NEWS BULLETIN 物理治療資訊
PHYSIOTHERAPY

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Content

Editorial

Innovative Management Approaches for Shoulder Pain

Dr. Tiffany CHOI and Ms. Bonnie MA

Recent research indicates that a stratified protocol for post-operative management of individuals who have undergone arthroscopic rotator cuff repair can significantly improve patient's recovery experiences. Dr. George LAW will enlighten us on how these protocols consider the patient's risk level of re-tearing and proposing different rehabilitative approaches for both low and high-risk patients. By targeting specific recovery needs, this personalized method yields superior results. We are thrilled to see this continued enhancement in physiotherapy care, ensuring that treatment is not a one-size-fits-all approach, but a more tailored and efficacious strategy, equating to optimal patient outcomes.

We also thrilled to spotlight the innovative shoulder pain physiotherapy management approach known as the "Shoulder Symptom Modification Procedure" championed by Dr. Jeremy LEWIS. This encourages a comprehensive analysis of the postures or movements of a patient that can cause shoulder pain, looking beyond the symptom to the root cause. Physiotherapists are guided to scrutinize the interactions of these factors thoroughly, ultimately adjusting treatment plans to achieve more sustainable pain management.

These advancements reiterate the importance of ongoing research and innovation in the field of physiotherapy. It continues to strive for comprehensive understanding and improvement of management protocols that ultimately benefit our patients.

Hong Kong Physiotherapy Association
Room 901, 9/F Rightful Centre, No, 12 Tak Hing Street, Jordan, Kowloon, Hong Kong SAR
I https://www.hongkongpa.com.hk T +852 2336 0172 F +852 2338 0252 E info@hongkongpa.com.hk HKPhysioAssoc

Challenges in Rehabilitation after Arthroscopic Rotator Cuff Repair

Dr. George Ying-kan LAW
Consultant,
Chinese University of Hong Kong Medical Centre
Honorary Clinical Assistant Professor,
Department of Orthopaedics and Traumatology, Chinese University of Hong Kong

Arthroscopic rotator cuff repair is indicated for patients with rotator cuff tear who have failed to respond to conservative management. Although the general clinical outcome is promising in terms of improvement in pain level, range of motion and strength, there is still significant rate of failure of tendon to bone healing radiologically which ranges from 10% to 94% with significantly higher failure rate in larger tears. [1,2] There are lots of research works aiming to improve the rate of tendon to bone healing after rotator cuff repair. One of the focuses is the way of rehabilitation.

Proponents of delayed rehabilitation believe in its potential to increase rate of tendon to bone healing while others challenge it may increase the risk of post-operative stiffness. Advocates of early rehabilitation consider it could speed up the recovery, however, may jeopardize tendon to bone healing and bear the risk of re-tear. In the literature, there is still no gold standard protocol for the rehabilitation after rotator cuff repair.

Therefore, a stratified approach of rehabilitation after arthroscopic rotator cuff repair may help to balance the functional recovery and tendon to bone healing.

The following table shows key milestones of an example of stratified rehabilitation with 2 arms of protocol namely low-risk protocol and high-risk protocol.

	Low-risk protocol	High-risk protocol
Week 0	PROM exercise	Pendulum exercise
Week 3	AAROM exercise	PROM exercise
Week 6	AROM exercise	AAROM exercise
Week 8		AROM exercise
Week 12	Strengthening	Strengthening

PROM : Passive range of motion
AAROM : Assisted active range of motion
AROM : Active range of motion

The low-risk protocol features an immediate starting of PROM exercise after surgery, which was delayed to 3 weeks after surgery in the high-risk protocol. AAROM could be initiated in 3 weeks after operation in the low-risk protocol, while it's delayed till 6 weeks in the high-risk protocol. The low-risk protocol allows AROM exercise to be started in 6 weeks after operation, on the other hand, the high-risk protocol defers it to 8 weeks after surgery.

