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Content

Happy Year of the Dragon!

Prof. Marco PANG
President, HKPA

Happy Chinese New Year! As we enter the Year of Dragon, it is time to reflect on the major achievements made by HKPA last year.

The year of 2023 was a special year because it marked the 60th Anniversary of HKPA. Throughout 2023, a series of activities were organized to celebrate this important milestone. The first was a Launching Ceremony in January, with Dr. PANG Fei-chau (Commissioner for Primary Healthcare) and Miss WONG Sau-wai, Vega, JP (Commissioner for Rehabilitation), Mr. Philip Tsai, BBS, JP (Chairman of Supplementary Medical Professions Council), and Dr. Hon David LAM Tzit-yuen (Legislative Council member for Medical and Health Services) as our officiating guests. Following the Launching Ceremony, monthly public lectures at various locations in collaboration with different non-governmental organizations, District Health Centres and Health Bureau. We were able to reach out to many in the community through these public events. In June, the HKPA 60th Anniversary Conference was held. It was a highly successful event, with over 200 participants. At this event, the HKPA Legacy Award was presented to Mrs. Elizabeth WONG. In November, over 200 delegates joined our 60th Anniversary Gala Dinner. The year-long celebration culminated in our International Conference co-organized wit SAHK titled "Glocalisation of WHO's ICF in Clinical Practice: Worldwide Experience Sharing", which attracted over 600 participants.

Another significant achievement was the approval of the revised Memorandum and Articles (M&A) of HKPA by our members at the Annual General Meeting held in March. The revised M&A ensures good governance principles and complies with the legislative requirements for a company limited by guarantee.

HKPA has been working very diligently on the issue of physiotherapy direct access, with substantial media exposure in the year of 2023. We will continue to follow up on this and hope that regulations can be changed in 2024 to allow the public to consult a physiotherapist directly without referral from doctors.

The Election of President, Vice President and Executive Committee members were successfully held as well in December. I am honored to have been elected to serve all of you as the President of HKPA.

I wish you all a very healthy and prosperous Year of the Dragon!

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Editorial

Physiotherapy for individuals with cancer

Mr. Maurice HON and Ms. Caroline WONG

Cancer is the leading cause of death in Hong Kong. However, with advancements in diagnosis and treatment, survivability has steadily improved. Cancer treatments can cause many side effects, and physiotherapists can play an important role in helping patients alleviate their pain and discomfort through appropriate exercise prescriptions and electrophysical modalities. In the main article, Ms. Mandy Yan Man SZE from the Hong Kong Sanatorium & Hospital shares with us five phases along the cancer continuum where exercise can help patients.

In the People's Corner, Dr. Tiffany Choi shares how and where her career began, mostly practicing in a public hospital setting, and has now become an academic at Saint Francis University. She also shares her vision regarding the future of the physiotherapy profession in Hong Kong.

Announcements

Congratulations

HKPA

Prof. Marco PANG was promoted to the position of Department Head of the Department of Rehabilitation Sciences at The Hong Kong Polytechnic University, effective on 1 February 2024

Dr. Shirley NGAI was promoted to the position of Associate Department Head of the Department of Rehabilitation Sciences at The Hong Kong Polytechnic University, effective on 1 February 2024

Resignation of the President of HKPA

On 24 February 2024, Prof. Marco PANG announced his resignation as the President of HKPA due to his new role at The Hong Kong Polytechnic University. He will remain in office until 31 March 2024. The nomination period for new President candidates will be from 1 April to 30 April 2024.

The Role of Physiotherapist in Oncology Rehabilitation

Ms. Mandy Yan-Man SZE
Physiotherapist I, Hong Kong Sanatorium & Hospital
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Cancer is one of the major health problems in Hong Kong. Both the total number of new cancer patients and the incidence rate increased dramatically in the past few decades. The cancer incidence has been increasing at an average rate of about 3.1% per annum in the past decade. In 2020, 34,179 new cases were diagnosed with cancer in Hong Kong. On average, 94 people were diagnosed every day. The most frequent cancers diagnosed in 2020 were that of the lung (15.9%), colorectum (14.9%), breast (14.6%), prostate (6.8%) and liver (5.1%), and they comprised over 57% of all new cases (Hong Kong Cancer Registry).

With the innovative diagnostic equipment and advanced treatments, the cancer survivorship is improving. Approximately 68.1% of the newly diagnosed patients are expected to survive more than 5 years (https://seer.cancer.gov/statfacts/html/all.html).

Cancer and its treatments have profound adverse effects to the body systems. The toxicities can occur in almost all tissues and organs throughout the body, including skin, endocrine system, liver, gastrointestinal tract, lung, cardiovascular system, musculoskeletal system, nervous system, eyes, hematologic system, etc. These adverse effects can be acute, late-occurring, last for years or even lifelong (Bower et al 2006, Lawrence 2004). Reduction in quality of life due to physical and psychosocial health problems such as: cancer-related fatigue (CRF) (Lawrence 2004, Byar et al 2006, Singer S et al 2011), pain (Van den Beuken-van Everdingen et al 2007), chemo-induced peripheral neuropathy (Wang XM et al 2012), weakness or sarcopenia (Christensen et al 2014), impaired balance, dyspnea, depression, sleep disorder and work-related issues are common problems found in cancer survivors during and after their treatments.

CRF is the most frequent patient-reported and distressing syndrome among cancer patients. The overall prevalence is roughly 49% varying across cancer populations, depending on the tumor type (ranging from 14.03 to 100%), cancer stage (60.6% in advanced cancer), and treatment status (62% during treatment) (Ma Y et al 2020). Subsequently, persistent CRF highly affects health-related quality of life (HRQoL). HRQoL is correlated to an individual's physical, social, emotional, and cognitive health (functional dimensions), together with individual's well-being and the cancer symptoms suffered (Lavín-Pérez AM et al 2021).

In the past two decades, increasing evidence supported that exercise plays a vital role in cancer prevention and control (Courneya KS et al 2001). Moreover, many of the physical consequences of cancer and its treatment-related toxicities can be effectively treated with exercise and physical therapy interventions. It can be recommended regardless of the type of cancer (Stout NL et al, 2017). The aggregate effect of physical training suggests that exercise programs (aerobic, anaerobic and resistance training) implemented during or after cancer treatments can have positive impact on fatigue reduction and improve HRQoL (Lavín-Pérez AM et al 2021, Belloni S et al 2021).

Moreover, exercise engages numerous regulatory systems at the organismal, tissue, and cellular levels and gives a boost to biomarkers, specifically immune and inflammatory markers, both during and after cancer treatments. Significant improvements in biomarker profiles were noted with exercise interventions, including improved insulin-like growth factor (Fong DY et al, 2012), improved immune function (Steel JL et al, 2014), and decreased inflammatory markers (Meneses-Echavez JF, 2016). All of these support the patients to adapt further treatment regime more easily.

Cancer patients go through their own cancer journey and experience different problems. A tailor-made exercise program should be prescribed individually according to their known and anticipated treatment-related side effects. This should be guided by a trained health care provider who is an exercise specialist and with robust knowledge and skills in cancer-specific exercises and rehabilitation. Therefore, physiotherapist plays an essential role in ensuring that safe and effective exercise training is implemented. Meanwhile, supporting and working out with the patient if further complications or physical impairments have developed in the on-going treatment process are also important in the rehabilitation.

In view of the expanding needs, the American College of Sports Medicine (ACSM) reconvened an international, multi-disciplinary group of professionals in 2018 to review pertinent published literature on exercise for people with cancer. ACSM interpreted both the Dietz model (Dietz JH 1980) and Courneya and Friedenreich's Physical Activity and Cancer Control Framework (Courneya KS et al 2007), and highlighted five specific phases along the cancer continuum where exercise has a logical role (Parke SC et al 2021).

