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Editorial *Sports Physiotherapy*

Dr. Freddy LAM and Ms. Jessica CHAN

With the Summer Olympics and Paralympics coming in July, we are delighted to have two sports physiotherapists to share their expertise and experience with us in this issue. Mr. Cannan LEUNG, Sports Physiotherapy, Hong Kong Sports Institute, shares with us the roles of physiotherapists in the multidisciplinary team helping elite athletes to perform their best. Mr. Howard FONG, Assistant Professor of Practice, Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, shares with us the current evidence comparing active and passive recovery from post-exercise fatigue.

With the emerging number of schools offering physiotherapy program in Hong Kong, Dr Doris CHONG, the program leader of BSc (Hons) Physiotherapy at Hong Kong Metropolitan University, was invited to share her view and her valuable experience in transiting from a clinician to an academic.

Announcement

HKPA

In accordance with the constitution, we are delighted to announce that Mr. Raymond TSANG, our Vice President, has been appointed as the Acting President, effective from April 1, 2024, until the election of the new President. We extend our heartfelt congratulations to Mr. TSANG on this significant appointment and express our optimism for a seamless transition and ongoing achievements.

Hong Kong Physiotherapy Association

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The Role of Sports Physio for Olympians

Mr. Canaan LEUNG

Sports Physiotherapist, Hong Kong Sports Institute

Summer Olympics and Paralympics will be held in Paris in July this year. All athletes and their teams are working hard to prepare for the qualifiers, as it is every athlete's dream to compete in the Olympics. Sports physiotherapists are one of the crucial team members who help the athletes perform, prevent injuries, and treat injuries if they occur^[1].

The role of sports physiotherapists in the sports institute includes injury surveillance, daily recovery, injury management, and rehab guidance. We work closely with team coaches, strength and conditioning (S&C) coaches, doctors, and even psychologists, depending on the athletes' needs^[2].

For injury surveillance, we make use of a database to record the current and past injuries of all the athletes. It is easily accessible for us and the coaches to understand the injury history and patterns for the athletes. Therefore, we can plan injury prevention programs, modify gym training, and discuss load management with the team. Gathering all the information is especially important when preparing for the Olympics.

A complete body check is required for every athlete in the pre-season, as well as before major tournaments like the Olympics. This ensures that they are safe to compete and helps prevent injuries before or during the tournament. Before traveling with the Olympians for competition, we prepare all on-field equipment such as massage beds, tapes, and treatment tools.

Data from previous Olympics

During the Olympics, team physiotherapists are responsible for managing injuries for the athletes of the team. The International Olympic Committee (IOC) Medical and Scientific Commission and Medical and Scientific Director of the IOC are responsible for the governance of healthcare at the Olympic Games. Usually, a Polyclinic will be set up for managing injuries. Data from previous Olympics Polyclinics shows that the most frequent injuries for athletes were knee injuries (15.4% in 2012, 14.1% in 2004), lumbar spine/lower back injuries (15.2% in 2012, 13.5% in 2004), and upper leg/thigh injuries (12.6% in 2012, 21% in 2004). The most common cause of athletes' injuries was overuse (43.6% in 2012, 47.3% in 2004). The most common pathologies

requiring physiotherapy attendance were myofascial pain/muscle spasm (32.5%), tendinopathy (19.2%), and ligament sprain (18.7%). Most injuries had symptoms lasting less than seven days. The five most frequently used treatment modalities were therapeutic soft tissue techniques (23.3%), mobilization techniques (21.8%), taping (8.9%), cryotherapy (6.9%), and exercise prescription (6.4%)^[3,4].

Multidisciplinary approach

To help the athletes perform their best, we collaborate with massage therapists to assist in their recovery. Massage, cold immersion baths, contrast baths, sequential pressure devices, and other active recovery methods are available for the athletes^[5,6]. At the same time, it is important to work with the S&C coach to design specific training programs for the athletes, taking into consideration their injury history. Bridging rehabilitation and strength and conditioning, as well as considering periodization before and during the Olympics, require careful planning and discussions^[7]. We usually propose sports injury prevention strategies based on training load, season planning, and athlete fatigue status, in alignment with their performance goals.

