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Editorial *Management of Amputees*

Ms. Wendy CHIANG and Mr. George WONG

Advancement in the surgical management of amputation and its residual complications leads to changes in rehabilitation and thus the functional outcomes. What's new in the amputee management in HK?

In this issue, we are glad to have Dr. Dennis YEE to share the latest updates on Osseointegration surgery for amputee patients in the first main theme. The Osseointegration surgery bypasses the traditional prosthetic-residuum interface and eliminates the prosthesis fitting problems. This surgery has been developed for decades with continuous modifications in surgical techniques and training protocols. Mr. Louis TSOI, the physiotherapist from MMRC shared the clinical experience on post-operative rehabilitation for the two different osseointegration surgeries.

In the second main theme, Dr. Margaret FOK introduced the development of Target Muscle Reinnervation for amputees in HK. This nerve-transfer procedure not only provides a more intuitive control of upper limb while wearing the prosthesis but is also a good option in the management of neuropathic pain.

Besides amputee management, Mr Michael LO from Evangelical Lutheran Church Social Service-Hong Kong also shares with us the self-supporting care model initiated by their MOSTE team in collaboration with the respective residential home for the elderly.

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Updates on Osseointegration for Amputees

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Extremity amputation is common. It was estimated that there will be an estimated 3.6 million persons living with amputation by 2050 in the US^[1]. In Hong Kong, there were more than 200 diabetic-related major lower extremity amputations annually^[2]. Major improvements in terms of surgical technique and prosthesis design for amputees have been witnessed since the American Civil War^[3], however, the overall prosthetic-residuum interface has changed very little. Certain patients can cope with the socket prosthesis well and even participate in sports activities^[4]. However, up to three-quarters of patients undergoing lower extremity amputation have prosthesis-fit issues including fluctuations in residuum size^[5, 6], frequent refitting^[7], or development of skin ulcers or intolerable perspiration^[8]. The majority of them have reported that they did not have sufficient confidence in mobility^[9].

Osseointegration surgery for amputees refers to the implantation of a direct metal-to-bone anchorage in the appendicular skeleton as a platform to connect with an external prosthesis. This bypasses the traditional prosthetic-residuum interface and eliminates the prosthesis fitting problems related to skin and soft tissue. The technology was based on the work of Per-Ingvar Branemark who pioneered it in the dental implant as early as 1965^[10]. The indications are for amputees related to trauma or cancer causes who are not suitable for standard prosthesis^[11]. Conventional contraindications included skeletal immaturity, irradiated limbs, peripheral vascular disease, advanced age, diabetes, ongoing chemotherapy, or immunosuppressive medications. However, the indications and contraindications are evolving with improvement in the understanding of osseointegration. Case series involving patients with peripheral vascular disease^[12], elderly patients^[13], patients with prior total hip arthroplasty^[14], and total knee arthroplasty^[15] had shown satisfactory clinical results.

The Osseointegrated Prosthesis for the Rehabilitation of Amputees (OPRA) is the oldest osseointegration implant

with over 3 decades of continuous clinical use and research development. It has the longest patient follow-up data available. It has a threaded retention design. The OPRA technique was characterized by 2 staged surgeries^[9]. The two stages are separated by a 6 month period during which the patient is allowed to weight bear in a traditional socket. The postoperative protocol^[11,16] involved initial non-weight bearing for approximately 1 month followed by progressive weight-bearing. At three months after stage 2 surgery, the patient is permitted to weight bear on the prosthesis with two elbow crutches. From the time of initial surgery, a 12-18 months period is required for reconstruction and rehabilitation^[17].

Since 2014, the Osseointegration Group of Australia pioneered a single-stage osseointegration procedure under the Osseointegration Group of Australia Accelerated Protocol-2 (OGAAP-2)^[17]. The overall time for reconstruction and rehabilitation was significantly shortened to 3-6 months. The implant, Osseointegrated Prosthetic Limb (OPL), is a stem-shaped implant with plasma sprayed coating to promote bone ingrowth. It has proximal fluted fins to provide initial rotational stability which is similar to a Wagner-style hip arthroplasty stem^[9] (Figure 1).

There are three phases of postoperative rehabilitation^[17]. In the first phase, which starts on day 1 or 2 after the operation, the patient applied a static axial load of 5kg on the operated leg on a bathroom scale for 20 minutes twice daily (Table 1). The weight increases by 5kg per day until either 50kg or 50% of the body weight, by that time the patient is ready for prosthetic fitting. At the same time, core strengthening and balance exercises are performed, as well as supervised ambulation with the rehabilitation prosthesis. The second phase is initiated when the patient can safely mobilize with the rehabilitation prosthesis. The prosthetic leg is attached and the patient is allowed weight bearing as tolerated with crutches. This is usually achieved by week 6 of osseointegration and the patient can walk with either one crutch or one walking stick

(Continued on Page 3)



Figure 1: Left transfemoral amputation with osseointegration.

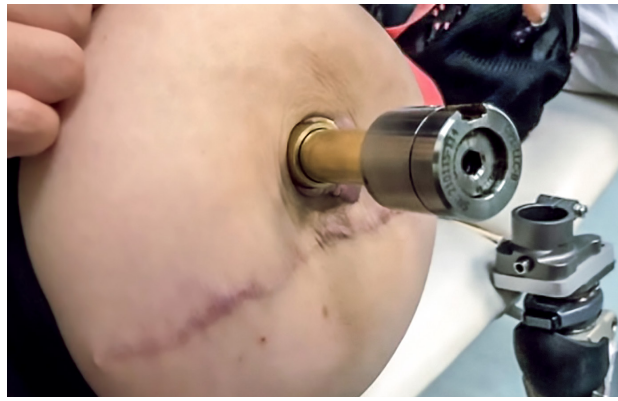


Figure 2: The implant of osseointegration extends out of the residual stump



Figure 3: Unaided walking with prosthesis

Commence	Day 1 post op	
Starting weight	5kg	
Duration	20 minutes twice daily	
Increments	Increase by 5kg every 1-2 days	Increase by 5kg every week
Fitting of prosthesis	Around 10-14 days post op	Around 6 weeks post op

Table 1: training with the stump loaders

on the contralateral side. Progress to stair, ramps and uneven ground for community ambulation in preparation of safe discharge home. The third phase will be started on week 12, patient can start to walk unaided, and this may be commenced as an out-patient. An alternative slow loading protocol is designed for patients with poor bone mineral density and lymphoedema symptoms (Table 1).

Gait analysis of transfemoral amputees fitted with an osseointegrated fixation was different compared with conventional socket users in the cadence (2% quicker), the duration of the gait cycle (3% shorter), support phases (6% shorter), and swing phases (1% longer) [18]. For clinical outcome, Branemark [19] (N=55) and Hagberg [20] (N=39) reported improvement in the questionnaire for Person with a Transfemoral Amputation (Q-TFA) and the Short-Form (SF)-36 at 2 years after the second stage compared with pre-operation. Muderis reported the clinical results of 112 amputees [21]. The patients gained one K-level with improvement in the Q-TFA measures, Timed Up and Go test, and the 6 min walk test.

