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Editorial

Ventilator Hyperinflation and Exercise to Prevent Cognitive Decline

Dr. Freddy LAM and Ms. Jessica CHAN

Physiotherapists are an integral part of the multidisciplinary team in the critical care unit. In main theme 1, we have Ms Janet SO sharing with us the potential complications of mechanical ventilation and the associated physiotherapy management. In particular, the benefits, contraindications, and parameters of using ventilator hyperinflation were discussed. She also shared the latest research on hyperinflation and its clinical adoption in Hong Kong.

Concerning the rapidly rising prevalence of dementia worldwide, the WHO has published an evidence profile of different intervention on tackling cognitive decline and strongly recommended physical activity in attenuating the decline in cognitive function. In main theme 2, Dr Freddy LAM and Prof Marco PANG shared the latest evidence on exercise in preventing cognitive deterioration.

In the NGO corner, Ms Kitty YAM and Mr George WONG from the Hong Kong Sheng Kung Hui Welfare Council Limited shared their experience in introducing a robot in assisting exercise classes for the elderly, especially boosting the participation in people with dementia.

In the Peoples' corner, Ms Miki SIN and Mr Kurtis LEE (year 3 students in BSc in Physiotherapy, PolyU) interviewed Dr Raija KUISMA, the principal lecturer of Karelia University of Applied Science, who shared her views on physiotherapy program between Hong Kong and overseas. Dr KUISMA reiterated the importance of keeping an open mind in learning, including using technology to aid rehabilitation in older people.

Now start to learn actively!

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Critical Care Physiotherapy Services – Ventilator Hyperinflation

Ms. Janet Yee Mei SO

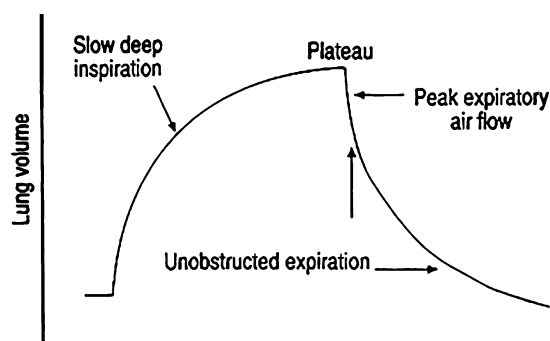
Physiotherapist I, Hong Kong Sanatorium & Hospital

Introduction

Mechanical ventilation is an essential medical intervention in the management of critical illnesses aiming to decrease the work of breathing and maintain adequate gas exchange in patients with respiratory failure [1]. However, this intervention is associated with the risk of significant yet potentially preventable complications. Among these are (1) ventilator-associated pneumonia (VAP) – development of pneumonia more than 48 hours after the initiation of mechanical ventilation, (2) acute respiratory distress syndrome (ARDS) – ARDS is defined as $\text{PaO}_2/\text{FiO}_2$ ratio ≤ 200 mm Hg representing significant arterial hypoxemia due to lung injury that causes fluid to build up in the alveoli, (3) sepsis – life-threatening organ failure caused by an infection (such as VAP), (4) atelectasis and (5) pulmonary edema. Ventilator-associated complications often increase morbidity and mortality. They also prolong the duration of ventilation and the length of stay in the ICU or hospital. Pneumonia and atelectasis can present with sputum retention and a decrease in oxygenation. Physiotherapists are an integral part of the multidisciplinary team in the critical care unit and are skilled in the physical assessment and treatment of these patients. We provide various types of care, from acute respiratory interventions to functional rehabilitation. A variety of techniques are used, including but not limited to conventional sputum removal techniques, manual hyperinflation (MHI), ventilator hyperinflation (VHI), positioning including prone, passive limbs mobilization and early active mobilization. The goal of the treatment is to aid sputum clearance, improve oxygenation, reduce work of breathing, and facilitate successful extubation [2].

Manual Hyperinflation

MHI or “bagging” has been used by physiotherapists as part of the respiratory management of artificially ventilated patients for decades. It delivers a larger than baseline tidal volume at a low inspiratory flow, an inspiratory pause and an expiration with a high expiratory flow via a resuscitation bag (Graph 1 and Picture 1). It aims to improve lung oxygenation, re-expanding acute atelectasis and enhance the removal of secretions [3].



Graph 1: illustrates the work of MHI

The Mapleson circuit (Picture 2) has been introduced and used instead in recent years as it clears more secretion than the resuscitation bag. The ability of the Mapleson circuit to generate a higher expiratory flow rate allows a more effective treatment in clearing secretion [4]. Regardless of which circuit to use, MHI requires the patient to be disconnected from the ventilator to connect the MHI circuit and perform the technique. The disadvantage of this includes the loss of Positive End Expiratory Pressure (PEEP), de-recruitment of lung segments and poor technique may result in high airway pressures that may cause barotrauma.



Picture 1: Resuscitation bag



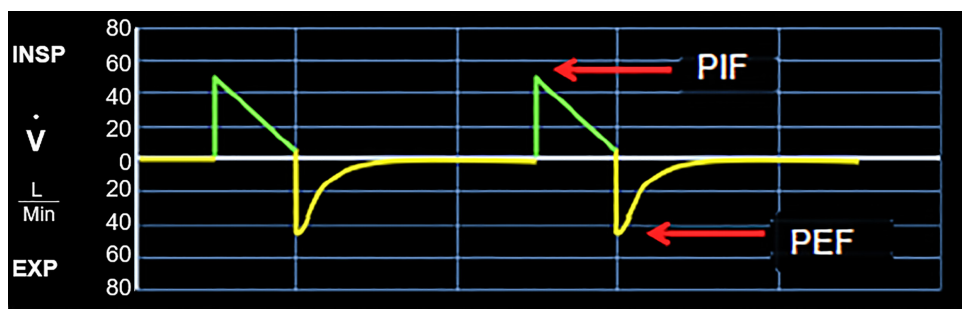
Picture 2: Mapleson circuit

(Continued on Page 3)

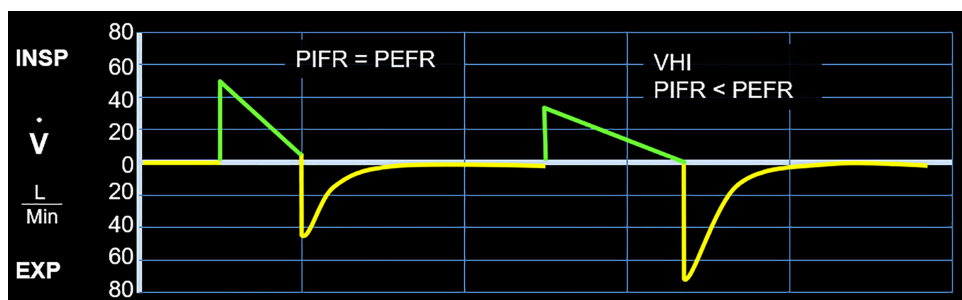
Ventilator Hyperinflation

Ventilator hyperinflation (VHI) is the delivery of hyperinflation breaths via adjustments of ventilator settings. It requires no disconnection from the ventilator. VHI involves a reduction in the respiratory rate and a reduction in the inspiratory flow rate. In a volume control mode, this can be done by increasing the inspiratory time setting to approximately 3 seconds, or by reducing the inspiratory flow rate, depending on the option available on the ventilator. The tidal volume can then be incremented upwards to a peak inspiratory pressure of 35 cmH₂O. The final tidal volume will depend on the patients' lung compliance. In patients with low compliance, the final tidal volume may only be small (e.g. 800mls). If compliance is normal, then a maximum tidal

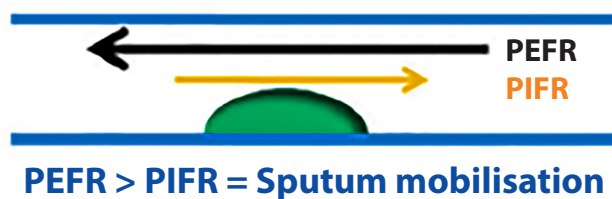
volume of 1500mls can be targeted. These adjustments will lead to a higher expiratory flow rate than the inspiratory flow rate in order to serve the purpose of sputum clearance (Pictures 4, 5 & 6). VHI and MHI are proven to have similar effects on secretion clearance, oxygenation and cardiovascular stability [5]. Some researchers and clinicians have used Pressure Support or Pressure Controlled modes to perform VHI, by using increments in the set pressure level until a peak pressure of 35 cmH₂O is reached. Although this method may not generate an expiratory flow bias, it has still been shown to increase the volume of secretions obtained during a physiotherapy treatment session [6].



