



NEWS BULLETIN 物理治療 PHYSIOTHERAPY 資訊

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Editorial

New Physiotherapy Techniques

Mr. Louis TSOI and Dr. Arnold WONG

There are some new therapeutic techniques that allow therapists to have more treatment options to manage various health conditions, including visceral problems. In this issue, Ms. Moon LIANG interviewed Master LIN, who is the founder of Lin's Structure Reduction Therapy (結構治療 or SRT). He gave us a glimpse of the uniqueness and examination system of SRT. He also talked about the its treatment effects on various body parts and the fine needling technique.

In Main Theme article 2, Mr. Alex LUK shared a therapeutic technique called Instrument Assisted Soft Tissue Mobilization (IASTM). IASTM is adopted from "Gua Sha" but it does not aim for post-treatment petechia. IASTM avoids capillary ruptures and subsequent inflammation or scar tissues. Given that it lessens the physical demands on therapists, it has the potential to be a popular technique in physiotherapy.

In the People's Corner, Ms. Candy WO shared her inspiration to become a physiotherapist and talked about her transition from her clinical role to a management role. She also shared her philosophy in her management and the prospect of working in HA.

As the New Year is coming, on behalf of the editorial board of the HKPA New Bulletin, we would like to wish you a happy and prosperous 2024.



Hong Kong Physiotherapy Association

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Lin's Structure Reduction Therapy

Interviewee : Master LIN
(Founder of Lin's Structure Reduction Therapy (SRT))

Interviewer : Ms Moon LIANG (Private Practice)

Translators : Dr Nicola MOK (HKPA and Tung Wah College)
Dr Edwin LEE (Private Practice)



Master LIN

1. What is Lin's Structure Reduction Therapy (SRT) and what sets its uniqueness in the modern medicine?

SRT focuses on the correction of structural dysfunction in the human body to reduce pain, restore function, and minimize physical disabilities. It aims to restore circulation, neural function, and hormonal imbalances caused by structural irregularities. Specialization in modern medicine has led to fragmented care according to the symptoms and impairments in different body regions (e.g., respiratory, cardiac, dermatology, etc.). In contrast, SRT is a distinguished approach in which various symptoms and physical impairments are managed as a whole. Apart from addressing existing physical impairments, SRT could be used to manage minor discomforts in the sub-healthy stage and prevent a disease from fully manifesting.

2. The application of SRT is wide-ranging; with significant treatment effects in orthopedics, medical, surgical, obstetrics, gynecological, as well as functional visceral problems. Dr. Lin, would you please share the reasons behind this?

Structural dysfunction is likely to compromise the circulation, alter the excitability of the autonomic nervous system, disrupt inter-cellular hormonal transmission, and upset the threshold of various sensory receptors. These changes could potentially induce symptoms in various body systems. Some evident examples are 1) sluggish regional circulation leads to systemic hypertension, 2) lower ribs malalignment produces abnormal tension of the diaphragm which in turn causes gastroesophageal reflux, 3) insomnia, dizziness, and even tinnitus due to increased tension of the neck muscles, 4) pelvic malalignment precipitated infertility, gestational hypertension, and diabetes, labour induced vaginal tears. To this end, these structural dysfunctions could be solved with SRT and improve related physical impairments.

3. What is the special part about the examination system in Lin's Structure Reduction therapy?

Practitioner's hands are the essential tools for the assessment and treatment of SRT. In particular, meticulous tactile sensation and precise palpation skills are pivotal. Modern scientific instruments are used only when further specific diagnosis is needed. Throughout the whole process, tension variations amongst and between different layers of tissues are detected with our hands. One of the core concepts in SRT is that the skin, subcutaneous tissues, superficial and deep muscles, fascia (and periosteum), and bones are the tissue layers constructed concentrically around the axes of our body. By generating movement around the axes or along the axes in various directions with our hands, the tension

1. 甚麼是結構治療？它在現代醫學上有甚麼獨特性呢？

結構治療就是矯正身體結構的錯亂，使身體的活動功能回復，減少疼痛及肢體障礙；還有因結構錯亂引起的循環、神經、荷爾蒙問題得以恢復。在現代醫學分科越來越細，將身體問題的處理嚴重割裂，結構治療是從一個獨特的觀點，去統合跨科別的各種症狀，甚至處理疾病尚未形成的亞健康時期的不適。

