-known that people with ID tend to experience functional decline at a younger age. Low physical activity level and premature ageing can affect one's physical ability level for example advanced deconditioning, decreased mobility, decreased motor control ability, as well as declined social skills. Nevertheless, physical exercise, being one of the major scopes of physiotherapy practice, was found to be the most effective way to improve the general health and quality of life of people with ID [5].

A systematic review reported that the general health and quality of life of people with ID can be significantly improved with sufficient physical exercise due to enhancements in cardiovascular fitness, muscle strength, and balance. It is also shown that weight bearing exercise can also help to improve the bone mineral density and thus prevent osteoporosis among people with ID [4,5]. Undoubtedly, people with ID can benefit from sufficient physical exercise. It is suggested that people with ID should build their exercise habits as early as possible to get the most benefits.

Challenges to Physiotherapists

Although the aims of providing physiotherapy to people with ID are obvious and clear, the delivery of physiotherapy services to this population group could be filled with obstacles.

(Continued on Page 10)

A) Communication

Communication between physiotherapists and clients is very important during a physiotherapy session. It is also the biggest challenge in providing physiotherapy to people with ID. No matter which disability level (mild to severe grade) they are in, people with ID may have deficits in communication, from expressing themselves to receiving and understanding information.

Misunderstandings between people with ID and their physiotherapists often happen during the sessions. If a client misinterprets the questions and/or commands given by his or her physiotherapist, the assessment results can be severely affected which will be a big obstacle in identifying the underlying problems of the client. Therefore, results yielded from physical examination are relatively more important as far as this target population is concerned.

Apart from assessment, effectiveness of physiotherapy treatments also relies heavily on effective communication between clients and physiotherapists. People with ID usually have difficulties in understanding instructions and following commands. When they perform active exercise, as one of the main physiotherapy treatments, compensation movements are usually observed. As a result, target muscles cannot be trained effectively, and treatment efficiency will be lowered.

B) Undetected Physical and Health Conditions

Unlike normal population, people with ID experience different kinds of physical and general health conditions as mentioned before. Some conditions occur more frequently, while some are not. However, people with ID may not be aware of their discomfort. This may bring difficulties in discovering the conditions in early stage and interventions are therefore delayed.

C) Motivation

Cognitive deficit can affect one's motivation. People with ID tend to have a sedentary lifestyle and low motivation in doing exercise. One of the reasons is physical exercise creates exertion to their cardiopulmonary and musculoskeletal systems. Therefore, most of them tend to avoid exercise. Furthermore, people with ID do not find exercise engaging as they have lower attention span and thus will lose interest in it especially the exercise which involves highly repetitive movements.

Strategies of Promoting Exercise among People with ID

Although providing physiotherapy assessment and treatment to people with ID is challenging, it is demonstrated that physiotherapy is effective to people with ID. Modifications are thus necessary when devising treatment plans or exercise programmes for people with ID particularly in participation, personal and environmental levels.

At the participation level, the difficulty of exercise should match with client's cognitive level. Apart from this, feasibility of the exercise should also be considered which indicates whether such exercise can be performed by the client on a daily basis. A higher feasibility will bring better participation and adherence.

At the personal level, external positive reinforcement can help clients to correlate exercise with positive experience which in turn boosts their motivation. For example, attending physical exercise training sessions can be rewarded with a ribbon or sticker, which can be taken to exchange for a prize. For clients with ID, tangible rewards are solid incentive to boost their motivation in participating in training sessions.

(Continued on Page 11)



Figure 1. The exercise rewarding scheme. Hostel clients who attend one session of exercise class will receive one sticker. Ten stickers can be exchanged to one star. By collecting two stars, a gift will be given.

At the environmental level, social support is a main contributor to motivation. Peer support can create a motivation for people with ID to participate in the exercise class. Clients can treat each other as a social model and learn from each other during exercise. Exercise competitions can also be used as a tactic to motivate the clients to attend the exercise training session.