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The five phases include:	
Before Diagnosis	1. Primary Prevention Phase
After Diagnosis	2. Prehabilitation / Secondary Prevention Phase 3. Rehabilitation / Restorative Phase 4. Survivorship / Supportive Phase 5. Palliative Phase

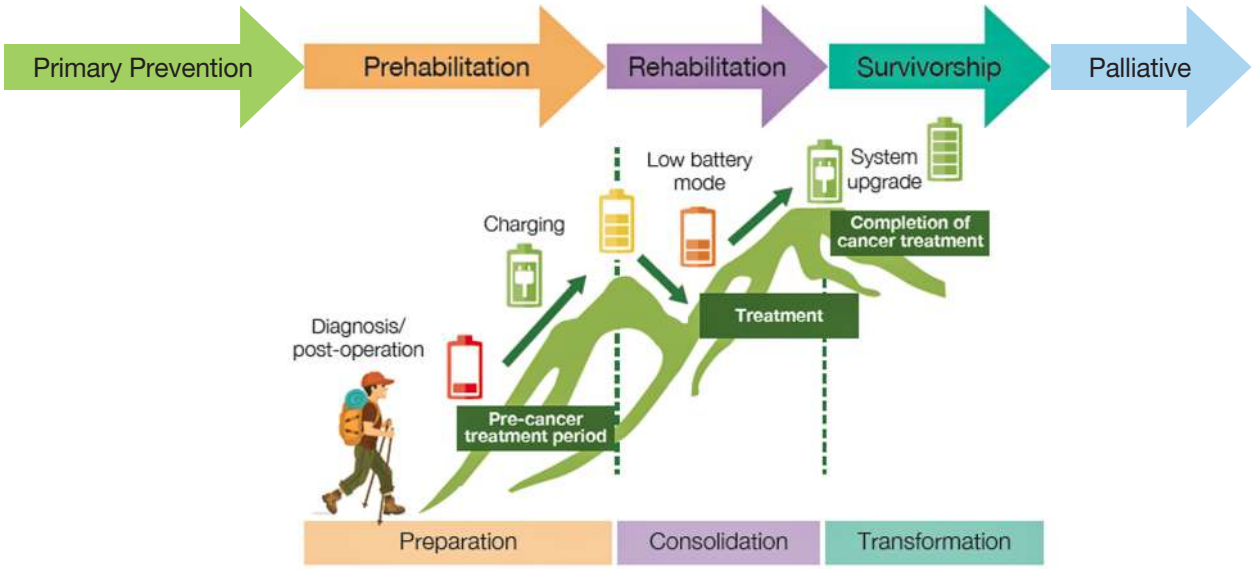

Figure 1: Oncology Rehabilitation Journey

Physiotherapy Centre, Hong Kong Sanatorium Hospital: https://physio.hksh.com/en/physio-our-services/oncology-rehabilitation

1. Primary Prevention Phase

The primary prevention phase refers to prevention of the first occurrence of malignancy. Increasing physical, occupational, and leisure time activities may have a large effect on cancer prevention and mitigation (Patel AV et al, 2019). Exercise, as a primary form of cancer prevention, is important to consider in the population. Strong evidence demonstrated that engagement in 7.5-15 MET hours per week of leisure time physical activities reduced risks of bladder, breast, colon, endometrial, esophageal adenocarcinoma, renal and gastric cancers, with relative risk reduction ranging from approximately 10% to 20% (Mctiernan A et al 2019).

2. Prehabilitation / Secondary Prevention Phase

Prehabilitation is the enhancement of patient's fitness level in anticipation of a physiological stressor, such as a major surgery (Carli F 2010). Cancer prehabilitation has been defined by Sliver and Baima (2013) as "a process on the cancer continuum of care that occurs between the time of cancer diagnosis and the beginning of acute treatment."

The aims of prehabilitation are:

1. To prevent or reduce the severity of anticipated treatment-related physical impairments and psychological distress that may cause significant disability.
2. To obtain a baseline status and identify pretreatment impairments.
3. To improve physical and emotional health before treatment when a patient is generally in a better physical condition.
4. To reduce treatment-related morbidity and / or mortality.
5. To decrease the length of hospitalization and / or readmission.
6. To increase available treatment options for patient.
7. To facilitate quick return of highest functional level possible.

A study by Gillis C et al found good improvement in the functional capacity of patients with colorectal resection who had undergone prehabilitation when comparing with those who had not joined the prehabilitation training (Figure 2) (Gillis C 2014).

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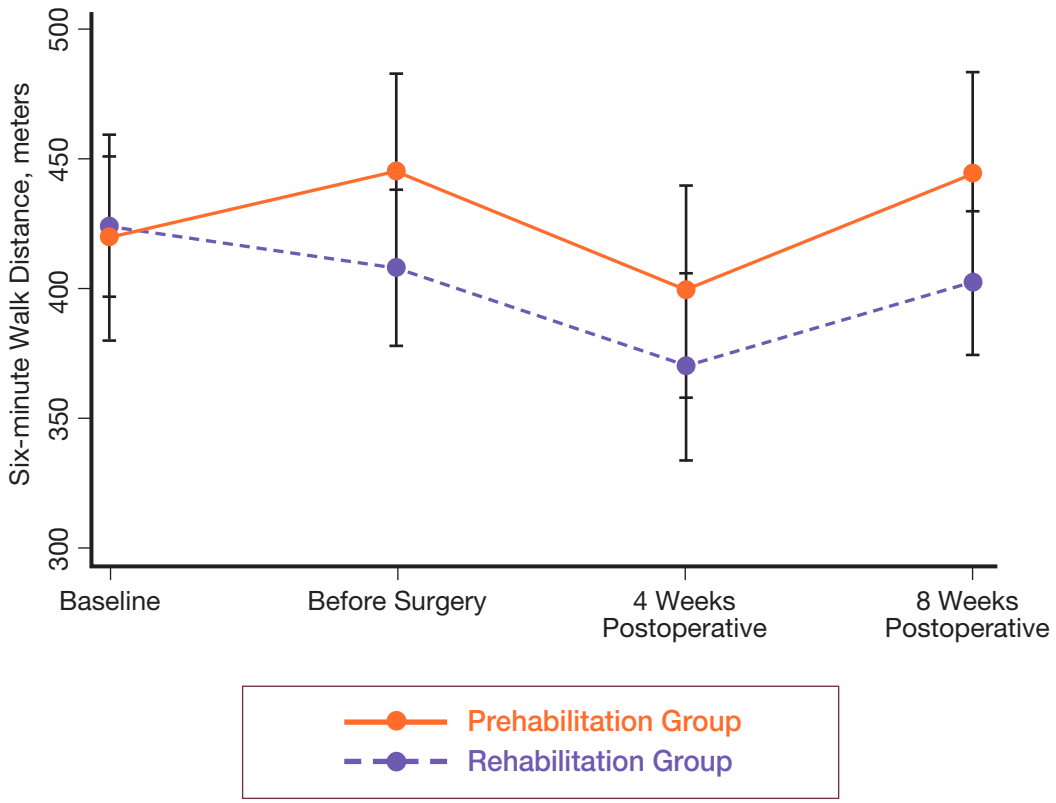

Figure 2. Prehabilitation have shown better physical condition than rehabilitation alone after colorectal resection (excerpted from Gillis C et al 2014)

Oncology patients may particularly benefit from prehabilitation, given increased risk of deconditioning due to underlying disease process and other factors, such as neoadjuvant chemoradiation, malnourishment, muscular atrophy, fatigue, and anxiety. Preliminary findings suggest that a prehabilitation approach, such as exercise, nutrition, and anxiety reduction in the pre-operative period, can improve post-operative recovery (Carli F 2017).

