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Editorial Falls

Mr. Louis TSOI and Dr. Arnold WONG

Falls are very common in older adults. Approximately one-third of healthy older adults experience at least one fall per year. The incidence of falls is even higher in older adults with dementia. Dr. Wayne CHAN shared the latest knowledge regarding the identification of the fall risk and prevention of falls in older people with dementia in the main theme 1.

For the main theme 2, Mr. Gary LIU, a physiotherapy student in Boston University and his mentor, Dr. MARINKO, compared the differences and similarities in the physiotherapists' roles in managing low back pain (the most common musculoskeletal disorder worldwide) under the Hong Kong and the United States healthcare systems. In the NGO corner, Mr. Gordon LEE, Mr. Matthew LAU and Mr. Victor TAN gave us a glimpse about how innovation and new technologies were applied in their rehabilitation care so as to motivate older adults' participation in rehabilitation and to attain optimal results.

In the Peoples' Corner, Dr. Polly LAU was interviewed by Ms. Winki CHUN and Mr. Jason CHAN (Year 3 Physiotherapy Students, PolyU). Dr. LAU shared her recent updates and gave her insights on the current and future development of physiotherapy services in Hong Kong.

On behalf of the editorial board of HKPA News Bulletin, we would like to wish you and your family a very happy and healthy 2022.



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Falls in Older Adults with Dementia

– What Do We Know to Identify Fall Risk and Prevent Falls So Far?

Dr. Wayne CHAN

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Falls are common in older adults. About one-third of healthy older adults living in the community have at least one fall each year [1]. Although falls usually do not result in any serious injuries, falls are the leading cause of hip fracture and injury-related death in older adults. The incidence of falls is even higher in older adults with dementia, with at least 2 times of that reported in healthy older adults [2,3]. Between 47% and 90% of older adults with dementia fall annually [2]. Older adults with dementia who fall are more likely to experience adverse events, such as hip fracture, hospital admission, nursing home placement and death [4,5]. Identifying the modifiable risk factors for falls and designing effective interventions to prevent falls and related consequences in older adults with dementia are therefore highly indicated.

Risk factors for falls in older adults with dementia

A wide range of modifiable factors related to individuals' physical, cognitive, psychological and social function and comorbid conditions can increase the risk of falls in older adults with dementia. Certain risk factors, such as muscle weakness, poor balance, visual impairment, depressive symptoms, syncope and environmental hazards, are widely recognized to be able to increase the risk of falls for older populations. Some risk factors, however, may affect older adults with dementia exclusively or to a larger extent. A prospective study reported that a number of personal characteristics (e.g., self-related balance, self-related general health, and receiving more than 4 medications), neuropsychological functions (e.g., visuospatial function, depressive and anxiety symptoms, and falls efficacy), and physical functions (e.g., reaction time, postural sway when standing on foam, and coordinated stability) were associated with the risk of falls in older adults with dementia [6]. When taking all potential risk factors into consideration, older adults with dementia who had an increased postural sway on foam, poor coordinated stability,

or depressive symptoms were 2 times more likely to fall than those who did not have any of these risk factors [6]. The results showed that both physical and psychological dysfunction may increase the fall risk of older adults with dementia.

Physical impairments commonly found in older adults with dementia, such as reduced mobility, unstable gait and poor balance, may interact with their cognitive deficits and in turn increase their risk of falls. Another prospective study showed that older adults with dementia who had a poor executive function, processing speed, visuospatial ability or emotional status had a 20 – 50% increased risk of falls [7]. Among all the cognitive function domains, poor executive function is the strongest predictor of falls in this population, probably because it reduces their processing speed and attention when encountering environmental challenges such as external perturbation and obstacles in the surroundings [8]. The study also showed that reaction time and postural sway moderated the risk of executive function on falls by approximately 31%, indicating that improving sensorimotor reaction time and balance in older adults with dementia may reduce the impact of cognitive dysfunction on the risk of falls in this population [7]. Interventions focusing on improving reaction time and balance may be indicated to prevent falls in older adults with dementia.

Assessing physical function to identify fall risk

One of the key roles of physiotherapists is to identify the physical dysfunction of older patients and evaluate how these changes can affect their overall health. It has been part of our job to use different physical assessments to identify the risk of falls of older adults. However, assessing the physical function of older adults with dementia, particularly those with moderate to severe dementia, could be very challenging for many experienced

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physiotherapists. Impaired short-term memory, reduced executive function, and behavioral and psychological symptoms in older adults with dementia may reduce their ability to follow the testing procedures and instructions of physical assessments [9]. Physiotherapists are often forced to change the testing protocols or even unable to finish their assessments. Therefore, strategies are required to enhance the feasibility and accuracy of our physical assessments in order to predict the risk of falls in older adults with dementia.

One possible way to facilitate older adults with dementia to perform and finish physical assessments is to make use of different cues, such as verbal instructions, modeling and manual guidance. Older adults with dementia may need different cues to stay focused in physical assessments and guide them to follow the testing procedures. Cues should be provided only when, for example, they fail to initiate movement or are distracted to avoid adding extra cognitive demand. A progressive cueing system (Figure 1) has therefore been developed to facilitate older adults with dementia to complete physical assessments [10]. Previous studies have shown that the progressive cueing system, when combined with some simple physical assessments such as different walk tests, is able to help older adults with dementia to complete the tests [11,12]. The reliability and validity of those walk tests are shown to be good to excellent, indicating that the progressive cueing system may enhance the consistency and accuracy of the tests in older adults with dementia [11,12]. Further research is needed to investigate whether any physical assessments can effectively identify those with an increased risk of falls with the assistance of the progressive cueing system.

Exercise interventions to prevent falls

Different interventions, such as multi-factorial interventions, vitamin D supplementation and physical exercise, have been shown to be effective in reducing falls in community-dwelling healthy older adults [1,13]. However, the effects of similar interventions on reducing falls in older adults with dementia are generally smaller and insignificant [14]. Physical exercise has been considered as a core component in multi-factorial interventions or a standalone intervention to prevent falls in healthy older adults and people with different chronic conditions. However, a previous literature review reported that although physical exercise could improve muscle strength, balance, general mobility and endurance in people with cognitive impairment and dementia, it could not reduce falls in this population [15]. Another recent literature review suggested that although physical exercise can reduce the rate of falls in community-dwelling older adults with cognitive impairment by 30%, there was no reduction in the number of fallers. More importantly, most of the included studies did not show a significant reduction in the rate of falls, and the quality of most studies was poor [16]. Therefore, it is still hard to say what is the best way to reduce falls in this vulnerable group.