Picture 4: Peak inspiratory flow = Peak expiratory flow



Picture 5: Create a peak expiratory flow rate > peak inspiratory flow rate



Picture 6: Flow rate difference to promote secretion mobilization

The patient does not need to be detached from the ventilator during VHI treatments, which provides potential advantages over MHI including [7]:

- (1) No interruption to the desired PEEP level and loss of recruitment
- (2) Ability to maintain a high FiO₂ and PEEP levels
- (3) Reduce risks of contamination/infection to patients and staff
- (4) Accurate control of hyperinflation parameters and prevention of barotrauma
- (5) Can be used even if a patient is using nitric oxide

(Continued on Page 4)

The ability to maintain a desired/high PEEP level without any disruption decreases the potential of derecruitment and ventilator-induced lung injury. The repeated action of connecting and disconnecting the patient from the ventilator circuit may progressively worsen lung collapse from the cyclic recruitment-derecruitment [8]. Park and his colleagues [9] conducted an animal study that showed a repetitive disconnection of the ventilatory circuit can significantly decrease PaO₂, and significantly increase PaCO₂ and alveolar-arterial oxygen gradient. The shearing force generated from repeated opening and closing of the lung tissues can possibly injure the airway epithelial cells. The repeated derecruitment worsened gas exchange and exacerbated lung injury.

There are things to be considered when conducting VHI, albeit its great benefits. There are some potential negative responses to VHI. Hyperinflation increases intra-thoracic pressure and may reduce venous return and cardiac output and blood pressure. Therefore, it is important to continuously monitor patients' vitals. It is possible for the patients to feel stressed during the intervention, which may lead to intolerance and agitation [7].

Contraindications:

1. Undrained pneumothorax
→ may increase the size of pneumothorax
2. Subcutaneous emphysema of unknown cause
→ increases risk of pneumothorax

3. Peak airway pressure > 40 cm/H₂O
→ high risk of barotrauma
4. Severe bronchospasm
→ increases airway resistance and high risk of barotrauma
5. Hemodynamic instability
(i.e. MAP < 70 or SBP < 90, dependency on vasopressor or inotropes)
→ further reduces cardiac output due to the increase of thoracic pressure
6. Unexplained haemoptysis 1.
→ may indicate acute trauma to the lung parenchyma

Additionally, physiotherapists should consider the inclusion of other appropriate treatment techniques (e.g. positioning, percussion and vibrations). VHI requires advanced knowledge of the ventilator. Therefore, it is used selectively and only by skillfully trained physiotherapists.

Latest Research

The latest research on the topic of hyperinflation has been focused on the additional benefits of combined treatment and the discovery of a better protocol moving forward. Below is the summary of some latest research on hyperinflation:

Studies	Research	Sample Size	Design	Main Findings
Anderson et al. [5]	Effects of VHI vs MHI in adults receiving mechanical ventilation	4 studies with 112 individuals in total - age 28 – 62 - head injuries, sepsis and cardiac surgery cases	Systematic review of RCTs	No significant differences in sputum wet weight, dynamic and static pulmonary compliance, oxygenation and cardiovascular stability.
Jacob et al. [10]	VHI (using peak airway pressure less than 30cmH ₂ O) vs MHI	48 patients - mean age 55 - medical and non-elective surgical cases	RCT	VHI yielded significantly (p < .001) more wet weight sputum than MHI.
Linnane et al. [11]	MHI vs VHI on restoring end-expiratory lung volume after endotracheal suctioning	9 participants - mean age 59 - 3 MI, 2 sepsis, 2 neurological disorder, 1 pneumonia, 1 cardiothoracic surgery	Pilot physiologic study	MHI and VHI both effectively restore end-expiratory lung volume and should be considered post suctioning.
Da Silva Naue et al. [12]	RCT on aspiration alone VS vibration VS VHI VS vibration + VHI	93 participants - mean age 60 - most of the patients had sepsis and pneumonia	RCT	The combination of VHI + vibration is more efficient in increasing the amount of aspirated secretions (p=0.006).
Valer et al. [1]	MHI with usual care, VHI with usual care or comparing both techniques	20 studies with 525 participants in total - age 28-70 - acute brain injury, sepsis, acute lung injury, pneumonia and cardiac surgical procedures patients	Systematic review of RCTs	Both VHI and MHI are effective alternatives to bronchial hygiene therapy

(Continued on Page 5)

Navigating Between Clinical Practice and Evidence

Hong Kong Sanatorium & Hospital is a private hospital that houses 13 ICU beds. The unit takes care of patients with post major cardiac, neurological and abdominal surgeries. We also provide care for those with acute renal and respiratory failures. The unit is equipped with the Extracorporeal Membrane Oxygenation (ECMO) treatment as well. Our physiotherapists have used the VHI technique sparingly to treat our ventilated patients in the past years. These patients were all highly dependent on the ventilator with high FiO_2 and high PEEP where disconnecting them from the circuit is unsuitable. In the context of clinical stability and lung-protective measures, VHI became a very useful treatment option. We found it highly effective in clearing patients' secretion when positioning and chest vibration are employed together. With the help of the ventilator function, lung compliance could easily be measured as part of the assessment before deciding whether to use the hyperinflation technique. It also allows us to constantly monitor patients' airway pressure. This increased level of control and monitoring makes VHI a favorable technique in terms of safety and efficacy. Likewise, it would be a good treatment option when handling highly contagious diseases like the current COVID-19 pandemic. The latest recommendation done by Thomas et al. [13] on physiotherapy management for COVID-19 has suggested using ventilator hyperinflation rather than manual hyperinflation if hyperinflation is indicated. To sum up, VHI is an effective physiotherapeutic intervention to be considered in critical care.

Acknowledgement

I would like to thank Ms Horsanna Chiu, Senior Physiotherapist, from the United Christian Hospital and Mr Peter Thomas, Physiotherapy Consultant, from the Royal Brisbane and Women's Hospital for their support on this article. Their knowledge and enthusiasm in this area have always been an inspiration to me. I am also grateful for the insightful comments offered by Ms Kedy Lee, Senior Physiotherapist, and Ms Rainbow Law, Physiotherapist In-Charge, of the Hong Kong Sanatorium & Hospital.

References

- [1] Valer BB, Bonczynski GS, Scheffer KD, et al. Ventilator versus manual hyperinflation in adults receiving mechanical ventilation: A systematic review. *Physiother Res Int* 2022;27. <https://doi.org/10.1002/pri.1936>.
- [2] Haribhai S, Mahboobi SK. Ventilator Complications. StatPearls Publishing; 2020.
- [3] Dennis DM, Jacob WJ, Samuel FD. A survey of the use of ventilator hyperinflation in Australian tertiary intensive care units - PubMed. *Crit Care Resusc* 2010;12:262–8.
- [4] Hodgson C, Ntoumenopoulos G, Dawson H, et al. The Mapleson C circuit clears more secretions than the Laerdal circuit during manual hyperinflation in mechanically-ventilated patients: A randomised cross-over trial. *Aust J Physiother* 2007;53:33–8.
- [5] Anderson A, Alexanders J, Sinani C, et al. Effects of ventilator vs manual hyperinflation in adults receiving mechanical ventilation: A systematic review of randomised clinical trials. *Physiother (United Kingdom)* 2015;101:103–10.
- [6] Hayes K, Seller D, Webb M, et al. Ventilator hyperinflation: a survey of current physiotherapy practice in Australia and New Zealand. *New Zeal J Physiother* 2011;39:124–30.
- [7] Metro North Hospital and Health Service. Physiotherapy Intensive Care Orientation Manual. Royal Brisbane and Women's Hospital. Queensland Government.; 2019.
- [8] Huh JW, Jung H, Choi HS, et al. Efficacy of positive end-expiratory pressure titration after the alveolar recruitment manoeuvre in patients with acute respiratory distress syndrome. *Crit Care* 2009;13:R22.
- [9] Park HY, Ha SY, Lee SH, et al. Repeated derecruitments accentuate lung injury during mechanical ventilation*. *Crit Care Med* 2013;41.
- [10] Jacob W, Dennis D, Jacques A, et al. Ventilator hyperinflation determined by peak airway pressure delivered: A randomized crossover trial. *Nurs Crit Care* 2021;26:14–9.
- [11] Linnane MP, Caruana LR, Tronstad O, et al. A comparison of the effects of manual hyperinflation and ventilator hyperinflation on restoring end-expiratory lung volume after endotracheal suctioning: A pilot physiologic study. *J Crit Care* 2019;49:77–83.
- [12] Da Silva Naue W, Herve BB, Vieira FN, et al. Comparison of bronchial hygiene techniques in mechanically ventilated patients: A randomized clinical trial. *Rev Bras Ter Intensiva* 2019;31:39–46.
- [13] Thomas P, Baldwin C, Beach L, et al. Physiotherapy management for COVID-19 in the acute hospital setting and beyond: an update to clinical practice recommendations. *J Physiother* 2022;68:8–25.