How to communicate within the team

Working in elite sport environment always bring stress as the main goal is performance enhancement. Working with athletes and their coaches requires good communication and trust. Elite athletes performing at the highest level of their respective sports can experience great achievements but also significant disappointments. Musculoskeletal injuries are common and not only cause physical pain but also psychological distress. Recovery from these injuries may require the support of a physiotherapist who collaborates with the elite athlete towards a common goal^[8]. Helping the elite athletes should be the main motive of the physiotherapists, rather than seeking personal gain or reputation. Moreover, elite athletes should feel being taken seriously and listened to. They should be involved in shared decision-making, and there should be room for discussion and criticism to improve the process. Elite athletes expressed that small talk is very important for good communication and social bonding. On the contrary, the absence of small talk can affect the social bond^[9].

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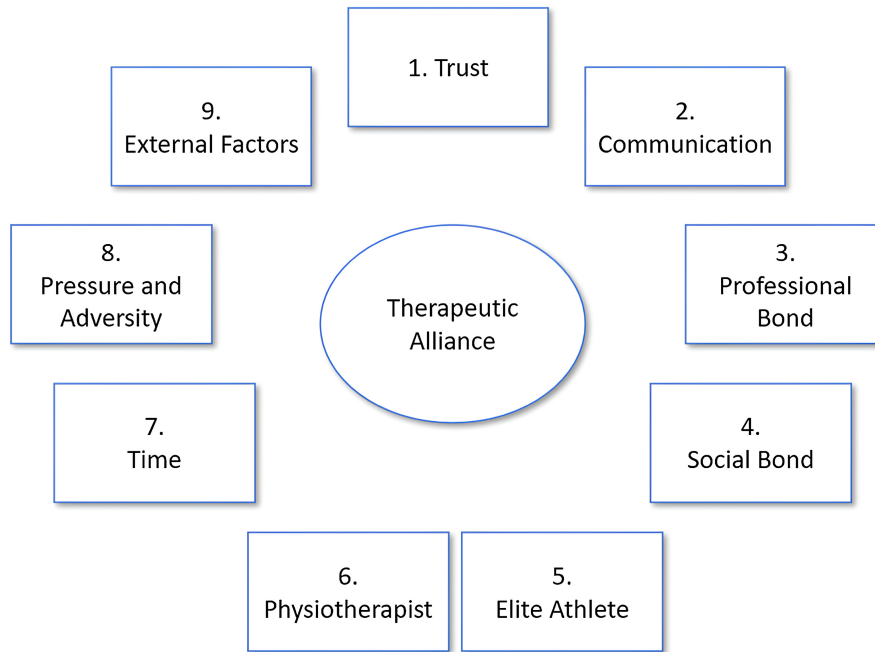


Figure 1. Therapeutic Alliance between Physiotherapist and elite athlete (excerpted from Charmant WM, 2021)

The culture and mindset of the team vary in different sports. Sometimes the coach will push the athlete to keep training, or the athlete themselves will want to train even if they are injured. The culture of elite sports accepts injury risk and pain, as well as the need to push one's body and deal with pain since performance is the main goal in elite sports. However, sports injury prevention should also be a parallel goal to keep the athlete healthy and fit to train. Finding a way to convey this message to the team is crucial [10].

In some popular sports with many high-level athletes, there is always a natural selection. They know that if they lose an athlete to an injury, they will have another athlete of the same level to replace them. In this case, the dialogue between the athlete and coach was described as one of the essential components of injury prevention. The trusted relationship between the athlete and the coach needs the active voice of the athletes, while coaches should be open to listening to the athletes. More than just coaches and athletes, the entire team working with the athletes needs to establish constant and open communication [10].