2. 結構治療的應用很廣闊，有骨傷科，內科、外科，甚至在婦產科的各種情況、內臟系統功能性問題上也有顯著的療效！請老師分享個中原因。

當結構錯亂的時候，除了可能出現循環障礙以外，自主神經的興奮度，細胞間溝通的激素，各種感受器的閾值都會被改變，這些可能會引起各不同科別的症狀。像某區域循環不良會引起高血壓，肋骨下緣不齊會拉歪橫隔膜造成胃酸逆流，頸部肌肉僵緊會造成失眠、眩暈、甚至耳鳴，骨盆歪斜會造成不孕、妊娠高血壓、糖尿病、生產產道撕裂……等等。

3. 結構治療的檢查系統特色在那裡？

結構治療主要的檢查工具，就是我們雙手日常的觸覺，基本的治療所依也是我們的雙手。除非特別需要進一步診斷，才會用到現代的科學儀器。用雙手感知不同層次之間的張力變化。觸診時，將皮膚、皮下組織、淺層、深層肌肉、骨膜、骨頭當作身體軸線同心圓的不同層結構，在用手挪動組

(Continued on Page 3)

within individual layers and its transmission between different layers could then be examined. This information enables us to evaluate the condition of each layer as well as the entire structural framework such as the micro-circulation flow, potential obstructions, and textural irregularities.

4. The fine needle, as small as 0.12 in diameter, used in SRT is different from that in traditional acupuncture. Dr Lin, would you please share the features of acupuncture in SRT?

The concept of needling in SRT differs from traditional acupuncture. Traditional acupuncture aims to adjust meridian functions while dry needling relieves pain by stimulating trigger points and inducing new pain. SRT needling utilizes very fine needles to provide gentle stimulation to different tissue layers, which facilitates the restoration of tissue texture by relieving its stiffness. In addition, adhesions between adjacent or overlapping tissue layers could be minimized by applying a needle at the tension convergence points(張力交會處), which the tissue groups are stimulated to contract in their discrete directions, and thus segregate. It could also address problems caused by "stuck" (or malaligned) tendons (e.g., common forearm flexor muscles group) with reduced mobility and contractile properties caused by skewed rotation. In this case, the skewed rotation of the "stuck" tendon will first be readjusted manually to "flattened" (攤平) the muscle-tendon unit. SRT needling will then be used to stimulate muscle contraction along its anatomical plane which results in the resumption of the normal tendon alignment and its attachment position to the bone.

5. Dr Lin, do you have a message for physical therapists in Hong Kong?

Historically, Physiotherapists were assigned as assistants to physicians and primarily focused on "eliminating pain or reducing physical disabilities" for their clients. They had limited autonomy, especially in the management of various medical conditions. However, with SRT, therapists can now address various symptoms arising from structural dysfunctions, for both clinical conditions and symptomatic subclinical conditions. This significantly expands the scope of practice for physiotherapists.

Additionally, only physiotherapists have the legal right to practice needling amongst the Chinese-speaking regions (e.g., Mainland China, Hong Kong SAR, and Taiwan). This prestige offers a unique advantage for them to use SRT and offer treatment for conditions that would be impossible without needling and enable healing without drugs.

Keep up the valuable work!



Master Lin and his students in Hong Kong

織或旋轉骨架時，感受不同層次間張力連貫的順暢程度，來判斷結構內在的流通與轉折阻滯。

4. 林老師用毫針的方法跟傳統的針不一樣，是用很幼細的毫針，可以分享一下結構治療針法的特色嗎？

結構針法跟一般以傳統經絡為思考架構的針灸，或是使用激痛點刺激的乾針，都完全不同。結構針法是用很細的毫針，刺激不同層的組織，可以使原本僵固的層次鬆解；也可以使原本兩相鄰而黏連的組織，透過針刺的刺激在張力交會處，使兩組織分別朝原不同方向收縮，因而分離。更可以使因收縮方向已經有偏斜旋轉且被固定的肌腱（像手肘內的下臂屈肌肌腱），在將肌肉旋正、攤平之後，用針刺激肌肉使在原本應該行進的方向收縮，而還原肌腱回原本與骨頭相接的位置與方向。

