NEWS BULLETIN 物理治療 PHYSIOTHERAPY 資訊

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## Content



# Editorial

## Conservative treatments for adolescent idiopathic scoliosis

Dr. Arnold WONG

Hong Kong has been playing a very important role in adolescent idiopathic scoliosis (AIS) research since mid 1990s. This is largely related to the scoliosis school screening program initiated by a group of orthopaedic surgeons in Hong Kong. As one of the key service providers for teenagers with AIS, physiotherapists can make a great contribution to the prevention of curve progression. Therefore, it is important for our colleagues to have a better understanding of conservative treatments for AIS. While colleagues are encouraged to visit the official website of International Society on Scoliosis Orthopaedic and Rehabilitation Treatment (SOSORT) and join their membership to stay update-to-date on AIS management, we are excited to invite Ms. Veronika LUI (a physiotherapist) and Mr. Ajax LAU (a prosthetist and orthotist) to provide a brief summary of our local management of AIS in our two main theme articles.

Additionally, our People's Corner summarizes an interview with Ms. Nerita CHAN, who shared her personal experiences at different stages of her career (as a clinician, a senior management staff, and a teacher). Our Legal Column covers an important topic on the standard of care and medical negligence, which is a very closely related to our profession.

While you are reading this issue, our editorial board would like to wish everyone a happy and memorable summer.

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# Conservative Management of Scoliosis – Role of Physiotherapists

**Ms. Veronica Mei Hang LUI**
Senior Physiotherapist, The Chinese University of Hong Kong Medical Centre

Scoliosis is a three-dimensional deformity of the spine and is defined as a spinal curvature (Cobb angle) of at least 10 degrees. The classification of the disorder could be determined based on the etiology of the disease or the age of onset. Among different classifications, adolescent idiopathic scoliosis (AIS) accounts for the major proportion of the disease population. According to a local population-based cohort study of >390,000 children with a 10-year follow-up, the prevalence of scoliosis by the age of 19 years in Hong Kong was reported as 3.5% in total. Girls were reported to have higher prevalence than that of boys (4.8% versus 2.2%). [1] Majority of the cases were classified as mild in severity, with Cobb angles less than 20 degrees.

For the practice in the local hospital system, the treatment provided for these cases with mild severity will be 'observation'. When the severity of the curves reaches moderate level (Cobb angle of at least 20 or 25 degrees) and there is still significant risk of progression, cases will be prescribed 'bracing' treatment. For severe cases with Cobb angle approaches 50 degrees, surgery will be suggested. In most hospitals, patients will be referred for physiotherapy when they reached the level of moderate severity.

Regarding the physiotherapy management of scoliosis, the Physiotherapeutic-Scoliosis-Specific Exercise (PSSE) is gaining its popularity locally over the last decade. PSSE is widely adopted in European countries and there are different schools of PSSE. (as shown in Table 1) According to the SOSORT guidelines, [2] PSSE should be the first step to be adopted to prevent or limit the progression of curves in scoliosis. Further, PSSE can be incorporated with bracing. Physiotherapists should help increase the compliance of bracing. Among various PSSE, Schroth Method is one of the most widely adopted PSSE in Hong Kong, although it is not necessary be better than other PSSE on various AIS cases.

The Schroth method was originated in Germany in 1921. There are some key elements of this approach, including derotation, elongation and stabilization of the spine in 3-dimensional planes, education of postural correction and carried on to the activities of daily living, empowering patients through home exercise programs, etc. Schroth Method is customized to individual needs because every curve is different and thus treatments needed to be patient-specific. There is a growing evidence to support the use of PSSE / Schroth method. Recent research showed that Schroth exercise was the most effective in those cases with mild severity (Cobb angle of less than 25 degrees). The reduction of Cobb angles was observed with clinically (changes of Cobb angle of more than 5 degrees) and statistically significant changes achieved in two recent randomized controlled trials (RCTs). [3,4] When the use of Schroth Method together with bracing treatment was considered, a local study showed that the group receiving Schroth exercise during bracing treatments exhibited more superior outcomes in Cobb angle improvement and health-related quality of life (as measured by SRS-22). [5] Additionally, those who adhere to the exercise program demonstrated a higher rate of improvement in Cobb angles. Apart from the compliance to exercise and bracing, a proper supervision during Schroth exercise program is also vital. In a three-armed RCT conducted by Kuru and colleagues in 2016, only the supervised Schroth exercise group showed statistically significant results in Cobb's angle and angle of trunk rotation improvements whereas the home-based Schroth and control group did not have any significant results. [6]

Different types of PSSE were proposed to be performed as add-ons to bracing.2 For example, Side shifting should be performed when cases undergone Milwaukee bracing treatment, while Schroth exercise should be performed when cases undergone Cheaneau bracing treatment. In Hong Kong, Boston brace is used in the public hospital setting. The effectiveness of Schroth method in addition to Cheneau bracing treatment are still under investigation. Therefore, this would be a new research area in the conservative management of scoliosis in Hong Kong.