Figure 2. Decision making flowchart for injury prevention in elite sports (excerpted from Boiling C et al,2020)

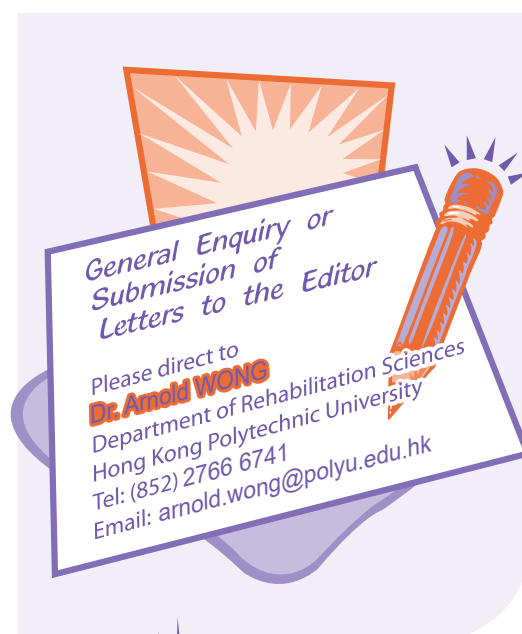
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Conclusion:

Working with Olympians is a challenging but rewarding role for sports physiotherapists. We must be part of the team to support the athlete but at the same time making professional decisions on injury management and prevention. Be flexible and well prepared could help us to adapt the ever-changing environment and enjoy the special moments in the competition. Hopefully the physiotherapy service to athlete could continue to grow so more athletes would be benefited.

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Active VS Passive Recovery in Sports

Mr. Howard FONG

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While many sports recovery protocols claim to help athletes recover their physical and mental conditions back to optimal levels after training and matches [1], there is an ongoing debate between active recovery (AR) and passive recovery (PR). Common AR interventions nowadays include running, jogging, cycling, swimming or various active stretching exercises at a submaximal level aiming to improve post-exercise recovery [2]. A new method called blood flow occlusion training is proposed to help athletes tolerate higher training loads consistently, positively influence their psychological perception of muscle recovery, and hasten physiological homeostasis before the next session of exertion [3]. However, more research development is required to compare its use and effectiveness with other strategies.

From a systematic review in 2019, the authors have investigated the effectiveness of AR on athletic performance of different levels of athletes. The evidence suggests that activity-based AR methods have helped to facilitate post-training/post-match recovery and are widely accepted for their significant effects in assisting recovery time compared to PR alone [4]. Team sports commonly use various recovery strategies such as nutrition, water therapy, massage techniques, compression garments, sleep, and psychological interventions [5]. A review looking into post-exercise recovery strategies for basketball players has shown that massage in combination with stretching demonstrates positive effects on immediate recovery, while cold-water immersion may be effective in reducing delayed onset muscular syndrome at 24h after match [6]. In soccer recovery, nutrition and rehydration seems to have strong evidence supporting their role in enhancing recovery. Other strategies such as cold-water immersion, compression garments, foam rolling/massage, and sleep promotion are supported by moderate evidence for improving recovery [7]. There is still prevalent utilization of both AR and PR combinations across different sports based on current available data.

Athletes who do not recover well from fatigue after training or competitions may be at risk of subsequent sports injuries [8]. It is important to understand fatigue in order to develop an effective recovery strategy system, and there are several models related to prolonged exercises that have been proposed [9]. In particular, the models include:

- (1) neuromuscular fatigue model;
- (2) cardiovascular / anaerobic model;

- (3) muscle trauma model of fatigue;
- (4) energy supply / energy depletion model;
- (5) biomechanical model of fatigue;
- (6) thermoregulatory model of fatigue;
- (7) psychological / motivational model;
- (8) central governor model; and
- (9) complex systems mode of fatigue.

Research evidence related to the effect of AR and PR on fatigue recovery is only available in the first three models [10, 11, 12, 13, 14, 15, 16]. Of various fatigue models, neuromuscular fatigue is thought to be highly related to sports performance [17]. Neuromuscular fatigue is defined as an increase of biomarkers such as creatine kinase, lactate production in muscle and the muscle performance [18]. Sports-related fatigue may affect different aspects of the sportsmen. Fatigue may lead to a decrease in muscle force and an increase in reaction time which can compromise sports performance or loss of concentration [19, 20, 21]. For professional athletes, traveling-induced fatigue also needs to be taken into consideration as it poses a high risk for injuries [4]. All of this can pose a high risk leading to injuries to athletes.