Moreover, incorporating augmented reality (AR) or virtual reality (VR) technology into exercise class can enhance clients' exercise experience. The gamification of physical exercise can keep the clients motivated to the rehabilitation exercise and promote the joy of exercise. Besides, they can understand the corresponding movement more easily and miscommunication between physiotherapists and clients can be minimized.

Conclusion

Since the human life expectancy has increased over the years, quality of life has become a major concern which also applies to people with ID. However, currently they are receiving much less attention and resources than the normal population. As physiotherapists, it is our role

and obligations to enhance their quality of life. Providing physiotherapy to the population with ID could be both demanding and challenging. Yet, if adequate amount of time and patience is invested in them, their individual needs can be identified, and corresponding effective strategies and services can be developed.



Figure 2. An interactive virtual bike tour incorporating VR concept into bike exercise.

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An Interview with Mr. Dicky WONG

Date : 29 June 2021

Venue : Online

Interviewee : Mr. Dicky WONG
(Principal of the Hospital Authority Institute of Health Care)

Interviewers : Mr. Paco LEUNG and Mr. Evest CHAN
(Year 3 Physiotherapy Undergraduate Students at The Hong Kong Polytechnic University)

Q1

Could you share with us why would you like to be a Physiotherapist back then?

A1

I have always been keen on playing sports since I was a secondary school student. Injuries often happen when playing sports, but I didn't know how to treat a sports injury back then. My passion for sport is one of the reasons why I would like to become a Physiotherapist.

Back in the 80s, there was a charity run from Hong Kong to Beijing to raise funds for the Hong Kong Jubilee Sports Centre; currently name as Hong Kong Sports Institute. To my surprise, the on-field physiotherapy service of the run was provided by Mr. Tarcisius Law, a Hong Kong artist who was also a physiotherapist. This sparked my interest to pursue a career in Physiotherapy.

Q2

When did you find out that you would like to shift from frontline clinical work to management work?

A2

After working as a Physiotherapist for years, I have already worked in different hospitals and exposed to various specialties and settings under job rotation. Through those experiences, I met people of different professional backgrounds and became familiar to work as a team with different healthcare professionals in public hospitals.

In 1995, I took the opportunities to work as a paediatric physiotherapist in the Pamela Youde Nethersole Eastern Hospital (PYNEH). My colleagues and I founded the Comprehensive Paediatric Rehabilitation Centre (CPRC) in PYNEH to take care of matters related to the rehabilitation of children with complicated conditions, where I served as a physiotherapist and a case manager to coordinate the inter-disciplinary paediatric service appeared in the physiotherapy department. I started to



*Mr. Dicky WONG (top left),
Mr. Paco LEUNG (top right), Mr. Evest CHAN (bottom left) and
Dr. Arnold WONG (bottom right)*

be involved in administrative work for the first time and it was challenging!

In 2006, I left my comfort zone as a physiotherapist and seconded to the head office of Hospital Authority (HA) as one of the allied health training officers to develop the training framework for newly recruited allied health staff. By that time, the allied health professionals in HA consisted of 16 different healthcare professions other than nurses and doctors. With the guidance of the senior executives, the Institute of Advanced Allied Health Studies (IAAHS) was then established in 2007 to enhance the continuing professional training and development of Allied Health professionals in HA. In the following year, I became the Head of IAAHS, and have been involving in full-time management since then.

Q3

Could you share with us the duty and the greatest challenge in your current position?

A3

The Hospital Authority Institute of Health Care (HAIHC) is a corporate training department to provide quality training activities for HA healthcare professionals to uphold standard of practice and support service development. With the changing demographics,

(Continued on Page 13)

healthcare needs and advancement of medical technologies, timely provision of staff training is essential to meet the service demand. It is always a dilemma to prioritize the scarce training resource in response to the training demand from different healthcare professionals and related specialties services. We need to adhere to the corporate service direction and comply with the training governance during the administration. Apart from the co-ordination of in-house trainings, we also collaborate with professional bodies, academic bodies and strategic partners in synergizing training delivery and provision. Because the health systems and issues are different among various places, the appreciation of the difference promotes better understanding during the exchange. Currently, we are working on the collaborations of training and exchange of allied health professionals between Hong Kong in the Greater Bay Area.