Having said that, a few studies conducted on older adults with cognitive impairment and dementia have shown a significant reduction in falls. For example, an exercise intervention was found to be effective in reducing falls in people with Alzheimer's disease at 1 year follow-up [17]. The participants were split into subgroups and were asked to join two different exercise training. One group performed individualized, goal-oriented exercise

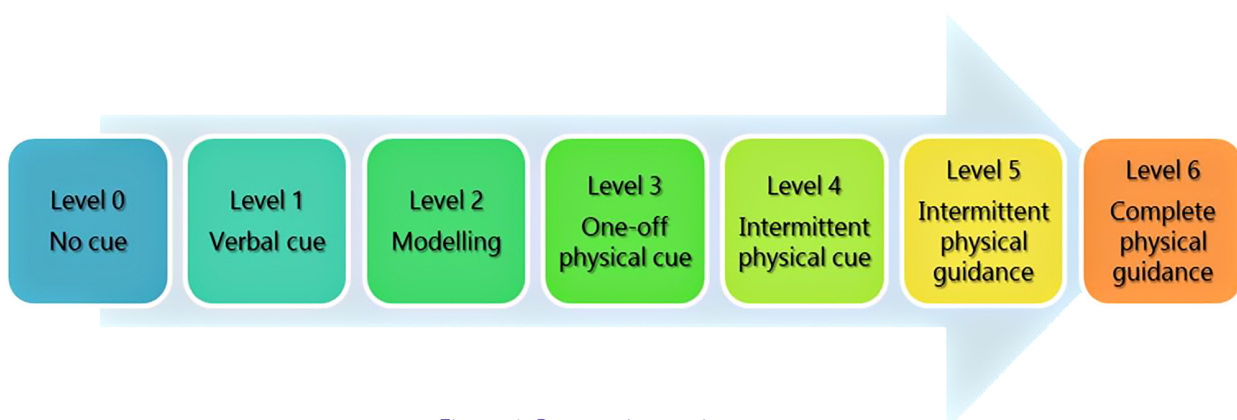


Figure 1. Progressive cueing system

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at home based on participants' daily function and mobility, while the other group received exercise training at day care centers in groups. Both groups undertook the 1-hour exercise training twice per week for 1 year. The results showed that both groups had significant reduction in the number of falls, cost of health and social care and deterioration of functional ability at 1 year [17]. It was believed that the long exercise duration, physiotherapists-lead exercise training and the incorporation of varied exercise components were the key of success. Apart from using traditional exercise approaches, innovative designs that address the deficits in stepping response and postural control may be the future direction of falls preventing exercise program for older adults with dementia [7].

To conclude, older adults with dementia are generally at a high risk of falls, but this problem has been poorly addressed. Many factors contribute to the increased risk of falls in older adults with dementia, some of these factors are different from those who are healthy and cognitively sound. As a physiotherapist, we need to find out the best strategies to identify the risk factors for falls and to reduce falls in this population. More research is required to determine which falls prevention and management approaches are specifically effective in older adults with dementia.

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Low Back Pain Management: A Comparison of The Role of Physiotherapy in Hong Kong and the United States Healthcare Systems

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Introduction

Musculoskeletal conditions affect approximately 1.3 billion people across the world. In particular, low back pain (LBP) is the most common musculoskeletal disorder worldwide with a prevalence of 568 million people (World Health Organization [WHO], 2020). Musculoskeletal disorders are most common in high-income countries affecting 441 million people, followed by the West Pacific Region and the South-East Asia Region affecting 427 million and 369 million people, respectively (WHO, 2020). In 2012, approximately 57% of the Hong Kong (HK) population experienced LBP at least once in their lifetime, and 42% of the population experienced LBP once within the past year. In the workplace, LBP was the second most common work-related injury and the most common injury to worsen over time. Financially, LBP has cost an estimated HK\$513 million (US\$65 million) in doctor consultations and accounted for 900,000 sick leaves among the 3 million working population in HK (Cheng et al., 2012). For the United States (US), in 2013 chronic LBP accounted for more than 57 million physician office visits, and was also the leading cause of years of living with a disability. Chronic LBP has also cost more than 264 million workdays lost per year in US (National Academies of Sciences, Engineering, and Medicine [NASEM], 2020). The rate of people visiting the physician's office due to back pain has increased by approximately 53% from 1998 to 2013. In 1998, 11.8 out of 100 people visited the physician's office due to back pain and in 2013, the figure increased to 18.1 out of 100 people (NASEM, 2020). The rate of opioid usage in US is 2 to 3 times higher than European countries and around 15 times higher than Korea and Japan (Deyo et al., 2015). Of all regular opioid users, more than half reports back pain (Deyo et al., 2015).

LBP Management

In the management of LBP management, both HK and US have their own clinical practice guidelines (CPG). HK utilizes CPGs from countries around the

world to create its own evidence-based guideline for work-related LBP. The list of countries consists of the US, United Kingdom, Australia, Canada, New Zealand and Europe (Cheng et al., 2012). This approach includes recommendations based on recent evidence related to prevention, assessment, and management of work-related LBP. For assessing LBP, the recommendations suggest that physicians must screen for red and yellow flags, especially those with serious spinal diseases and nerve root problems, and not order plain film or x-ray for patients with acute non-specific LBP (Cheng et al., 2012). The recommendations for healthcare providers regarding LBP management suggest that it is necessary to address any misunderstanding and misconceptions that patients have on LBP, as well as communicate not only with the patient but also initiate early communication with other stakeholders, such as employers and caregivers. It is also important to educate people with LBP to remain active and resume work as soon as possible (Cheng et al., 2012).

The US has its own LBP CPG and it suggests physical and psychological or behaviour therapies should be considered as the first-line therapies for patients with chronic LBP to improve pain and functional status (Foster et al., 2018; Qaseem, 2017; NASEM, 2020). Since most acute and subacute LBP patients heal and improve over time regardless of treatment, patients should remain active and choose non-pharmacological treatments, as the first treatment option (Foster et al., 2018; Qaseem, 2017). However, if patients choose to use medication for pain control, moderate-quality evidence suggests that NSAIDs have small improvements in pain levels (Qaseem, 2017). As for other non-pharmacological treatment options for acute and subacute LBP, low to moderate-quality evidence suggests no clear difference with exercises and usual care for pain. Acupuncture, massage, spinal manipulation, and superficial heat have low-quality evidence supporting small effects on function and pain (Foster et al., 2018; Qaseem,

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2017). Non-pharmacological treatment should also be considered as the first treatment option even for people with chronic LBP. Moderate quality evidence shows that exercise can help improve pain and functional level when compared to no exercise. Additionally, multidisciplinary rehabilitation, mindfulness-based stress relief, acupuncture, motor control exercises, tai chi, yoga, and pilates should be considered as the first line of treatment (Foster et al., 2018; Qaseem, 2017). Cognitive Behavior Therapy is an example of a well-established behaviour therapy treatment option for people with chronic LBP. However, the strength of the evidence supporting this is considered low due to the limited number of high-quality published studies (Qaseem, 2017; NASEM, 2020). Lastly, only when the aforementioned treatments fail, should healthcare providers consider opioids as a treatment option (Qaseem, 2017). Surgical interventions are not indicated unless neurologic symptoms due to chronic LBP are progressively worsening (NASEM, 2020).

HK and US Healthcare Systems

In 2020, the Bloomberg Health Efficiency Ranking ranked HK's healthcare system as the second most efficient healthcare system in the world, while ranking US the fifty-fifth most efficient (Miller & Lu, 2020). This efficiency ranking system is calculated by taking into the account life expectancy of that country, healthcare cost, and medical spending. HK has a score of 64.89 with a life expectancy of 84.93 while only spending 6.2% of GDP or \$2,849 per capita. On the other hand, the US has a score of -4.89 with a life expectancy of 78.54 while spending 17.1% of GDP or \$10,246 per capita (Miller & Lu, 2020).

The HK healthcare system has two sectors: public and private. The public sector is governed and managed by the Food and Health Bureau, which is comprised of two sub-departments: the Hospital Authority and the Department of Health (GovHK, 2021). The Food and Health Bureau is responsible for establishing policies and designating budgets and resources for HK's health services, while the Department of Health's responsibility is to be the government's health advisor and enforce health policies formed by the Food and Health Bureau (GovHK, 2021). The Hospital Authority is responsible for governing all public hospitals and providing healthcare services, including general and special outpatient services, to all HK citizens (GovHK, 2021). The private healthcare sector includes private hospitals and clinics owned by healthcare practitioners (GovHK, 2021).