In our clinical practice, surgeon's decision on the choice of rehabilitation protocol depends on a collection of re-tear risk factors but not solely depend on the tear size. [3,4]

Pre-operative factors:	Intra-operative factors:
• Age • Functional demand • Systemic disease • Smoking • Tear size • Degree of muscle atrophy and fatty infiltration	• Quality of tendon substance • Stability of repair • Any associated procedure

Typically a young and active patient with a stable repair of a small sized cuff with healthy muscle and good tendon quality would be beneficial from the low-risk rehabilitation protocol. This approach offers a more aggressive rehabilitation to enhance the functional outcome of patient.

While an aged and low functional demand patient with a marginal repair of a large sized cuff with poor muscle and tendon quality would be a classical candidate for high-risk rehabilitation protocol. The aim is to maximize the rate of tendon to bone healing by means of a more conservative rehabilitation.

To conclude, there are controversies in rehabilitation after arthroscopic rotator cuff repair. A stratified approach may help to balance the risk of re-tear and post-operative stiffness.

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Shoulder Symptom Modification Procedure (SSMP) – Another Approach to Treat Shoulder Pain

Mr. Leo KAM
Senior Physiotherapist,
Prince of Wales Hospital

Physiotherapists usually encounter a lot of patients with shoulder pain being diagnosed for supraspinatus tendinitis/tendinosis, shoulder impingement, subacromial impingement or rotator cuff tendinopathy in our daily practice if we are working in OPD or MSK setting. A systematic review by Luime et al [1] showed that up to 34% of people >65 years old experienced shoulder pain at some points of their lives.

These pain symptoms are commonly termed rotator cuff (RC) tendinopathy which implies tendon as the source of symptoms. However, even in traditional clinical tests [2-5], clinicians are not able to 100% incriminate the tendons as the painful structures and the possibility the symptoms are derived from the tendons and their related tissues.

Dr. Jeremy LEWIS, the UK physiotherapist, has published a lot of scientific research papers [6-10] on the management of these shoulder pain conditions. He stated that the sensitivity, specificity, predictive values and likelihood ratios of traditional clinical tests were calculated based on gold standard reference tests which have identified structural failure. And these findings were then compared with the responses produced using special orthopaedic tests such as the battery of rotator cuff tests and tests for impingement. The gold standard tests are generally considered to include US, MRI and direct observation during surgery.

However, there are substantial numbers of people without symptoms demonstrating structural failure. This means results found in gold standard tests are usually not the causes of the problems. In some studies [11-12], even large tendon tears were found not to cause any pain nor any negative effect on movement. It is believed that tendon tears in shoulder relate more to age, than whether there is pain or not. Some studies showed that more than 1/3 of people >60 years old had rotator cuff tear no matter they had preceding shoulder pain or not [11-12].

Dr. LEWIS also implied that some wordings or explanations from clinicians may make our patients have more worries about their shoulder condition e.g. "Your acromion is causing your pain by ripping into your tendon." and "Your posture is not great & your shoulder blade position is causing your pain by compressing your tendon." etc. He assured that it is difficult to clinically differentiate which tissue is causing the pain and imaging usually cannot confirm the source of pain too. Therefore, he suggested to name these conditions Rotator Cuff Related Shoulder Pain (RCRSP) instead of using wordings for example impingement and cuff partial or full thickness tear etc. and established an approach to assess patients with shoulder pain called Shoulder Symptom Modification Procedure (SSMP) in 2009. This tool offers a method to objectively assess the shoulder with the focus of identifying movements and techniques that might be contributing factors to the symptomatic movement and not to label the pathology or exact cause of pain. It then utilizes these movements and techniques as means to guide treatment movements and exercises.

He utilized several concepts in prescribing shoulder exercise and establishing SSMP. First, humans are remarkable throwers due to evolution. Human shoulders work best at 90o abduction as glenoid fossa laterally rotates rather than moves upwards which happens in our closest evolutionary relatives' chimpanzees and pectoralis major has the best mechanical advantage at this angle as the prime accelerator of humerus. Nowadays throwing and overhead sports athletes throw and raise their arms more than our ancestors and thus frequently suffer from overuse injuries. He recommended treating painful shoulders in this powerful position.