Q4

What is your most unforgettable experience in your career?

A4

When it comes to management work, it is challenging to start from scratches under the constrain of resources and capacities.

One of my tasks was to set up a comprehensive paediatric rehabilitation service in PYNEH and it demanded close collaborations among different healthcare disciplines including doctors as the main stakeholder. Although the negotiation process was never easy at the beginning, respect and mutual understanding were essential to let the team work smoothly and effectively. As the development involves multiple stakeholders, conflicts among some team members were inevitable. For the beneficial focus on the clients, however, we could compromise and even come up with agreeable solutions though challenging. The Outstanding Staff and Teams Award granted to the CPRC in 1997 acknowledged the concerted effort made by the team.

Another treasurable experience for me was to establish a Training Information Management System for HA staff to facilitate the planning, monitoring and reporting of staff training. The system was built to the interface of the existing training related system and generate managerial reports for corporate training organizers. Individual staff training portfolio is registered and the staff competence profile reflects the training gaps and demand for better resource planning. As a project manager, it is important to articulate the ultimate outcomes and communicate with stakeholders by

phases. Since stakeholders shared their own concerns on the system, we also served as the bridge to communicate between the Information Technology staff and the stakeholders to maximize common requests within the project timeline and budget. The system has been successfully rolled out in 2018 and gradually adopted to assist the planning and organization of training activities in HA.

Q5

What personality or capacity is needed to work in senior management? Any advice for those who are interested in this area?

A5

I have no definite answer about this, but I personally think that you should not be afraid of making friends through listening and communication. We do not always have specific line functions between departments but engaging related personnel by deliberating the pros and cons. We should comply the rules and regulations to accomplish your mission. It is advisable to equip yourself with basic knowledge and to build your management mind and practise.

From my experience, it is a good opportunity in participating and serving the Hong Kong Physiotherapy Association (HKPA) as a start to broaden the horizons and get to meet more physiotherapists. We may catch up the development of our professions and find a place to contribute. I learnt a lot and inspired by seniors who are passionate to serve the profession.

Q6

Any words to share with physio-to-be like us?

A6

It is advisable to be open-minded and flexible to changes. It happens sometimes when we are not placed in favorable situations. I am of no exception. Being annoyed and grumbling cannot help improving the situation. Thinking positively and from other perspectives will allow you to discover the values of being in a difficult position. I treasured all experiences gained, which help to shape my future development. I do believe opportunities are always given for those who are passionate to learn and proactively equip themselves.

Generally, I admire passionate person who have great motivation and perseverance on their works. I hope that the new generation of physiotherapists can keep thriving the best on their work and being warm-hearted to contribute and help the needy.

Could everyday item be an instrument for unlawful purposes

Mr. Bronco BUT

Honorary Legal Advisor of HKPA

Assumed scenario:

1. John was a registered physiotherapist working in a public hospital. In 2022, he participated in an assembly (which got the approval of police) at Victoria Park Causeway Bay. He was concerned that the assembly might cause disturbance to the society and police might use tear gas to control the scene. Therefore, he brought along a respirator, a helmet and 30 zip ties. Unfortunately, the assembly caused disturbance, and violence emerged. In the course of chaos, John was arrested for possession of zip ties for unlawful purposes.
2. John asked his senior physiotherapist for advice on the following question namely "Could everyday item be an instrument for unlawful purposes", His senior physiotherapist advised John to seek proper legal advice.
3. It is worthwhile to consider the recent Court of Appel judgment in the case of HKSAR v CHAN Chun Kit.
5. A panel of three Court of Appeal judges in the case of HKSAR v CHAN Chun Kit held that a law initially enacted to prevent specific crimes could also be invoked to charge anyone for carrying items with a criminal intent.
6. In the case of HKSAR vs CHAN Chun Kit, property agent CHAN Chun Kit was sentenced to jail for five and half months for carrying 48 zip ties-each measuring 15 cm long-when he was stopped by police near the scene of clashes at Victoria Park in Causeway Bay on 2 November 2019. He was the first person charged, tried, convicted and jailed for keeping the plastic fasteners. The zip ties were commonly utilised by both sides during the 2019 civil unrest - with protesters using them to lash together barricades for road blocks, and by police to restrain suspects. In one high profile instance, protesters used zip ties to tie up a mainland journalist during a sit-in at the airport in August 2019.
7. The Summary Offences Ordinance stipulates "any person who has in his possession any wrist restraint or other instrument or article manufactured for the purpose of physically restraining a person, any handcuffs or thumbcuffs, offensive weapon, crowbar, picklock, skeleton-key or other instrument fit for unlawful purposes with intent to use the same for unlawful purposes' is liable to a HK\$5,000.00 fine or two years behind bars.