To facilitate the recovery from post-exercise fatigue, AR and PR approaches have been adopted. Traditionally, PR applications like sports massage are used to aid in athlete recovery after practice or games [22, 23, 24, 25]. A recent literature review in 2021 defined PR application as any modality that does not require active participation by the athlete [26], discussing modalities such as compression garments and device, cryotherapy, hyperbaric therapy, neuromuscular electrical stimulation, percussive therapy or vibration therapy and electromagnetic treatments. In a consensus statement released in 2017 on recovery and performance in sport, recovery was classified into active, passive, and proactive categories [27]. It regards PR as a state of rest characterized by inactivity and external application methods. AR requires physical activity to compensate for the metabolic responses to physical fatigue. Proactive recovery involves social activities that can provide an individual with self-satisfaction. The 2019 systematic review mentioned earlier suggested that AR is more effective than PR alone, and it also included cold-water immersion, massage, contrast water therapy, and electro-muscular stimulation as AR methods [3]. However, there is still a discrepancy in the understanding of

(Continued on Page 6)

sports recovery within the discipline. The knowledge in this area is still developing and requires extensive and continuous research to provide more evidence for practitioners to effectively apply adequate recovery strategies in their practice.

Considering different sports require different skills, it is conceivable that a sport-specific AR approach may yield better fatigue recovery than a generic one. In athletes' perceptions of recovery strategies, they find stretching to be the most effective while active land-based recoveries such as walking, slow jogging, and low-intensity cycling are less favourable [28]. The findings suggest that water immersion strategies are mainly related to psychological reasons while stretching and active land-based methods are due to physical reasons. At present, developing a successful recovery strategy should involve a combination of AR, PR, and possibly proactive methods tailored individually. For the future, the research should continue building on current knowledge by investigating the appropriate applications across different sports or fatigue models; determining parameters such as intensity, dosage, and time for application; along with promoting education on recovery among practitioners, coaches, and athletes.

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An Interview with Dr. Doris CHONG

Venue : Online

Interviewee : Dr. Doris CHONG
(Program Leader of BSc (Hons) in Physiotherapy at Hong Kong Metropolitan University)

Interviewers : Mr. Curtis YU
(Year 3 BSc (Hons) in Physiotherapy student at The Hong Kong Polytechnic University)
Ms. Agnes Hau Yan CHAN
(Year 3 BSc (Hons) in Physiotherapy student at The Hong Kong Polytechnic University)

Q1

Why did you decide to work as an academic (research focus on neurological rehabilitation, and learning and teaching)?

A1

During my time in America, I initially worked as a clinician at a University Hospital. In Northern America, it is common for clinicians to be involved in teaching activities alongside their clinical roles. Under this culture, I started my teaching journey as a volunteer faculty and discovered my passion for teaching. Witnessing the enthusiasm and energy of university students and engaging in deep discussions with fellow professors brought me great satisfaction. Motivated by this newfound interest, I sought a full-time teaching position and embarked on my first teaching job in America. However, when PolyU launched the MPT (Master of Physical Therapy) program, I applied for a teaching position and made the transition from America to Hong Kong.

My research primarily focuses on neurological rehabilitation and learning and teaching methodologies. As a clinician, I find immense fulfillment in working within the field of Neurology. Treating neurological patients allows me to make a difference in their overall well-being, rather than solely focusing on specific joints or muscles. In terms of learning and teaching, my interest in this area dates back to a young age. However, I only pursued an academic career after gaining more than 10 years of clinical experience. As a full-time educator, I realized the significance of evidence-based frameworks and theories in enhancing learning outcomes and student engagement. It parallels the concept of 'evidence-based practice' in physiotherapy. Driven by a desire to delve deeper into this subject, I decided to pursue a PhD in this area.



Top left to right: Mr. Curtis YU and Dr. Arnold WONG;
Bottom left to right: Ms. Agnes CHAN and Dr. Doris CHONG

Q2

Did you experience any challenges in the transition from a clinician to an academic?