Physical Exercise Attenuates Cognitive Decline in People with Cognitive Impairment

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The prevalence of dementia is rising rapidly with a yearly increase of 10 million new cases worldwide. It is estimated that the number of people with dementia will reach 152 million in 2050. With its associated disability and dependency, dementia poses a huge economic burden to the society. The annual cost of caring for dementia people is estimated to be US\$2 trillion by 2030 [1].

There is currently no curative treatment for dementia. Therefore, the management of dementia primarily relies on tackling its modifiable risk factors. In 2019, the World Health Organisation (WHO) published a guideline entitled "Risk reduction of cognitive decline and dementia" [1]. It has evaluated 12 types of potential intervention targeting various modifiable risk factors of dementia, ranging from nutritional intervention and physical activity to social and cognitive intervention. **Physical activity is the only intervention with moderate quality of supporting evidence and received a strong recommendation.** This has certainly demonstrated the importance of physical activity in preventing the risk of cognitive decline.

The relationship between physical exercise and brain health has long been demonstrated. Exercise, especially aerobic exercise, has been found to increase cerebral blood flow, brain volume and activation, and may reduce the risk for cerebral amyloid deposition [2,3]. In observational studies, it has also been consistently found that people with higher physical activity levels have a reduced risk of dementia and cognitive decline [4,5].

Exercise as an Intervention for People with Normal Cognitive Function

Surprisingly, research having exercise as an intervention to prevent cognitive decline in people

with normal cognition was less optimistic. Most systematic reviews reported an insufficient or low level of evidence on the beneficial effect of exercise on cognitive function [6-8]. The discrepancy between interventional and observational studies could potentially be due to two major factors. Firstly, physical activity may take years to improve brain health significantly with clinical impact. Observational studies usually have a longer follow-up period and therefore represent a consistent level of physical activities over years. On the contrary, randomised controlled trials (RCT) induce a much shorter training duration, mostly ranging from 12 weeks to 6 months. RCTs with longer intervention periods tend to show more consistent and positive results. Secondly, having people with normal cognitive function at baseline would require the control to have a greater decline in cognitive function to attain a significant result. It is difficult in a healthy population with a short follow-up period. Taken together, there is limited evidence supporting that a course of exercise training program has a beneficial effect on cognitive function in older people without cognitive impairment. Instead, building up a consistent exercise habit appears to be a key success factor in preventing cognitive decline.

Exercise as an Intervention for People with MCI or dementia

Reducing the deterioration of cognitive function in people with cognitive impairment could be even more important as they have already shown signs of deterioration. Therefore, we have conducted a systematic review summarizing the evidence of physical exercise on cognitive function and behavioural problems in people with mild cognitive impairment (MCI) and dementia [9].

(Continued on Page 7)

With 50 articles included in the review, we have concluded that physical exercise could attenuate the decline in global cognition in people with MCI or dementia. We have noticed that most studies reported no improvement in the exercise group while the control group showed a significant cognitive decline. For specific domains of cognitive functions, a low level of evidence suggests that exercise could improve working memory. The effectiveness of physical exercise on other specific domains of cognitive function remains mostly unclear.

Aerobic exercise with moderate to high intensity had a larger effect size relative to (1) the primary analysis, which have all types of exercise pooled together, and (2) aerobic exercise with unspecified intensity. This has strengthened the level of evidence on the significant effect of aerobic exercise on global cognition. Overall training duration of greater than 24 hours also leads to a larger effect on global cognition. These findings are consistent with the observational studies, in which aerobic exercise for an extended duration could improve global cognitive function.

Furthermore, we have found that physical exercise could attenuate the decline in cognitive function across the full spectrum of people with different cognitive impairment levels (i.e. MCI to severe dementia, a.k.a. major neurocognitive impairment). A subtle trend shows that people with severe dementia tend to show a greater improvement with exercise, possibly due to the steeper cognitive decline rate in the severe dementia population.

To sum up, there is ample evidence from brain imaging research, long-term observational studies, and intervention studies that physical exercise could attenuate cognitive decline. Its effect is more prominent in people who have a higher chance or rate of cognitive deterioration. More importantly, physical exercise is the most established intervention to prevent cognitive decline amid all interventions targeting to tackle modifiable risk factors for dementia. Physiotherapists have a prominent role in attenuating cognitive decline especially when curative treatment is not available.

References

- [1] World Health Organization. Risk reduction of cognitive decline and dementia: WHO guidelines. 2019.
- [2] Firth J, Stubbs B, Vancampfort D, et al. Effect of aerobic exercise on hippocampal volume in humans: A systematic review and meta-analysis. *Neuroimage* 2018;166:230–8.
- [3] Erickson KI, Voss MW, Prakash RS, et al. Exercise training increases size of hippocampus and improves memory. *Proc Natl Acad Sci* 2011;108:3017–22.
- [4] Buchman AS, Boyle PA, Yu L, et al. Total daily physical activity and the risk of AD and cognitive decline in older adults. *Neurology* 2012;78:1323–9.
- [5] Zhu W, Wadley VG, Howard VJ, et al. Objectively Measured Physical Activity and Cognitive Function in Older Adults. *Med Sci Sports Exerc* 2017;49:47–53.
- [6] Brasure M, Desai P, Davila H, et al. Physical activity interventions in preventing cognitive decline and alzheimer-type dementia a systematic review. *Ann Intern Med* 2018;168:30–8.
- [7] Young J, Angevaren M, Rusted J, et al. Aerobic exercise to improve cognitive function in older people without known cognitive impairment (Review). *Cochrane Database Syst Rev* 2015:1–141.
- [8] Kelly ME, Loughrey D, Lawlor BA, et al. The impact of exercise on the cognitive functioning of healthy older adults: A systematic review and meta-analysis. *Ageing Res Rev* 2014;16:12–31.
- [9] Law CK, Lam FM, Chung RC, et al. Physical exercise attenuates cognitive decline and reduces behavioural problems in people with mild cognitive impairment and dementia: a systematic review. *J Physiother* 2020;66:9–18.

Robot Assistant in Elderly Service

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Mr. George WONG

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Exercise is medicine for the elderly. Strong evidence ^[1-3] has shown positive association between elevated levels of exercise participation and improved health in older adults. Physiotherapist in the community elderly home services has an essential role to promote active exercise and thus healthiness of the senior residents. However, it would not be difficult to observe that the effectiveness of delivering exercise therapy to older adults would be undermined by different factors, including decreased attention span associated with increased age, repeated delivery of similar elements and altered cognitive status, e.g., dementia. It is compelling for our physiotherapists to explore solutions, in which now turn to attractive hi-tech gadget: robot.

Use of advanced and innovative technology in assisting the work of therapists in the community settings is now beyond imagination. In early 2016, Hong Kong Sheng Kung Hui Welfare Council Limited (HKSKHWC) introduced a robot assistant to its elderly services. This 23-inch tall android named NAO was constructed into a human form by multiple sensors and motor parts, and controlled by computer software. In order to let the elderly residents get familiar with NAO, this French robot was given a Chinese name known as “福仔”.(Figure 1)

NAO could serve as the refreshing attraction in the aged homes with its human-like movements adopted through programming. With the joint efforts of physiotherapists, occupational therapists, and social workers from HKSKHWC elderly home services, as well as the key input from talented colleagues in the Information Technology Service Department, specially designed exercise programs for the elderly were developed and enter into NAO, including a program known as the Chair Dance.