HK has one of the world's leading unified medical information systems that can share a patient's medical information, with all public and private hospitals, therefore making patient referrals and bidirectional information sharing easy, effortless, and efficient (Kong et al., 2015). Services at public hospitals are also highly affordable. For example, the flat rate for a bed in public hospitals is only HK\$100 (US\$13) per day and the government subsidizes approximately 95% of the cost on other services (Kong et al., 2015). Thus, HK's healthcare system is considered to be one of the best in the world due to its seamless information sharing system, well-established public healthcare system ensuring that all citizens of all classes have access to quality healthcare (Kong et al., 2015).

HK's universal coverage to all HK citizens and permanent residents leads to its greatest challenge, wait time. Public hospitals provide an estimated 90% of all hospital medical services as well as 29% of all outpatient medical services, thus causing a long queue for public hospital services due to the high demand (Kong et al., 2015). The high demand is further amplified by the low cost of public health services. One of the main reasons why HK has such high life expectancy is because of the government's commitment to ensure all HK citizens have access to healthcare services. This commitment has led to an average wait time of 33 weeks for outpatient physiotherapy (PT) provided by public hospitals in 2018 (HKPA, 2019). To Skip the wait, one will need to seek services provided by private clinics or hospitals, but the cost will be significantly more expensive (Schoeb, 2016). Another challenge that the HK healthcare system might face in the near future is either increasing healthcare costs or increasing funding and budget for healthcare services. This is due to the aging population and increasing costs associated with the advancements in technology (Kong et al., 2015).

The US healthcare system operates on a private market model, in which there is no universal healthcare coverage for their citizens. Instead, citizens must obtain their own public or private health insurances (Ridic et al., 2012). Private insurance includes insurance plans purchased from third-party payers, such as federal or state government and commercial health insurance companies, and insurance plans via employment (Ridic et al., 2012). On the other hand, public insurance consists of Medicare and Medicaid. Medicare is the largest insurer in the US. It is a uniform national health insurance for those who are sixty-five years of age or older and young people

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who are living with a disability (Medicare, n.d.; Ridic et al., 2012). Medicare is subdivided into two parts: Part A and Part B. Part A is compulsory and covers inpatient hospital stays, services provided by skilled nurse facilities, and limited home care services, while Part B is an optional, premium plan that covers certain outpatient services, physician's services, medical supplies, and preventative services (Medicare, n.d.; Ridic et al., 2012). Medicaid, the second type of public insurance program offered in US, provides coverage for individuals who are considered economically disadvantaged (Ridic et al., 2012). In 2018, 8.5% of the population, approximately 27.5 million people, was uninsured, which increased 0.6% compared to 2017. Of those who are insured, 67.3% are covered by private health insurers and 34.4% are covered by the public health insurance program (Berchick et al., 2019).

The main challenge the US system faces is its uninsured rate. Although the uninsured rate has declined since 2012, from around 40 million people uninsured in 2012 to only 27 million people in 2018, there is still a large population of people who are not able to afford healthcare services (Berchick et al., 2019; Ridic et al., 2012). The lack of universal coverage in the US makes healthcare services unaffordable for patients who are uninsured. Although US's CPG recommends conservative non-pharmacological treatment method as the first option, its opioid usage rate is significantly higher than other regions across the world (Deyo et al., 2015).

PT's Role in LBP Management

While both CPG's suggest people experiencing LBP seek conservative treatment options as their first line of intervention, HK and US has different access to PT. Physiotherapists in both HK and US are part of the rehabilitation healthcare providers, but with the focus on preventing movement disorders, restoring optimal movement patterns, and improving the quality of life for people living with movement disorders (American Physical Therapy Association [APTA], n.d.; Hong Kong Physiotherapy Association [HKPA], n.d.). Similar to US, physiotherapists in HK are able to assess, treat, and offer preventive interventions however not with direct access but with physician referral PTs cannot act as the first point of contact and do not have the autonomy to refer patients to other health care providers (Schoeb, 2016; World Physiotherapy, 2020). Implementation of intervention in the presence of movement dysfunction is therefore delayed until determined necessary in contrast to recommendations for early movement. PT

in the US has direct access, meaning physiotherapists can treat and evaluate a patient without a referral from a primary care physician (APTA, n.d.).

As more countries move toward direct access to PT, data regarding direct PT patient outcomes are now more readily available. Studies have shown that patients who visited PT via direct access or self-referral to PT saw a reduction in costs, medication prescriptions, healthcare utilization, and duration of care, as well as achieving better outcome measure scores and reaching treatment goals faster than those who were referred by a physician (Hons et al., 2021; Leemrijse et al., 2008; Ojha et al., 2014; Phillips & Shoemaker, 2017). More specifically for LBP patients, direct or early access to PT not only saw the same benefits mentioned above, but LBP patients also saw a greater reduction in pain levels, improved functional ability, and quality of life months after PT interventions compared to LBP patients who did not see PT via direct or early access (Fitz et al., 2015, 2017; Frogner et al., 2018; Nordeman et al., 2006; Rhon et al., 2018).

A complication LBP patients in HK may face is the difference in the quality of care provided by public and private healthcare providers for patients with chronic LBP. Primary care providers in HK who work in the private sector saw a higher biomedical and biopsychosocial score and awareness than those who work in the public sector (Sit et al., 2015). This difference may affect a patient's experience as well as the quality of care given between the two sectors.

The main limitation in the US regarding PT is its limited visits due to insurance coverage. Although most insurance plans recognize PT as medically necessary, coverage differs depending on the plan itself. Most insurance plans have 15-30 visits per calendar year, as well as a co-pay of around US\$30-40 depending on the plan (Heyward et al., 2018). This limited number of visits can lead to LBP patients ending the treatment plan early or spreading out the visits to get an adequate duration of care. For example, instead of twice a week for 4 weeks, some patients will have to resort to only doing PT once a week for 8 weeks.

Most countries with a well-developed healthcare system have CPG regarding LBP management, but not all healthcare providers adhere to those guidelines. When surveyed, PTs that were both fellows of AAOMPT and orthopedic clinical specialists had a higher adherence rate when compared to PTs who didn't have any clinical specialization (Ladeira et al., 2017). The percentage of LBP patients who received

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adherent care ranged from 22% to 43%, meaning more than half of all patients surveyed did not receive adherent care. Patients who did receive adherent care had fewer total visits, healthcare utilization, as well as total costs when compared to those who received adherent care (Hanney et al., 2016). Another factor that could affect adherence is the diagnosis of LBP. Leg pain with a directional preference had the most adherence to the CPG with a 72.2% adherence rate, followed by mobility deficit with 57.1%, coordination impairment with 46.1%, and fear-avoidance behavior with 29.5% (Ladeira et al., 2017).

In adjunct to the CPGs, when chronic LBP patients are unresponsive to 6 months or more of conventional care, a multidisciplinary rehabilitation program should be in consideration as a treatment option. A multidisciplinary rehabilitation program that included physiotherapists, occupational therapists, and psychosocial support with the focus on flexibility, endurance training, strengthening, and work modification noted that when young patients with chronic LBP returned to work, they experienced significant improvement in pain level, self-perceived disability, and physical function (Luk et al., 2010). As telehealth gets used more often, a home exercise program with videos instruction and telehealth visits should be considered as part of the treatment plan for patients who have difficulty with accessibility to PT. A small pilot study has shown after 12 weeks of an e-Exercise program, which includes video-supported exercises, an activity module, and 12 telehealth sessions with a PT, LBP patients saw a significant reduction in pain levels and functional disability (Kloek et al., 2019).