5. 林老師對香港物理治療師的寄語？

物理治療師原本被設定的醫療角色，是輔助醫師做為「消除疼痛或減輕肢體障礙為主」的操作員，沒有很多自主權，尤其是身體很多的內科症狀。但是透過結構治療，可以在原本醫師交付的目的外，順便一起解決病人原本因結構錯亂，而存在的各種已顯現或潛在的內科症狀，可以將物理治療的功能放大很多。

其次是香港的物理治療師，是中港台三地華人政府中，唯一可以合法使用針刺作為治療手段的，這使得香港的物理治療師具有無比珍貴的地位，透過結構治療的概念，幾乎可以成為一位不用藥物的醫師，這在中國、台灣都是不可能的，因為有些問題沒有用針幾乎無法用徒手解決。

Application of Instrument-assisted Soft Tissue Mobilization in Physiotherapy: Local Experience Sharing

Mr. Alex LUK
Private Practice

Instrument Assisted Soft Tissue Mobilization (IASTM) is a therapeutic technique or system that has drawn more and more attention in the physiotherapy practice. This approach was adopted from “Gua Sha” in China and is now popular throughout the world. The technique of Gua Sha was first introduced to the U.S. in early 90s, and was then modified and gained more acceptance in the western world. The traditional Gua Sha prefers to see redness or petechia on the skin, which is a consequence of capillary ruptures that may cause further inflammation or scar tissue. IASTM does not prefer petechia after treatment.

IASTM is an augmented treatment to assist manual therapy. It can supplement and enhance the treatment effect without completely replacing manual maneuvers. It can also lessen the stress or loading to therapists' fingers so as to prolong their professional life.

Figure 1 shows a set of IASTM tools. Different shapes and curvatures of the tools can fit different body parts, ranging from the collateral ligaments of digits to erector spinae. The curvature can be concave or convex. There is a wedged edge over the applying side, which is called bevel. The top and bottom sides are an inclined and flat surface, respectively. Physiotherapists can apply the tools on different body parts for different purposes based on various parameters. The bevel could be placed on the top or at the bottom (Bevel up or down) depending on the treatment goals. In order to have a smooth and comfortable treatment, physiotherapists use emollient to minimize the friction to prevent skin irritation and laceration, especially for the diabetic patients.

I used to focus a lot on the bony structures, such as the joint play and manipulation in the initial 15 years of my clinical practice. The main reason was related to the fact that my basic training mainly emphasized on the joint movements, with limited training on soft tissue management. However, I frequently found that there were some missing pieces in my clinical skills that might sometime limited the treatment effects. Eventually, IASTM was one of the missing pieces that could fortify the positive treatment responses of patients.

There are four potential mechanisms that explain the effectiveness of IASTM. The first one is the neurophysiological effect. The afferent activities from the mechanoreceptors embedded in the fascia, may decrease the nociceptive input to the central nervous system, which is the principle of the pain gate theory. The second mechanism is the mechotransduction. The cells in our body can sense and respond to mechanical loads. The shearing and compression loading on the fibroblasts can affect their own proliferation and maturation ^[1]. Hence, IASTM is an effective way to promote tissue remodeling. The third mechanism is the mechanical effect. The IASTM can replace therapists' fingers to perform deep friction massage to mobilize the scar tissue in various directions. The fourth mechanism is to alter fluid dynamics. IASTM can treat acute musculoskeletal conditions by controlling swelling and remove oedema. For chronic musculoskeletal conditions, the scar tissue, subtle inflammation and hypertonic muscles may interfere the local perfusion of the affected region. The inflammatory substances can accumulated and cause discomfort. IASTM can facilitate the local perfusion to transport more nutrients and remove inflammatory substances.