Chair Dance is a series of exercises designed to be performed in sitting under light music. Given that some of the elderly may not be able to stand stably or to tolerate prolonged standing, sitting exercise would be a safer alternative to them. Chair Dance includes mobilization exercises of both upper and lower limbs while simultaneously training trunk stability and exercise tolerance. It is also an aerobic exercise training because each session lasts for 30 minutes.

To maximize the benefit of this specially designed exercise program for older people, maintaining the focus of the participants is one of the keys to success. As said, people with dementia are usually less active in the class and less motivated to perform activities under usual instruction. NAO is effective in attracting older people with mild to moderate dementia. During the Chair Dance session, NAO would be put into a sitting posture next to a therapist, and performs movements preset in its programs. Its movement may not be as agile as human being but by wisely allocating its position, older people are immediately attracted to the therapist. It was observed that with NAO, senior participants became more focused and tempted to move together naturally. During the exercise session, NAO could even greet the elderly with simple pre-set ways, making the physical exercises more interesting (Figure 2).

Since NAO can continuously demonstrate the Chair Dance, it helps create transient moments for the therapist to assist individual elderly who need timely appropriate care, without interrupting other participants during the ongoing exercise class. Although NAO does not replace the role of the therapist, it enhances the effectiveness of exercise classes.

(Continued on Page 9)

However, it must be admitted that NAO has its own limitation of attraction, especially for those elderly with severe dementia. Therefore, in order to maximize its effect, just like any exercise classes, physiotherapists need to choose suitable participants to use NAO. Further, it is noteworthy that a “rest” is required in between sessions to prevent the overheating problem. As such, no consecutive classes would be arranged.

NAO is now more than a demonstrating robot. It is a companion of the residents in the aged homes. Some older people would treat it as their little kid. NAO is also popular among elderly as it can recite Tang poems and sing old popular songs. With the rising reputation, NAO was shared between institutions in normal routines. However, under the pandemic, subject to infection control, sharing of equipment between different institutions became prohibited. To cope with the restriction, our physiotherapists shot video clips of NAO doing exercise for soft copy sharing instead of physical sharing. NAO is the visual attraction on the screen in virtual exercise class under the COVID-19 pandemic.

Physiotherapists are encouraged to keep open-minded for application of innovative technology in the provision of our services. Smart usage of technology products can benefit our community even with shortage of manpower. However, the use of hi-end technology is not the goal, but a means to assist the establishment of our profession to go beyond imagination.

You are welcomed to visit the following link for further introduction of usage of NAO in HKSKHWC:
https://www.youtube.com/watch?v=0IH_IT3Q-8g&feature=youtu.be

References

1. Blair S, Sallis R, Hutber A, et al. Exercise therapy—the public health message. *Scand J Med Sci Sports* 2012;22:e24–8.
2. Chodzko-Zajko WJ, Proctor D, Fiatarone Singh M, et al. American College of Sports Medicine position stand. Exercise and physical activity for older adults. *Med Sci Sports Exerc* 2009;41:1510–30.
3. Paterson D, Jones G, Rice C. Ageing and physical activity: evidence to develop exercise recommendations for older adults. *Appl Physiol Nutr Metab* 2007;32(Suppl 2E):S69–108.

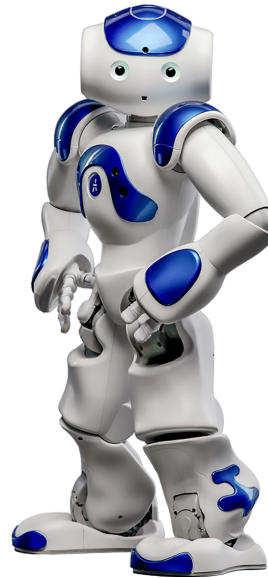
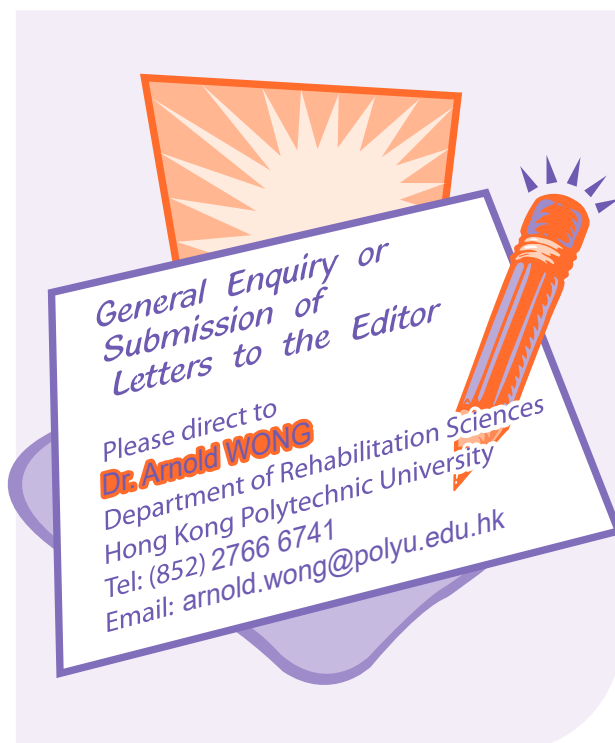


Fig 1: 23-inch tall little French robot named NAO



Fig 2: NAO assists the teaching of Chair Dance during a group exercise class in the elderly service



An Interview with Dr. Raija KUISMA

Date : 7 September, 2021
Venue : Online meeting
Interviewee : Dr. Raija KUISMA,
 Principal Lecturer, Karelia University of Applied Science
Interviewers : Ms. Miki SIN and Mr. Kurtis LEE,
 BSc in Physiotherapy Year 3 students,
 The Hong Kong Polytechnic University

Q1

What are the major differences between physiotherapy education in Europe and Hong Kong?

A1

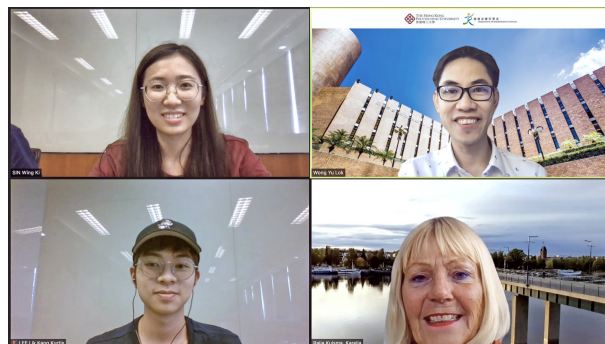
There are five different universities in Hong Kong providing physiotherapy education. Although each of these education programs has some unique differences, they are quite similar in the content. Likewise, different European countries have different education programs, although they need to follow the European guidelines for higher education of physiotherapy in Europe to ensure the learning outcomes and competencies of physiotherapy graduates. In principle, the education is also very similar. In Hong Kong, the student-centered active learning is emphasized e.g., in the form of capstone projects and activities outside the university, but the regulations and curriculum structure are very tight and somewhat restrictive, as I learned, when developing one of the new courses recently. Although teachers in both regions use slightly different learning and teaching approaches, both regions train high caliber physiotherapists. Given the similarity, I believe that physiotherapy graduates from both regions are comparable.

Q2

Hong Kong has 4-year courses, while the UK has 3-year courses. Which one is better for the development of physiotherapy students?

A2

In Finland, physiotherapy course lasts for 3.5 years. In Europe, many countries have 3/3.5/4-year physiotherapy courses. European guidelines Bachelor level courses are 3 or 4 years and Master programs 1 or



Upper left and right corners: Ms. SIN and Dr. WONG;
 Lower left and right corners: Mr. LEE and Dr. KUISMA

2 years i.e., masters level study lasts 5 years altogether. In the past, Hong Kong admitted F.7 secondary graduates to the 3-year Bachelor program, while the current Hong Kong physiotherapy programs admit Form 6 secondary school graduates for the 4-year programmes. In Europe, the normal route to Bachelor courses is completion of the secondary/high school, i.e., F7 level. Therefore, the total education period is the same. The first year of the current physiotherapy studies in Hong Kong focus on general and generic sciences and topics, which in Europe normally are included in the secondary/high school syllabi. As such, the learning outcomes are the same.