A2

Certainly, I did encounter several challenges during the transition from being a clinician to an academic.

One prominent challenge was related to public speaking and overcoming anxiety in front of large audiences. Initially, I felt nervous speaking in front of hundreds of people, and there was a fear of making mistakes or omitting important information during my lectures. To address this, I had to invest significant effort in preparation. For instance, I would spend entire weekends memorizing materials before delivering a lecture. However, over time, as I witnessed the positive impact of my teaching and realized that anxiety could hinder the delivery of content, I gradually overcame my fear and developed confidence in public speaking.

Reflecting on this experience, I find parallels between this anxiety and the initial challenges I faced as a clinician. When I first started my clinical career, I also had concerns about making mistakes and invested

(Continued on Page 8)

significant preparation time to ensure I was proficient in assessments and treatments. It is indeed common and normal for newcomers to feel this way in unfamiliar settings.

Another challenge I encountered was mentally preparing myself for the transition from being a senior clinician to a junior academic. This transition entailed accepting a lower income initially, which required some adjustment.

Additionally, being an academic involves significant administrative responsibilities. While understanding and familiarizing myself with the administrative aspects took some time, it was not particularly difficult. Moreover, given my prior involvement in volunteer teaching work, adapting to the academic culture was relatively smooth.

Q3

What is your view on the future development of physiotherapy in HK with more future graduates?

A3

As the number of universities offering physiotherapy education in Hong Kong increases, many may worry about the oversupply problem of physiotherapists. However, I am optimistic about the creative potential of this generation of graduates. They possess the ability to explore diverse possibilities in the field, including establishing their own clinics shortly after graduation. These clinics are not ordinary private clinics, but with unconventional business models employed. For instance, they may establish collaboration with different professionals. Therefore, I believe that the oversupply problem should not be a major concern.

Q4

What is your view of physiotherapy education in HK?

A4

Comparing physiotherapy education in Hong Kong and that in other countries, education in foreign countries offer a greater variety of programs. With the accreditation system in Hong Kong, the education provided by different universities tends to be more uniform, with similar sequencing and structures.

However, overseas universities exhibit more variations even within a single country. For instance, some

universities adopt problem-based learning throughout the entire curriculum. They employ the block problem-based approach in teaching, where specific subjects like neurological physiotherapy are covered intensively for 3 months. Students delve into topics ranging from neuroscience to physiotherapy management and immediately apply their knowledge in clinical placements. Subsequently, they move on to another subject, such as cardiopulmonary physiotherapy.

In foreign countries, there are more types of programs and students have the opportunity to choose the university that aligns with their preferred teaching methods and curriculum arrangements. Therefore, it is my hope to witness a progression in Hong Kong's physiotherapy education curriculum with increased flexibility and enhanced creativity.

Q5

What should junior PTs or Pt students who are interested in teaching prepare themselves?

A5

Firstly, take the time to ask yourself if you truly have a passion for teaching and if it aligns with your interests. In today's academic landscape, teaching in a university is no longer significantly more lucrative than working as a clinician. Therefore, it is crucial to have a strong sense of purpose and a genuine desire to nurture the new generation. Keep in mind that students will see you as a role model, so how you compose yourself is just as important as the lectures you deliver.

Next, actively explore teaching roles and seek opportunities within an academic environment. Consider volunteering to teach in the beginning to gain exposure and determine if teaching truly ignites your passion. Don't worry too much about the financial aspects at this stage; instead, focus on gaining valuable experience and evaluating your commitment to teaching.

Once you have transitioned into a teaching role, take advantage of the various training programs available for teachers in universities. Similar to being a physiotherapist, becoming an academic requires continuous learning and skill development. Be it a clinician or an academic, always commit to lifelong learning.

Informed Consent for Medical Treatment

Mr. Bronco BUT
Honorary Legal Advisor of HKPA

In the case of **Montgomery v Lanarkshire Health Board**, the UK Supreme Court laid down the test regarding the duty of care of doctors in giving advice to patients about risk of undergoing treatment.