It is preferred to start exercise once cancer is diagnosed and before active cancer treatment begins. Moreover, if patient's condition allows, it is good to start fitness training right after surgery but before chemotherapy or radiotherapy, as those will generally render the patient too weak to engage in the exercise program. Ideally, two weeks of exercise training will be able to show significant improvement in the cardiovascular system, muscle strength and functional ability. However, patients can still start exercise even if the time-window is less than two weeks. Exercises will be prescribed with reference to the American Cancer Society and the ACSM guidelines (Figure 3).

General ACSM Guideline (Schmitz et al, 2010)	
Aerobic Activity	Overall weekly volume of 150 minutes of moderate intensity or 75 minutes of vigorous intensity or an equivalent combination
Strength Training	Two to three weekly sessions that include exercises for major muscle groups
Flexibility	Stretch major muscle groups and tendons on days that other exercises are performed

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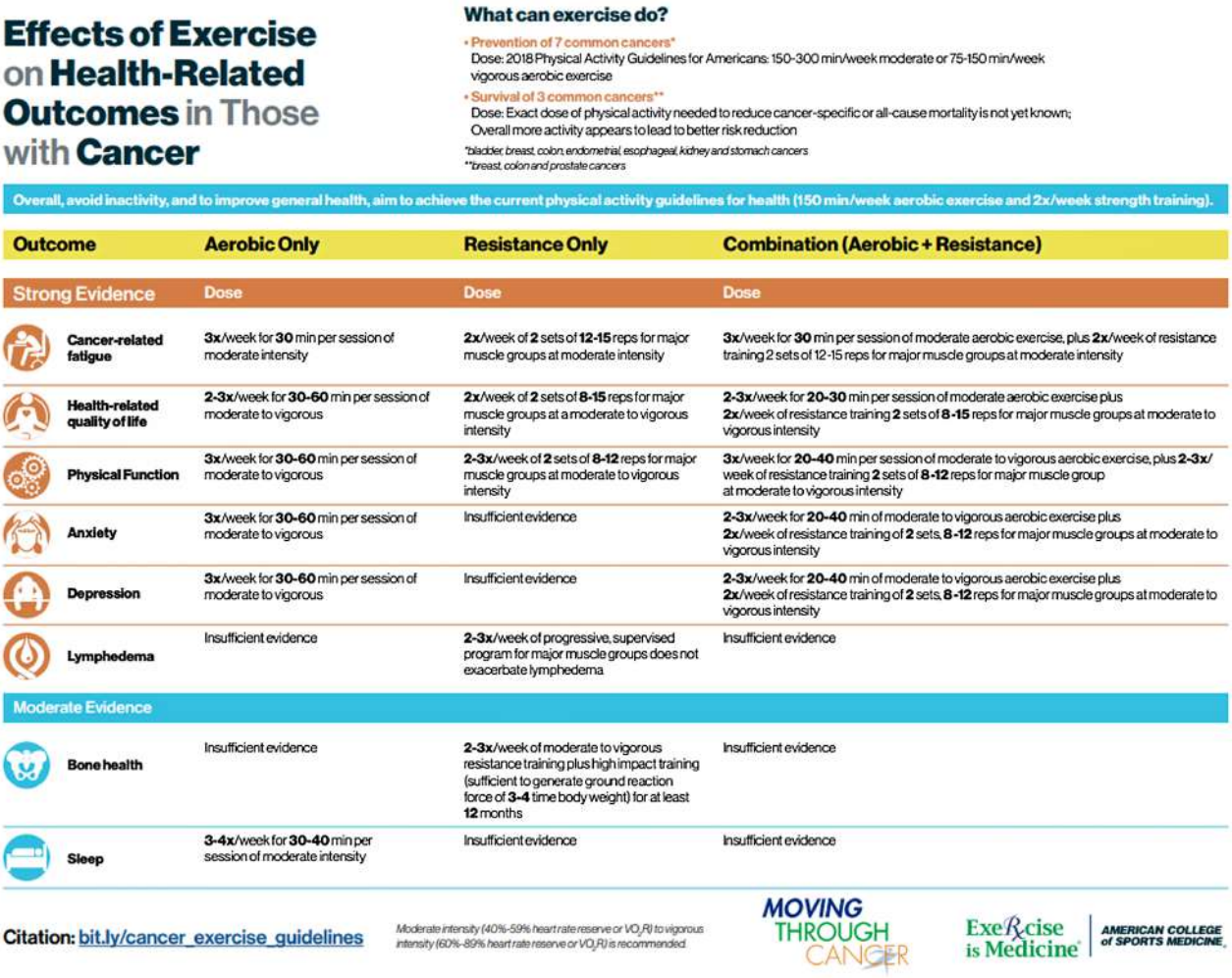

Effects of Exercise on Health-Related Outcomes in Those with Cancer

What can exercise do?

- Prevention of 7 common cancers*
  Dose: 2018 Physical Activity Guidelines for Americans: 150-300 min/week moderate or 75-150 min/week vigorous aerobic exercise
- Survival of 3 common cancers**
  Dose: Exact dose of physical activity needed to reduce cancer-specific or all-cause mortality is not yet known; Overall more activity appears to lead to better risk reduction

*bladder, breast, colon, endometrial, esophageal, kidney and stomach cancers
**breast, colon and prostate cancers

Overall, avoid inactivity, and to improve general health, aim to achieve the current physical activity guidelines for health (150 min/week aerobic exercise and 2x/week strength training).

Outcome	Aerobic Only	Resistance Only	Combination (Aerobic + Resistance)
Strong Evidence	Dose	Dose	Dose
Cancer-related fatigue	**3x**/week for **30** min per session of moderate intensity	**2x**/week of **2** sets of **12-15** reps for major muscle groups at moderate intensity	**3x**/week for **30** min per session of moderate aerobic exercise, plus **2x**/week of resistance training 2 sets of 12-15 reps for major muscle groups at moderate intensity
Health-related quality of life	**2-3x**/week for **30-60** min per session of moderate to vigorous	**2x**/week of **2** sets of **8-15** reps for major muscle groups at a moderate to vigorous intensity	**2-3x**/week for **20-30** min per session of moderate aerobic exercise plus **2x**/week of resistance training **2** sets of **8-15** reps for major muscle groups at moderate to vigorous intensity
Physical Function	**3x**/week for **30-60** min per session of moderate to vigorous	**2-3x**/week of **2** sets of **8-12** reps for major muscle groups at moderate to vigorous intensity	**3x**/week for **20-40** min per session of moderate to vigorous aerobic exercise, plus **2-3x**/ week of resistance training **2** sets of **8-12** reps for major muscle group at moderate to vigorous intensity
Anxiety	**3x**/week for **30-60** min per session of moderate to vigorous	Insufficient evidence	**2-3x**/week for **20-40** min of moderate to vigorous aerobic exercise plus **2x**/week of resistance training of **2** sets, **8-12** reps for major muscle groups at moderate to vigorous intensity
Depression	**3x**/week for **30-60** min per session of moderate to vigorous	Insufficient evidence	**2-3x**/week for **20-40** min of moderate to vigorous aerobic exercise plus **2x**/week of resistance training of **2** sets, **8-12** reps for major muscle groups at moderate to vigorous intensity
Lymphedema	Insufficient evidence	**2-3x**/week of progressive, supervised program for major muscle groups does not exacerbate lymphedema	Insufficient evidence
Moderate Evidence			
Bone health	Insufficient evidence	**2-3x**/week of moderate to vigorous resistance training plus high impact training (sufficient to generate ground reaction force of **3-4** time body weight) for at least **12** months	Insufficient evidence
Sleep	**3-4x**/week for **30-40** min per session of moderate intensity	Insufficient evidence	Insufficient evidence

Citation: bit.ly/cancer_exercise_guidelines

Moderate intensity (40%-59% heart rate reserve or VO_2R) to vigorous intensity (60%-89% heart rate reserve or VO_2R) is recommended.