Second, He emphasized trunk side flexion as an essential component in throwing action and overhead movement and should always add trunk side flexion strengthening with kettlebell/theraband.

Third, the movement of kinetic chain. Our upper limb actions often require energy generation/transfer from floor/lower limb to shoulder/upper limb. For example, 54% of energy during tennis comes from legs & trunk, while shoulder only contributes 21%.

The aim of SSMP is to identify one or more methods that reduce their symptoms and/or increase movement and function and then used to treat the symptom.

To start using SSMP to assess patients with shoulder pain, clinicians identify relevant 1-3 aggravating movements, activities, or postures that reproduce symptoms. SSMP then systematically investigates the influence of following 4 groups of posture/movement on the patient's painful movement:

(Continued on Page 4)

1. Alterations to thoracic kyphosis;

2. Three planes (elevation/depression, protracted/retraction, anterior/posterior or combinations of movement planes) of scapular posture;

3. Long to short level lifts, ball squeezing, step forward +/- with resistance, step up, humeral head depression, eccentric flexion/abduction, external rotation/internal rotation with resistance, AP /PA pressure;

4. Isometric contraction at the most painful movement.

Stage 1 is a multi-stage graduate rehabilitation program. If the patient subjectively reports no benefit, stage 2 and 3 of the rehabilitation progression will proceed.

Stage 2 involves performance of heavy slow resistance (HSR) exercise for the most painful movements. For example, anterior shoulder pain increases with external rotation and shoulder flexion. The HSR exercise will be eccentric external rotation and eccentric elbow flexion using the heaviest loading that can be lowered eccentrically but not concentrically lifted.

Stage 3 is a functional training program that includes multi-stage pushing, pulling, lifting, carrying, throwing, and bouncing exercises, exercise to fatigue, mixed loads and speeds and chaos.

In conclusion, SSMP may not totally replace the traditional orthopaedic tests which are still used by lots of surgeons in their daily practice. However, it provides other insights and logistics in treating patients with shoulder pain to Physiotherapists.

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An Interview with Dr. Candy LEUNG

Date : 8 August 2023

Venue : Online

Interviewee : Dr. Candy LEUNG
(DM, Physiotherapy Department, Princess of Margaret Hospital / North Lantua Hospital)

Interviewers : Ms. Macy Choi Yee TSANG
(Year 2 Physiotherapy Student, Tung Wah College)

Ms. Bobo Yuen Ki LIU
(Year 2 Physiotherapy Student, Tung Wah College)

Q1

Why did you choose working as a physiotherapist as your career?

A1

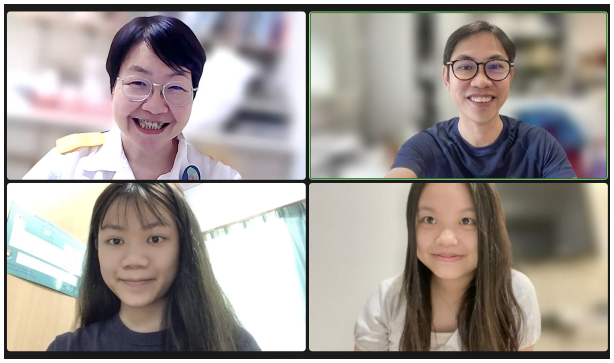
Being a physiotherapist has been my dream since I was a child. I used to suffered from different illnesses and went to see doctors during my childhood. Additionally, my mother suffered from chronic renal failure and had to regularly receive a lot of treatments. I was inspired by these experiences and aspired to become a physiotherapist who can help needy patients. Being able to carrry many responsibilities and serve as a physiotherapist is a very meaningful to me.

Q2

Were there any memorable stories that you would like to share over these years of service?