Let's use total knee replacement (TKR) as an example to illustrate how IASTM can be used for post-operative management. After an uneventful TKR, rehabilitation can be started even when the dressing is in place. We can use IASTM for the initial swelling control. It is preferred to use sanitized tools and avoid applying stress directly to the wound. The tool can act as a pair of hands in effleurage. When the wound is completely healed, which is usually two weeks post-TKR, scar management can be introduced using IASTM as long as there is no sign of delayed healing or other skin problems. Indirect scar mobilization can also be used as a prophylactic treatment to prevent undesirable joint stiffness due to adhesive scar tissues. (Figure 2)

Once the acute stage of TKR has passed, reasonable and intensive knee mobilization can be incorporated into rehabilitation. The knee flexion and extension range can be limited by the length of quadriceps and hamstrings,

(Continued on Page 5)

respectively. IASTM is an effective and efficient method to prepare relevant muscles and related soft tissues. If there is some scar adhesions after the acute stage of TKR and no sign of fragile skin, the direct application of IASTM may loosen scar tissue adhesion. (Fig. 4)

One patient with TKA visited me when the patient was at three months post-operation. He had no proper rehabilitation and resulted in the presence of 15 degrees of flexion contracture. I used IASTM to loosen up the posterior soft tissue including muscles, fascia, capsule and so on for 3 sessions. He got significant improvement on the knee extension range. Although there was still 5 degrees of extension lag with springy end feel, this patient had already gained confidence in this therapeutic approach.

All in all, IASTM is a versatile maneuver to tackle numerous musculoskeletal problems. The tools can fit different body parts and area to deliver treatment properly. IASTM can also be applied to different stages of a given pathology. Physiotherapists can use these portable tools to save their finger joints with better clinical outcomes. Future clinical trials should investigate the effectiveness of IASTM on various musculoskeletal conditions so as to inform clinical practice.

Reference

1. Kahn KM, Scott A. Mechanotherapy: how therapists' prescription of exercise promotes tissue repair. *Br J Sports Med.* 2009;43:247-51



Figure 1. One set of Instrument Assisted Soft Tissue Mobilization tool



Figure 2. The use of instrument assisted soft tissue mobilization to manage swelling following total knee replacement.

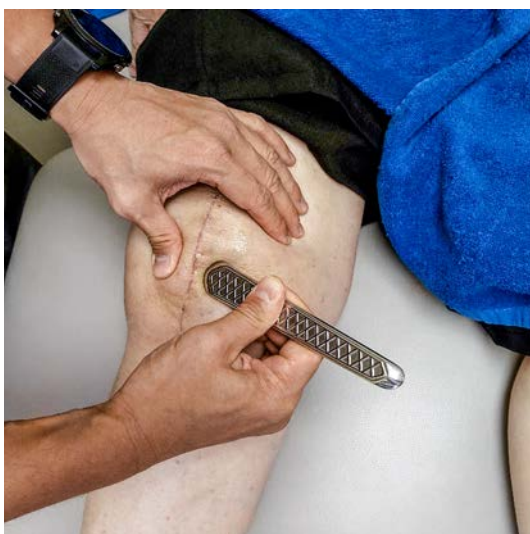


Figure 3. Removal of scar tissues

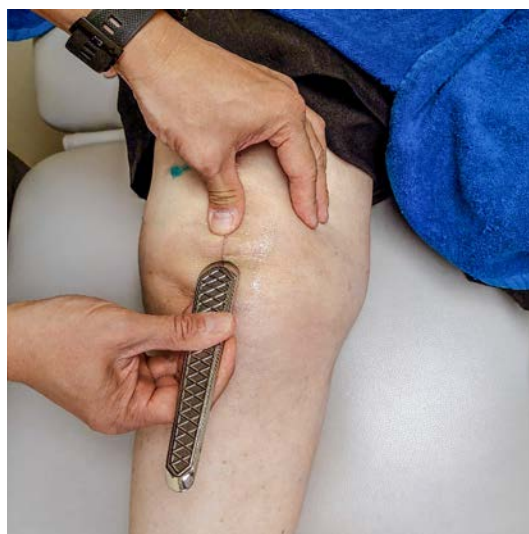


Figure 4. Removal of scar tissues on sartorius

An Interview with Ms. Candy WO

Date : 1 September 2023

Venue : Online

Interviewee : Ms. Candy WO

Interviewers : Mr. Tsz Kwai HUI
(Year 3 Physiotherapy student, The Hong Kong Polytechnic University)
Mr. Siu Lun TSANG
(Year 3 Physiotherapy student, Caritas Institute of Higher Education)

Q1

Why did you choose to study Physiotherapy?