Q3

Given the aging population, what is the role of physiotherapists and the implications on the physiotherapists' career?

A3

Aging is a natural development of humans. It may cause problems if the society does not prepare

(Continued on Page 11)

properly. All health and social care professionals as well as the society need to face this challenge. Physiotherapists play an important role within and outside the discipline. At the moment, I teach a postgraduate programme Masters in Active Ageing. We have teachers and students from multiple backgrounds (e.g., nurses, social workers, social scientists). We look at the aging phenomenon from the society perspective. Instead of focusing on physical condition or illnesses alone, we examine how to prepare the world and the society to be more suitable for older people, who may have some limitations or difficulties in their functioning. The world has been built for so-called adults and normal people. We understand the difficulty of children in managing stairs, getting into a bus, etc. We also understand that people with disability have difficulty in taking public transport, or finding suitable housing. Similar difficulties are often faced by older people. As such, the society must take the responsibility to people of all age groups and abilities to live in the society with dignity. Physiotherapists not only can provide rehabilitation (e.g., functional and balance training or pain relief) to older people, but also evaluate and modify their living environment to optimize their quality of life. For example, when I was teaching at the PolyU, some physiotherapy students conducted a small experiment on a street to evaluate whether older people had enough time to cross a street during the green light. The students can suggest architects or engineers to build an alternative pedestrian crossing, or to increase the time of the green light so that everybody can cross the street safely. Therefore, we need to think a bit broader. My colleagues and I are developing a two-year, fully online European Master's degree in Active Aging and Age-Friendly Society. If everything goes well, it will start in autumn 2023. We aim to invite students from different backgrounds (e.g., engineers, architects, healthcare professionals) across the globe to take this course. Since the world population is getting older, and there will not be enough people to look after older people, we must facilitate older people to stay active and take charge of their own life and health. Aging is not a problem. It's just another phase of life.

Q4

Why did you decide to come to Hong Kong?

A4

I received physiotherapy and teacher training in Finland. I then worked as a physiotherapist in the UK for a short while, and in the Middle East. I have never thought that I would work in Hong Kong. I saw an advertisement from the Hong Kong Polytechnic. I applied and was hired as a lecturer to teach the physiotherapy diploma course in 1986. The Polytechnic later became a university in 1992 and started to provide Bachelor in Physiotherapy. I worked till 2002, but because of the financial downturn in Hong Kong, the Physiotherapy program needed to cut students from 80 to 60 students. Lecturers with renewable contracts were at risk of losing their jobs and although I was not laid off, I thought that it was the time to return to Europe. I found a Principal Lecturer position at the University of Brighton, where I worked until 2019 as a course leader for a preregistration course, MSc in Physiotherapy. I came back to Hong Kong and China a few times to teach. A few years ago, before they started the physiotherapy course in Caritas Bianchi College of Careers, I was invited to help develop their curriculum and offered an Associate Professorship. While I was thinking about coming back to Hong Kong, the pandemic started. In 2019, I returned to Finland to my current job as a principal lecturer and project director.

Q5

Why did you decide to engage in the physiotherapy education rather than clinical services or business?

A5

When I graduated as a physiotherapist in Finland, I worked as the only physiotherapist in a small hospital in northern Finland. I went to a university to pursue a specialization course in community physiotherapy. At the same time, one headmaster in a nursing school invited me to start a physiotherapy assistant programme in Lapland Finland. That was how I started teaching and educational

(Continued on Page 12)

programme development. I did that for a year and then went back to study for two years to become a physiotherapy teacher. Then, I received a scholarship to go to England and I worked there as a clinician in a hospital, where I mainly provided physiotherapy for people with orthopaedic problems, aquatic therapy and gym exercises. I rotated to different units and learned various physiotherapy skills. I then worked in a big new hospital in the Middle East as a physiotherapist to provide physiotherapy in all specialty areas. As mentioned before, I came to Hong Kong to teach in 1986. While I was in Hong Kong, I obtained an Educational Master degree at the University of Surrey in the UK. I studied for my PhD degree in the Community Medicine Department at The University of Hong Kong. In my PhD study, we implemented the first home physiotherapy service in the Queen Elizabeth Hospital. I have been working in academia since 1986. I teach, do research, and develop curriculum. My advice is that your career is long. You would never know where you will end up. Therefore, you need to grasp every opportunity. If you are offered a job that you don't know how to do it, you should take it and learn to do it well. If someone offers you a challenge, they must trust that you can do it.

Q6

What is your opinion regarding emerging technology that can potentially help the development of physiotherapy?

A6

Even before the COVID outbreak, our master programme was totally on-line, and since the outbreak, all our meetings are also on-line. I live in the eastern Finland where the population is scarce and there are a lot of forests and lakes. Although there are towns, many older people still live in their farmhouses. Therefore, we need to develop telerehabilitation. In our university, several researchers collaborate with other researchers in e.g., the UK, Sweden and Ireland and have developed

and test new technologies that can assess and rehabilitate patients remotely and suggests online exercise training and activities retrieved from a database. You can look at their SENDoc project. They have published a number of related papers. Here in Joensuu as well as in other places there are mobile physiotherapy services e.g., by minibuss clinics. While technologies help rehabilitation, they won't replace human beings. We should adopt technology to meet the users' needs. Although many people think that older people can't use technology, many current day older people are very familiar with technology. Therefore, we should involve older people as inventors, users, and developers.

Q7

Do you have any advice for physiotherapy students?

A7

I think you need to keep an open mind and enjoy what you are learning. Teachers cannot learn it on your behalf. You have to learn it actively yourself. You have to take the initiative and the responsibility to learn. If you are unwilling to learn, you won't be able to learn anything no matter what your teachers tell you. In fact, students can learn if they have the right learning attitude. Teachers can only guide and encourage students. Teachers open the door for students to learn but students have to walk through the door to learn by themselves. Curiosity would help students to learn proactively. The other important thing is to take the chance and take the challenge. You need to try different things. There is nothing to stop you. It is very rare that you could harm your patient. Therefore, you need to try different treatments for your patients as long as you have your rationale/common sense and you are willing to learn. You can do almost anything. While your anatomical knowledge is important, it is not difficult for you to recognize that you are bending a joint in a wrong direction. Active learning is the key. You should keep your ears and eyes open, while you should keep your mouth shut to listen and learn.

Would a physiotherapist attending a riot scene be found guilty to the charge of rioting?

Mr. Bronco BUT
Honorary Legal Advisor of HKPA

Assumed Scenario

1. Peter who was a registered physiotherapist working in private practice, was a part-time photographer. He had entered in various photography competition locally and overseas. During the social movements in 2019, he had attended various riot scenes for the purpose of taking photographs. He opined that the photos taken by him could record how police officers handled large scale riots. The publication of the riot photos would be his support of the acts of the protesters.
2. In November 2019, he knew from his friends that various groups of protesters would gather in Jordan area to stage a protest against the HKSAR Government. His friends invited him to attend the scene for the purpose of taking photographs. According to his past experience, he opined that the Police might use tear gas, plastic bullets and/or force against the protesters. His presence at the protest scene as a photographer could boost the protesters' confidence that the police might show constraint and would refrain from using excessive force to disperse protesters. To show his support to the protesters, he agreed to attend the protest scene to take photographs. He would not participate in any acts to be taken by the protesters. Nor would he chant any slogans or utter swearing words against police officers. He would be a silent person mingling amongst protesters and take photographs. He would not offer any assistance to the protesters. Nor would he treat any protesters who might suffer injuries. He thought that his mere presence at the protest scene was not a criminal offence.
3. Peter put on black long sleeve shirt, a pair of long black pants, black helmet, a pair of black sports shoes, a pair of black gloves, black goggles, and black gas mask. He carried a black ransack which contained 3 bottles of 500cc normal saline, a white T-shirt and a pair of blue pants.
4. Peter attended the protest scene outside Diocesan Girls School. Shortly after his arrival, police officers arrived at the scene and announced that he and other protesters participated in an unlawful assembly and demanded the protesters to leave the scene peacefully. Otherwise, police officers would arrest those protesters who refused to leave the scene peacefully. The protesters defied the police officers' demand, chanted slogans, used foul language to swear at police officers and hurled stones and "fire-bombs" towards police officers. In return, police officers fired tear gas cannisters towards the protesters.
5. After the eruption of violent clashes between police officers and protesters, Peter did not comply with the Police's demand to leave the scene but stayed with protesters. He thought that his presence could boost the confidence of protesters. He opined that his presence as a photographer might deter police officers from using excessive force against protesters who might have a chance to breach the police cordon line and advance to the Hong Kong Polytechnic University which was then surrounded by police officers thereby trapping many protesters inside the University campus. He simply focused on taking photographs some of which captured how police officers pinned down protesters on the ground and the painful facial expression of protesters. He sent out such photos to various WhatsApp groups wishing to incite more people to participate in the clash with the Police.
6. After the violence lasted for about ten hours, police officers started to advance towards protesters. Peter still did not leave the scene forthwith but mingled in the crowd of protesters and continued to take photographs.
7. Suddenly, police officers charged forward towards the direction of Peter and a group of protesters nearby. Out of panic, Peter followed the other protesters to flee. After being chased for about 100 meters, Peter and his fellow protesters were subdued and arrested by police officers.
8. After arrest, Peter was brought back to the Police Station. Upon being questioned by the Police,