A2

There was an interesting case about a teenage girl which made me feel unforgettable. When I was working in the neurological department of a hospital, I met a patient who demonstrated hyperextension of her neck and spine. However, we could not identify the reasons even though she underwent CT and MRI scans and we discussed her condition with neurologists. She was eager to do things like normal people (e.g., walking and playing basketball) but she could not do it. While physiotherapy helped her improve the condition, she needed a lot of mental supports. I always talked to her and stood by her whenever she was disappointed. My action let her feel being loved and also gave her motivation and strengths to overcome challenges. This experience reminded me the importance of paying attention to the psychological conditions and mental health of patients.



Top left to right: Dr. Candy LEUNG and Dr. Arnold WONG; Bottom left to right: Ms. Bobo LIU and Ms. Macy TSANG

Q3

How did you prepare yourself to take up the managerial role?

A3

The key to become a successful manager is to listen. Because healthcare professionals need to work as a team, I have to be a highly adaptive person to solicit and accept others'suggestions. When my colleagues

(Continued on Page 6)

shared their thoughts, I listened to and respected what they think so that we could come up with an optimal solution to help our patients. Being an open-minded person is an essential trait of being a good manager, this can maintain trustful relationships and build a harmonious working environment in my department.

Additionally, being a humble person is also very important. We should understand that everyone has their limitations, including myself. When I face challenges, I would seek advice and listen to others' thoughts to make better decision. I adopt a sincere attitude and improve myself constantly so that I can face unpredictible adversity in the future.

Q4

What do you foresee the trend of physiotherapy in the Hospital Authority?

A4

The Hospital Authority is developing at a tremendous fast pace with the help of technology. Smart Hospital and Online artificial intelligence prediction are some new technologies that can help monitor patients progess nowadays. Therefore, physiotherapists should be prepared to use these advanced technologies to optimize the patient care.

Hospitals in Hong Kong always face the problem of limited space and high patient numbers. While improving our internal training and recruiting healthcare professionals from overseas are helpful, it would be more essential to raise citizen's awareness of the importance of public health. Physiotherapists are responsible for keeping patients' wellness and preventing diseases. We should put our professional knowledge into practice and strive for excellence to help our patients.

Q5

Did you encounter any challenges as a Department Manager?

A5

I always need to collect and integrate ideas and thoughts from different people. Since physiotherapists have to collaborate with other healthcare professionals, we would listen to a diverse suggestions every day. Being a department manager, I observe and listen to others so that I can make better decisions. It is difficult to make decisions that would satisfy everyone, but I would try my best to do it. This can bring colleagues together so that they can work satisfactorily. Despite the challenges, working with different colleagues have been a valuable experience for me.

Although I have encountered challenges during my career as a physiotherapist, one person has taught and helped me a lot. I would like to give my special acknowledgement to my teacher, Ms. Betty KO. She has been an inspiring and caring teacher to me. She taught me how to become a humble person and honour my colleagues. Her teaching was so precious to me.

Q6

What is your advice for junior physiotherapists?

A6

The key for junior physiotherapists is to learn and step out of their comfort zone. Although we always feel comfortable to hangout with people who are similar to us, we should be more courageous to talk to people who share thoughts and values that differ from us. It is indispensable to listen to others and share experiences. Junior physiotherapists may need to make decisions that are not familiar with, and may receive feedback that are out of their expectations. Knowing yourselves and overcoming boundaries are life lessons that can make us grow stronger. We need to remember to never stop to learn. Through lifelong learning, they not only can become a successful physiotherapist, but also can become an exceptional leaders.

Medical Blunder

Mr. Bronco BUT
Honorary Legal Advisor of HKPA

Background of a medical blunder

The Department of Justice dropped a high-profile manslaughter case against two public hospital doctors on 29th August 2023. Dr. Lam Chi-kwan and Dr. Chan Siu-kim each faced one count of gross negligence manslaughter over the death of a patient 6 years ago who succumbed to severe liver failure. This was the first case in Hong Kong's history in which public hospital doctors were charged with gross negligence manslaughter. The Department of Justice withdrew charges after consideration of the Prosecution Code.