A1

My career aspiration has been in the healthcare field since childhood due to personal experiences. I suffered from severe flat feet and received physiotherapy frequently when I was young. My parents sometimes consulted physiotherapists as well. The physiotherapist provided me with a lot of constructive suggestions to maintain my functional status during the treatment sessions. As there were not many people receiving physiotherapy at that time, I expected that physiotherapy was quite stable and required a peaceful personality, and it matched my character. Moreover, it was fortunate that my senior schoolmate who was also studying physiotherapy provided me with much information about the curriculum of physiotherapy and advice regarding admission. To prepare for the physical admission test, I did swimming and running regularly to improve my exercise tolerance and coordination.

Q2

Do you have any memorable experiences throughout your career?

A2

I worked in both public and NGO sectors, such as Queen Mary Hospital, David Trench Rehabilitation Centre, Kowloon Hospital, and TWGH's Fung Yiu King Hospital. In public hospitals, I had to handle around 40 cases each day and manage a variety of treatments simultaneously, such as pulleys and electrotherapy machines. Since I needed to remember all the information of my cases and did the documentations at the end of the day, I revised all the information of my patients the night before to ensure that I did not make any mistake or overlook anything. Despite the high workload, I spent much of my leisure time preparing myself to provide high quality healthcare service to patients.



Top left to right: Mr. Siu Lun TSANG and Dr. Arnold WONG;
Bottom left to right: Ms. Candy WO and Mr. Tsz Kwai HUI

Throughout my career, I encountered numerous challenging cases with varying degree of disability. In one case, a man with bilateral below knee amputation and diabetes refused to participate in rehabilitation. I did a home visit after a while and found his head would have stuck inside the refrigerator with his trunk leaning forward due to loss of extensor strength and balance. He encountered many functional problems and he realized the importance of restoring his body functions. He started to accept part of our treatment plan and performed extension training. Another case was a 40-year-old teacher who suffered from a stroke. She actively followed our multidisciplinary treatment as she really wanted to relieve her mother's burden and recover. She can take a flight to Canada independently now. She often shares her experiences to other stroke patients to boost their confidence. Although we cannot force our patients to adhere to the treatment plans, we can still try our best to help them to achieve their goals and needs. Using task-specific training in their treatment plans is an important way of encouraging patients to be adherent to the plans and to build up a good rapport.

Working in a multidisciplinary team is another memorable experience for me. As a member of the community geriatric assessment team of the Central and Western District, I was involved in both the social and medical aspects of patient care. Other than assessing the abilities of elderlies, I also served as

(Continued on Page 7)

a liaison person to elderly homes and collaborated with other medical professions such as social workers, nurses, occupational therapists and speech therapists to provide high quality services. As a team, we should be united and communicate constantly to discuss the treatment plan, such as interdisciplinary hydrotherapy with vocal training for paraplegics, as well as follow-up services. It was an invaluable experience for me and it prepared my upcoming role as a rehabilitation center manager.

Q3

What are the challenges when you change from a frontline role to a management role?

A3

The transition from a frontline role to a manager started when I operated a rehabilitation center in Wan Chai. Preparing monthly reports, listing incomes and expenses were my responsibilities, but I did not have any experience of handling accounting. By learning accounting and managing clinical work simultaneously, I dedicated much of my leisure time. I thought my efforts would finally pay off if I work hard. Furthermore, I understood that I was influencing the whole center rather than just a small clinical team, so I had to build up a macro-view of healthcare service, such as regulating multi-disciplinary services.

Based on my previous clinical experiences and neurological knowledge learned in Australia, I suggested task-oriented and holistic approaches, rather than merely enhancing patients' body functions to help patients adapt to their own environment. However, my recommendations were sometimes criticized by my colleagues at case conferences, as that mean increased workload and overtime work for them. Some might think that we should only follow the recommendations from doctors on the referral letters, focus on maintaining body functions such as muscle strength and flexibility. This may due to the fact that some of my colleagues did not have a multi-angle view and clinical experience to help patients integrate efficiently into society. Despite being criticized, my boss encouraged me to practice with our colleagues, so as to let them to participate in the inevitable process for the whole team to be engaged, in a shared vision and build team spirit in the long run.

After a while, my colleagues gained a sense of satisfaction from the cases because they were seeing marked progress and they were willing to follow my suggestions. As an example, my colleagues checked the transportation and surrounding environment so that wheelchair bound patients could enter our clinic more conveniently and independently. My colleagues would even accompany them going back home after treatment sessions to observe if there was any functional limitations or difficulties, aiming to plan individualized treatment and incorporate task-specific training tailored made to the patient's specific home or working environment.