Safety of the osseointegrated implants had been reported in several case series. Branemark reported a total of 101 complications in 55 transfemoral amputations (51 patients). 8 legs (5 patients) were complication-free. Superficial infections were the most common complications, which were treated with oral antibiotics. Four patients developed deep infections. There were two implant removals due to loosening. There

was no periprosthetic fracture. Muderis reported eighty-six patients (91 implants) with a median follow-up of 34 months [22]. Twenty-nine developed mild infections and twenty-six developed other complications that require reintervention. This included proximal femoral fracture, soft tissue redundancy, stoma hyper granulation, inadequate osseointegration, implant breakage, and breakage of the pin used as a fail-safe mechanism. The remaining thirty-one patients had no complications. New implants with design revision significantly reduced the risk of infection [21].

There are currently two transfemoral amputations with osseointegration undergoing rehabilitation in Hong Kong. The first patient received a two-stage osseointegration surgery overseas and the second patient received a single-stage osseointegration surgery in Hong Kong. The first patient had soft tissue trimming surgery performed for soft tissue redundancy one year after the index surgery. Both patients noted improvement in their mobility and prosthetic usage compared to socket prostheses.

In conclusion, osseointegration, since its early inception over 3 decades ago, appears to be gaining greater acceptance due to the continuous refinement of surgical techniques and implants. The problem of infection, which was a significant hindrance to the widespread use of this technology previously, will gradually improve with a better understanding of the technology and future research.

(Continued on Page 4)

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Targeted Muscle Reinnervation in Amputee Patients – Is It Restricted to Young and Active Patients Only

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Targeted muscle reinnervation (TMR) is first introduced in the United States of America (USA) in 2003 for the management of upper limb amputees by Professor Kuiken and Professor Dumanian.^[1] It is a surgical nerve-transfer procedure which provides a more intuitive control of upper limb while wearing the prosthesis. It involves transferring residual nerves from the amputated limbs to identified new muscle targets that have lost their function (Figure 1). The target muscles are denervated from their native motor nerve input. Thus, these reinnervated muscles can serve as biological amplifier of the amputated nerve motor signals, transferring the information to the surface electrodes of myoelectric prosthesis. Patients enjoy the intuition and the ease of using the prosthesis, which in turn improve the compliance of using this one thought-to-be heavy and cumbersome upper limb prosthesis.^[2] It has now been popularized in USA as well as Europe for a selected group of upper limb amputees who are young and active, and are committed with the post-TMR training and the use of prosthesis.

As part of the study of TMR in upper limb amputees,^[2] it was noted that 15 patients who previously suffered from neuropathic pain prior to TMR had a resolution of their symptoms. 14 experienced complete resolution of pain in the transferred nerves and the remaining patient's pain improved significantly. None of the patients who was free of post-amputation neuropathic pain developed neuropathic pain after the TMR procedures. Despite the initial intention of performing TMR was to achieve better prosthetic control, it was found that TMR could also be a viable treatment for the management of neuropathic pain.

Sensory or mixed nerves can lead to neuroma or neuropathic pain^[3] while pure motor nerves do not. It is postulated that with TMR, distal neurectomy with the excision of neuroma is performed. This is followed by coaptation of the residual nerve to a recipient motor nerve branch. It encourages organized nerve

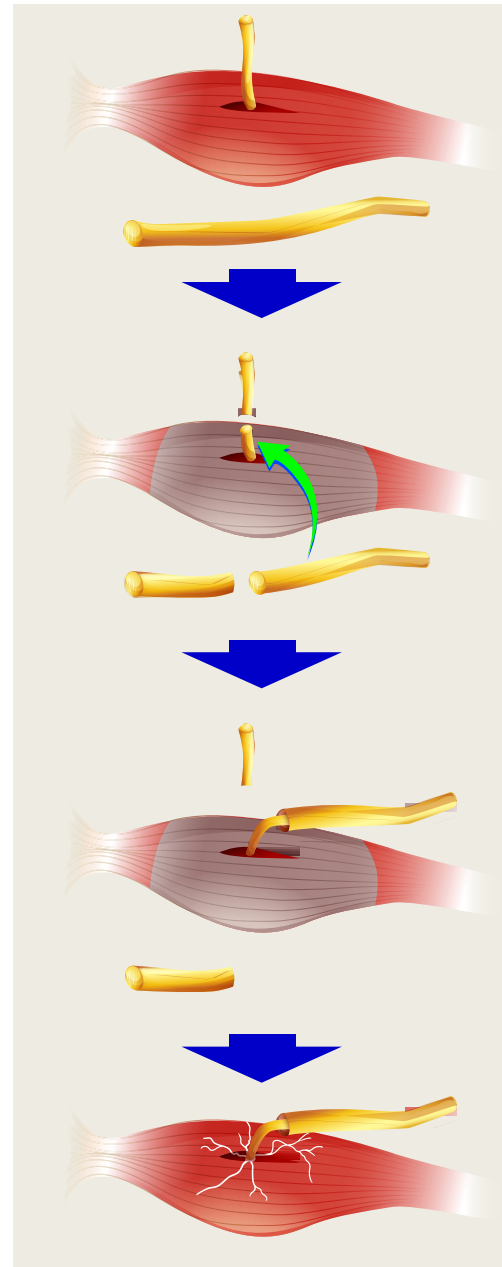


Figure 1: Illustration of TMR

regeneration into newly denervated muscle, preventing the recurrence of neuroma. It is subsequently tested and confirmed by animal study.^[2] As Professor Gregory Dumanian stated in multiple occasions: “we need to give the nerves somewhere to go and something to do”

(Continued on Page 6)

If the intention of performing TMR is not purely to improve the prosthetic control but also to improve neuropathic pain, it should not be limited to upper limb amputees only. Subsequent studies on both upper and lower limb amputees showed that TMR could improve their neuropathic pain. [3,4] A prospective randomized study [4] comparing the use of TMR and standard surgical treatment i.e., neuroma excision and burying into muscle, in the treatment of neuroma and phantom pain in 28 major amputees showed that the reduction in residual limb pain was favorable for TMR at one year, as well as latest follow up, after the allowance of crossing over from standard treatment to TMR group. In fact, it is noted that concurrent TMR with amputation lead to significantly fewer moderate to severe residual limb and phantom limb pain when compared with standard amputation. [5] As such, many now advocate the performance of TMR in the early, if not at the time of amputation. [6,7]

As for the management of neuroma for non-amputees, a retrospective 25-year comparative study [8] comparing the outcomes of the surgical treatment of peripheral neuromas of the hand and forearm showed that neuroma excision with nerve repair resulted in significant lower postoperative DASH scores and a lower incidence of reoperations. With the use of TMR, studies have shown that pain outcomes from non-amputees with neuroma are better than those who were treated with standard neuroma excision. [9-10]

In Hong Kong, I have started performing TMR in patients since 2019, after the visit of Professor Dumanian to Hong Kong. Up till 2021, we have performed TMR on 11 patients with 13 limbs. We have included 1 patient who suffered from neuroma as well patients who required amputation due to tumor, vascular insufficiency as well as a result of industrial accident. 7 patients (with 9 limbs) underwent TMR at the time of limb amputation while 4 patients underwent delayed TMR due to persistent neuropathic / phantom pain. For the 7 patients with concurrent TMR, 5 patients were pain free. The remaining 2 patients only required low dose of analgesic on a daily basis. As for the 4 patients who underwent delayed TMR, marked improvement in neuropathic pain was noted after 6 months of surgery. There was a marked decreased

use of analgesic, together with an improvement in mental and physical status. Thus, our early local results support TMR as a promising modality in the management of neuropathic pain.