Conclusion

HK and US have well-established health care systems utilizing PT in the management of low back pain with the primary difference being their system's healthcare model. HK has universal health care for its citizens with the option to purchase their own commercial health insurance plan, while the US healthcare system lacks universal coverage. The US healthcare system is based on a private market model, and only provides government-funded insurance plans for people who are considered economically disadvantaged. Neither system is perfect and faces different challenges and limitations. HK has a very long wait time for healthcare services and the quality of services varies depending on whether it is provided by private or public healthcare providers. US's limitations are

its high uninsured rate and opioid usage. Although the two systems have different healthcare models, their management of LBP is similar. Both encourage conservative management and therapy before considering surgical interventions. However, the main difference between the two systems is their access to PT. Patients will need to obtain a referral before seeing PT in HK, while patients can self-refer to PT in the US. Current studies suggest direct and early access to PT has a positive impact on patient outcomes and total costs. When researching for this paper, the main limitation was gathering data and available information regarding HK LBP patients' outcomes, such as total costs, other healthcare utilization, and outcome measure scores.

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Application of Innovation and Technology in Elderly and Rehabilitation Care for TWGHs Community Service Division

Mr. Gordon LEE, Mr. Matthew LAU and Mr. Victor TAN
Physiotherapists, Tung Wah Group of Hospitals

Background

The government has piloted the "Innovation and Technology Fund for Application in Elderly and Rehabilitation Care" (I&T Fund) in December 2018, to subsidize elderly and rehabilitation service units of NGOs to procure, rent and trial use technology. Service units of the Tung Wah Group of Hospitals (TWGHs) Community Services Division have fully utilized this I&T Fund to improve the quality of life of service users, as well as to reduce the burden and pressure of care staff and caregivers. In the following paragraphs, we would like to share our experience in the application of some innovative physio-related training devices.

Game Bike

Mr. Gordon LEE

Physiotherapist I, TWGHs Po Chung Ying Home for the Elderly

Have you prescribed static bike exercises to residents of old age home? Have you ever imagined that lottery games can merge with cycling movement to reform it to a new kind of exercise for elders? If not, the following story may bring you to a different horizon in elderly care.

TWGHs Po Chung Ying Home for the Elderly has initiated an innovative rehabilitation exercise model for their service users recently which is a cross-over of entertainment lottery game and conventional bike exercise. By using "pachinko", a lottery game machine originated from Japan that requires players to get steel balls by inserting coins. The steel balls can be used to exchange special prizes. Now, the machines in our Elderly Home are modified, and are initiated only by cycling.

When an elder wins, Pachinko machine will generate songs and flash light. It provides positive feedbacks to our elderly. A participant who completes a 15 to 20 minutes cycling session, may win a randomized game card. With enough cards, prizes will be given as a reward for their hard work.

It is no doubt that such enriched activities not only improves quality of life, but also provides positive health benefits. Therefore, our ambition is to take advantage of this innovative technology to build up a regular exercise habit for our elderlies and increase their intrinsic motivation to adhere to the game-based rehabilitation programs.



(Continued on Page 11)



Bobo-Pro Training System

Mr. Matthew LAU

Senior Physiotherapist, TWGHs Wong Cho Tong Social Service Building

This balance device is developed by a group of experienced physiotherapists working in rehabilitation settings. You may be touched by their story: they were inspired by the slogan "Fun as a method to achieve goals" and brought hi-tech products into traditional physiotherapy clinics. It is undoubtedly true that balance and core exercise are essential parts of the rehabilitation process. However, this kind of exercises can be monotonous and boring. Patients may think that they are wasting their time if they do not understand that balance is essential to their health. Moreover, traditional balance training devices, such as Bosu Ball, Wobble Board or Physio Ball, have similar design throughout the years. However, these devices cannot produce accurate measuring records or training outcomes, so as to help monitoring patients' progress.

Bobo-Pro Training System includes a training board called Bobo Board, which is implanted with 3-dimensional sensors, and an Android Tablet (which can connect with any SmartTV). All movements including forward/backward tilt, left/right tilt or left/right twist can be reflected instantly into the program. When it is used with any traditional balance devices, such as Bosu Ball, it can turn them into a high-tech, revolutionary and multi-function training boards.

We bought this system last year with funds from the I&T Fund and our residents love to play with it very much. The Android application is user-friendly. We can utilize the system's static and dynamic balance tests to assess the status of our elderly. We can provide many interactive playful balance games with different levels of difficulty. In addition, the system can facilitate us to track the rehabilitation progress of our elderly. Its innovative function of saving personal record and generation of detailed reports for further analysis are highly appreciated by our physiotherapists.



SilverMOVE Virtual Reality Rehabilitation System

Mr. Victor TAN

Physiotherapist I, TWGHs Jockey Club Rehabilitation Complex

SilverMOVE rehabilitation system has been introduced to clients of the TWGHs Jockey Club Rehabilitation Complex since 2018. We have applied SilverMOVE to clients with conditions ranging from musculoskeletal problems to stroke-induced paralysis, and to cognitive deficits.

SilverMOVE is a plug-n-play virtual reality (VR) rehabilitation system that consists of a highly sensitive motion sensor and VR training software with games library, to enhance silver age's and disabled's exercise and rehabilitation experience. The motion sensor can be mounted onto any pedal or surface of existing training equipment or patient's limbs, SilverMOVE embodied in computer detects the user's speed and movement to emulate real-time changing 3D

visualization. Single and multi-player modes are available and digitalized performance records can be saved for the therapist's reference and further planning.

From our experience, SilverMOVE improves our clients' motivation and concentration to treatments, with the stimulation and feedback of the screen of VR training software. Our clients are more alert and put in more effort during the treatment than without applying SilverMOVE. Hence, it improves the efficacy of treatments. We believe that VR-based rehabilitation is developing rapidly, and has the potential to improve balance and gait in neurologic patients, and brings additional benefits when combined with conventional rehabilitation.

An Interview with Dr. Polly LAU

Date : 23 July 2021
Venue : A private clinic
Interviewee : Dr. Polly LAU
Interviewers : Ms. Winki CHUN and
 Mr. Jason CHAN
 (Year 3 Physiotherapy Students,
 PolyU)

Q1

What does your typical week look like?

A1

I retired from the Hospital Authority (HA) and has been practising in a private clinic since early 2018. Currently, I work two days a week and I view my current practising mode as a transition from a fully packed and busy life in the public cluster hospitals to a slasher enjoying different works in life (surely not just job only) in sustaining dynamic & responsive connection to the Physiotherapy (PT) profession and the society as a whole. I am blessed to practice without too much bothering from financial / revenue consideration. Enabling with more time and good rapport from patients, autonomous advanced PT practice can then, be actualised to optimize patient's health encompassing physical, psychological, emotional, and social wellbeing through identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment/ intervention and rehabilitation. That is the scope of physiotherapy advocated by the World Physiotherapy (World Confederation of Physical Therapy). A heavy single strap hand bag stuffed with bulky purse can be the blame for a persistent chronic back pain, which may not be easily discovered through routine clinical reasoning during a super busy PT treatment session in a public hospital.