The claim in Montgomery arose as a result of severe injuries sustained by the claimant's son at the time of his birth. Mrs. Montgomery was diabetic and small stature. There was therefore a risk that her baby would have large shoulders and have difficulty passing through his mother's pelvis ("shoulder dystocia") without medical intervention. There was evidence that if the risk materialised could give rise to a major obstetric urgency. In antenatal consultations, Mrs. Montgomery expressed concern about the size of her baby but did not seek advice about specific risks. The doctor did not volunteer such information because, in her judgment, the risk to the baby was very small and if it was mentioned the mother would elect caesarean section and that would not have been in her interests. She advised that mother would manage vaginal delivery and if there were difficulties in labour caesarean section would be given. Mrs. Montgomery said in her evidence that had she been told of the risk of shoulder dystocia, she would have inquired what it meant and what would possible risks of outcomes could be. If told about them, she would have asked for delivery by Caesarean section. It was accepted that if she had made such a request, it would have been granted. In the event the risk of Shoulder Dystocia materialised in the course of the birth, the emergency which rapidly developed did not permit caesarean section and the baby suffered injury in the course of delivery by forceps.

In the leading judgment in the case of **Montgomery**, Lords Kerr and Reed adopt an approach which reflected the fact that patients were adults "who are capable of understanding that medical treatment is uncertain of success and may involve risks, accepting responsibility for the taking of risks affecting their own lives, and living with the consequences of their choices." there was a basic distinction between the doctor's role when providing, first, diagnosis and when, second, advising about the risks and alternative treatments. So far as the first are concerned, the doctor must follow the practice of ordinarily skilled members of his or her speciality. In relation to the second:

"An adult person of sound mind is entitled to decide, which is any, of the available forms of treatment to undergo, and her consent must be obtained before treatment interfering with his bodily integrity is undertaken. The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in the recommended treatment, and of any reasonable alternative or variant treatments. The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware the particular patient would be likely to attach significance to it."

Two exceptions were allowed:

"The doctor is however entitled to withhold from such patient information as to a risk if he reasonably considers that its disclosure would be seriously detrimental to the patient's health. The doctor is also excused from conferring with the patient in circumstances of necessity, as for example where the patient requires treatment urgently but is unconscious or otherwise unable to make a decision."

On the facts of the case of **Montgomery**, Mrs. Montgomery should have been informed of the risks of shoulder dystocia and the evidence suggested that, had this occurred she would have elected delivery of her baby by caesarean section and the injuries in question would not have arisen.

Duty of care of physiotherapists

To satisfy the **Montgomery**, any information given must be comprehensible and such as to enable a patient to make an informed decision. The physiotherapist's role is not to bombard a patient with technical information which she cannot reasonably be expected to grasp.

Liability will be attached to a physiotherapist not simply as a result of failing to warn of risks when that should have been done, but also negligence arises in a physiotherapist's omitting to inform the patient of choices available to him/her, so that, for instance, the patient can opt for treatment A rather than treatment B which when compared with treatment A, would likely to carry higher risks.

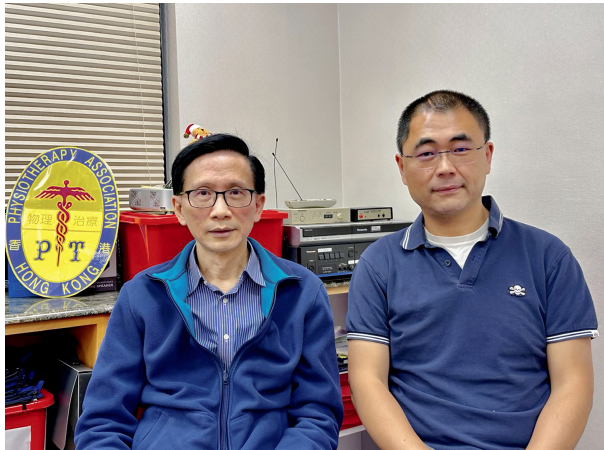
文匯報訪問：治痛陷阱餘波 (騙保疑雲)，物理治療師操守規定知多啲

Date of Interview : 12 January 2024

Date of Media Release : 15 February 2024

Physiotherapists : Mr. Raymond TSANG and Mr. Alexander WOO

Mr. Raymond TSANG, the Vice-President and Mr. Alexander WOO, the Promotion and Public Relations Subcommittee Chairperson of HKPA had participated in this interview.