TMR is not just a solution for upper limb amputee who aims to fit myoelectric prosthesis. It is a good option for patients who require amputation as well as those who suffer from neuroma / phantom pain and requires long term medication.

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The Application of the Self-Supporting Care Model (自立支援照顧模式) in Multi-disciplinary Outreaching Supporting Teams for the Elderly (New Territories West 2)

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Background

According to the statistics of the Social Welfare Department (SWD), there were around 59,600 residents living at residential care homes for the elderly (RCHEs) as of 31st December 2021 [1]. On the other hand, the private sector accounted for 68% places of RCHEs as of 31st March 2022 [4].

To strengthen the healthcare support to RCHEs, SWD launched a four-year Pilot Scheme on Multi-disciplinary Outreaching Support Teams for the Elderly (MOSTE) in the first quarter of 2019. The pilot scheme will be regularized in 2023 according to the 2022-23 Budget [5].

Evangelical Lutheran Church Social Service – Hong Kong (ELCSS-HK) is one of the operators of the pilot scheme. We provide outreach support services for 87 private RCHEs in Tuen Mun and Yuen Long (*New Territories West (2) cluster*). Our professional team consisting of social workers, physiotherapists, occupational therapists and speech therapists address the social and rehabilitation needs of residents and provide training programmes and consultations to the staff and carers of residents. The quality of care services of private RCHEs has been a major concern for both the public and stakeholders, particularly after Tai Po Cambridge Nursing Home's elderly abuse in 2015. For most of the private RCHEs, the traditional care model tends to focus more on "safety", "convenient" and "effective", which in turn leads to excessive use of physical restraints, enforced bed rest and use of diapers [2,3]. Eventually, the cognitive and physical condition, dignity and quality of life of the residents are seriously affected. To enhance the quality of life and dignity of the residents, ELCSS-HK MOSTE has been introducing a Self-Supporting Care Model to the private RCHEs in our cluster.

Self-Supporting Care Model

Self-Supporting Care (*or self-reliance*) was applied in Japan in 2000 in long-term care facilities and introduced to Taiwan in 2006 [6]. According to Professor Takeuchi's theory, self-supporting care includes **four specific elements or basic care** [6]:

1. **Exercise** (walking for 30 minutes or 2 km per day, or POWER rehabilitation)
2. **Water** (1500 cc per day)
3. **Diet** (1500 calories per day)

4. **Excretion** (regular voluntary excretion at least once every 3 days) and adheres to **three principles** [6]:

1. Remaining **non-bedridden**
2. **Not using diapers**
3. **Not being constrained**

Self-Supporting Care Model is person-centered, preference-based care and emphasizes self-determination [2,3]. This model allows residents to maximize their abilities, focus on what they can do, improve their self-image and self-esteem, reduce the level of care required and eventually enhance their quality of life and spiritual satisfaction [2]. The voluntary participation of residents in self-supporting care is another essential and important element so that the interests, ideas and goals of residents can be emphasized [2].

Self-supporting care is also known as "restorative care" in the USA, Australia and New Zealand and "reablement" in the UK, Ireland and Denmark [6].

Case Sharing (adopting a Self-Supporting Care Model in private RCHEs)

Case background: Mr. Lui, 91 years old, has the diagnosis of HT, AF and hernia. He previously lives alone and is an outdoor walker using the stick. Just before admission to the private RCHE, he fell at home and stayed at the hospital for one night only with nil significant findings.

Case intake assessment (4/2021): Mr. Lui had full AROM (except for shoulder flexion), Grade 5 muscle strength, independent bed mobility and fair standing balance. He needed standby assistance for both transfer and indoor walking using the rollator. Outcome measures: EMS 11/20, MFAC Cat V and TUGT 90 seconds.

RCHE arrangement: Due to his recent fall history and inadequate manpower, RCHE staff arranged Mr. Lui to use wheelchair for indoor ambulation, hospital bed with bed rails on while sleeping and use diapers.

Case wishes: Mr. Lui wants to have independent indoor mobility so that his daily routine does not have to be relied on RCHE staff and confined to the RCHE schedule. For use of diapers, Mr. Lui stated that he has been using diapers during outdoor activities while living in the community. Hence, he does not have much concern about using diapers.

(Continued on Page 8)

Goals and physiotherapy intervention: The physiotherapist discussed with both Mr. Lui and RCHE in charge to set the training goals and care plan in order to reach mutual agreement.

Intervention 1: Apart from weekly physiotherapy training (*including lower limb muscle strengthening exercises, standing balance exercises and walking exercises*), self exercises are taught to Mr. Lui (*inadequate RCHE manpower to assist him with daily exercise*). Walking exercises delivered focus more on tolerance (*long distance between the bedroom and dining area*) and stability upon walking on slope (*part of the corridor is slant*).

Intervention 2: Bed-to-wheelchair transfer skills and wheelchair maneuvering skills (*including up and down slope*) are taught to Mr. Lui. After a few training sessions, he was equipped with independent transfer and wheelchair maneuvering. Communication with the RCHE in charge to allow Mr. Lui to get in and out of bed and maneuver wheelchair by himself was done.

Intervention 3: Once Mr. Lui could manage transfer and wheelchair maneuvering, self exercises are modified as 1) mini-squats, 2) sit-to-stand, 3) single-leg stance and 4) tip-toeing using handrails in the corridor. Both upper limb (*shoulder pulley*) and lower limb (*static bike*) mobilization exercises are encouraged. When Mr. Lui could manage well with indoor walking, RCHE in-charge was invited to have on-site observation, particularly while going on the slope. Eventually, RCHE in charge agrees to allow Mr. Lui to have independent indoor walking with the rollator.

Case review assessment (5/2022): Mr. Lui had independent transfer, wheelchair maneuvering and indoor walking with the rollator. Outcome measures: EMS 17/20, MFAC Cat VI and TUGT 34 seconds.

Referring to the four specific elements and three principles of Self-Supporting Care Model, the goals of **reducing bedridden** and **constraints**, and **increasing exercises** have directly been achieved. With increased physical condition, it is expected that Mr. Lui can improve in both **fluid and food intake** and **excretion** indirectly. It is also expected that Mr. Lui can go to the toilet by himself and hence reduction in the use of **diapers**.

Case Feedback: Mr. Lui feels happy and satisfied with the current condition. Now, he can have his own getting in and out of bed schedule and can go to the entertainment corner to watch TV and exercise corner to have daily exercise by himself. He also says that he does not have to wait for staff, bother staff or relying on staff to take care of him.

Key elements of successful application of Self-Supporting Care Model

In residential homes, key elements of successful application of the model might include:

- (1) **Wishes and participation of residents:** better to start with residents with higher motivation.
- (2) **Support of RCHE in-charge and frontline staff:** relying on their support to implement restorative care activities in daily routine, e.g. walking to the dining area rather than going in a wheelchair.
- (3) **Short term and long term goal settings:** providing alternatives as the short term goal before achieving the long term goal e.g. self-wheelchair maneuvering before independent walking.