MOVING THROUGH CANCER

Exercise is Medicine | AMERICAN COLLEGE of SPORTS MEDICINE

Figure 3. ACSM guideline for cancer patients
https://www.acsm.org/docs/default-source/files-for-resource-library-cancer-infographic-sept-2022.pdf

3. Rehabilitation / Restorative Phase

Medical condition of cancer patients can change rapidly. Safety is an important concern during rehabilitation and specific adaptations are required from time to time (Carli et al 2017). Exercise therapy should be implemented in a tailored, nonlinear fashion, in which the intensity and duration of exercise is adjustable between sessions (Jones LW et al 2013). Exercise training typically begins with an adaptation phase of low to moderate intensity exercises. The training moves to a progression phase, in which higher intensity exercises are gradually introduced (Klijn P et al 2012). Consequently, the "Phase Training Model" is adopted in oncology rehabilitation program.

The "Phase Training Model" developed by the University of Northern Colorado Cancer Rehabilitation Institute (UNCCRI) adopts a "four-phase approach" (Brown JM et al 2019). The main principles of this training model include progressive overload, individuality, specificity, diminishing returns, and reversibility. Exercise prescription depends on treatment status (e.g. on chemotherapy or radiotherapy), assessment results, and ascribed phase that patients are engaged.

Detailed assessments of physiological and psychological variables, including the cancer treatment regime, experienced side effects, cardiovascular fitness, muscle strength and endurance, posture, balance, body composition, flexibility, perception of CRF, quality of life etc., are conducted in-between each phase. Initial assessment of a participant is performed upon entering the program and reassessments will be done regularly. Training intensity will be progressed gradually in each phase. Continuous evaluation takes place throughout the program. Every exercise session that lasts for 60 minutes includes cardiovascular exercise, resistance training and flexibility exercise. Balance training component is incorporated throughout the entire session (Figure 4) (Brown JM et al 2019). The addition of low to moderate intensity aerobic and / or resistance exercise demonstrates a positive trend of improvement in CRF in cancer patients undergoing chemotherapy comparing with just adding flexibility training to usual care (Figure 5) (Herranz-Gómez A et al 2023). Other conjunctive treatments would also be furnished according to the assessment results and treatment goals, e.g. functional training, management of scar, lymphedema, incontinence and pain, etc.

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University of Northern Colorado Cancer Rehabilitation Institute

PHASE PROGRAM

1	**PHASE 1** Low Intensity 30-45% HRR/EST-1RM	**WHO:** Patients currently undergoing chemotherapy and/or radiation **GOAL:** Alleviate the deleterious side-effects of chemotherapy and radiation; reduce or limit physiological decrements **TIME FRAME:** During treatment or within 1 month following treatment
2	**PHASE 2** Low to Moderate Intensity 40-60% HRR/EST-1RM	**WHO:** Patients completing Phase 1; patients entering the program following treatment; patients not undergoing chemotherapy or radiation **GOAL:** Correct structural, functional, and physical deviations resulting from cancer treatments **TIME FRAME:** 12 weeks
3	**PHASE 3** Moderate to High Intensity 60-85% HRR/EST-1RM	**WHO:** Patients completing Phase 2 **GOAL:** Improve physiological and psychological function via progressive overload to reach apparently healthy status [End of true cancer rehabilitation; a primary focus should be on education and encouragement of intrinsic motivation and self-efficacy with exercise] **TIME FRAME:** 12 weeks
4	**PHASE 4** Moderate to High Intensity 65-95% HRR/EST-1RM	**WHO:** Patients completing Phase 3 **GOAL:** Maintain improvements in physiological and psychological function, and to develop habits of lifetime physical activity [Exercise options may include group activity, open gym, or one-on-one training] **TIME FRAME:** Infinite

Figure 4. Overview of the phase program

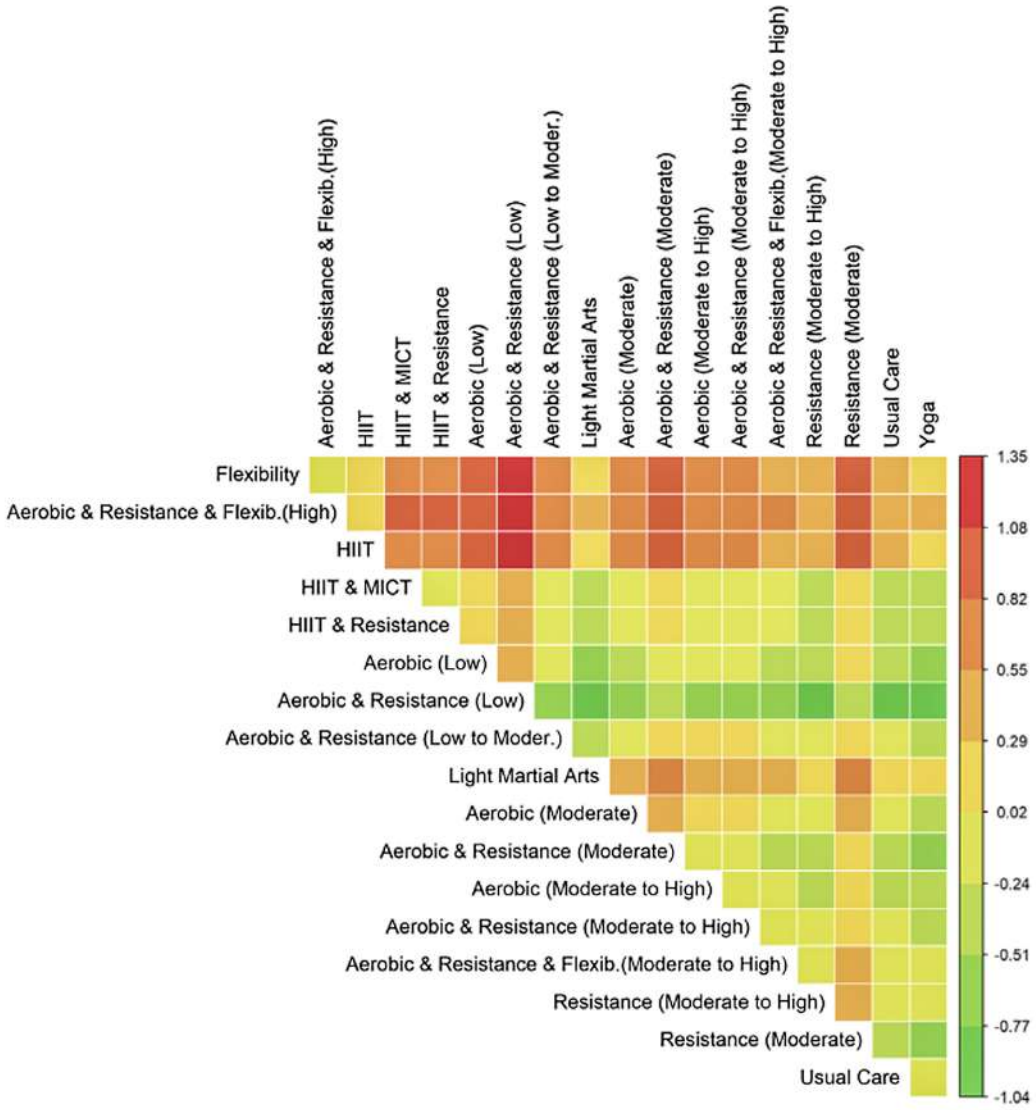

Figure 5. Effect table with all network meta-analysis estimates. The effect size of the comparisons has been represented in a color matrix. The number indicates the pooled effect size based on direct and indirect evidence and the color ranges between green (fatigue improves), yellow (no effect), and red (fatigue worsens). Flexib, flexibility training.