The Hong Kong Medical Council's inquiry panel said that the doctors prescribed the woman, identified as Tang Kwai-sze with high dosage of steroids but did not give her antiviral drugs to counteract the side effects.

The woman continued to take medicine under the care of the two doctors and suffered acute liver failure in April 2017. She was forced to undergo two liver transplants before she died.

Health care professionals are not above the law. In the event of substandard medical care that resulted in patient death, it is only right that society and families be provided opportunities to seek explanation, redress, justice and closure. Civil proceedings and professional regulatory mechanisms are commonly pursued avenues recognized by healthcare professionals as proportionate; criminal law intervention is justified in some circumstances, but it is a more unsettling approach.

In this article and the following articles, there will be general discussions of civil liability of medical practitioners towards their patients. Generally speaking, the legal principles will also be applicable to civil liability of physiotherapists towards their patients.

Duty of Care

To be continued……

In the next issue of physiotherapy article, I am going to discuss necessity of the patient's consent.

CPD News

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

HKPC Forum on Mandatory CPD

Date : 5 August 2023
Time : 3:00pm-6:00pm
Venue : ST111, PolyU
Physiotherapist : Mr. Raymond TSANG, Vice-President of HKPA

Mr. TSANG attended the forum on mandatory continuing professional development (mCPD) organized by the Hong Kong Physiotherapy Concern. Issues of implementation of the mCPD scheme were discussed among the guests and audience.

2023-24 Policy Address Consultation

Date : 7 August 2023
Time : 3:00pm-4:30pm
Venue : Online platform
Physiotherapist : Mr. Raymond TSANG

As the Vice-President of the HKPA, Mr. TSANG had attended the 2023-24 Policy Address consultation to express the need to increase resources and manpower to the secretariat of the Physiotherapists Board, to establish an electronic platform for the effective implementation of the mandatory continuing professional development scheme, and more efficient procedures for approving the applications of overseas physiotherapy graduates for local registration.

HKMU School of Nursing and Health Studies Department of Physiotherapy Opening Ceremony cum Orientation Day

Date : 15 August 2023
Venue : Hong Kong Metropolitan University
Physiotherapist : Prof. Marco PANG

Prof Marco Pang presented HKPA Outstanding All-Round Student Awards to HKMU physiotherapy students from each cohort on behalf of the Hong Kong Physiotherapy Association.

World Physiotherapy Day 2023 Webinar

Date : 22-24 August 2023

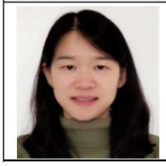
Organizer : China Council of Physiotherapy Programme Directors

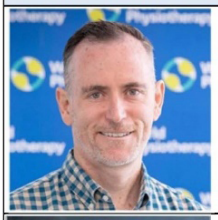
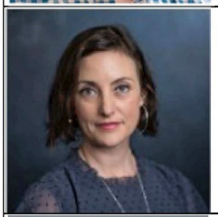
Speakers : Multiple

There were sharing of experiences from representatives of 6 accredited physiotherapy programs in China, key messages from the Chief Executive Officer and Head of Membership and Policy of World Physiotherapy, clinical lectures and research tips.

Prof. Marco PANG delivered a talk on "Promotion of the PT profession – experience sharing from the Hong Kong Physiotherapy Association on 22 August and Mr. Raymond TSANG provided a talk on "Differences between scoping, narrative and systematic reviews" on 24 August.