Q4

What is your philosophy in management?

A4

At the micro and meso level, other than good communication, collaboration and trust, I value fostering team cohesiveness the most. As a manager, you cannot be self-centered. You need to put colleague's welfare and benefits in the higher priority. You also need to support colleagues' development and growth, as you want them to grow and be your successors in the future. I always focus on building an optimal working environment that gives colleagues the space and time to perform their work. You do not want your colleague to feel that you want to exploit them or use them as a tool to achieve policy's purpose. This will eventually lead to a cohesive team.

At the macro level, I think fostering trust, respect and alliance relationships between working units, teams or organizations is of utmost important. One of the keys is through adopting a problem-solving approach, as this shifts the focus from competition to cooperation between teams and organizations, so as to achieve the best possible patient care and outcome, especially under limited resources.

Q5

How do you see the prospects of working in HA?

A5

The policy of rotation between settings in HA offers a variety of exposures and experiences. Working with colleagues from other disciplines is also inspiring. It builds up your versatility and width of knowledge. After all, you can also achieve excellence by working in other settings such as in NGOs or teaching role in academic bodies, as long as you keep up with development and maintain your professionalism.

Q6

What is your advice for PT students and junior PT?

A6

For PT students, you need to study hard to lay down a solid foundation of knowledge as it allows you to handle workload much more efficiently once you start to work. You also want to start exploring and remain updated with the latest information in your field of interest.

For junior PTs, it is important to learn to become a team player. Do remember that the core of physiotherapy is about helping people and providing humanistic care. These will ensure adaptability in the workplace.

Duty of Care of Medical Professionals

Mr. Bronco BUT

Honorary Legal Advisor of HKPA

The civil liability of medical practitioners towards their patients was set out in the case of *R. v Bateman*, as follows:

"if a person holds himself out as possessing special skill and knowledge and he is consulted as possessing such skill and knowledge, by or on behalf of a patient, he owes a duty to the patient to use due caution in undertaking the treatment. If he accepts the responsibility and undertakes the treatment and the patient submits to his direction and treatment accordingly, he owes a duty to the patient to use diligence, care, skill knowledge and caution in administering the treatment. No contractual relation is necessary, no is it necessary that the service be rendered for reward... The law requires a fair and reasonable standard of care and competence. This standard must be reached in all the matters above mentioned. If the patient's death has been caused by the defendant's indolence or carelessness, it will not avail to show that he had sufficient knowledge; nor will it avail to prove that he was diligent in attendance, if the patient had been killed by his ignorance and unskilfulness....As regards cases where incompetence is alleged, it is only necessary to say that the unqualified practitioner cannot claim to be measured by any lower standard than that which is applied to a qualified man. as regards cases of alleged recklessness, juries are likely to distinguish between the qualified and unqualified man. There may be recklessness in undertaking the treatment and recklessness in the conduct of it. It is, no doubt conceivable that a qualified man may be held liable for recklessly undertaking a case which he knew or should have known, to be beyond his powers or for making his patient the subject of reckless experiment. Such cases are likely to be rare. In the case of a quack, where the treatment has been proved to be incompetent and to have caused the patient's death, juries are likely not to hesitate in finding liability on the ground that the defendant undertook, and continued to treat, a case involving the gravest risk to his patient, when he knew he was not competent to deal with it or would have known if he had paid any proper regard to the life and safety to his patient.

The doctor's relationship with his patient gives rise to a duty of care to exercise skill and judgment in providing treatment. It is a single comprehensive duty. It covers all the ways in which a doctor is called upon to exercise his skill and judgment in treating the patient's physical or mental condition and in respect of which his services were engaged.

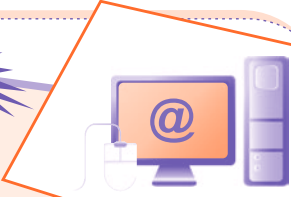
This general duty of care is not subject to dissection into a number of component parts to which different criteria of what satisfy the duty of care apply, such as diagnosis, treatment, advice.