Conclusion

Through the case illustration, it is hoped that we, as physiotherapists, can have a clear picture of the Self-Supporting Care Model. When we adopt the holistic approach well in our physiotherapy practice, four specific elements and three principles of the Self-Supporting Care Model might have already been achieved.

The Self-Supporting Care Model has been introduced to Hong Kong a few years ago but mainly in residential settings. The model can be applied to all settings including day care and home care services. It is sincerely hoped that more staff in the healthcare settings can have a better understanding of the model and adopt it in routine care, and eventually, the quality of life and dignity of service users can be enhanced.

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An Interview with Mrs. Sheila PURVES

Date : 24 April 2022
Venue : Online Meeting
Interviewee : Mrs. Sheila PURVES
Interviewers : Ms. Cloris HON and Mr. Oscar TSE,
Year 2 physiotherapy students in Caritas Institute of Higher Education

Q1

How and why did you become a physiotherapist and an occupational therapist? Any complementary benefit of having double qualifications?

A1

Back in the 1970's, there was only one university that offered physiotherapy or occupational therapy courses in British Columbia so there was only one choice for me. We studied both at the same time. Some subjects were the same for both disciplines, while some were different. We did 2,000 hours of clinical placements in total back then (1,000 in PT placements, 1,000 in OT placements). Therefore, I do understand and can relate to how you have to work really hard now as students. We took 4 months of internship (residency) in order to attain one degree with two qualifications and licenses to practice as either a PT or an OT. Especially as new graduates, we didn't choose to work in remote or less-resourced areas. So, it's difficult for health and social services to recruit specialists. In the 1970s and 80s in BC, hospitals were happy to hire someone licensed in both professions. Of course, now things have changed.

Q2

What is your field of specialization in rehabilitation?

A2

I'm specialized as a generalist. This means that I cannot work in an intensive care unit (ICU), or mobilize cervical spines or lumbar spines anymore, I can do something for almost everyone who presents to me. But I know my competency level and will refer my patients to other professionals, as necessary. In the community-based primary healthcare practice, you will find your colleagues working with people with different health conditions, such as back problem, stroke, psychological problems, sports injury, diabetes, etc. Therefore, I think physiotherapists working in the community care are amazing people. Community physiotherapists have very



Left upper corner: Mr. TSE;
right upper corner: Dr. WONG;
left lower corner: Ms. HON,
and right lower corner: Mrs. PURVES

different skill sets as compared to those working in the acute neurology ward, but they play an important role in primary healthcare and are considered essential members of the primary health care team.

Q3

Why and how did you start to provide physiotherapy services to children in China?

A3

When I first came to Hong Kong, I worked at the Hong Kong Society for Rehabilitation (HKSR). I had a good time and learned some Cantonese. At that time around 1986, the President of HKSR was looking for someone to support the development of physiotherapy, occupational therapy, and rehabilitation medicine in China. It was pretty much in the beginning stage. He was particularly interested in promoting community-based rehabilitation and I offered to help. Later, we started our work with children with cerebral palsy by providing training to medical professionals. And that's how I became interested in helping children. I would say that I am not a pediatric physiotherapist but I have sourced and worked many pediatric therapists to go to China. I gradually recognized my role as a teacher, a mentor, and a link person who would open doors and promote new

(Continued on Page 10)

ideas, as well as make suggestions based on physiotherapy practice experiences around the world. I did a lot of coordination, prepared a lot of project proposals, sought fundings to support projects. I became a project manager.. When I first worked as a physiotherapist, I didn't expect to do all that. Therefore, you don't know where your career will take you, but at base I'm still a physiotherapist, who gets most satisfaction from problem-solving how to help clients with my colleagues.

Q4

What is your vision on the development of physiotherapy in China and Hong Kong?

A4

I have not been an active member of the Hong Kong Physiotherapy Association (except to ask for their help) , but I think that in terms of vision, it's really important to keep up with the international trends. In particular, specialization is really important. Further, the development of physiotherapy in primary healthcare and community is a very important, including health promotion, prevention, and the integration of physiotherapy with daily life and community activities.

Another important area is elderly care. physiotherapists play an important role in the planning of elderly care in Hong Kong. In these two years with COVID, we have seen that many older people have been isolating in their homes or institutions. It's a terrible situation. Globally, everyone is talking about how to improve elderly care. It is a really important and urgent issue that we need to plan proactively. As physiotherapists, we should get involved with policy, planning and decision-making.

In general, we should increase our visibility. Direct access is definitely the way to go, but that also gives us a very big responsibility. We must continuously improve our own competencies: knowledge, skills, behaviour and attitudes.

We should be innovative and adopt technology to enhance our physiotherapy services. By collaborating with other professions, we can avoid duplicating and wasting resources, and constantly promote ourselves to our colleagues through being present, upfront.

Q5

What is your plan in the next 5 years?

A5

Currently I'm actively involved in consultation. I don't think I'm going to take on any more big projects, but I definitely will keep learning and continue to help in

the elderly care. I am an executive committee member of the Hong Kong Society for Rehabilitation, which will keep me busy. I think I will learn many new things related to governance issues, and maybe represent staff in the front line. Personally, I will keep mobile and active as I am aging. I believe that no matter how busy you are, it's important to make sure that you give yourself some time for your own mind and body!

Q6

What would be your advice for junior physiotherapists or physiotherapy students in Hong Kong?

A6

I advise all young graduates to rotate to different settings if possible, and to try different things. There are all kinds of things that you can see and professionals to learn from during your job rotations within a hospital. Therefore, one to two years in an acute, hospital situation is a worthwhile investment if you can get a job. You must also be willing to invest in yourself. It's important to invest time and money in your own future because that's yours.. You have to have some courage to get out of your comfort zone, collaborate with other professionals, and go ask doctors or social workers about various things. You can learn a lot and become a better physiotherapist that way.

Q7

Will you encourage the current graduates to stay in Hong Kong to go overseas?

A7

If you have the opportunity, I think going overseas is really important. Sometimes, as a study visit for your master's degree, it can be useful. Other opportunities like clinical observations or a volunteer opportunity for six weeks or three months will really make a difference. Go to Africa, it's completely different. Go to Uzbekistan, they are just trying to start up a physiotherapy program. Go to Canada, Australia, or New Zealand, if you want to improve your sports physiotherapy skills. And of course, UK, Europe, Mongolia, etc. It depends on what you want to do and where you want to go, but first I recommend you consolidate your knowledge a little bit. Then you will begin to know what you want to do. Working side-by-side with physios trained in other schools, working with patients with different language, culture and health beliefs really broadens your perspective, inspires creativity and prepares you for more challenges. Physiotherapy is a fantastic profession and you have chosen a great career.