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4. Survivorship / Supportive Phase

It refers to the stage at which active cancer treatment has completed and patient's condition is stable. Monitoring and management of short term and late effects of cancer and treatment (e.g. lymphedema, incontinence, scar adhesion and radiation fibrosis, etc.) are the focuses at this stage. Training goals and exercise program would be adjusted and modified according to the type of cancer and patient's progress (Figure 6). Physiotherapist should recognize the exercise precautions of the cancer survivor and modify the exercises accordingly. The ultimate target is to encourage continuous self-exercise, optimize patient's physical fitness and improve the quality of life. The program will help prepare the patient to return to society and work.

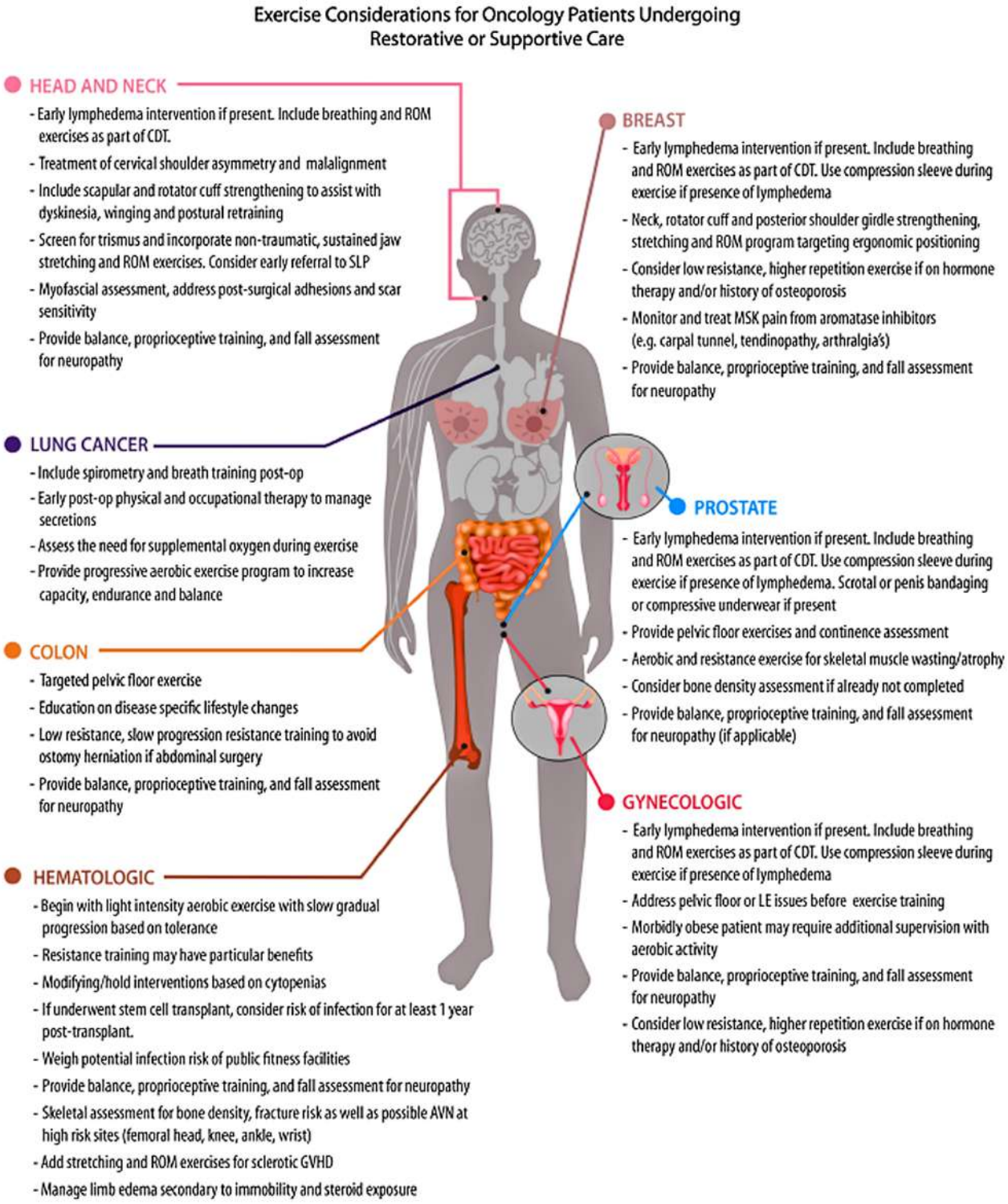

Figure 6. Expert panel recommendations to address specific cancer-associated impairments in the restorative and supportive phases of rehabilitation when prescribing exercise (excerpted from Parke SC et al 2021)

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5. Palliative Phase

Palliative rehabilitation refers as "efforts to increase functional independence and emotional support and reduce discomfort of patients with advanced disease" (Dietz JH 1980).

Although there was no explicit evidence for exercise of patients in palliative settings, the available research and clinical experience strongly support that advanced cancer patients continue to benefit from exercise to reduce symptom burden and increase independence (Nadler MB et al 2019). Therefore, training should be focused on alleviate symptoms or to provide goal-oriented objectives, such as family training or functional training to improve self-care for returning home (Cheville AL et al 2013).

Conclusion

Cancer survivors require facilitation in optimizing functional ability and survival. Toxicities management throughout the cancer continuum and lifespan of survivorship is essential and challengeable. However, patients and the health care providers may be lack of knowledge and training about the current evidence on oncology rehabilitation. Undoubtedly, physiotherapists, who are expert at prescribing exercise and have solid knowledge about cancer journey, have a great role in oncology rehabilitation. We prescribe tailor-made exercise programs, help the patients in different phases, relieve their symptoms, maximize their functional ability and improve their quality of life.

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CPD News

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

An Interview with Dr. Tiffany CHOI

Interviewee : Dr. Tiffany CHOI
Associate Professor of Practice, Deputy Program Leader of BSc (Hons) in Physiotherapy at Saint Francis University (Formerly known as Caritas Institute of Higher Education)

Interviewers : Mr. Kelvin HUI and Mr. Ian HUNG
Year 3 Physiotherapy Students, The Hong Kong Polytechnic University

Q1

Why did you study physiotherapy?

A1

Healthcare subjects ranked as a top priority in my decision for my JUPAS subjects. At that time, there were only a few JUPAS promotions of physiotherapy and the public did not know much about it. Upon thorough analysis of the JUPAS booklet, I discovered that Physiotherapy had relatively low competitiveness and more student places, and I could also meet the mean of the subjects. Nevertheless, I chose to prioritize Biotechnology as its popularity soared due to SARS in 2003. I chose to put Physiotherapy second on my priority list. Ultimately, I enrolled in a Physiotherapy programme at The Hong Kong Polytechnic University, a choice that was serendipitous, given my affinity for the subject and suitability of the program.