Case summary of CHAN Chun Kit

4. On 11 October 2021, the first person jailed for possessing zip ties during Hong Kong's civil unrest almost two years has failed to overturn the conviction, with the appellate court finding that everyday item could be an "instrument for unlawful purposes".

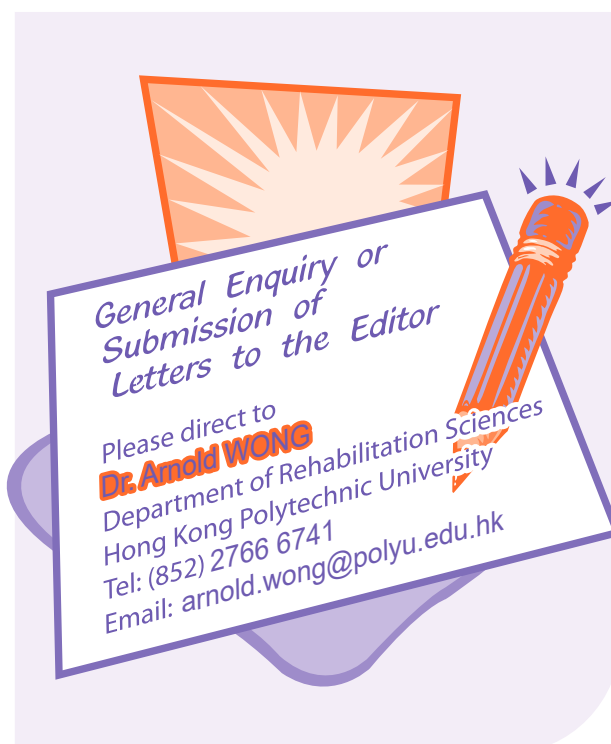
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8. At the appeal hearing, CHAN Chun Kit's counsel, Steven Kwan Man Wai contended the wording of the charge was limited to the purposes of restraint, assault and trespass and did not cover other criminal acts such as obstruction to roads. Steven Kwan also argued that the prosecution failed to demonstrate an unlawful purpose on the part of the defendant, who insisted he was planning to use zip ties for moving offices.
9. Mr. Justice Jeremy POON Shiu-chor the chief judge of the High Court and appeal judges Derek Pang Wai-cheong and Anthea Pang Po-kam rejected those submissions.
10. Appeal judge Derek Pang who wrote the judgment, pointed to multiple amendments of the 1845 provisions over the past century that aimed to broaden its application to a wide variety of crimes. He said a statue was "always speaking" – meaning it was permissible to construe a law to cover and apply to evolving and changing circumstances so long as that would not contravene its express wording. The legislative intent cannot be clearer. Simply put, it is to penalise the act of possessing instruments in the commission of a crime. This court takes the view that applying the "always-speaking" principle to construe the law leaves no room for criticism, as it can effectively target criminals who use different or even innovative instruments to commit an offence. Such construction would not lead to miscarriage of justice as prosecutors were still required to prove the defendant harboured a criminal intent.
11. Appeal judge Derek POON said that the trial magistrate, CHEANG Kei-kong, was right in applying "common sense" to rule that zip ties found in CHAN Chun Kit's possession were intended for illegal use during demonstrations as the defendant was also carrying a helmet, respirator and gloves. He denied CHAN Chun Kit's appeal against his jail sentence.