As an advocate of active living, PT is often seen as energetic and sporty. To enhance PT service in modifying environmental, home and work access and barriers to ensure full participation in one's normal / usual and expected societal roles, I believe that we should also be the role model of active living in dynamic participation and engagement in the community. When I am off PT work, I enjoy going to the gym and play badminton with my friends. We have formed a badminton team, and we are trained by a coach twice a week. We share common interests and always travel overseas together.



The new Polly's Team

Q2

Being the cluster manager of KCC before retirement, how do you see the development of physiotherapy services in local hospitals?

A2

I think many of us are concerned about the manpower issue in the HA. When I retired in 2018, there were less than 1,000 physiotherapists working in the HA. The number has increased to more than 1,200 now. To my understanding, the central recruitment of HA received approximately 200 applications this year from local and overseas graduates, as well as physiotherapists working in non-governmental organisations. Back in my time in HA, we used to recruit around 100 new colleagues in the first round of recruitment (around May each year). The rest of them would be hired later in the year when funding was available. We usually could hire all applicants back then, although the limit was around 300 at maximum. With four tertiary institutions offering physiotherapy programmes in Hong Kong, approximately 350 physiotherapy students will graduate every year in a few years later. With reference to reports from local manpower projection, the manpower shortage is yet to be resolved. There will certainly be an improvement in the PT to population figure of 1:2,028 as quoted at Health Facts of Hong Kong (2021) by local Government. With the increased PT graduates from various institutes, it is anticipated that our graduates will work at more diversified service settings at various levels of care exceeding the current explicit concentration of workforce in secondary healthcare in HA.

(Continued on Page 13)

I remain optimistic in the PT job market. The PT staff wastage seems hitting high currently with the retirement wave of baby boomers, increased emigration, thus, increasing the job vacancies in HA. Further, there will be more jobs available for physiotherapists following the sequential 10-year hospital rolling plan with the opening of new hospitals such as the New Kai Tak Hospital, and the redevelopment / expansion of some existing hospitals such as the United Christian Hospital, Caritas Medical Centre Hospital, etc. Another way of creating job vacancies, though less commonly seen nowadays, is the implementation of new programs. The '365 days PT service' is a good example of such program. This service is to encourage more frequent and intense rehabilitation for earlier discharge of patients, so as to alleviate the bed shortage problem in public hospitals. The promising clinical results in accord with published evidence from systematic reviews on the benefits of weekend rehabilitation has facilitated rolling of services to the majority of public hospitals. The possibility of providing extended hour physiotherapy service in the evening (5-8pm) of either the in-patient or out-patient setting is also a feasible program to address service gaps and long waiting time. With the advancement of medical technology such as wearable exoskeleton and digital healthcare such as 5G and Internet of Things, there will be more opportunities for PT development. Sustaining the contemporary dynamic and proactive networking with community and our clientele, I have full faith that physiotherapists are always be needed.

Q3

What will be the major challenges that physiotherapists need to face in the near future?

A3

There are different challenges regarding different generations of physiotherapists.

For the senior generation, they may find it difficult to use new and may be all-in-one electronic equipment. For example, electrotherapy equipment is developed rapidly with increased complexity and functionality. It may take a while for the experienced physiotherapists to go through the learning curve.

The technological advancement also brings us new challenges and opportunities. In the public healthcare setting, PT endures stringent time constraint, i.e., having limited contact time for a given patient. However, some novel equipment may need longer set-up or operation time in order to have clinically significant treatment effects on patients. Additionally, documentation may be one of the challenges. With the introduction

of an e-system, some hospitals may consider using electronic devices to replace handwriting on paper for documentation. However, the development of the e-system is not perfect at the current stage and the coverage is not wide enough. Therefore, double entry is required in some settings, which significantly increases the workload of physiotherapists and lengthens the documentation time. Paperless documentation is a target to pursue but teething pain from the developing & initial implementation process especially without additional human resources is really "pain in the neck". Seeing our overseas PT counterparts starting with comparatively much less clinical workload and yet taking decades to reach paperless e-documentation, it's hoped that enablers such as additional manpower, PT clinician designed & user-friendly elements are nourished. Furthermore, the rocketing AI development in evaluation and therapeutic intervention will certainly make an impact in future PT practice.

For the younger generation, they may still encounter the barriers to specialisation. Unlike doctors and nurses, physiotherapists' salary point has not been rectified to university graduate starting point even though the entry-level qualification of physiotherapists has been changed to Bachelor or Master degree. The unmatched salary and qualification may impact on the incentives / endeavour of physiotherapists in pursuing their career in HA or alike organization. Additionally, there is not much explicit recognition for physiotherapists to specialize in a field in materialised term of remuneration or intangible term of legitimized quotable qualification. HA does not have any training fund or scholarship to cover all tuition fees for continuing professional development activities in achieving commitment in continuous learning as required / expected from healthcare professionals. After getting a specialised degree, physiotherapists may not be fully acknowledged. This may deter some physiotherapists from further studying or specialisation.

Last but not least, clinical research will be another challenge. The availability of clinical research work in hospitals depends on the allocated resources. Clinical research is required especially in major hospitals and in specialised services. There is no doubt that clinical research should be best done in clinics where patients, studied services and PT expertise are. However, I guess that clinical research work can be "an additional straw on the camel hump" in adding additional workload to the already fully clinical work occupied PT.

Collectively, the unresolved manpower constraint, rocketing technological advancement, specialisation and clinical research are the major challenges for us. We hope that these challenges are "future champion in work cloth at this moment only".

(Continued on Page 14)

Q4

Do you have any suggestions for physiotherapist students or junior physiotherapists who want to become PT leaders?

A4

A PT leader has to deal with different issues, from leading your own team to fighting for the rights, benefits and advancement of the whole PT profession. Being diplomatic is important as you have to communicate, collaborate and network with a lot of parties / stakeholders. Some issues are controversial and there may be some debates among different healthcare professions. For example, direct access is something we are striving for. However, different stakeholders have different concerns which makes the implementation of direct access difficult. In these situations, a PT leader has to shoulder a lot of responsibility to fight for the benefits of PT profession and act as advocate for the PT service users. (This interview was conducted before the Chief Executive's 2021 Policy Address)

Also, in this technological era, the IT development is rapid. You have to be flexible and adaptable to the new technologies. For examples, MRI machines have become more prevalent in this decade. A lot of patients have undergone MRI before meeting physiotherapists. Although this state-of-the-art machine can diagnose problems more accurately, it requires more skills for

physiotherapists to understand and interpret these images. These imaging techniques will be more common in the future, so physiotherapists have to equip themselves to adapt to the changes. The competency in reading MRI reports and to be familiarised with the imaging features and interpretations can potentially become one of the core skill sets especially in primary healthcare, and private sector.

Specialising in a particular area will enhance our competence. As a physiotherapist, continuing professional development is of paramount importance. With the rapid advancement of knowledge and work environments, continuous education can keep us up to date. This will benefit ourselves and our patients. Some years ago, I pursued a doctoral degree, which provided many opportunities for me to improve my critical and lateral thinking, and the thesis certainly taught me perseverance in facing challenges. It also enhanced my resilience as I had to manage the critics from reviewers when I was preparing for my publications. With more knowledge, you will be more confident when you are interacting with your patients. The improved communication skills and clinical skills could definitely increase your quality of services. With better patient care, your patients will appreciate your work more, which brings you a lot of job satisfaction. Therefore, further learning is crucial for you to better equip yourself and make the PT career enjoyable and memorable.