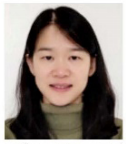
World PT Day 2023 lecture series
Organiser- CCPTPD
Facilitator – Alice Jones

22nd Aug 2023			
Sharing between representatives of 6 accredited physiotherapy programs in China to celebrate World Physiotherapy Day 2023			Session chair
 Assoc. Professor Wu Xubo, Shanghai University of TCM (SHTCM)	 Professor Jiang Zheng, Fujian University of TCM (FJTCM)	 Assoc. Professor Christin Shen Xia, Tongji University	 Alice Jones University of Queensland
 Tang Xin, Vice faculty director, Kunming Medical University	 Professor Zhang Qi, Capital Medical University	 Assoc. Professor Yu Peng Ming, West China Hospital Sichuan University	

Professional Lectures			
 Mr. Jonathon Kruger, Chief Executive Officer World Physiotherapy		**World Physiotherapy and National Physiotherapy Associations** - Special focus: membership eligibility criteria	 Wu Xubo SHTCM
 Ms Heidi Kosakowski, Head of Membership and policy World Physiotherapy		**World Physiotherapy Accreditation Service** - Special focus: benefits of international accreditation	
 Professor Marco Pang, Department of Rehabilitation Science Hong Kong Polytechnic University		**Promotion of the PT profession - experience sharing from Hong Kong Physiotherapy Association** - Special focus: application progress for Direct Access in Hong Kong	 Qianqian Chen FJTCM

(Continued on Page 11)

World PT Day 2023 lecture series
Organiser- CCPTPD
Facilitator – Alice Jones

23rd August 2023 – Clinical lectures		
 Professor Kim Bennell, University of Melbourne Director of the Centre for Health, Exercise and Sports Medicine (CHESM)	**Evidence for PT treatments in management of knee and hip osteoarthritis**	 Regina Hu Jia Tongji University
 Ms Jennifer Persaud, Advanced scope physiotherapist in Orthopaedics Sir Charles Gairdner Hospital, Perth, Western Australia	**Role of PT in management of rheumatoid arthritis**	 Tina Tang Xin Kunming Medical University

24th August 2023		
Clinical lecture		
 Professor Catherine Granger, University of Melbourne	**Physiotherapy management of patients with lung cancer**	 Zhang Qi Capital Medical University
Research tips for junior therapists		
 Mr. Raymond Tsang, Professor of Practice Hong Kong Polytechnic University	**Differences between scoping, narrative, and systematic reviews**	 Yu Peng Ming West China Hospital Sichuan University
 Hon. Prof Alice Jones, Honorary Professor University of Queensland	**The importance of the title and abstract of an article - a reviewer's perspective**	
 Ms. Liu Fang, Senior physiotherapist Shenzhen 2nd People Hospital PhD candidate	**Preparation of my PhD proposal - experience sharing**	

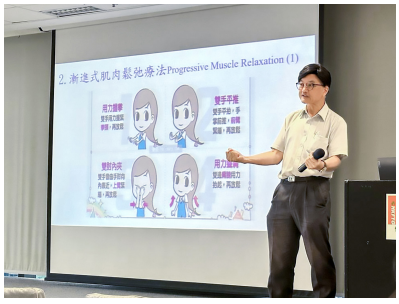
60th Anniversary Hong Kong Physiotherapy Association Public Talk "How Physiotherapy could improve Mental Health?" co-organized by HKPA and Tung Wah College Physiotherapy Programme

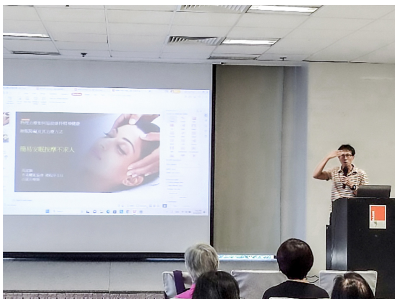
Date : 23 August 2023

Venue : The Hong Kong Federation of Youth Groups Building

Speakers : Dr. Anthony KWOK, Associate Professor cum Deputy Programme Leader
Mr. Eyckle WONG, Physiotherapist, Senior Clinical Associate, Tung Wah College
Ms. Dorothy CHEUNG, Physiotherapist, Senior Clinical Associate, Tung Wah College
Mr. Cyrus LEE, Senior Physiotherapist, Mental Health Association
Mr. Joseph LAW, Senior Physiotherapist, YMCA
Mr. Chris KAN, Senior Physiotherapist, Spastic Association of Hong Kong

Experienced physiotherapists shared their knowledge, skills, and experience on the "Mental Health Physiotherapy", "5 Steps to Mental Well-being", "Community Home-based Strengthening Exercise for Mental Health Care", "Breathing Control and Body Image Care" and "Physiotherapy Management to sleep disorders". Additionally, relaxation techniques, body-mind awareness, polyvagal exercises and acupressure techniques were shared and practiced among the participants. Over 70 participants from the public joined the activity with good feedback. Five physiotherapy students assisted in the smooth running and conduction of the activity.