治痛陷阱餘波(騙保疑雲) | 物理治療師操守規定知多啲

2024-02-14 23:59:00 香港



40th Anniversary Dinner of the Hong Kong Society of Professional Optometrists

Date : 22 February 2024

Venue : Langham Hotel

Physiotherapist : Mr. Raymond TSANG

Mr. TSANG attended the 40th Anniversary Dinner of the Hong Kong Society of Professional Optometrists on behalf of HKPA.



The Federation of Medical Societies of Hong Kong Council Meeting

Date : 22 February 2024
Venue : Duke of Windsor Social Service Building
Physiotherapist : Dr. Arnold WONG

Dr. WONG attended the FMSHK Council Meeting on behalf of HKPA to discuss various issues (e.g., Annual Scientific Meeting, Medical Diary, and Federation Sports Day 2024).

HKPA Spring Dinner

Date : 24 February 2024
Venue : A restaurant
Time : 18:00 – 21:00

As a token of appreciation for the committed contribution from the HKPA specialty groups and working groups, HKPA organized the spring dinner on 24 Feb 2024. A total of around 60 physiotherapist colleagues attended the spring dinner.



TVB Interview Regarding Postpartum Abdominal Binding

Date : 27 February 2024
Venue : HKPA Premises
Physiotherapist : Mr. Alexander WOO

Mr. WOO explained the concept of postpartum abdominal binding, and the role of physiotherapists in managing postpartum women.



Manual Concepts: Certification in Spinal Manual Therapy

Date : 6-7 January 2024 and 23-25 February 2024

Venue : A hybrid course with 4 online modules and 5-day face-to-face practical sessions.

Instructor : Dr. Vaidas STALIORATIS (Director & Principal Lecturer)

Dr. STALIORATIS is the Fellow of the Australian College of Physiotherapists (as awarded by the Australian College of Physiotherapists in 2016); MSc (Curtin University); Graduate Entry Master of Physiotherapy (Curtin University); Master of Clinical Manipulative Physiotherapy (Curtin University); Accredited Mulligan Concept teacher; Specialist Musculoskeletal Physiotherapist; Director, Manual Concepts, Western Australia. A total of 24 physiotherapists took the course to learn advanced spinal manual therapy.



Memorandum of Understanding Signing Ceremony for Launching Professional Certificate in Advanced Practice in Sports Physiotherapy between HKPA and PolyU SPEED

Date : 1 March 2024
Venue : PolyU SPEED campus
Physiotherapist : Mr. Raymond TSANG

Mr. Raymond TSANG, the Vice-President of HKPA, represented the HKPA to sign the Memorandum of Understanding for collaborating with the College of Professional and Continuing Education of PolyU School of Professional Education and Executive Development to develop continuing education courses for physiotherapists.



An Interview on Direct Access as Part of The Chinese University of Hong Kong Survey Study

Date : 1 March 2024
Venue : Zoom meeting
Physiotherapist : Prof. Marco PANG

Prof. PANG represented HKPA to provide comments on direct access to the CUHK survey team.

The Association of Hong Kong Health Care Professionals Spring Dinner

Date : 7 March 2024
Venue : A restaurant
Physiotherapist : Prof. Marco PANG

Prof. PANG represented HKPA to attend the Association of Hong Kong Health Care Professionals spring dinner.



International Myeloma Action Month Event

Date : 23 March 2024

Venue : The Salisbury – YMCA of Hong Kong

Physiotherapists : Prof. Marco PANG, Mr. Sam WAN, Ms. Joan IP

Prof. PANG, Mr. WAN, Ms. IP and other physiotherapists attended the International myeloma action month event. Ms. IP gave a talk on exercises and showed the exercise video with live demonstration.



CPD News

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

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