Whether a physiotherapist can be found guilty of riot “without specific conduct on his part but “merely by virtue of alleged encouragement through his presence at the scene of riot”

Mr. Bronco BUT
Honorary Legal Advisor of HKPA

Assumed Scenario

1. On 22 September 2019 (Sunday), someone circulated messages on various social media platforms asking people to gather outside Shatin New Town Plaza around noon time to stage a protest against the Government. Bobby was a registered physiotherapist working in a public hospital. He was inspired by a university professor that non-violent protest was an effective means of forcing the Government to yield to their demands. He was prepared to go to Shatin New Town Plaza on 22 September 2019.
2. Bobby's plan was that he simply attended the protest scene but refrained from yelling slogans or swore foul languages against the police officers; he would not throw bricks, water bottles or petrol bombs; he would not dig up bricks from the road; he would not offer any assistance in setting up road blocks; he would not offer first aid to those protesters who might suffer from injuries; he would not offer assistance in setting up road blocks; he would not obstruct police officers in carrying out their duties; he would not carry any items which might lead police officers believe that he participated in the unlawful assembly such as laser pointers, saline, bandages, radio equipment, restraining straps, erosive liquids; equipment that might be used for illegal purpose such as a spanner, a plier, a screw-driver, a pair of scissors; materials that might be used for making offensive weapons.
3. Bobby was not a member of the action squad the members of whom were prepared to use violent means to express their dissatisfaction against the Government. He was a member of “peaceful, reasonable and non-violent” protesters.
4. Bobby wished to give moral support and encouragement to protesters who participated in the protest movement actively. He put on black T-shirts with the slogan “Liberate Hong Kong, Revolution of Our Time”; a pair of black long pants; black scarf; a black respirator; a pair of black gloves and a black helmet.
5. Bobby thought that as long as he did not do any specific conduct under the prescribed conduct provided in sections 18 & 19 of Public Order Ordinance, he would not be found guilty of riot merely by virtue of encouragement through his presence.
6. When Bobby arrived the protest scene around 3:00 pm., he noticed that the road outside the New Town Plaza was blocked by the obstacles set up by the protesters. Police officers used loudhailers asking demonstrators to disperse and leave the scene forthwith. Demonstrators ignored police's demand. Someone set up a blaze in the middle of the road. Bobby went to the front of the protesters and stood in front of the protesters. He followed his planned strategy of not doing any specific acts but simply mingled with the protesters. He thought that he did not break any law and police officers had no legitimate reason to arrest him. He wished to challenge the Police. Should he be arrested, he would complain to the media that the Police abused their power of arrest and innocent peace abiding citizens were arrested by the Police.
7. Around 4:00 pm, police officers suddenly charged forward and arrested those protesters who refused to disperse and leave. There was a chaos. Bobby and Protesters fled and were arrested by police officers after a chase.

(Continued on Page 12)

8. After arrest, Bobby was brought back to the Police Station. Upon being questioned by the Police, 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. After several rounds of renewal of police bail, he challenged the police bail. The Police discharged Newton's bail but reserved its right to lay a charge against Bobby.
9. After the Police bail was discharged, Bobby shared his experience of using peaceful non-violent means to challenge the Police's authority on twitter and/or Facebook. He thought that he would not be found guilty of riot without specific conduct on his part but merely by virtue of encouragement through his presence at the scene of riot.
10. According to recent court judgment, many protesters who had not done any violent acts were convicted of riot after trial. Bobby was concerned that he would be arrested for the riot offence. He consulted his senior physiotherapist who advised him to seek proper legal advice .
11. It is the law that any person who actively encourages or promotes an unlawful assembly or riot, whether by words, by signs or by actions, or who participated in it, is guilty of an offence which derives its great gravity from the simple fact the persons concerned were acting in numbers and using those numbers to achieve their purpose.
12. Generally, mere presence at the scene of a 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.
13. Whether a defendant has done enough to constitute "taking part" especially by way of encouragement, is a matter of fact and degree, taking all circumstances into account.
14. If the defendant's presence occurs in circumstances qualifying it as "encouragement" of the prohibited conduct by others, then the defendant can be found guilty of riot "without specific conduct on his part falling under the prohibited conduct."
15. Whether a defendant has done enough to constitute "taking part" especially by way of encouragement, is a matter of fact and degree, taking all circumstances into account.
16. If the defendant's presence occurs in circumstances qualifying it as "encouragement" of the prohibited conduct by others, then the defendant can be found guilty of riot "without specific conduct on his part falling under the prohibited conduct."

District Court Criminal Case DCCC No. 234/2020

11. According to the Court of Final Appeal judgment in FACC Nos 6 & 7 of 2021, it is obviously important to avoid treating innocent passers-by who find themselves caught up in an unlawful assembly or riot as guilty of an offence just because they were present at the scene. Presence at the scene in itself is not enough to constitute "taking part" or aiding and abetting. It has traditionally been considered necessary that there be some intentional activity in furtherance of the riot.
12. That is not to say that the bar is set high. It does not take a great deal of activity on the defendant's part to move the case from the "mere presence" to "encouragement". The law is, that if any person encourages or promotes or takes part in riots, whether by words, signs or gestures, or by wearing the badge or ensign of the rioters, he is himself to be considered a rioter, and he is liable to be arrested for a breach of peace.

Discussions

At all material time, Bobby put on black T-shirts with the slogan "Liberate Hong Kong, Revolution of Our Time"; a pair of black long pants; black scarf; a black respirator; a pair of black gloves and a black helmet. His gears and clothes fit in the common profile of protesters. He did not comply with the Police's demand to disperse and leave the scene of riot. He has chosen to stand in front of the rioters. He intentionally moved with the group of rioters like a tide. It is likely that he has done enough to constitute "taking part" especially by way of encouragement. In the event of trial, it is likely that he might be found guilty of riot "without specific conduct on his part falling under the prohibited conduct."

In view of the above discussions, Bobby may face a potential risk that he might be arrested and charged of riot at any time.

An Article on Prevention of Musculoskeletal Pain in Primary Healthcare in SingTao Daily

Date : 6 April 2022
Physiotherapist : Mr. Calvin KWAN

In April 2022, Mr. Calvin KWAN shared with us and general public the important role of physiotherapists in primary healthcare and in primary prevention of musculoskeletal pain in SingTao.

星島頭條

物理治療 | 如何有效預防痛症？

▲ 康復治療手記 2022-4-6

在香港，不論是醫院、非牟利機構、私營物理治療診所，以至安老院舍等，都有物理治療師，就痛症及復康角度提供及時和有效的治療。

近數年政府大力推行地區康健中心，以推廣基層醫療，其中物理治療是重要的一環。地區康健中心的核心概念之一，是在社區推廣健康管理，透過在社區宣傳健康訊息（第一層預防），以及詳細和多角度評估，找出潛在患者（第二層預防），並為已有痛症的市民提供治療及專業意見，以防止病情惡化（第三層預防）。

香港理工大學康復治療科學系彭耀宗教授表示，每位成年人應養成每天30分鐘，每星期五次的中等強度運動，適量運動可以有效預防三高（高血壓、高血糖及高膽固醇），以及可以預防慢性痛症。

第一層預防：防患於未然

在物理治療角度，所謂第一層預防痛症的意思，是鼓勵健康的市民改變潛在有害的生活方式，例如應減少吸煙、多運動，避免不良坐姿及避免久坐。

很多時候，當市民接觸物理治療師時，已經因為意外或長期勞損而引致痛症，其實往往在兩週前曾運動，已可有效地預防因姿勢不正確或勞損引起的多種痛症，例如，現時很多人因經常使用手機及平板電腦而引起「頸痠」，其實可以透過以下運動來強化頸部肌肉，修正問題：