PolyU RS Inauguration Ceremony

Date : 31 August 2023
Venue : The Hong Kong Polytechnic University
Physiotherapist : Mr. Raymond TSANG

Mr. TSANG attended the Inauguration Ceremony of the Department of Rehabilitation Sciences of PolyU. He presented the All-round Outstanding Student Award on behalf of HKPA

香港物理治療學會六十周年呈獻物理治療社區公開講座(七)
退化性關節炎

Date : 9 September 2023
Time : 2:30pm-4:30pm
Venue : Auditorium, Christian Family Service Centre, Kwun Tong
Speakers : Dr. Priscilla WONG, Medical Specialist in Rheumatology
Ms. Chris CHAN, Physiotherapist, Executive Committee member of Musculoskeletal Specialty Group, HKPA

HKPA Musculoskeletal Specialty Group co-organized this public talk with Hong Kong Arthritis & Rheumatism Foundation Limited.

慶祝中華人民共和國成立74周年國慶晚宴

Date : 22 September 2023
Venue : 大會堂美心皇宮
Organizer : 香港衛生服務界

Some executive members of HKPA attended the dinner.

香港醫療衛生界慶祝中華人民共和國成立74周年晚會

Date : 25 September 2023
Venue : Hong Kong Academy of Medicine
Organizer : 香港醫療衛生界

Some executive members of HKPA attended the dinner.

Interview on Nordic Walking

Date : 27 September 2023

Physiotherapists : Prof. Marco PANG, Ms Lavinia WONG

HKPA hosted the World Physiotherapy Asia Western Pacific Region webinar on arthritis. Miss Lavinia WONG was one of the invited speakers. The other two speakers were Dr. Anthony Goff from Singapore and Mr. Shigeharu Tanaka from Japan. The webinar was well attended by more than 130 participants.

World Physiotherapy

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Asia Western Pacific region webinar: Health promotion and management of chronic diseases

Lavinia Wong Kit Yee has been working in hospitals, community rehabilitation settings, and in the private sector in Hong Kong for over two decades. She is the senior clinical associate in Tung Wah College. Her integration of experience in arthritis care and management, hydrotherapy and patient efficacy facilitate her work towards a total patient care plan. In addition to teaching, Lavinia is also a professional advisor for a number of arthritis patient groups and an executive member of the scientific committee of the Hong Kong Arthritis and Rheumatism Foundation.

Topic: Update on management for people with rheumatoid arthritis

World Physiotherapy Announcements

HKPA

Dr. Shirley NGAI is selected as one of the members of the World Physiotherapy Congress 2025 Programme Committee.

World Physiotherapy

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Congress programme committee 2025

The congress programme committee (CPC) will shape the scientific programme for World Physiotherapy Congress 2025. The CPC consists of 10 physiotherapists, each bringing their unique experience to complement the committee's expertise. They are responsible for developing an exciting, relevant, and innovative scientific programme.

Sam Chidi Ibeneme
Congress programme committee member

Emer McGowan
Congress programme committee member

Shirley Ngai
Congress programme committee member

Sonia Roa
Congress programme committee member

MCNS

Master of Science Programme in

STROKE AND CLINICAL NEUROSCIENCES

中風及臨床神經科學理學碩士課程

香港中文大學 The Chinese University of Hong Kong

Faculty of Medicine

內科及藥物治療學系腦神經科
Division of Neurology
Department of Medicine & Therapeutics

2 Years Part-time
CPD / CNE Accredited

2024 Intake

For Therapists, Nurses & All Related Healthcare Professionals

Info Sessions

22 Oct 2023 (Sun) 4pm /
26 Nov 2023 (Sun) 4pm

For details and registration, please visit our website.