Duty of care of physiotherapists

If a physiotherapist holds himself out as possessing special skill and knowledge and he is consulted as possessing such skill and knowledge, by or on behalf of a patient, he owes a duty to the patient to use due caution in undertaking the physiotherapy treatment. If he accepts the responsibility and undertakes the physiotherapy treatment and the patient submits to his direction and treatment accordingly, he owes a duty to the patient to use diligence, care, skill knowledge and caution in administering the physiotherapy treatment. No contractual relation is necessary, no is it necessary that the service be rendered for reward... The law requires a fair and reasonable standard of care and competence. This standard must be reached in all the matters above mentioned.

In the next issue, there will be discussions regarding the patient's consent in receiving medical treatment including physiotherapy.

NEW



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Promotion of HKPA to Year 1 Physiotherapy Students at CIHE

Date : 10 October 2023
Venue : Caritas Institute of Higher Education, Tiu Keng Leng
Physiotherapist : Prof. Marco PANG

Prof. PANG introduced HKPA to year 1 physiotherapy students at CIHE and briefed them on the current progress of our campaign to gain direct access. The students were encouraged to join HKPA as student members.



Promotion of HKPA to Physiotherapy Students of Tung Wah College

Date : 16 October 2023
Venue : Tung Wah College
Physiotherapist : Mr. Raymond TSANG, Vice-President of HKPA

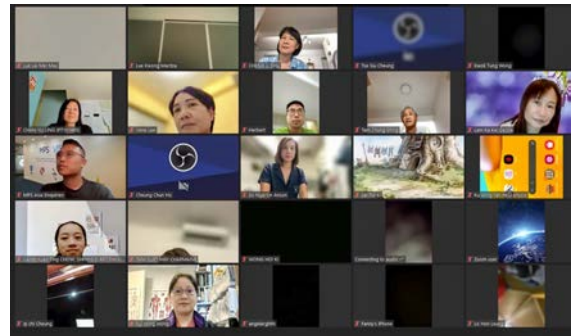
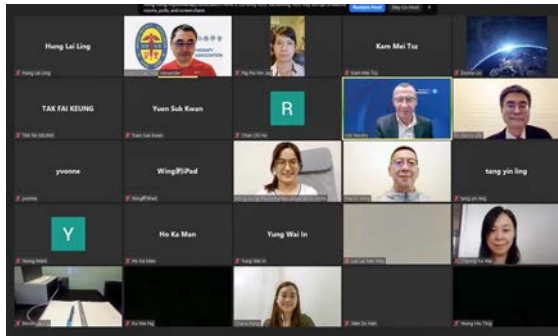
Mr. TSANG introduced the HKPA to the physiotherapy students of the Tung Wah College and invited them to join the HKPA.



A Webinar on Professional Indemnity Insurance

Date : 19 October 2023
Venue : HKPA and MPS
Speakers : Dr. Rob HENDRY and Dr. Danny LEE

Dr. HENDRY shared the topic on the importance of robust professional indemnity for physiotherapists in Hong Kong. Dr. LEE shared about the complaint system and regulatory body in Hong Kong, as well as how to handle adverse events. The talks were followed by an questions and answers section. Approximately 600 participants attended the webinar.



MPS WEBINAR

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A Talk at the Exercise is Medicine Project Event

Date : 19 October 2023
Venue : Chinese University of Hong Kong
Physiotherapist : Mr. Alex WOO

Mr. WOO gave a public talk about low back pain and exercise on behalf of HKPA at the CUHK Exercise is Medicine Project event.



HKPA 60th Anniversary – Community Talks on Stroke

First Talk

「從物理治療的角度看中風的第一層、第二層及第三層預防」

Second Talk

「鏡療法在中風後的療效及應用」

Date : 22 October 2023
Time : 2:30pm - 4:00pm
Venue : Fung Ming Hall, Sik Sik Yuen, Wong Tai Sin Temple
Speakers : Dr. Doris CHONG, Associate Professor, Head of Department of Physiotherapy, Hong Kong Metropolitan University
 Dr. Wingson CHAN, Chairperson in the Neurology Specialty Group, HKPA

HKPA Neurology Specialty Group co-organized two public talks with Sik Sik Yuen and The Hong Kong Stroke Association. The talks were well received by 160 participants.