(Continued on Page 14)

he remained silent and refused to answer any questions put forward by the interviewing police officer. He was released on police bail pending further investigation.

9. After his release from the Police's custody, Peter thought that he was just a photographer taking photos at the riot scene; he did not take part in any acts; he was merely present at the riot scene doing nothing unlawful; he remained silent at the riot scene and did not use foul words to swear against police officers; he did not throw stones against police officers; he did not throw fire bombs against police officers; he did not provide any assistance to any protester. He opined that Police did not have evidence against him; would not lay a charge against him and he had no fear of being prosecuted of rioting.
10. Peter discussed his thoughts with his Senior Physiotherapist of the Physiotherapy private clinic who advised him to be of cautious and seek professional legal advice.

District Court Criminal Case DCCC No. 234/2020

11. On 28 December 2021, His Honour Judge Lam Wai Kuen convicted nine defendants of the offence of rioting after trial in DCCC No. 234/2020.
12. According to the Court of Final Appeal judgment in FACC Nos 6 & 7 of 2021, the court could consider the defendants' gears and draw an inference whether the defendants had participated in illegal assembly or rioting. The gears included helmet, face mask, protective armour, goggles, respirator, walkie-talkie, restraining straps, laser pointer, weapons (including fire bombs) and materials for making weapons.
13. Besides those gears listed in FACC Nos 6 & 7 of 2021, His Honour Judge Lam said that the following items would be considered to be commonly worn or possessed by protesters including: extra set of clothes (put in a ransack or a bag for change of clothes, wearing or in possession of extraordinary items not fit in the particular circumstances (including a helmet, goggles, respirator, gloves, wearing or in possession of face cover or in possession of extraordinary items (such as restraining straps, knife, scissors, pliers, clamp, normal saline, inflammable materials, liquid fuel, highly inflammable objects.

14. His Honour Judge Lam said that if a person intentionally equipped himself with the gears normally used by protesters and attended an event which he thought that the event was an unlawful assembly or riot would occur at the event and upon arrival at the event venue, unlawful assembly or riot did indeed occur; and he chose to stay and mingle with the protesters with the view to be considered as a member of the rioters and by virtue of his presence at the riot scene to encourage or support the unlawful assembly or riot, then he would not merely happen to be present at the riot scene. Even if he did not say a word after arrival at the riot scene or did not do any act that was considered to be in breach of peace or violence, he was deemed to participate in unlawful assembly or riot assembly.

15. It was held in the case of Secretary for Justice v Tong Wai Hung [2021 HKCA 404] "The gravamen of unlawful assembly and riot, whether as common law or statutory offences, lies in the participants of the unlawful assembly or riot acting in large numbers and using those numbers to achieve their common purpose. Somebody who joins part of a crowd, stays with it, moving from incident of violence to incident, running between them, for instance, he is guilty if a jury are satisfied that by remaining with the crowd, and being present at the incidents of unlawful violence, he was encouraging others to use unlawful violence and was intending to encourage them.

16. The Court of Final Appeal in FACC Nos 6 & 7 of 2021 said that "mere presence at the scene of crime does not involve criminal responsibility. But presence to facilitate the commission of an offence by others has every potential to attract criminal responsibility. And so those present to lend courage of their presence to the rioters, or to assist, if necessary may be guilty with the active participants.

Discussions

Depending on whether there was sufficient evidence to lay a charge against Peter, there was a real risk that he might have to fight an uphill legal battle if he was indeed prosecuted of the offence of rioting.

In view of the recent court judgment, it is strongly advisable to stay away from any scene of potential unrest. Whenever there is any sign of civil unrest brewing, get away as soon as possible. It is always prudent to err on the side of safety

Paediatric Specialty Group: Respiratory Prospectives of Children with Neuromuscular Diseases

Date : 23 February, 2022

Venue : Online Zoom Webinar

Speakers : Dr. James Wesley Ching-Hei CHENG and Dr. Lilian Po Yee LEE

Dr CHENG and Dr LEE are the Associate Consultants at the Department of Paediatrics and Adolescent Medicine in United Christian Hospital. We are so honoured to have them sharing with us their management model on handling children with neuromuscular diseases in Hong Kong. This was a 1hr 30min-talk held online.

Contents included illustration on the features of respiratory dysfunction, respiratory support, monitoring and treatment strategies specifically for this group of clients. During the talk, model of transitional care, which referred to enhancement of optimal quality of life and potential of young patients, was introduced. The importance of enriching the transitional care model and more extensive adoption of streamlined services was emphasised and raised to the participants. And, the role of physiotherapists was appreciated.

There were 64 participants. Overall feedback was positive. Please refer to the appendix for the results from evaluation questionnaires.

Respiratory Care for NMD
Early (ages 4-6) or presymptomatic consultation with respiratory specialist and regular screening of respiratory function ... to avoid a crisis model of care

Monitoring **Airway Clearance** **Respiratory Support**

ATS: Respiratory Care of Duchenne's Muscular Dystrophy page 43

Summary

- Multifactorial causes**
Recurrent infections, pulmonary aspiration, atelectasis, impaired clearance, scoliosis and poor nutritional status all contribute to NMD respiratory morbidities
- Transitional Care**
Understand the importance of **transitional care** and its barriers
- Assessment and Monitoring**
Early assessment and **regular** monitoring of respiratory function in NMD is essential
- Signs and Symptoms**
Signs and symptoms of hypoventilation in NMD often **subtle and missed**
- Airway Clearance and Respiratory Support**
Early introduction of respiratory treatment measures can **slow** down deterioration in respiratory function

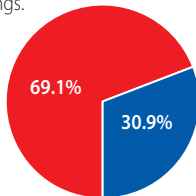
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Appendix: Results of Evaluation Questionnaires

Number of Responses: 55

Content

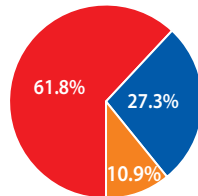
After the course, I have a better understanding in the respiratory care of children with NMD in local clinical settings.



Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Content

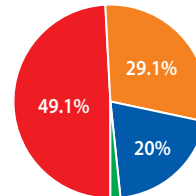
The knowledge and clinical experience shared can be applied into my clinical practice.



Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Content

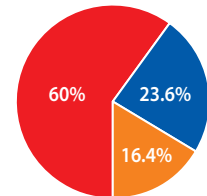
I am now more competent in respiratory care of children with NMD.



Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Content

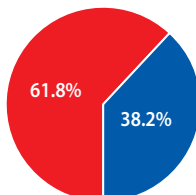
The course information is relevant to my clinical work in general.



Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Content

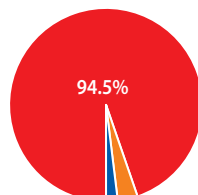
The overall presentation is clear.



Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Content

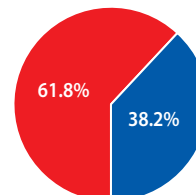
The overall content is



Too difficult
At the right level
Too superficial

Mode of Class

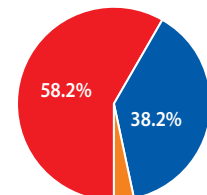
Webinar is an appropriate way to deliver course content of this course.



Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Mode of Class

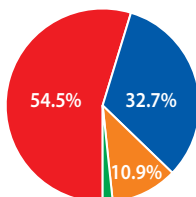
The overall streaming quality of the webinar is satisfactory.



Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Mode of Class

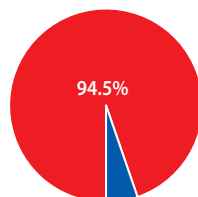
The technical support is enough.



Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Mode of Class

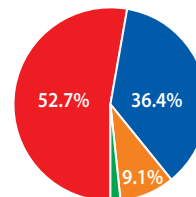
For the future seminar courses, which mode of class do you prefer?



Onsite courses
Online courses (via webinar)

Organization

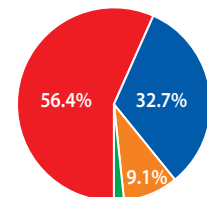
The announcement of this workshop was delivered well in advance.



Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Organization

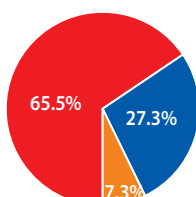
The way to announce this workshop is appropriate.



Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Organization

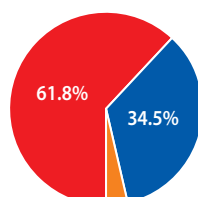
The arrangement of the workshop on the day is good.



Strongly agree
Agree
Neutral
Disagree
Strongly disagree

General Comments

I am satisfied with this workshop.



Strongly agree
Agree
Neutral
Disagree
Strongly disagree

Other Comments

	Positive	For Improvement
Contents	- Very clear and detailed presentation - I am impressed by the passion for these two paediatricians in helping those neuromuscular disease patients.	- Case sharing in transitional care - PowerPoint for reference
Mode of Class	Nil	Nil
Organization	Nil	Nil
Future Course	- Strategies in delivering online treatment during covid-19 - New stroke treatment, geriatric rehabilitation	

Ming Pao 姿錯能改： 水療減重 改善腰背痛

Date : 14 February, 2022

Physiotherapist : Ms. Iris KONG

In February 2022, Iris promoted the benefits of hydrotherapy in improving knee pain in Ming Pao.



Direct Access Sub-group Meeting

Date : 9 March, 2022

Physiotherapists : Prof. Marco PANG, Mr. Raymond TSANG, Dr. Ivan SU, Miss Annabella SUEN, Mr. Calvin KWAN

The first draft of the direct access proposal was sent to the PT Board Chairman for review on Feb 14, 2022. Feedback from stakeholders on the proposal was obtained. A meeting was held with the representatives from the Hong Kong Physiotherapists' Union and 4 physiotherapy schools to discuss the ideas on revising the proposal.

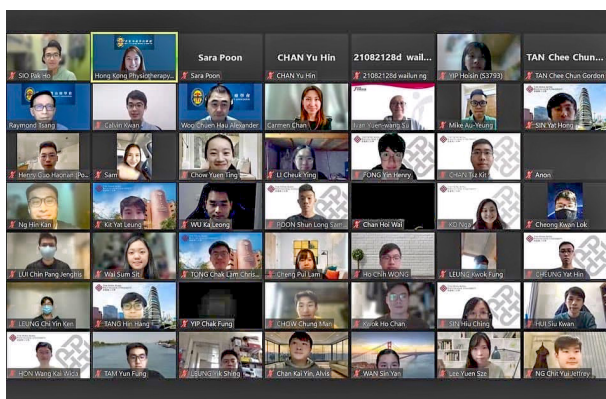
Career Talk on 12 Mar 2022

Date : 12 March, 2022

Venue : Online meeting

Physiotherapists : Mr. Raymond Tsang, Dr. Ivan Su, Ms. Carmen Chan, Mr. Mike Au-Yeung and Mr. Alexander Woo

Over 220 participants attended HKPA Career Talk. Different speakers shared working as physiotherapists in different sectors. The event was well received by the attendees.



Meeting with PT Board Chairman and SMPC Chairman

Date : 22 March, 2022
Venue : Online
Physiotherapist : Prof. Marco PANG

An online meeting with the PT Board Chairman (Mr. Antonio KWONG) and SMPC Chairman (Mr. Philip TSAI) was organized by the Department of Rehabilitation Sciences of the Hong Kong Polytechnic University. One of the agenda items was direct access to physiotherapy service. At the meeting, Prof. PANG shared with the two Chairmen the work on direct access that HKPA has done, and the preparation progress on direct access. There was a fruitful exchange of ideas on how to address the concerns raised by different stakeholders.

Direct Access Forum 2

Date : 26 March, 2022
Venue : Zoom meeting

An online forum was held to collect feedback from the physiotherapy community on the direct access proposal. This online direct access forum was a joint event co-organized with the Hong Kong Physiotherapists' Union. The co-organizers are The Hong Kong Polytechnic University, Caritas Institute of Higher Education, Hong Kong Metropolitan University, and Tung Wah College. More than 300 physiotherapists attended the forum with good exchange of abundant ideas.



**Hong Kong Physiotherapy Association and
Hong Kong Physiotherapists' Union**
jointly organize

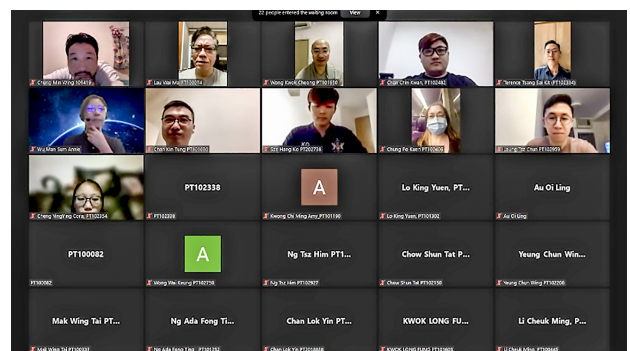
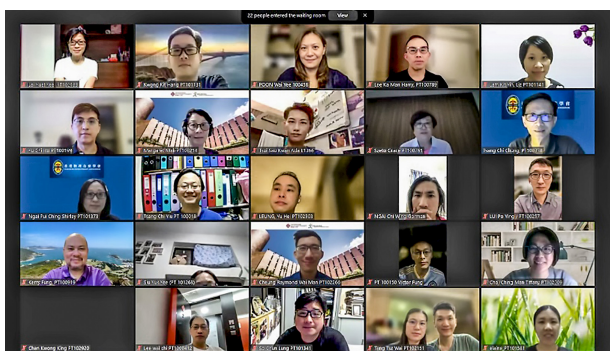
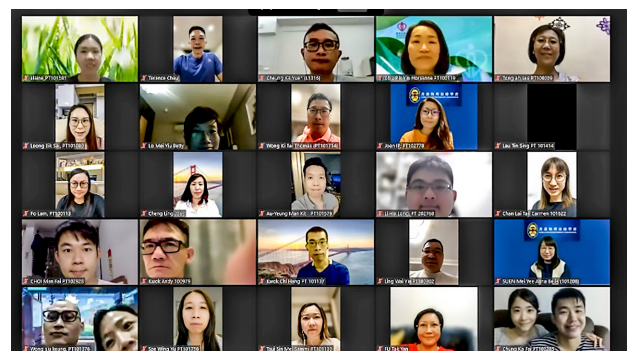
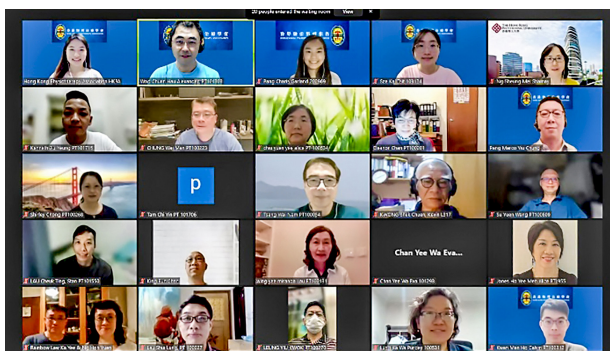
DIRECT ACCESS Forum 2

MARCH 26, 2022 (SATURDAY)
8:00PM - 9:30PM (HONG KONG TIME)
VIA ZOOM

After the first online forum on Jan 27, 2022, a proposal on the direct access model was submitted to the PT Board in mid-February 2022. The feedback from other stakeholders has been received, as we are now invited to respond to the feedback. This online forum is intended to share with physiotherapy colleagues the feedback received, and provide a platform for forum participants to discuss how we should tackle the feedback from various stakeholders and how we should shape our direct access model. Your participation is crucial for our official feedback to the PT Board.