Application Deadline

Priority round: 8 Jan 2024
Final round: 31 Mar 2024

Applications are processed on a rolling basis and early applications are encouraged.

Topics

- Comprehensive Stroke and Dementia Care
- Neurosonology and Electrophysiology
- Neuroimaging
- General Neurology and Neurosurgery
- Neurorehabilitation
- Epidemiology and Biostatistics
- Vascular Medicine
- Health Services Management
- Caregiving Skills and Stress Management

2145 7237
cns@cuhk.edu.hk
http://cns.mect.cuhk.edu.hk
CUHKmcns

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Correspondence of HKPA Executive Committee Members (2021-2023)

Post	Name of EC Members	Working Place	Contact Tel. No.	Email
President	Prof. PANG Marco Yiu Chung	The Hong Kong Polytechnic University	2766 7156	marco.pang@polyu.edu.hk
Vice President	Mr. TSANG Chi Chung, Raymond	The Hong Kong Polytechnic University	2766 6729	raycctsang@yahoo.com.hk
Honorary Secretary	Mr. WAN Sung, Sam	Physiotherapy Department, TMH	9234 2430	smallwan3340@yahoo.com.hk
Associate Secretary	Ms. POON Ka Wai, Sara	Private Practice	9291 9537	sarapkwsarapkw@gmail.com
Honorary Treasurer	Ms. SUEN Mei Yee, Anna Bella	The Hong Kong Polytechnic University	9360 9144	annabellasuen@yahoo.com.hk
Associate Treasurer	Mr. WONG Hin Wai, Will	Private Practice	6752 2921	willwong0129@gmail.com
International Affairs and Publications Subcommittee				
Chairperson	Dr. NGAI Pui Ching, Shirley	The Hong Kong Polytechnic University	2766 4801	shirley.ngai@polyu.edu.hk
Member	Dr. WONG Yu Lok, Arnold	The Hong Kong Polytechnic University	2766 6741	arnold.wong@polyu.edu.hk
Membership Subcommittee				
Chairperson	Dr. SO Chun Lung, Billy	The Hong Kong Polytechnic University	2766 4377	billy.so@polyu.edu.hk
Members	Dr. KWOK Wai Leung, Anthony	Tung Wah College	3468 6670	anthonykwok@twc.edu.hk
	Mr. NGAI Chi Wing, Gorman	Private Practice	9759 0823	gorman_hk@hotmail.com
Professional Development Subcommittee				
Chairperson	Ms. CHIU Pik Yin, Horsanna	Physiotherapy Department, UCH	5215 6455	horsanna.chiu@gmail.com
Members	Mr. MAN Chun Hei, Jeffrey	Physiotherapy Department, YCH	6995 7390	manjeffrey817@gmail.com
	Mr. CHAN Kin Tung, Francis	Hong Kong Sheng Kung Hui Welfare Council Limited (SKH)	3598 9192	ktchan@skhwc.org.hk
	Ms. IP Hiu Tung, Joan	Physiotherapy Department, TMH	5408 0824	joanipht@gmail.com
Promotion and Public Relations Subcommittee				
Chairperson	Mr. WOO Chuen Hau, Alexander	CUHK Medical Centre	9280 3532	alexanderchwoo@cuhkmc.hk
Members	Dr. SU Yuen Wang, Ivan	SAHK	3965 4026	ivan_syw@sahk1963.org.hk
	Ms. CHAN Yee Wa, Eva	Hong Kong Metropolitan University	3970 8728	eywchan@hkmu.edu.hk
	Ms. SZE Kai Tsit, Amanda	Private Practice	5165 4515	amandaszept@gmail.com
	Ms. PANG Charis Garland	Physiotherapy Department, KH	3129 7135	pangcharis06@gmail.com