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RTHK Program: Hashtag Hong Kong

Date : 3 October 2021
Venue : RTHK Radio 3
Physiotherapist : Prof. Marco PANG

Hashtag Hong Kong is a pre-recorded ten-minute programme, covers views from people of different walks of life, on local social issues and upcoming events that are of significant interests to our community. In the programme, Prof. PANG talked about the role of physiotherapists in supporting athletes, the shortage of physiotherapy manpower, the need of increasing resources for sports rehabilitation research and the increased training institutes for physiotherapists.

樂園玩水重姿勢 避傷頸風險 挑戰滑水梯必學鎖頸交叉腳

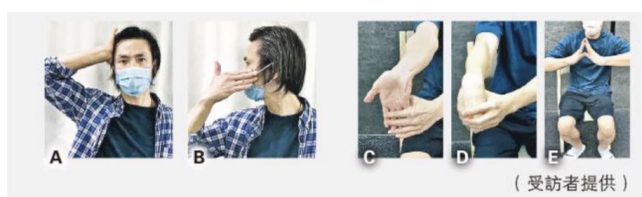
Date : 4 October 2021
Physiotherapist : Mr. Gorman NGAI

This article talks about common musculoskeletal disorders and potential injury risks when playing some games at water parks. The article also mentions ways to lower the risks of these musculoskeletal injuries.

簡易運動：趁排隊熱身 玩後伸展紓緩不適

Date : 4 October 2021
Physiotherapist : Mr. Gorman NGAI

This article discusses what people should do regarding warm up when they want to play water games in a water park. Some stretching exercise photos are posted in the article.



< 副刊

簡易運動：趁排隊熱身 玩後伸展紓緩不適

2021/10/4

簡易運動

趁排隊熱身 玩後伸展紓緩不適

到水上樂園玩滑梯和衝浪容易傷及頸部，一些遊樂設施需雙手抓緊水泡，姿勢不正確或過度用力都可能拉

傷肌肉。註冊物理治療師魏志榮敬大家，趁排隊時做簡單熱身，玩後若肌肉繃緊亦要伸展，緩和不適。

頸肩熱身

1. 向前轉動雙肩，持續10秒；再向後轉動雙肩，持續10秒
2. 右手放頭右側，頭與手鬥力（圖A）；然後左手分別放頭左側、後側及額頭，同樣鬥力；每個動作維持10秒
3. 頭右轉，右手放左臉，向右推，維持10秒（圖B）。換邊再做

伸展前臂

1. 伸直手，手掌向天，另一手將手掌向下拉，維持10秒（圖C），返回準備動作；然後手掌向下，另一手將手掌向下拉（圖D），維持10秒。換邊再做
2. 左右手指尖貼指尖，手肘撐開；手指互相鬥力，掌心保持距離（圖E）；重複10次

Webinar with Hong Kong College of Orthopaedic Surgeons

Date : 5 October 2021
Venue : Online
Physiotherapist : Miss Iris TSANG

This was the first collaboration webinar between HKPA and Hong Kong College of Orthopaedic Surgeons Task Force. The webinar topic was "Sciatica". The guest speakers were Miss Iris TSANG (a Physiotherapist) from Musculoskeletal SG, as well as Dr. Keith WAN and Dr. Michael TSE from HKCOS



from left to right:
 Ms. TSANG, Dr. WAN, and Dr. TSE.

Interviewed by JobMarket

Date : 11 October 2021
Time : 2:30pm – 3:30pm
Venue : Hong Kong Physiotherapy Association Premises
Physiotherapist : Mr. Raymond TSANG

Mr. Tsang shared the information of the establishment of the Hong Kong Physiotherapy Association in 1963, the working conditions of physiotherapists in the early years, the changes in physiotherapy practice over the past years, and the demand and prospects for physiotherapists in the context of aging population and primary health care.



運動工作坊

Date : 19 and 26 October 2021
Venue : Hong Kong Cancer Fund Support Centre (Wong Tai Sin)
Physiotherapists : Mr. Eric LI and Mr. Alphonse CHAN

Eric and Alphonse on behalf of HKPA, were invited by the Hong Kong Cancer Fund Support Centre (Wong Tai Sin), to conduct an elastic band exercise workshop for the patients with prostate cancer. There were around 10 participants and they all enjoyed the class very much.



Online Seminar on Direct access: Historical Development, Research Evidence and The Way Forward

Date : 21 October 2021
Date : Zoom meeting
Physiotherapist : Dr. Arnold WONG

The meeting discussed the opportunities for various allied health professions based on the Chief Executive's 2021 Policy Address. Suggestions on continuous education and seeking the government to set up a continuous education funding scheme were discussed and proposed. The group planned to draft a joint statement and circulate it to all allied health associations, regarding the advocacy for the setup of a continuous education funding scheme.

One Article Published in News Media

Date : 27 October 2021
Physiotherapist : Mr. Alexander WOO

In October, Alex was interviewed by Urbanlife Health about the selection and adjustment of mattress.



An Article Published in Ming Pao

Date : 1 November 2021

Physiotherapist : Ms. Po LAM

As article coordinated by the Hand Therapy Specialty Group for 明報健康網 was published on 1 November 2021. The article “屈指握拳卡住痛 10招鬆開彈弓指” was authored by Ms Po LAM.

屈指握拳卡住痛 10招鬆開彈弓指

文章日期: 2021年11月01日

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重複動作——扳機指是因手指長期重複動作或不當使用，如長時間使用滑鼠、鍵盤等，以致肌腱和韌帶過度摩擦導致發炎及狹窄。(chokja@iStockphoto)



【明報專訊】早晨起床握拳後，手指無法張開，屈曲與伸直時不順暢，甚至發出「咻」聲響，我們稱為扳機指。每一隻手指都可能會出現扳機指，其中中指發病率較高。主要病因是手指過度勞動、頻繁屈曲、常提重物，以及長時間使用滑鼠、鍵盤，或滑手機等。

Ms Po LAM's article

Physiotherapist CPD: World Physiotherapy Physiotherapist education Framework and implications of implementation of mandatory CPD

Date : 4 November 2021

Venue : Zoom

Physiotherapist : Dr. Ivan Yuen-wang SU

The online forum organized by the Hong Kong Physiotherapy Association was held on 4 November 2021 from 18:00 to 19:15. The Executive Board member of the World Physiotherapy, Dr. John Zerri de CARO, and Prof. Alice JONES, honorary professor of University of Queensland, were invited to introduce the “Physiotherapist Education Framework” published by the World Physiotherapy and discuss its implications on CPD and advancement of the physiotherapy profession. Dr. Ivan SU presented “Mandatory CPD: a New Era of Professionalism in Physiotherapy” at the online forum. The presentations were followed by a discussion, led by Prof. JONES on the roadmap towards mandatory CPD for physiotherapists in Hong Kong. It was generally agreed that the practitioners in the field recognize the importance of lifelong learning and are ready to move forward.