背部強化運動



圖1. 用雙手阻力帶拉開，放鬆肩膀，然後如圖慢慢向下拉，直至臀部感覺拉緊。

圖2. 減拉至圖中顯示的高度（手腕與肩部平行），維持5秒，然後慢慢舉高，回到圖1位置，重複做10次。

注意：手腕關節不要彎曲，並最好對著鏡子做，以確保左右手高度一致。

近年有不少物理治療透過社交媒體宣傳預防痛症的重要性，令市民更加認識物理治療及常見求醫運動，物理治療師也會因應個人生活習慣，提議及教導患者適合的運動，良好的生活習慣和坐姿，以避免痛症產生。

有關「第二層預防」，如何找出潛在患者加以治療？下集再續。

香港物理治療學會會員關文浩（註冊物理治療師）

An Article on the Prevention of recurrent Musculoskeletal Pain in Sing Tao Daily

Date : 14 April 2022
Physiotherapist : Mr. Calvin KWAN

On April 2022, Mr. KWAN shared with the general public about the ways to prevent recurrent musculoskeletal pain in Sing Tao Daily.

星島頭條

物理治療 | 如何減輕痛症和預防復發？

▲ 康復治療手記 2022-4-14

上文提到物理治療師在基層醫療適當痛症預防的角色，第一層預防是防患於未然，今集繼續講解第二層預防。

第二層預防：有毛病應盡早處理

近兩年因疫情關係，大多數市民長期在家工作，間接引伸出不少坐著問題。很多時候，當我們久坐後覺得腰背有拉緊的感覺，其實已經是一個警號，更甚是很多人從來沒有意識到肌肉強化運動、拉筋及用按摩球放鬆肌肉，能夠舒緩上述問題。

常見的例子是膝痛經常和肌肉緊繃及肌力不足有關，而物理治療師可以提供痛症治療及運動建議，以減輕痛症和預防復發。

香港理工大學康復治療科學系彭耀宗教授表示，慢性痛症主要是日積月累而成，痛症產生後越早接受治療可以越早改善，反之痛症產生時間越久，需要的治療時間會更長。

近期較多朋友到郊外行山，部分人會覺得下斜路或下樓梯時力不從心，或覺得膝關節緊繃，如有這些問題可嘗試以下動作：

大腿四頭肌拉筋



圖1. 站立，右手扶牆壁，左手如圖提起左腳。

圖2. 嘗試將左腳向後及向上提起，直至大腿前面有拉扯的感覺，維持這個姿勢30秒，做完左腳再轉做右腳，每邊重複3次。

對於針對慢性痛症的「第三層預防」，下集再續。

香港物理治療學會會員關文浩（註冊物理治療師）

An Article on the Effect of Home Exercises in Preventing Chronic Pain in SingTao Daily

Date : 20 April 2022
Physiotherapist : Mr. Calvin KWAN

Mr. Calvin KWAN shared the role of physiotherapists and home exercises in preventing chronic pain in Sing Tao Daily.

星島頭條

物理治療 | 家居運動有助改善慢性痛症

▲ 康復治療手記 7小時前

慢性痛症多見於頸痛、下背痛及膝痛，此類痛症的患者通常需要一邊接受治療，一邊依照物理治療師的建議改善生活習慣，並堅持進行合適的運動，否則痛症問題可能會越來越嚴重。所以從物理治療師的角度，最後的第三層預防，是針對較為需要長期管理的情況。

第三層預防：痛症或長期患者

症狀期間，長期痛症患者未必能夠經常接受物理治療，這便建議該痛症進行有效的家居運動，以防問題惡化。

患有近期市民較多辦公室工作，應注意膝關節坐下的時間，每小時應做一、兩次伸展運動，用時亦應減少不良姿勢，例如減少低頭及長時間使用電子產品，外出運動前對膝關節做大範圍活動，但即使在家中進行一些耐力或舉重運動（例如原地跑），也可以在一定程度上減少長期辦公室工作帶來的負面影響。

其中一個久坐者可以做的膝關節肌肉拉動，是運動後久坐後立即起身會有痛症的問題。

香港理工大學康復治療科學系彭耀宗教授表示，物理治療師能因應每位患者的情況，作出相應及個人化的治療及運動建議，而且很多時候可以找出一些你未必意識到，但已經潛移默化地影響你長期健康，並令你產生痛症的問題。惟要注意物理治療建議的家居運動，未必一兩天便立刻見效，往往需要數星期甚至數月才可以見到顯著改善，所以大家切勿操之過急，長期保持運動習慣。

行政長官在2021年致辭中，提到考慮推行免費社區市民直接接受物理治療服務，期望有關政策可獲落實，以減少市民等待接受治療的時間，亦讓痛症預防及痛症管理變得更有效。

香港物理治療學會會員關文浩（註冊物理治療師）

臀肌拉筋

1. 坐立，將右腳拉向左肩方向，直至右邊臀部有拉扯感覺，然後維持30秒，重複三次。
2. 坐立，將左腳拉向右肩方向，直至左邊臀部有拉扯感覺，然後維持30秒，重複三次。



M & A Review: Meeting with HKPA President and Vice President

Date : 22 April 2022

Physiotherapists : Prof. Marco PANG, and Mr. Raymond TSANG

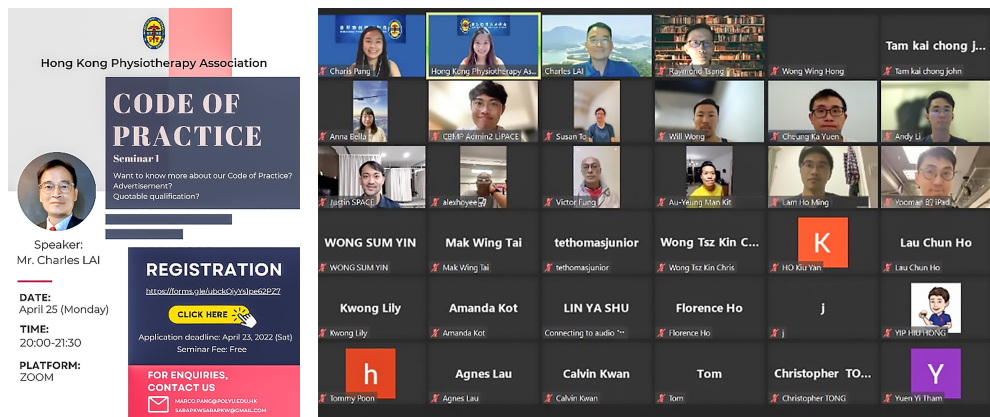
The review of the HKPA M & A officially kickstarted with the first meeting between the consultant Ms. Margaret GRANT and Prof. Marco PANG and Mr. Raymond TSANG. Prof. PANG and Mr. TSANG both shared their views on how to strengthen the existing M & A in order to ensure good governance practice.

Online Seminar on Code of Practice I

Date : 25 April 2022

Physiotherapist : Mr. Charles LAI

Mr. Charles LAI gave a seminar on Code of Practice, especially on the issue of advertisement and quotable qualifications. The seminar was well attended with more than 80 physiotherapists enrolled.