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HKPA 60th Anniversary Gala Dinner

Date : 4 November 2023
Venue : Nina Hotel Tsuen Wan West

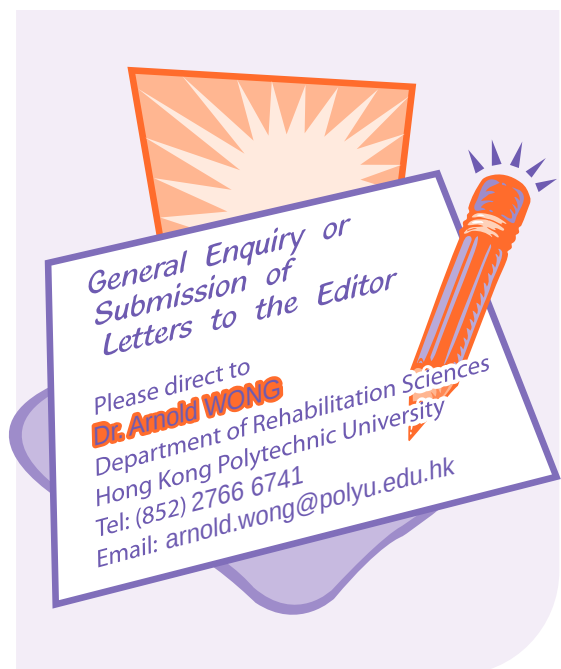
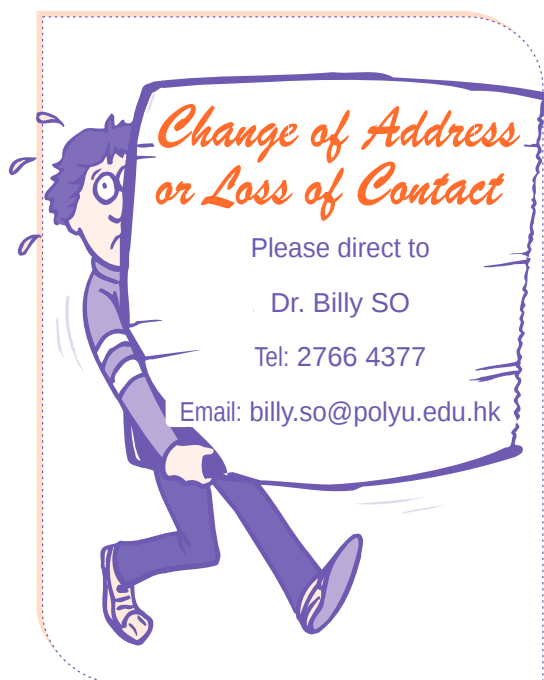
A gala dinner was held to celebrate the 60th Anniversary of HKPA. There were a total of 19 tables. It was a night filled with joy and gratitude.



Gerontech and Innovation Expo cum Summit (GIES) 2023

Date : 24 November 2023
Venue : Hong Kong Convention Centre N101
Organizer : HKSAR Government and the Hong Kong Council of Social Service
Physiotherapist : Mr. Raymond TSANG, Vice-President of HKPA

Mr. TSANG attended the Plenary Session and Forum on Collaboration and Development of Smart Ageing in the Greater Bay Area. There were presentations of ageing in the digital era with the quality and smart elderly care, and discussion on the smart ageing in the Greater Bay Area.



CPD News

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

16th Asia Confederation for Physical Therapy (ACPT)

General Meeting

Date : 24 November 2023

Venue : Office of Physical Therapy Council, Ministry of Health, Bangkok, Thailand

Physiotherapist : Dr. Shirley NGAI

Dr. Shirley NGAI attended the 16th ACPT General Meeting on behalf of the Hong Kong Physiotherapy Association. Representatives from 10 regions/ countries attended the meeting either online or face-to-face. The meeting discussed the future plan of ACPT and confirmed the next ACPT conference host.



Conference Opening Ceremony

Date : 25 November 2023

Venue : Grand Richmond Hotel, Bangkok, Thailand

Physiotherapist : Dr. Shirley NGAI

Dr. Shirley NGAI attended the 16th ACPT Conference Opening Ceremony on behalf of the Hong Kong Physiotherapy Association. Representatives from member organizations, including Bangkok, Japan, Korea, Indonesia, Macau, Singapore, Malaysia, Taiwan, Hong Kong, and the Philippines attended the opening ceremony.



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