THE HONG KONG PHYSIOTHERAPY ASSOCIATION

Physiotherapist CPD: World Physiotherapy Physiotherapist Education Framework and Implications of implementation of mandatory CPD

Date: Nov 4, 2021 (Thursday)
Time: 6:00 pm to 7:15 pm (Hong Kong Time)

Guest speakers:

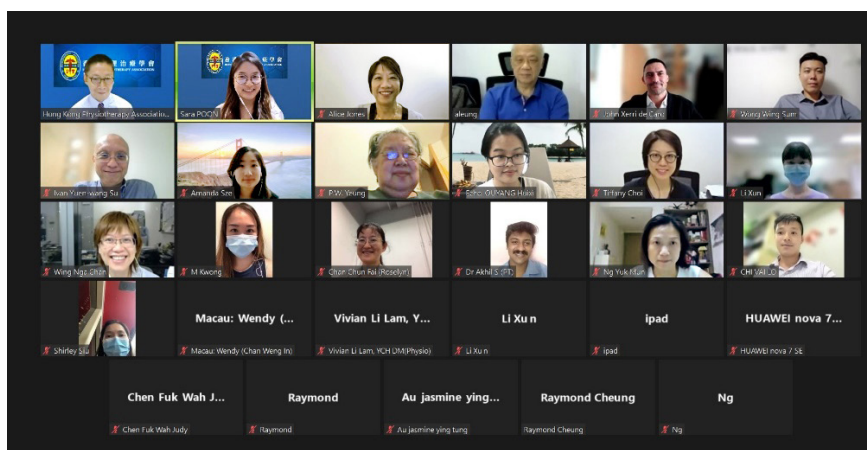
- **Dr John Zerri de Caro**
Executive Board Member of World Physiotherapy
Topic: World Physiotherapy Physiotherapist Education Framework and its implications on CPD
- **Prof. Alice Jones**
Honorary Professor, University of Queensland
Topic: The Physiotherapist Education Framework - a valuable tool for advancement of the physiotherapy profession
- **Dr Ivan SU**
Director, SAHK Institute of Rehabilitation Practice (Accredited CPD Provider)
Topic: Mandatory CPD: a new era of professionalism in physiotherapy and its implications

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DEADLINE OF APPLICATION: OCT 31, 2021 (SUN)

The poster of the forum



A group photo of the speakers and participants.

Hong Kong Physiotherapy Union Forum on Direct Access

Date : 6 November 2021
Venue : The Hong Kong Metropolitan University
Physiotherapist : Prof. Marco PANG

Prof. PANG was invited to share his views on implementation of direct access in Hong Kong. He emphasized the importance of advocate the best interest of physiotherapists.



Online Seminar on Direct access: Historical Development, Research Evidence and The Way Forward

Date : 10 November 2021
Physiotherapists : Prof. Marco PANG and Mr. Alexander WOO

A seminar was organized by HKPA to discuss direct access. Mr. Jonathon Kruger, the CEO of World Physiotherapy was the keynote speaker. Mr. Raymond TSANG, Mr. Lawrence MA and Mr. George WONG were the discussion panel speakers. We had more than 120 enrolments. Apart from local participants, the seminar attracted physiotherapists from other countries such as Tanzania, Japan, and Thailand. There was a very fruitful discussion among the participants.

THE HONG KONG PHYSIOTHERAPY ASSOCIATION

Direct access: historical development, research evidence and the way forward

NOV 10, 2021 (WEDNESDAY)
6:00PM - 7:30PM (HONG KONG TIME)
VIA ZOOM

Keynote Speaker:
 Mr Jonathon Kruger (CEO of World Physiotherapy)

Discussion panel:
 Mr Raymond Tsang (Vice President, HKPA; Physiotherapy Department Manager, MacLehose Medical Rehabilitation Centre)
 Mr Lawrence Ma (Consultant Physiotherapist, Private practice)
 Mr George Wong (Senior Physiotherapist, Hong Kong Sheng Kung Hui Welfare Council Limited)

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DEADLINE OF APPLICATION: NOV 7, 2021 (SUNDAY)

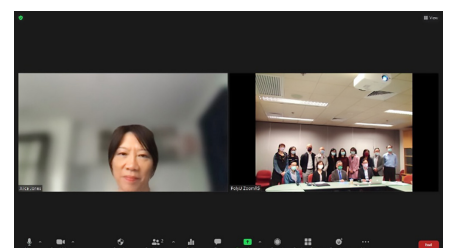
A Curriculum Review Team of PT and OT Programmes (2021-22)

Date : 10 November 2021 (First Meeting)
Venue : The Hong Kong Polytechnic University
Physiotherapists : Dr. Ivan Yuen-wang SU and Mr. Raymond Chi-chung TSANG

Dr. Ivan SU represents the Hong Kong Physiotherapy Association as members of the Review Team. The first meeting was held on 10 November 2021 at The Hong Kong Polytechnic University. The PT subgroup was chaired by Mr. Raymond TSANG with representatives from the private practice, Hospital Authority and NGOs. Prof. Alice JONES participated as an overseas expert. The review covered the curriculum, teaching and learning experiences, employers' comments, as well as the comparison with overseas curricula. Recommendations on how to refine and revamp the MPT and BSc(Hons)PT programmes in the coming 5-10 years will be made to the Department of Rehabilitation Sciences.



Local members of the Review Team.



An overseas member, Prof. Alice JONES and local members.

One Article Published in News Media

Date : 14 November 2021
Venue : Kowloon Bay
Physiotherapist : Mr. Alexander WOO

Alex was invited to deliver a talk about the common musculoskeletal conditions of construction site workers.



TVB快樂長門：想要睡得好 睡姿正確少不了

Date : 16 November 2021
Venue : TV interview
Physiotherapist : Mr. Gorman NGAI

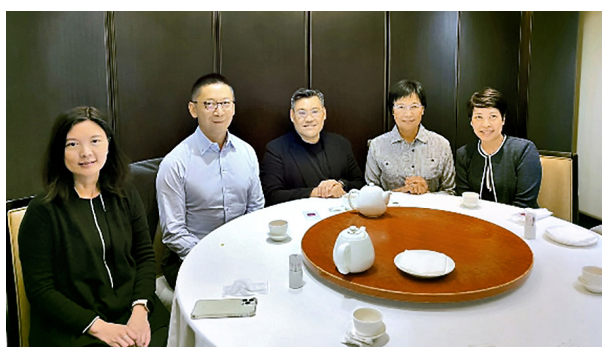
This interview discussed proper posture during sleeping, ways to select pillow and mattress to minimize the risk of musculoskeletal problem during sleeping. Some stretching exercises were also demonstrated to alleviate muscle tightness after sleeping in bad postures.



Meeting with the new PT Board Chairman

Date : 17 November 2021
Venue : A Chinese restaurant
Physiotherapist : Prof. Marco PANG

Prof. PANG was invited to have an informal meeting with Mr. Antonio KWONG, the new PT Board Chairman. In the meeting, implementation of direct access and mandatory CPD was discussed. Prof. PANG pledged to provide a letter of support in relation to mandatory CPD.



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

Date : 18 November 2021
Venue : The Federation of Medical Societies of Hong Kong
Physiotherapist : Dr. Arnold WONG

Dr. Arnold WONG represented HKPA to attend the council meeting of The Federation of Medical Societies of Hong Kong (FMSHK), 36th Annual General Meeting (AGM) of FMSHK. Prof. Bernard Man-yung CHEUNG was voted to be the new President of FMSHK.

A Ming Pao Article Regarding Regularization of the Master in Physiotherapy (Entry-level) Programme

Date : 19 November 2021
Physiotherapists : Prof. Marco PANG and Dr. Arnold WONG

In view of the growing demands for physiotherapists in various settings, Prof. PANG, Dr. WONG and Prof. Hector TSANG submitted an article to Ming Pao, to discuss on the global trend in physiotherapy education, as well as the benefits of adopting the Australian and British Physiotherapy education system in Hong Kong. By regularizing the Master in Physiotherapy (Entry-level) programme, interested individuals can become registered physiotherapists in Hong Kong by taking both BSc or MPT programmes.