Here is the ZOOM link for the Forum
 Topic: Direct Access Forum 2
 Time: Mar 26, 2022 08:00 PM Hong Kong SAR
 Join Zoom Meeting
<https://us02web.zoom.us/j/87556929337?pwd=Zis0OE4VVDVQRC9kQVVSJSs1TSk6QT09>
 Meeting ID: 875 5692 9337
 Passcode: 165454

CO-ORGANIZERS:



Interview on TV regarding massage versus physiotherapy

Date of Broadcasting : 27 March, 2022

Venue : Online

Physiotherapist : Mr. Raymond TSANG

Mr. TSANG was interviewed by Scoop (東張西望) to share information on massage parlours claim to provide physiotherapy services. In the interview, Raymond shared four characteristics of a licensed physiotherapy clinic:

First, the physiotherapy clinic must have a business registration specifying the business nature of providing physiotherapy service. Second, the clinic should have at least a physiotherapist with a certificate of registration and a valid practicing certificate issued by the Physiotherapists Board. The certificate of registration must be conspicuously displayed in the premises. Third, basic equipment for exercise and electrophysical modalities should usually be available. Last but not least, complete patient records of physiotherapy should be maintained.

Physiotherapists should always observe and uphold the basic ethical principles listed in the Code of Practice of the Physiotherapists Board.



World Physiotherapy Asia Western Pacific (AWP) Region Executive Committee meeting

Date : 28 March, 2022

Venue : Online meeting

Physiotherapist : Prof. Marco PANG

Prof. PANG gave an update on the preparation work of the AWP Congress to be held on June 18-20, 2022. In light of the pandemic situation in Hong Kong, the congress will be conducted in an online format only.

Date : 28 March, 2022

Physiotherapist : Mr. Ecykle WONG

The executive committee member of the cardiopulmonary specialty group Mr. Eyckle WONG (黃振浩) recently published an article in MingPao regarding breathing and stretching techniques to reduce the lingering adverse effects of COVID-19. In the article, he explained the 4-7-8 breathing technique that can be used to relieve stress and shortness of breath. COVID recovered patients may experience various sequelae that may be alleviated by stretching. Stretching your neck, shoulders, back and legs can ease discomforts due to prolonged bedrest or lack of exercise. It is important to continue exercises to improve physical and mental health. Please read the article to find out more!

[illegible]

Direct Access Sub-group Meeting

Date : 31 March, 2022

Venue : Online meeting

Physiotherapists : Prof. Marco PANG, Mr. Raymond TSANG, Dr. Ivan SU, Miss Annabella SUEN, Mr. Calvin KWAN

A follow-up sub-group meeting was held to discuss the ideas collected from the open forum on March 26, 2022. A revised proposal was subsequently sent to the PT Board Chairman on April 12, 2022.

CPD News

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

課程特色	師資、培訓	全面、實用	自我增值
	本課程由擁有二十多年針灸及中西結合治療經驗之本學院校監陳國正中醫師親自設計。 本針灸文憑課程早在 2006 年已經被認可為培訓本地物理治療師之最早課程。 除了專業課程外，本學院更被本地各大公營機構和私人公司邀請提供職場培訓。	課程內容將以針灸為基礎，學員並能夠掌握中西結合之理論及治療方法。 專題講解如何運用手法及針灸治療各類痛症。例如面癱，彈弓指，中風，帕金森症候群，婦科經痛等。 修畢課程之學員均能自我預防及治療疾病，踏上強身保健之道。	- 打好基礎，自我提升，報讀進階課程 - 針灸學碩士
內容	第一部份	第二部份	第三部份
	可選擇以實體或 online (Zoom) 上課 - 中醫學基礎 - 中醫診斷學 - 針灸學 - 取穴學	以實體上課 - 針灸及手法學 各式補瀉手法；頭針及耳針操作；拔罐操作；刮痧操作；取穴思路 - 常見物理治療病案及專題講座： 面癱，彈弓指，中風，腰頸背痛，大腦性麻痺，關節痛，三叉神經痛，五十肩等 (Bell's Palsy, Trigger Finger, Stroke, Back and Neck Pain, Cerebral Palsy, Peripheral Joint Pain, Trigeminal Nerve Pain, Frozen Shoulder... etc)	臨床實習 獨立運用針灸及手法處理真實個案

課程編號：VE221012

日期：12/10/2022 至 27/09/2023
(逢星期三)

時間：下午七時半至九時半

地址：九龍尖沙咀麼地道 28 號
中福商業大廈 6 樓 601-602 室。

名額：35 額滿即止

對象：對針灸有興趣之人士

CPD Points：pending 15

全期學期：HKD23,000

如第一部份選擇以 Zoom 形式上課，可有
HKD2,000 學費折扣優惠
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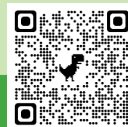
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附註：以上上課日期、時間、地點及講師可能有
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外，其他情況概不退回已繳學費。

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Review and Update of the HKPA Constitutional Documents

HKPA

With the fact that the constitutional documents of HKPA have not been reviewed for a long period of time, HKPA is conducting an exercise to review and update the current Memorandum and Articles of Association (M&A) so as to identify key issues including risks to good practice governance and also further improve the electoral system for serving the best interests of our members.

Ms. Margaret Grant has been hired as an external consultant to review and update the HKPA M&A. Ms. Grant is an Australian lawyer and physiotherapist who previously served as a consultant for the governance review of World Physiotherapy in 2017-18 and drafted an updated constitution adopted in the General Meeting of World Physiotherapy in Geneva in 2019. Detailed profile of Ms. Margaret Grant is shown in Appendix I.

The role and duties of the external consultant are outlined as below:

April 2022

Review the current HKPA M&A and identify key issues including risks to good practice governance

May 2022

Consult with the HKPA Executive Committee, Specialty / Working Groups and members, on the current HKPA M&A as well as the key issues and risks identified from the review in April 2022

June 2022

Prepare a discussion paper that explores key issues and risks identified through the review and consultation as well as prepare a draft of the new HKPA Articles of Association

July 2022

Circulate the discussion paper to the HKPA Executive Committee, Specialty / Working Groups and members, and consult on the draft of the new HKPA Articles of Association

August 2022

Revise the draft of the new HKPA Articles of Association to address consultation feedback

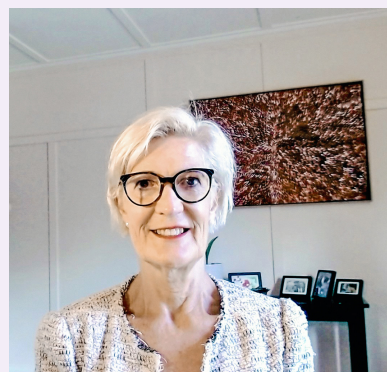
31 August 2022

Submit final proposed new HKPA Articles of Association for endorsement in the HKPA AGM in November / December 2022

In April, HKPA launched a member consultation on updating the M&A. The current M&A was disseminated to the members for review via email. HKPA members could offer their views through <https://forms.gle/BGQGDz8HFVS9JRCx7> by 30 April 2022.

In addition, focus group discussion sessions with HKPA members will be arranged at different stages of this exercise. Further details will be announced soon.

Appendix I: Profile of the External Consultant



Ms. Margaret Grant is an Australian lawyer, consultant and physiotherapist with significant experience in reviewing governance and redrafting governing documents for professional membership organizations. World Physiotherapy engaged Margaret as a consultant to support their governance review in 2017-18 and to draft the updated constitution adopted in Geneva in May 2019. Margaret was previously engaged by the Australian Physiotherapy Association (APA) to provide the APA with a constitution and regulations. Margaret's approach to this type of work is flexible and collaborative and her focus is on preparing governance documents that reflect best practice for professional associations.

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