Discussions

Depending on his explanation, John might face the risk of being found guilty of possessing an instrument for unlawful purposes in view of the Court of Appeal decision in the case of HKSAR vs CHAN Chun Kit.

It is common for physiotherapists to use theraband for strengthening of muscles. It is advisable to be prudent not to take theraband out of a physiotherapy clinic especially in the event of civil unrest and/or attending any public assembly or demonstration.



An interview with U Magazine

Date : 16 August 2021
Physiotherapist : Mr. Alexander WOO

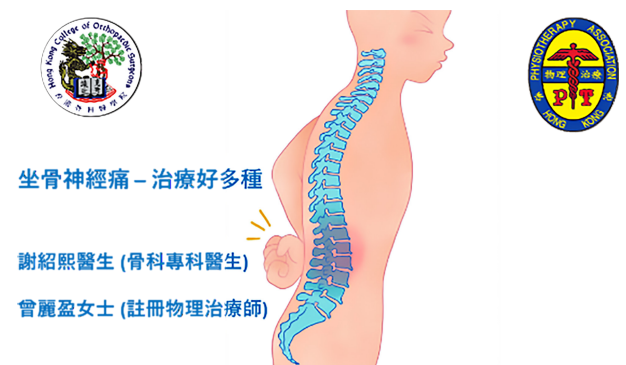
Mr. Alexander WOO, on behalf of HKPA, had an interview with U Magazine to talk about paraesthesia in upper limbs. The interview has covered the causes of paraesthesia of upper limbs and a series of exercise for its prevention.



2nd Meeting of the Hong Kong College of Orthopaedic Surgeons Public Information Committee and HKPA Task Force

Date : 24 August 2021
Venue : Online
Physiotherapists : Prof. Marco PANG,
 Mr. Moses LAU,
 Ms. Iris TSANG,
 Mr. Willis CHAN

An online meeting was held to formulate the topics of the monthly webinar series. Another plan was to produce a series of educational videos on selected musculoskeletal conditions. The first webinar was conducted in early October 2021 on the topic "Sciatica".



PolyU Department of Rehabilitation Sciences Inauguration Ceremony 2021

Date : 25 August 2021
Venue : PolyU
Physiotherapist : Prof. Marco PANG

On behalf of HKPA, Prof. PANG presented the HKPA All-round Outstanding Student Award and the Best Capstone Project Award to physiotherapy students of PolyU.



Prof. PANG with the award recipients

Promotion of HKPA to physiotherapy students

Date : 25-28 August 2021
Venue : PolyU
Physiotherapists : Prof. Marco PANG, Dr. Billy SO

Prof. PANG and Dr. SO promoted HKPA to students enrolled in the BSc (Hons) in Physiotherapy programme of PolyU and encouraged them to join HKPA as student members.



An Article Published in News Media

Date : 6 September 2021
Physiotherapist : Mr. Kenneth Chi-hong CHUNG

In September, an article “扭毛巾倒茶切菜也艱難 手指操玩橡筋拯救媽媽手?” was published on the 明報健康網 under the theme “Preventive Physiotherapy”. It was authored by Mr. Kenneth Chi-hong CHUNG of the Hand Therapy Specialty Group.



Rehabilitation Exercise Workshop (復康運動工作坊)

Date : 8 September 2021
Organizer : Hong Kong Cancer Fund Support Centre (Wong Tai Sin)
Physiotherapist : Mr. Sam WAN

Mr. Sam WAN, on behalf of HKPA, was invited by the Hong Kong Cancer Fund Support Centre (Wong Tai Sin) to conduct a talk and exercise workshop for cancer patients. There were 12 participants and they all enjoyed the class a lot.



RTHK Programme "Hashtag"

Date : 8 September 2021
(programme broadcasted on 3 Oct 2021)

Venue : RTHK recording studio, Admiralty

Physiotherapist : Prof. Marco PANG



Hashtag Hong Kong is a pre-recorded ten-minute radio programme that covers views from people of different walks of life on local social issues and upcoming events which are of significant interests to community.

As President of the Hong Kong Physiotherapy Association, Prof. PANG talked about the role of physiotherapists in sports, and the need for an increased injection of resources from the Government to support sports science research, create more physiotherapist positions to support athletes, and increase the number of physiotherapy student quota.