Q2

What is your career path?

A2

When I graduated, landing a job in the Hospital Authority was quite challenging. After graduating with first class honors, I was recruited to work at the Prince of Wales Hospital. After working for 10 years, I was promoted to Physiotherapist I and worked at North District Hospital for around 5 years. I also gained valuable experience at rehabilitation hospitals for a few years. Throughout my tenure at the Hospital Authority, I gained valuable insight into acute management from my work in both intensive care units and respiratory wards. In 2020, I transitioned to an academic role, but continue to serve as a part-time physiotherapist at CUHK Medical Centre every Saturday. This way, I can maintain my clinical skills and stay current with medical advancements. Presently, I am also coaching some newly graduated physiotherapists at the Hospital Authority.

Top left to right: Dr. Tiffany CHOI and Dr. Arnold WONG; Bottom left to right: Mr. Kelvin HUI and Mr. Ian HUNG

Q3

Why did you change your path after working as a clinician for some time?

A3

In 2018, I was invited to participate in the planning of the Physiotherapy program at Caritas Institute of Higher Education (CIHE). Having just graduated from a doctoral program, it was a great time for me to transition into academia. Additionally, I was interested in conducting clinical studies since I was employed in Hospital Authority, which provided a huge amount of clinical data. At a convention of the Hospital Authority, I have published nine research papers. My career change to academia allows me to gain more teaching experience and spend more time conducting research.

Q4

Did you face some struggles or challenges during the transition, and how did you overcome them?

A4

One of the challenges is a lack of experience in planning and developing curriculum and teaching materials. Before joining CIHE, I had never worked in an academic institution. Despite other institutions' syllabus and

(Continued on Page 12)

teaching materials serving as references, each lecturer's teaching style and objectives differ. Starting from zero, I am responsible for devising all teaching materials and assessments. To determine the learning objectives of courses, I must draw upon my own clinical experience in addition to textbook theories. For instance, it is expected that students should learn about non-invasive ventilators, chest X-ray and the dosage of long term oxygen therapy in the clinical field so they are incorporated into the syllabus.

It was also observed from my clinical experience that students found it difficult to integrate theoretical knowledge into clinical practice. To facilitate their learning, I have to spend a lot of time designing case studies and simulations. More importantly, I must ensure that each assignment and exam paper is up to standard, especially since CIHE is not yet a university. Every assignment should fully achieve the learning objectives and test students' clinical reasoning skills. Moreover, all materials should be reviewed by a panel of experts and external reviewers from overseas. As the programme leader, I also coordinate different courses so that the topics of different courses do not overlap.

As a clinical educator in the past, I am familiar with coaching graduates, but my teaching style in CIHE is completely different since students have no prior knowledge or exposure to physiotherapy. I should treat them as laymen at first and explain every term to them clearly to ensure that they completely understand, rather than presuming they already know what I am talking about. It is also necessary to follow up regularly on their performance on clinical placements in order to revise teaching materials and reinforce knowledge of some particular aspects for the upcoming cohort.

Due to my heavy workload, which includes program development, academic research, and part-time clinical work, striking a work-life balance remains a significant challenge. This demanding schedule also limits my leisure time, preventing me from pursuing my hobbies, such as cooking and shooting. As a mother of three, I am particularly grateful to my husband's support. In the coming years, I look forward to having more stability, allowing me to spend more time with my family and engage in hobbies once again.

Q5

How do you build up teamwork between colleagues at CIHE?

A5

Luckily, we have a family-like environment at work. Most of us have known each other previously, and we share similar personalities. So it is easy for us to build up teamwork. Me and my colleagues are also eager to teach the students, we would spend time answering their questions and chatting with them. Besides, we often discuss our students and lesson designs. The atmosphere is open, we are keen to speak out different opinions and brainstorm ideas for designing lesson materials. I am glad that I got nice colleagues, which makes the tough work more enjoyable.

Q6

What is your long-term plan?

A6

Regarding the PT profession, I hope Hong Kong can have a Master's program in cardiopulmonary physiotherapy. I know that some colleagues had wanted to pursue further study in this specialty, but were forced to go overseas. With the increasing number of graduates each year, I can see there is a need for this. However, it is not easy, this program may not be the top priority of schools. Although it may be difficult, I believe that by the combined effort of the PT community, this goal can be achieved.

Q7

What is your vision for the development of physiotherapy in Hong Kong?

A7

I think the PT community should break certain conservative mindsets and embrace new challenges. For example, I don't think the physiotherapy industry is facing the problem of market saturation. More manpower is needed if we want to develop physiotherapy more extensively in Hong Kong. I often receive opinions from colleagues concerning the lack of physiotherapists to share their workload or to be recruited to start a private clinic. The insufficiency of physiotherapists in Hong Kong may be one of the reasons for the emergence of certain "modern" therapists such as "stretching therapists" and "rehab therapists". I believe that physiotherapists in Hong Kong should be more confident in themselves.

As being formally trained for years, instead of letting go of some services to others, Hong Kong physiotherapists are competent to provide different services to defend our scope of practice. There are still unaddressed needs in the community that physiotherapists can cope with. Besides, we are not only serving the people of Hong Kong in the future. There are ongoing expansions of hospitals, for example in Northern District and Kai Tak. Hong Kong is preparing to provide service to non-local patients. I hope that the PT community can be more united, so that we can better support further development, such as direct access.

Consent for Medical Treatment

Mr. Bronco BUT
Honorary Legal Advisor of HKPA

A medical practitioner cannot examine, treat or operate upon a patient, without the patient's consent. In cases where the complaint is that the risks of the procedure or treatment were not properly explained (but consent was given), the claimant's cause of action will be in negligence.

Consent, which may be implied will only be valid if such consent covers the treatment in question; is given voluntarily; the patient was appropriately informed before consenting; and the patient is capable of consenting. If a patient has the capacity to refuse treatment, a doctor has no lawful entitlement to treat that patient even if the doctor considers that the treatment is reasonable or necessary to save life. The patient may withdraw consent at any stage in the procedure.

Border v Lewisham and Greenwich NHS Trust was a claim where no consent had been obtained to the insertion of a cannula into the left arm of a patient , who subsequently developed infection at the site and suffered permanent disability as a result. The trial judge found that in the particular circumstances the doctor had, in inserting the cannula into the left arm of a patient, acted in accordance with the accepted practice of a recognised body of medical opinion and was not negligent. On appeal, it was held that a finding of breach of duty was inevitable once it was found consent has not been given since it was implicit in the duty to warn of the risks of a treatment that consent should be obtained. The case was remitted to the judge for a finding whether, had consent been sought, the patient would have agreed. In contrast, there was no breach of the defendant's duty in relation to a patient's consent to a three-stage operation, notwithstanding the omission of the final stage of the procedure. The failure to carry out the third step did not render it a different operation for the purpose of consent, nor an operation for which specific consent was required.

There is a presumption that from the age of 16, a child has the same capacity to consent to treatment as an adult. A child under the age of 16 is capable of consenting to medical treatment, provided he or she has sufficient maturity to understand the implications of the proposed treatment and the consequences of refusal of treatment.

Duty of Care of Physiotherapists

A physiotherapist cannot examine or treat a patient without his/her consent. In cases where the complaint is that the risks of the treatment were not properly explained (but consent was given), the claimant's cause of action will be in negligence.

Consent, which may be implied will only be valid if such consent covers the physiotherapy treatment in question; is given voluntarily; the patient was appropriately informed before consenting; and the patient is capable of consenting.