An Interview by Ming Pao

Date : 23 November 2021
Physiotherapist : Mr. Alexander Chuen-hau WOO

Mr Alexander WOO was interviewed by Mingpao on the choice of pillows and the article “選購貼士：毛巾填滿後頸空隙 免駝頸手麻痺” was released in 明報OL網 on 23 November 2021.



Meeting Candidates in the Medical and Health Services Functional Constituency

Date : 25 November 2021
Venue : The Pharmaceutical Society of Hong Kong
Physiotherapist : Prof. Marco PANG

On behalf of HKPA, Prof. PANG joined a multidisciplinary interview panel to meet five candidates in the Medical and Health Services Functional Constituency, who were running for the Legislative Council of Hong Kong General Election. Prof. PANG listened to their plans, reflected the concerns and expectations of Physiotherapists to the candidates.

Opening Ceremony of the 12th Pan-Pacific Conference on Rehabilitation

Date : 27 November 2021
Venue : The Hong Kong Polytechnic University
Physiotherapists : Prof. Marco PANG, Dr. Ivan SU, Dr. Anthony KWOK

As HKPA is the supporting organization of the 12th Pan-Pacific Conference on Rehabilitation, Prof. PANG was invited to attend the Opening Ceremony. Dr. Ivan SU and Dr. Anthony KWOK also attended the lab tour on behalf of HKPA.



HKPA Annual General Meeting 2021 and Election of the HKPA Executive Committee 2021 - 2023

Date : 12 December 2021

Venue : Nina Hotel Tsuen Wan West

HKPA Annual General Meeting 2021 as well as the election of the HKPA Executive Committee 2021 - 2023 was completed on 12 December 2021. Mr. Bronco BUT, HKPA Honorary Legal Advisor, supervised the ballot counting process. The results of the election and appointment of the newly elected HKPA Executive Committee 2021 - 2023 are listed as below:

	Election of HKPA President	Election of HKPA Executive Committee Members
Number of valid ballots counted:	303	305
Number of invalid ballots:	26	24

Nominees for HKPA President	Ballot Attained
Prof. LAU Mun Cheung, Herman	51
Prof. PANG Yiu Chung, Marco	247

Remark: No selection of President: 5 ballots

Nominees for HKPA Executive Committee Members	Ballot Attained
Ms. CHAN Yee Wa, Eva	102
Ms. CHIU Pik Yin, Horsanna	132
Dr. CHOI Ching Man, Tiffany	98
Dr. KWOK Wai Leung, Anthony	127
Ms. LAM Po, Yvonne	64
Ms. LEE Ka Wai, Shirley	78
Mr. MA Hok Man, Barry	64
Mr. MA Wui Leung, Lawrence	75
Mr. NGAI Chi Wing, Gorman	180
Dr. NGAI Pui Ching, Shirley	201
Ms. POON Ka Wai, Sara	87
Dr. SO Chun Lung, Billy	156
Dr. SU Yuen Wang, Ivan	163
Ms. SUEN Mei Yee, Anna Bella	159
Ms. SZE Kai Tsit, Amanda	62
Mr. TSANG Chi Chung, Raymond	235
Mr. WAN Sung, Sam	131
Mr. WONG Hin Wai, Will	33
Dr. WONG Yu Lok, Arnold	145
Mr. WOO Chuen Hau, Alexander	218
Dr. YAM Tsz Ting, Timothy	53
Mr. YEUNG Ngai Chung, Ivan	72

(Continued on Page 23)

Members of the HKPA Executive Committee 2021 - 2023

President:	Prof. PANG Yiu Chung, Marco
Executive Committee Members:	Mr. TSANG Chi Chung, Raymond
	Mr. WOO Chuen Hau, Alexander
	Dr. NGAI Pui Ching, Shirley
	Mr. NGAI Chi Wing, Gorman
	Dr. SU Yuen Wang, Ivan
	Ms. SUEN Mei Yee, Anna Bella
	Dr. SO Chun Lung, Billy
	Dr. WONG Yu Lok, Arnold
	Ms. CHIU Pik Yin, Horsanna
	Mr. WAN Sung, Sam
	Dr. KWOK Wai Leung, Anthony



Mr. Alphonse CHAN, Mr. Bronco BUT, Ms. Sally WAN, Ms. Joan IP and Mr. Gabriel NGAN (from left to right) participated in the ballot counting process for the election of the HKPA Executive Committee 2021 - 2023

CPD News

Enquiry of CPD News and Activities

Please Visit

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

*General Enquiry or
Submission of
Letters to the Editor*

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Faculty of Medicine
The Chinese University of Hong Kong
香港中文大學 醫學院 矯形外科及創傷學系

Master of Science in Musculoskeletal Medicine Rehabilitation and Geriatric Orthopaedics 骨關節醫學、康復及老年骨科理學碩士

UGC-approved programme in Targeted Taught Postgraduate Programmes Fellowships Scheme for 2022-23 Admission
經大學教育資助委員會核准，於2022-23 入學年度「指定研究院修課課程獎學金計劃」課程

■ Contents: Lectures, Practicum and Project

內容：講座、實習及論文

■ Course Structure: Full time 1 year / Part time 2 years

課程結構：全日制一年 / 兼讀制兩年

Medium of Instruction: English 英語授課

■ Who should apply ?

Medical Doctors – General Practitioners, Family Physicians, Orthopaedic Surgeons, Physicians interested in musculoskeletal disorders, Chinese Medicine Practitioners, Rehabilitation Doctors...

Health Care Professionals – Physiotherapists, Occupational Therapists, Prosthetists & Orthotists, Nurses, Dietitians, Podiatrists...

■ 報讀資格：

本課程為醫療專業人員進修設計，包括：家庭醫生及各專科醫生、中醫師、護士、物理治療師、職業治療師、義肢及矯形師、營養師、足病診療師等...

MSc in Musculoskeletal Medicine, Rehabilitation and Geriatric Orthopaedics (MRGO)

Core Modules (15 units)

Streaming Modules (8 units)
(either stream)

Other Elective Modules (2 units)

Musculoskeletal Rehabilitation
Stream

Geriatric Orthopaedics
Stream



Programme details and
Information sessions
Please refer to programme Website
有關課程詳情及資訊講座，
請查看課程網頁

September 2022 Intake
2022年9月入學招生

Quotable Qualification by The Medical Council of Hong Kong and Hong Kong Physiotherapists Board
香港醫務委員會 及 香港物理治療師管理委員會 核准刊載資格

CME/CNE/CPD Accredited programme

香港持續醫學進修CME / 持續護理進修CNE / 持續專業發展計劃CPD學分課程

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查詢

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The Chinese University of Hong Kong
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Orthopaedic Learning Centre, 1st Floor, Li Ka Shing Specialist Clinics (North Wing)

Prince of Wales Hospital, Shatin, HKSAR

香港 新界 沙田 威爾斯親王醫院 李嘉誠專科診所北翼 一樓 矯形外科及創傷學進修培訓中心

Tel: (852) 2637 8472 Fax: (852) 2647 7432

Email: mrgo@cuhk.edu.hk Website: www.ort.cuhk.edu.hk/mrgo

Online Application

線上報名

Graduate School Office Website 研究院網頁



Application Deadline 最後申請日期
30 April 2022 (Full time 全日制)
31 May 2022 (Part time 兼讀制)

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