Inauguration Ceremony of Physiotherapy Program at Caritas Institute of Higher Education

Date : 10 September 2021

Venue : Caritas Institute of Higher Education, Tiu Keng Leng

Physiotherapist : Prof. Marco PANG

Prof. PANG was invited to give an opening speech at the inauguration ceremony. He emphasized that the education of physiotherapy students is much more than training the "hard skills" or a pair of skilled hands. The head (problem solving skills and clinical reasoning), heart (passion and compassion) and mouth (communication skills) are also essential elements of being a competent and respected physiotherapist.



Celebration of World Physiotherapy Day 2021 and 60th Anniversary of Physiotherapy Education

Date : 11 September 2021
Venue : Nina Hotel, Tsuen Wan
Physiotherapists : HKPA EC,
 Mr. Vincent TSOI
 (Year 2 Physiotherapy Student of Caritas Institute of Higher Education)

A hybrid event was held to celebrate the World Physiotherapy Day 2021 and 60th Anniversary of Physiotherapy Education in Hong Kong. The supporting organizations included the Hong Kong Council of Social Service (HKCSS), Hong Kong College of Orthopaedic Surgeons (HKCOS), Department of Rehabilitation Sciences of PolyU, Hong Kong Metropolitan University, Tung Wah College, and Caritas Institute of Higher Education.

Mr. Raymond LAI and Dr. LAW Sheung-Wai were the keynote speakers for the morning session while Dr. Margot SKINNER, Prof. Alice JONES, Dr. Gillian WEBB, Dr. Shirley NGAI, Mr. Ecycle WONG and Dr. CHENG Yuk-Lun were the keynote speakers for the afternoon session. About 50 guests attended the event on-site, and over 200 people participated in the programme online.

The event was a huge success. Special thanks go to the supporting organizations, sponsors and of course all EC members and volunteers!



Prof. PANG with representatives from HKCSS and patient organizations



*Ceremony to kick-start the World PT Day celebration.
 From left to right: Mr. Raymond TSANG (VP of HKPA),
 Mr. Raymond LAI (HKCSS), Prof. Marco PANG (President of HKPA),
 Dr. WONG Kam Kwong (HKCOS)*



Photo with all on-site invited guests and online participants for the morning sessions (World PT Day celebration)



*Ceremony to kick-start the celebration of 60th anniversary of physiotherapy education. From left to right:
 Dr. Anthony KWOK (Tung Wah College),
 Prof. Shamay NG (PolyU), Prof. Marco PANG (HKPA),
 Prof. William TSANG (HK Metropolitan University),
 Prof. Arran LEUNG (Caritas Institute of Higher Education)*

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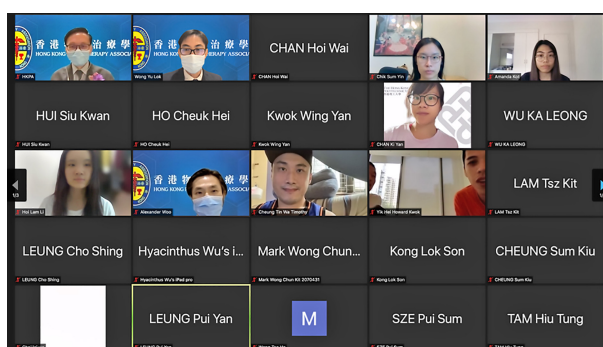


Photo with all on-site invited guests and online participants for the afternoon sessions
(Celebration of 60th Anniversary of PT Education in Hong Kong)

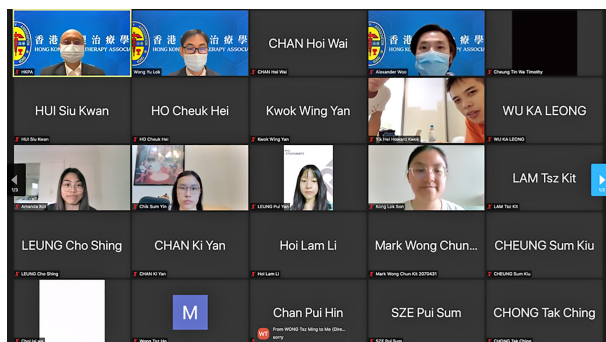
Celebration of World Physiotherapy Day 2021 Student Webinar Sessions