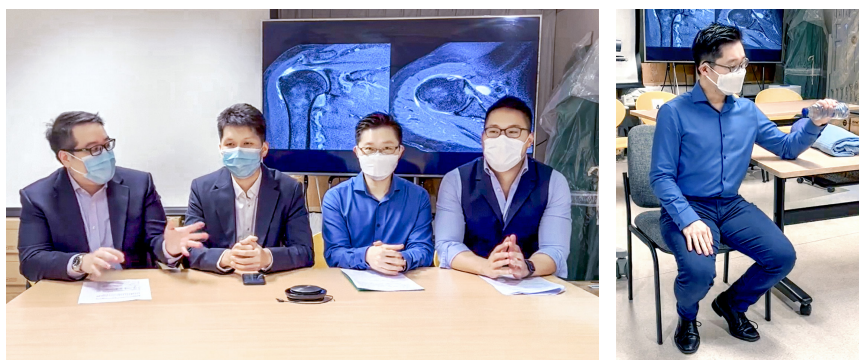


Webinar on Shoulder Pain in Collaboration with HKCOS

Date : 26 April 2022

Physiotherapist : Mr. Denis Siu On CHAN

HKPA was invited by the Hong Kong College of Orthopaedic Surgeons (HKCOS) to deliver a series of educational webinars. On behalf of the Musculoskeletal Specialty Group, Denis CHAN shared his views on physiotherapy management on patients with shoulder pain and post-operative rehabilitation after rotator cuff repair. Two physiotherapeutic exercises were demonstrated for rotator cuff training and scapular control training. The webinar can be viewed in the following link: <https://fb.watch/cGmmFEZYKV/>.



HKPA Membership Focus Group

Date : 26 April 2022
Venue : Online
Physiotherapists : Dr. Billy SO, Dr. Anthony KWOK, and Mr. Gorman NGAI

The Membership Sub-Committee of HKPA conducted a Focus Group Interview on 26 April 2022 via Zoom to evaluate the feedbacks and expectations of both full members and student members of joining the HKPA. Prof. Alice Jones was the moderator of the interview. Seven participants, including full members and student members of the HKPA, were recruited. Their feedbacks and expectations of joining the HKPA are listed below:

Q1: Do you aware HKPA's activities and the serving role?

"....serves as one education platform to PT professions and the public".

Q2: Do you know any activities organized by HKPA?

"The career talks and interview workshops (invited speakers from NGO, private sector, HA), are popular among senior form students and help them understand HKPA more".

"Students appreciate those activities are free of charge which could equip them to understand the PT career pathways from different sectors".

"The mutual communication between students, HKPA members and practising physiotherapists can be enhanced through these activities".

Q3: Do you know any activity to promote image of PT to the community?

".....to engage students more frequent in various HKPA/PT promotional activities".

"Some activities are not gaining publicity or becoming visible to the members since they did not use social media like Facebook...."

".....to promote in different social media channels in promotion. e.g., IG, snap chat, twitter to reach the younger generations....."

".....feel proud if the involved activities earned the social recognition..... Community and social involvement of HKPA is important to attract physiotherapists or students to join".

Q4: Do you know if there are any differences between HKPA and other physiotherapy association?

"Taking APA to compare with the HKPA: both provide CPD points. HKPA uses email as the major means of communication whilst APA also use specialty group for communication..... kept all members posted, by engaging physios in different marketing activities....."

".....increase the PT public education to increase the PT publicity".

".....SG to publicize our PT roles in our potential clientele....."

"PTs know the distinct roles of other disciplines in overseasHaving as strong sense of profession identity among the other allied health professions is encouraged locally....."

".....Inter-professional training is recommended.Learning activities can be arranged with other professions to promote the sense of profession identity in the PT students' education....."

".....consider working with client groups.....to build the important roles of PT in the community...."

(Continued on Page 16)

Q5: Why you join HKPA?

"Feel proud to wear garment with HKPA logo. Suggested HKPA to make merchandizers (e.g. T shirt, windbreakers, umbrella, etc) to attract the public awareness on HKPA and the PT images....."

".....some senior students suggested junior form students to join the HKPA..... Start learning things about PT and get themselves involved....."

"President introduce HKPA at my school....."

Q6: Do you have any special expectation?

"....career support, understand the roles of PT,..... targeted at graduating students on specific interview skills....."

"....worry about future career pathway,helpful to participate in the career talk and had a better understanding to ease the anxiety....."

"Uncertainties on how to cooperate with other professions, expect to know how to cooperate with other co-workers in different settings. e.g. TCM....."

"Wish to explore ways to improve communication skills with the potential clients....."

Q7: Do you have any suggestion to HKPA?

"Invite students and members to participate into more community projects and connect members to different international organizations....."

".....to reduce the membership fee to attract more physiotherapists to join."

".....co-organize more joint activities with other international organization or physiotherapy associations (e.g. APA, CSP, CPA, APTA, ...) to attract more students and physiotherapists....."

"Establish a platform or channel to allow members or student members to share their opinion to HKPA..... Good to have this kind of focus group interview on a regular basis....."

"HKPA to make our profession more to the public.....Promote positive PT image to the public.and how to stand out our PT profession?....."

".....good to address the professional advancement and emphasize evidence-based practice and outcomes measure...."

"strategically cooperate with some patient groups and create a communication platform with patient group....."

".....strengthen the role of specialty groups and create business networking with industrial partners e.g form alliance with parties of common interests"

".....to recruit full time marketing expert to improve the marketing strategy and explore some potential collaboration opportunities....."

".....go for specialization in bridging to international platform....."

".....development of mentorship programme to look after fresh graduate physiotherapists....."

Q8: Do you have any suggestion to improve the HKPA membership system?

"Reduce the membership fee....."

"...design and make some HKPA items (e.g. vest, T-shirt, Jacket, cup, etc) to allow HKPA members to merchandize to increase the sense of belongings....."

" Network with more companies to provide some discounts for products or services (e.g. catering, services, laundry, fuel company,.....) to HKPA members....."

".....create E- Membership card.....to prevent the loss of the physical cards....."

(Continued on Page 17)

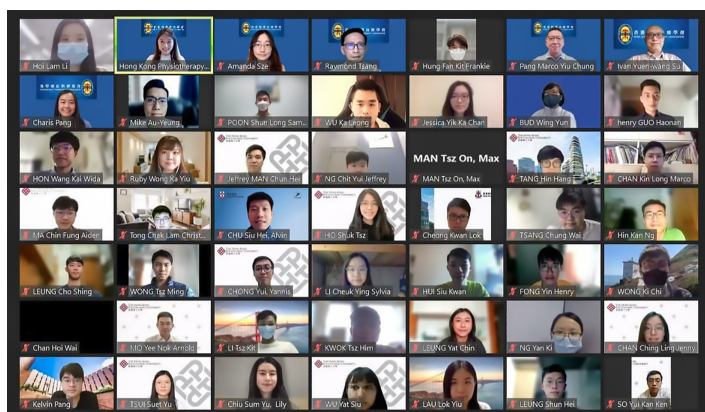
Key extracts from the participants' feedbacks and comments:

1. More activities targeting PT students and involve their participation or organization in HKPA.
2. Student involvement will bring in new ideas and concepts into the PT profession.
3. To promote and develop the corporate image of HKPA so that more PTs are more willing to join.
4. To encourage more active roles of PTs in the community, in return, practising PT are more aware their own values and more willing to join HKPA.
5. Think of added values to the members to attract PTs to join HKPA.
6. More use of social media, e.g. Facebook, IG, etc in the HKPA communications.