It is therefore important that physiotherapists should obtain their patients' consent before examination or treating their patients; make sure that their patients are appropriately informed before consenting and inform their patients that they are entitled to withdraw their consent in the course of receiving physiotherapy treatment.

The First Local International Event on ICF "Glocalisation of WHO's International Classification of Functioning, Disability and Health (ICF) in Clinical Practice: Worldwide Experience Sharing"

Date : 1-4 December 2023

Venue : The Hong Kong Federation of Youth Groups Building, North Point, Hong Kong

Physiotherapists (Organising Committee) : Prof. Marco PANG, Mr. Raymond TSANG, Ms. Anna Bella SUEN, Mr. Sam WAN, and Dr. Ivan SU

Physiotherapists (Programme Committee) : Dr. Arnold WONG, Dr. Doris CHONG, Dr. Anthony KWOK, Dr. Tiffany CHOI, Ms. Eva CHAN

We are honoured to have Ms. Vega WONG, JP, Commissioner for Rehabilitation, Labour and Welfare Bureau (middle) as the officiating guest of the Event.

The Conference attracted over 400 healthcare professionals from Hong Kong and the Greater Bay Area to attend in-person and online.

Consultation visit by the 4 non-local plenary speakers to the NTW Integrated Community Rehabilitation Centre of SAHK, an ICF-based rehabilitation centre.

(Continued on Page 15)

Plenary discussion forum on "Strategic recommendations for the implementation of ICF in clinical practice" with the 5 non-local plenary speakers chaired by Prof. Marco PANG.

Plenary discussion forum on "Critical factors for reaping successful outcomes of ICF services - from initial kick-off to ongoing implementation" with 4 local ICF practitioners chaired by Dr. Doris CHONG.

Post-conference workshop on "The use of ICF and WHODAS 2.0 to promote interprofessional collaboration in neurorehabilitation from assessment to setting goals, programming and evaluation" by Dr Matilde LEONARDI.

Post-conference workshop on "Role of physiotherapists to optimize patient participation outcome from the ICF perspective" by Prof. Reuben ESCORPIZO.

Disclaimers:

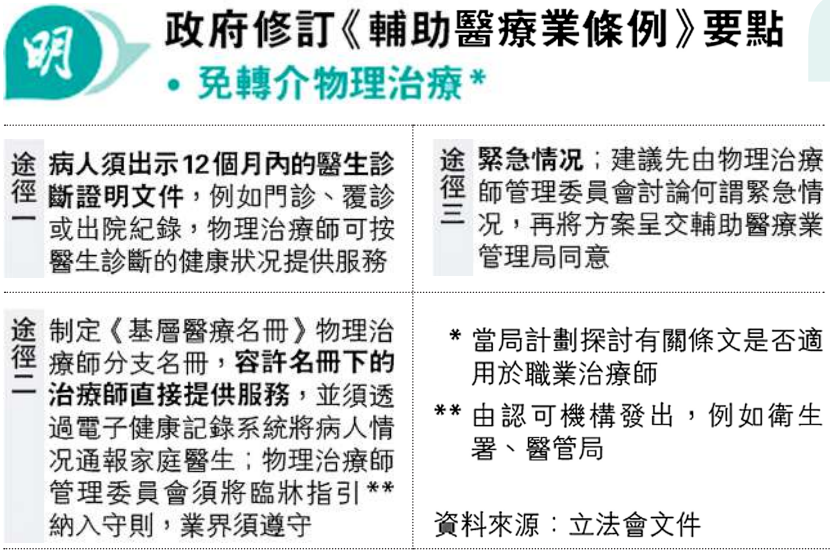
This material / event is funded by the Professional Services Advancement Support Scheme of the Government of the Hong Kong Special Administrative Region. Any opinions, findings, conclusions or recommendations expressed in this material / any event organized under this project do not reflect the views of the Government of the Hong Kong Special Administrative Region or the Vetting Committee of the Professional Services Advancement Support Scheme.

明報電話訪問：物理治療免轉介提案 3途徑兩涉醫生

Date of Interview : 5 December 2023

Date of Media Release : 6 December 2023

Physiotherapist : Mr. Raymond TSANG, the Vice-President of HKPA had participated in this interview



明 政府修訂《輔助醫療業條例》要點

• 免轉介物理治療*

途徑一 病人須出示12個月內的醫生診斷證明文件，例如門診、覆診或出院紀錄，物理治療師可按醫生診斷的健康狀況提供服務

途徑二 制定《基層醫療名冊》物理治療師分支名冊，**容許名冊下的治療師直接提供服務**，並須透過電子健康記錄系統將病人情況通報家庭醫生；物理治療師管理委員會須將臨牀指引**納入守則，業界須遵守

途徑三 **緊急情況**：建議先由物理治療師管理委員會討論何謂緊急情況，再將方案呈交輔助醫療業管理局同意

* 當局計劃探討有關條文是否適用於職業治療師

** 由認可機構發出，例如衛生署、醫管局

資料來源：立法會文件

【明報專訊】政府2021年提出修訂《輔助醫療業條例》，容許物理治療和職業治療師毋須醫生轉介而直接為病人服務。醫衛局昨向立法會提交文件，當中政府提出3種免轉介物理治療途徑(見表)，未涵職業治療，當中建議病人須出示過去12個月醫生診斷證明，或由未來《基層醫療名冊》下的物理治療師直接提供服務、事後須通報家庭醫生。物理治療學會對方案感失望，質疑當局不信任治療師專業判斷，「總之一定要有醫生」。病人組織期望新安排推行兩年後檢討免轉介範圍。

物理治療免轉介提案 3途徑兩涉醫生 - 20231206 - 港聞 - 每日明報 - 明報新聞網

https://news.mingpao.com/pns/%E6%B8%AF%E8%81%9E/article/20231206/s00002/1701800886145/%E7%89%A9%E7%90%86%E6%B2%BB%E7%99%82%E5%85%8D%E8%BD%89%E4%BB%8B%E6%8F%90%E6%A1%88-3%E9%80%94%E5%BE%91%E5%85%A9%E6%B6%89%E9%86%AB%E7%94%9F

Interview by Hong Kong Economic Times, Hong Kong 01, RTHK (千禧年代), RTHK (自由風自由PHONE)

Date : 6 and 8 December 2023

Physiotherapist : Prof. Marco PANG

Prof. PANG was interviewed by various media on the topic of physiotherapy direct access. He emphasized the important role of physiotherapists in patient screening as a first-contact practitioners. Because of the RTHK interview, there was subsequent coverage in various media, including Oriental Daily, Sing Tao, Now TV, i-cable, etc.

HKPA and HKPU Joint Statement on Direct Access Sent to Health Panel

Date : 7 December 2023

Physiotherapists : Prof. Marco PANG, Mrs. Eleanor CHAN

Hong Kong Physiotherapy Association and the Hong Kong Physiotherapists' Union issued a joint statement in response to the direct access "framework" put forth by the Health Bureau.

TVB 流行都市 - 牙骹痛

Date of Interview : 10 December 2023

Date of Media Release : 16 December 2023

Physiotherapist : Mr. Gorman NGAI

This interview was related to the introduction of the anatomy of temporomandibular joint (TMJ), the common causes, signs and symptoms of TMJ dysfunction. Mr. NGAI further shared how physiotherapy could help this type of patients, using various approaches (e.g., electrical modalities, manual therapy and exercises). A case sharing regarding the management of TMJ dysfunction by physiotherapy also provided.

Meeting with Australian Physiotherapy Association (APA) Representative

Date : 14 December 2023

Venue : Online

Physiotherapist : Prof. Marco PANG

Prof. PANG met with the representatives from the APA to discuss the implementation of their online CPD courses in Hong Kong. It is expected that the platform will be ready in mid-2024.