Date : 11 September 2021
Venue : Zoom meeting in Nina Hotel. Tsuen Wan
Physiotherapists : Mr. Raymond TSANG, Dr. Ivan SU, Mr. Mike AU-YEUNG, Mr. Gorman NGAI, Ms. Amanda SZE, Dr. Arnold WONG

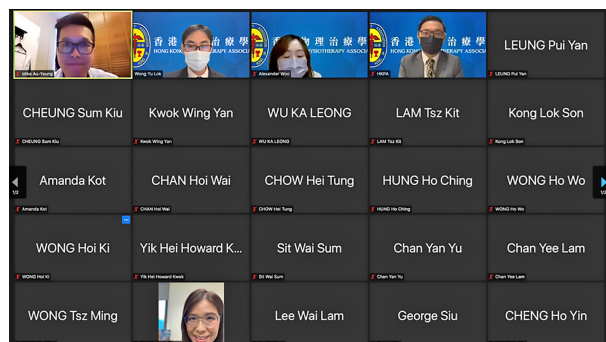
Three student sessions were organized at the Celebration of World Physiotherapy Day 2021 event. Three guest speakers: Mr. Raymond TSANG, Dr. Ivan SU, and Mr. Mike AU-YEUNG delivered three webinars on the Career pathway as a physiotherapist in Hospital Authority, non-government organizations, and private practice, respectively. A total of 69, 64 and 47 attendants joined the three webinars, respectively.



Mr. TSANG delivered a talk on "The Career Pathway as a Physiotherapist in Hospital Authority".



Dr. SU gave a talk on "The Career Pathway as a Physiotherapist in Non-government Organizations".



Mr. AU-YEUNG gave a talk on "The Career Pathway as a Physiotherapist in Private Practice".

Inappropriate Comments Made by a Chiropractor Featured in a TV Programme

A chiropractor made inappropriate and misleading comments on the physiotherapy profession in a recent TV Programme and has caused significant concerns within the physiotherapy community.

The table below provides the summary of what the HKPA has done so far in response.

Date	Action	Remarks
17 Sept 2021	First statement issued by HKPA	Statement has been sent to the Chiropractic Doctors' Association of Hong Kong and TVB. It was also posted on our various social media platforms.
18 Sept 2021	Statement issued by the Manipulative Therapy Specialty Group, HKPA	Statement has been sent to the Chiropractic Doctors' Association of Hong Kong and TVB. It was also posted on our various social media platforms.
19 Sept 2021	Joint statement between HKPA and five Physiotherapy education programme leaders (from four Physiotherapy schools) issued	Statement has been sent to the Chiropractic Doctors' Association of Hong Kong, TVB, Supplementary Medical Professions Council and Chiropractors Council. It was also posted on our various social media platforms.
24 Sept 2021	Updated statement sent to 13 local media (TV, radio, newspaper)	This is done to attract more media attention and it is hoped that it may lead to further interview opportunities or coverage in different media. Subsequent coverage in Hong Kong Economic Times .
24 Sept 2021	Special Task Force formed to formulate long-term strategies for public education and physiotherapist image building	Members of Task Force: • Prof. Marco PANG (President of HKPA) • Ms. Joey CHENG (Chairperson, Cardiopulmonary SG, HKPA) • Prof. Amy FU (Associate Head, Department of Rehabilitation Sciences, PolyU; Chairperson, Rehabilitation Technology Specialty Group, HKPA) • Prof. Arran LEUNG (Professor of Practice, Caritas Institute of Higher Education) • Dr. Nicola MOK (Chairperson, Manipulative Therapy Specialty Group, HKPA)
24 Sept 2021	Special Task Force formed to formulate long-term strategies for public education and physiotherapist image building	• Mr. Gorman NGAI (Private Practice; Executive Committee member, HKPA) • Dr. Ivan SU (Chairperson, Community-based Rehabilitation & Primary Healthcare WG, HKPA) • Dr. Sharon TSANG (Associate Professor, MSc in Manipulative Physiotherapy Scheme Coordinator, PolyU).
25 Sept 2021	Advertisement published in Oriental Daily 東方日報	The advertisement is "PT-focused" and aims to clarify/rectify the key points about physiotherapy practice raised by the chiropractor featured in the TV programme, and also to educate the public on the important role of physiotherapists in mainstream healthcare system.
29 Sept 2021	Complaint letter sent to the Communications Authority	
30 Sept 2021	Complaint letter sent to the Chiropractors Board	