Interview Workshop for Students

Date : 1 May 2022
Time : 2-4pm
Venus : Online platform
Physiotherapists : Mr. Raymond TSANG,
 Department Manager, Physiotherapy Department, MMRC
 Dr. Ivan SU,
 Head of Professional and Programme Development, SAHK
 Mr. Mike AU-YEUNG,
 Private Practice

The workshop was organized by the HKPA for the senior physiotherapy students of The Hong Kong Polytechnic University and the Tung Wah College to understand the tips for job interviews in the Hospital Authority, non-governmental organizations and private clinics. Mock interviews were conducted for participants to familiarize with the interview process.



6th Meeting of Working Group on Implementation of Modified Referral System for PT Services, PT Board

Date : 4 May 2022
Physiotherapist : Prof. Marco PANG

The direct access proposal jointly prepared by the Hong Kong Physiotherapy Association and the Hong Kong Physiotherapists' Union was submitted to the PT Board in April, 2022. This meeting was intended to solicit feedback from the different stakeholders (patient groups, doctors, etc.) on the proposal.

RTHK Interview on Alternative Therapy

Date : 4 May 2022
Physiotherapists : Prof. Marco PANG, and Mr. Eric LAW

Prof. PANG and Mr. LAW were interviewed by RTHK to give their opinion on the use of alternative therapy. In the program (Hong Kong Connection), which was broadcasted on May 12, 2022, Prof. PANG and Mr. LAW emphasized that physiotherapy actively adopt different types of treatments (e.g., Tai Chi, acupuncture) according to the principle of evidence-based practice to further benefit our patients. Mr. LAW also demonstrated how physiotherapists make use of exercises combining the principles of Tai Chi and Qigong.



Meeting with PolyU SPEED

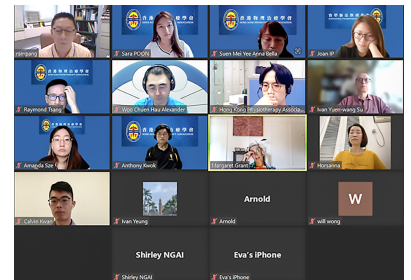
Date : 6 May 2022
Physiotherapists : Prof. Marco PANG, Mr. Raymond TSANG, and Mr. Alex HO

A meeting was held with representatives from PolyU SPEED to discuss on the organization of a sports physiotherapy certificate course. It is hoped that the course will provide colleagues with more advanced sports physiotherapy knowledge and skills, as pathway toward specialization.

M & A Review: Meeting with HKPA EC

Date : 7 May 2022
Physiotherapists : HKPA EC members

Ms. Margaret GRANT met with the HKPA EC members to gather their views on the current M & A.



Meeting with Year 1 Physiotherapy Students at the Caritas Institute of Higher Education

Date : 10 May 2022
Physiotherapist : Prof. Marco PANG

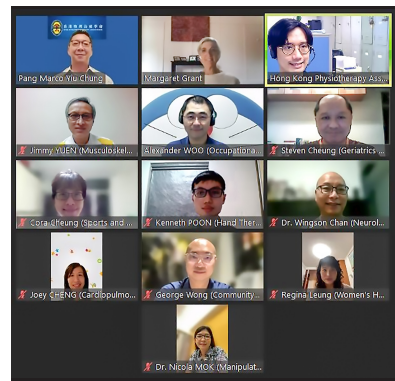
Prof. PANG delivered a talk to introduce HKPA to the year 1 physiotherapy students at the Caritas Institute of Higher Education and encourage them to join HKPA as student members.



M & A Review: Engagement Session with SG/WG Chairpersons

Date : 11 May 2022
Physiotherapists : Mr. Sam WAN, SG/WG Chairpersons

As a part of the M & A review exercise, an engagement session was held to gather feedback on the M & A from the SG Chairpersons.



Direct Access Sub-Group Meetings

Date : 11 and 19 May 2022
Physiotherapists : Prof. Marco PANG, Ms. Annabelle SUEN, Mr. Raymond TSANG, Mr. Calvin KWAN, and Dr. Ivan SU

Two meetings were held to discuss the revisions of the direct access proposal in response to the feedback received from different stakeholders.

Press Conference on HKPA Manpower Survey

Date : 17 May 2022
Physiotherapists : Prof. Marco PANG, Mr. Raymond TSANG, Dr. Ivan SU, and Mr. Ivan WONG

HKPA conducted a survey to investigate the physiotherapy manpower situation in Hong Kong from October 2021 to April 2022. The results of the survey were reported in the form of a press conference, which was well attended by journalists. The survey report also gained wide media coverage subsequently. A total of 22 online media and 6 print media covered our press conference.



CPD News

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

M & A Review: Engagement Session with HKPA Members

Date : 18 May 2022

Physiotherapist : Mr. Sam WAN

As part of the M & A review exercise, an engagement session was held to gather feedback on the M & A from HKPA members who registered for the event.



Interview by Sing Tao Daily

Date : 23 May 2022

Physiotherapist : Prof. Marco PANG

Prof. PANG was interviewed to give his views on the physiotherapy manpower situation in Hong Kong. The article was published in Sing Tao Daily on May 25, 2022.

物理治療師轉投私人市場

受移民潮及提早退休雙重打擊，近年本港物理治療師出現嚴重流失，業界預計未來五年，將有兩至三成物理治療師離任，當中不乏十年以上資資的中流砥柱，擔心青黃不接及影響服務。

本港現時約有三千九百多名註冊物理治療師，當中四成私人執業，三成受聘醫管局，兩成半受聘社福機構。知情人士指，現時醫管局的物理治療師流失率逾一成。有在公立醫院任職的物理治療師指，神經科、老人科、骨科、胸肺科及創傷科都需要物理治療服務，但現時人手短缺，醫管局未有即時補充人手，令一名同事需身兼數職，沒時間指導新手，眼見服務質素下降感到無奈。他續稱，現時不少新手在公立醫院工作滿三年，於不同部門輪調吸取經驗後，便離職投身私人市場，令人手不足問題不斷循環。

香港物理治療學會會長彭耀宗指，預計至四〇年將欠缺近五百名物理治療師，但未計移民潮及提早退休的影響。他認為要解決人手問題，長遠需增加學額，短期提供津貼及升遷機會，挽留人才。他指，現時醫管局新入職物理治療師的起薪點仍停留在二十七年前的高級文憑資歷水平，並較言語治療師的三萬三千多元低三千元，令不少物理治療師心淡。

醫務化驗師移民 流失一成人手

第五波疫情爆發，凸顯本港醫務化驗師不足問題，現時本港有四千多名註冊醫務化驗師，業界指受移民潮影響，現時面對超過一成人流失問題，主要是公立醫院化驗師離職。私人化驗所方面，過去因應疫情爆發增聘了多名化驗師，現時疫情雖緩和，但為了應付未知的第六或第七波疫情，未有即時削減人手。業界指，當局估計到四〇年將欠缺三百多名醫務化驗師，但相信實際數字將更多。

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