「第三十三屆優秀社工選舉」甄選

Date : 16 December 2023

Organizer : 香港社會工作人員協會

Venue : 香港社會工作人員協會會址

Physiotherapist : Mr. Raymond TSANG, the Vice-President of HKPA, participated in this activity

Hong Kong Joint Health Meeting 2023

Date : 16 December 2023

Speakers : Dr. Annette von DRYGALSKI, Dr. Sheng-Chieh CHOU, Ms. Joanna LAM

Overseas and local speakers were invited to share the international and local experience in monitoring the joint health of the patients with haemophilia. More than 450 participants attended the event.

Meeting with Physiotherapists Board Regarding CPD Program Administrator Role

Date : 20 December 2023

Venue : Online

Physiotherapists : Prof. Marco PANG and Ms. Joan IP

Prof. PANG and Ms. IP joined a meeting with the Education Committee of the Hong Kong Physiotherapists Board and three new CPD Programme Administrators (Hong Kong Physiotherapist' Union, SAHK and the Hong Kong Polytechnic University) to discuss the arrangement of the Mandatory CPD Scheme. Consensus was reached and CPD accreditation duty would be shared among the four Programme Administrators. Starting from early February 2024, the completed CPD application form with relevant supporting documents should be sent to ptb.cpd@gmail.com. Those applications will be considered and processed by one of the Programme Administrators. For CPD applications that have been sent to HKPA before, the application will be processed by HKPA accordingly.

Interview by Hong Kong Metro Radio

Date : 21 December 2023

Venue : Hong Kong Metro Radio Studio, Hung Hom

Physiotherapist : Prof. Marco PANG

Prof. PANG was interviewed by Hong Kong Metro Radio and talked about psychiatric rehabilitation, stroke rehabilitation and the development of the physiotherapy industry.

HKPA Annual General Meeting 2023 and Election of the New HKPA Executive Committee

Date : 21 December 2023

Venue : HKPA Premises

HKPA Annual General Meeting 2023 as well as the election of the New HKPA Executive Committee was completed on 21 December 2023. Mr. Bronco BUT, HKPA Honorary Legal Advisor, supervised the process. The results of the election and appointment of the newly elected HKPA Executive Committee are listed as below:

Election for New HKPA Executive Committee	
Number of members successfully completed the e-voting	124

Nominee for New HKPA President
Prof. PANG Yiu Chung, Marco

Since there was only one nominee, Prof. PANG Yiu Chung, Marco was automatically elected as the new HKPA President

Nominee for New HKPA Vice President
Mr. TSANG Chi Chung, Raymond

Since there was only one nominee, Mr. TSANG Chi Chung, Raymond was automatically elected as the new HKPA Vice President

Nominees for New HKPA Executive Committee Members	Ballots Attained
Mr. CHAN Kin Tung, Francis	62
Ms. CHIU Pik Yin, Horsanna	83
Dr. KWOK Wai Leung, Anthony	64
Dr. LAM Man Hin, Freddy	62
Mr. NGAI Chi Wing, Gorman	88
Dr. NGAI Pui Ching, Shirley	92
Ms. PANG Charis Garland	61
Ms. SUEN Mei Yee, Anna Bella	98
Mr. WAN Sung, Sam	88
Mr. WONG Hin Wai, Will	47
Dr. WONG Yu Lok, Arnold	88
Mr. WOO Chuen Hau, Alexander	105

Members of the New HKPA Executive Committee

Post	Name	Term of Office
President	Prof. PANG Yiu Chung, Marco	1 Jan 2024 - 31 Dec 2027
Executive Committee Members	Mr. TSANG Chi Chung, Raymond	1 Jan 2024 - 31 Dec 2025
	Mr. WOO Chuen Hau, Alexander	1 Jan 2024 - 31 Dec 2025
	Dr. NGAI Pui Ching, Shirley	1 Jan 2024 - 31 Dec 2025
	Dr. WONG Yu Lok, Arnold	1 Jan 2024 - 31 Dec 2025
	Dr. KWOK Wai Leung, Anthony	1 Jan 2024 - 31 Dec 2025
	Dr. LAM Man Hin, Freddy	1 Jan 2024 - 31 Dec 2025
	Ms. SUEN Mei Yee, Anna Bella	1 Jan 2024 - 31 Dec 2027
	Mr. NGAI Chi Wing, Gorman	1 Jan 2024 - 31 Dec 2027
	Mr. WAN Sung, Sam	1 Jan 2024 - 31 Dec 2027
	Ms. CHIU Pik Yin, Horsanna	1 Jan 2024 - 31 Dec 2027
	Mr. CHAN Kin Tung, Francis	1 Jan 2024 - 31 Dec 2027

Physical Fitness Association of Hong Kong, China Annual Dinner

Date : 5 January 2024
Venue : Palace Wedding Banquet (TST Silvercord)
Physiotherapist : Mr. Will WONG

Mr. WONG, a HKPA Executive Committee member, participated in the Annual Dinner of the Physical Fitness Association of Hong Kong, China. This event highlighted the importance of collaboration among different associations dedicated to enhancing physical well-being in the community.

HKPA On-Field Sports Physiotherapy Support for TWGHs "iRun"

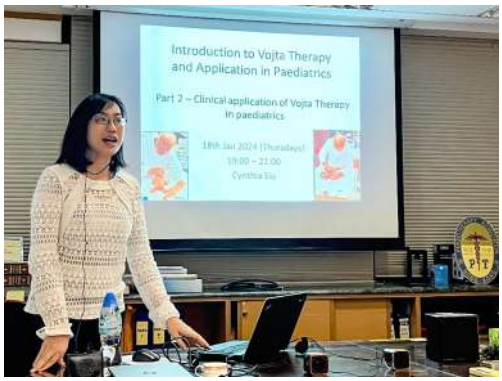
Date : 14 January 2024
Venue : The Central & Western District Promenade
Physiotherapist : Dr. Anthony KWOK

The HKPA team, consisting of staff and 8 student members, provided on-field sports physiotherapy services to over 4,400 athletes with intellectual disabilities and paired-up runners who participated in the event. The service began at 8:00 am and continued until the end of the event. This opportunity served as a valuable experience for the student members, allowing them to learn and gain hands-on field experience.

Introduction to Vojta Therapy and Application in Paediatrics

Date : 11 and 18 January 2024
Venue : Hong Kong Physiotherapy Association Premises
Physiotherapist : Ms. Cynthia SIU, Private Physiotherapist

Vojta therapy is a type of physiotherapy. By applying finely graded pressure and resistance on specific areas with the body in specific positions, involuntarily reflexive movement patterns emerge with coordinated muscle activity and movement patterns. Ms. Siu is the only certified Vojta therapist in Hong Kong known to us currently. In this interactive talk, she introduced Vojta therapy to audiences, sharing her clinical experiences and the impressive outcomes of treatment. The two sessions were well attended by 35 and 33 physiotherapists respectively.



Hong Kong Physiotherapy Association Outstanding All-Round Award to Physiotherapy Undergraduate Students of Bachelor of Science (Honours) in Physiotherapy of Saint Francis University

Date : 24 January 2024
Venue : Saint Francis University
Physiotherapist : Mr. Raymond TSANG

As the Vice President, Mr. TSANG attended the Bachelor of Science (Honours) in Physiotherapy Scholarships and Awards Presentation Ceremony 2023-24 to present Hong Kong Physiotherapy Association Outstanding All-Round Student Award on behalf of HKPA.

Disclaimer

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