(Continued on Page 22)



2021年9月25日 星期六

女性持續12周食牛油果 研究指可減內臟脂肪
【本報綜合報導】牛油果含有豐富的不飽和脂肪酸，有助降低膽固醇，改善心臟健康。一項最新研究顯示，女性若持續12周食用牛油果，可顯著減少內臟脂肪，降低患心臟病的風險。

濕疹牛皮癬惡化 可變敗血心衰竭
【本報綜合報導】濕疹及牛皮癬等皮膚病，若長期不治，可能導致敗血心衰竭。醫學專家提醒，患者應及早治療，並注意皮膚護理，以減少併發症。

小心紅皮症殺人
【本報綜合報導】紅皮症是一種嚴重的皮膚病，若不及时处理，可能危及生命。患者應立即就醫，並接受專業治療。

疫下懶去覆診
【本報綜合報導】在COVID-19疫情期間，許多人因擔心感染而懶於前往醫院覆診。專家建議，患者應根據病情需要，合理安排覆診時間，並做好防護措施。

冰凍肩欠治療 疼痛值成惡性循環
【本報綜合報導】冰凍肩是一種常見的疾病，若不進行治療，疼痛會逐漸加劇，形成惡性循環。患者應尋求專業治療，以緩解疼痛並恢復關節功能。

成人頭暈頭痛 揭腦供血不足 銀杏葉補腦血管預防腦意外
【本報綜合報導】成人頭暈頭痛可能是腦供血不足的信號。銀杏葉具有補腦、改善循環的作用，可幫助預防腦血管疾病。

嚴正聲明
香港物理治療學會就最近某電視節目中有脊醫對物理治療專業作出的言論向公眾澄清以下幾點：
1. 物理治療師採用治療背痛的方法絕不「表面」。除了治療症狀，我們會找出引發問題的原因，直接從源頭改善。
2. 物理治療師採用全面和實證為本的專業評估，包括病史採集、觸診、對人體運動的客觀測量和分析等，以作出準確的臨床判斷。
3. 手法治療不是脊醫「專屬」。手法治療是物理治療本科課程的必修學科。
4. 不是每位背痛患者都適合手法治療。根據患者的臨床特徵、潛在病理和可能的禁忌症，物理治療師會決定適當及有科學證據支持的治療計劃。
物理治療是主流醫學公認的專業，服務覆蓋醫院管理局、非政府機構、食物及衛生局、衛生署、私家醫院/診所、香港體育學院等。物理治療師在這些醫療架構方面都發揮著重要作用。
我們不反對他人推廣自己的專業，但在推廣時要尊重其他專業。

Extracted from Oriental Daily News (published on 25 Sept, 2021)

嚴正聲明

(廣告)

香港物理治療學會就最近某電視節目中有脊醫對物理治療專業作出的言論向公眾澄清以下幾點：

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香港物理治療學會

廣告內容只代表發文者意見，不代表本報立場。

8th Board Meeting of International Society for Electrophysical Agents in Physical Therapy (ISEPAT)

Date : 23 September 2021
Venue : PolyU
Physiotherapist : Mr. Alexander WOO

Mr. Alexander WOO, on behalf of HKPA, attended the 8th board meeting of ISEAPT online. In the meeting, in addition to the usual administrative issues, updates on website, social media campaign and a 4-year work plan have been discussed.



CPD News

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

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