To look forward, there are still many questions left unanswered. From research evidence and our clinical practice, clinically meaningful changes of Cobb angle were observed in those scoliosis cases with mild to moderate level of severity. How about the effects of Schroth exercise and bracing in correcting the Cobb angles of those reaching the threshold from surgery? How about the use of Schroth exercise in degenerative scoliosis cases? Given that most resources in our public hospital setting are allocated to

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those with moderate to severe scoliosis cases, those with mild curves may benefit from PSSE. Unfortunately, patients rarely have a chance to receive Schroth treatment in the public setting. Should we wait for the curves to progress to moderate level before starting any intervention? However, It may be infeasible for all patients with mild curves to receive Schroth Method due to several reasons. First, the practice of Schroth exercise is labour intensive as the program is individualised. Second, only a limited number of certified Schroth therapists are available in Hong Kong. Third, while the number of mild scoliosis cases is overwhelming, only a small proportion of them will progress. Therefore, future studies should identify high risk cases for early intervention.

In the last decade, more focus has been put on precision medicine and personalised treatments, including in the orthopaedic field. Scholars have been endeavoured to identify those at high risk of progression at early stage of the scoliosis disease journey. We cannot prevent scoliosis from happening. However, we should try to prevent the deterioration of the disease once it is diagnosed. We hope that in the near future, those higher risk individuals can be identified at the early stage of the disease. PSSE should be considered for this target group to prevent the need of bracing or even surgery.

**Table 1.**

| Regions | Physiotherapy Scoliosis Specific Exercise (PSSE) |
|---|---|
| **Germany** | Schroth Method (ISST) / Schroth Best Practice |
| **Spain** | Barcelona Scoliosis Physical Therapy School (BSPTS): Schroth Method with modification |
| **Italy** | Scientific Exercise Approach to Scoliosis (SEAS) |
| **Poland** | Dobosiewicz's method (Dobomed) |
| | Functional Individual Therapy for Scoliosis (FITS) |
| **UK** | Side Shift |
| **France** | the Lyon Approach |

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# Choosing the Right Brace for Scoliosis Treatment: Cheneau vs. Boston

**Mr. Ajax LAU**
Advanced Practice Prosthetist-Orthotist, Prince of Wales Hospital

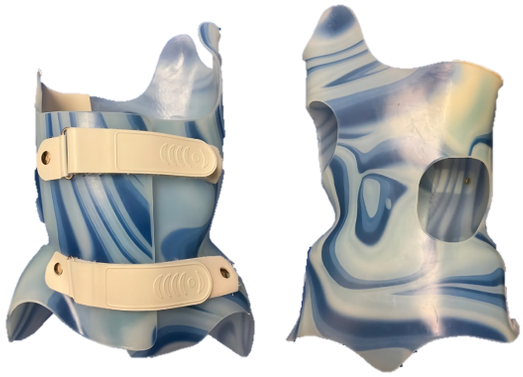
When it comes to scoliosis, choosing the right brace is crucial for achieving best correction and long-term spinal health. Two mainstream options, the Cheneau brace (C-Brace) [1] and the modified Boston brace [2] (Underarm Brace or UAB in Hong Kong), offer distinct approaches to the management of this condition.

The C-Brace stands out with its innovative, personalized design. Created through precise molding or scanning, this brace features strategically placed pressure points that target your unique spinal curvature. Unlike traditional braces, the C-Brace goes beyond coronal plane correction, focusing on a three-dimensional approach that addresses sagittal and transverse plane deformities. [1] This holistic correction strategy aims for a more complete realignment of your spine and improved body movement dynamics.

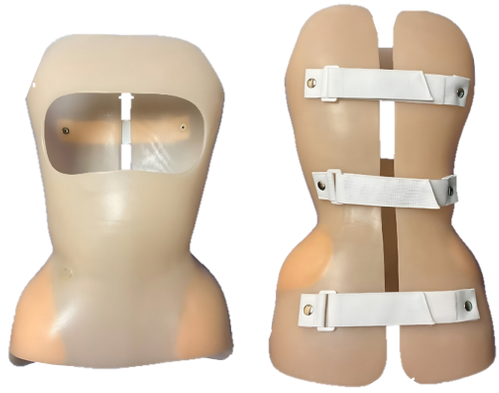
The biomechanical principles of C-Brace align with the principles of Schroth therapy, a specialized approach to scoliosis treatment that emphasizes active participation and exercises. This encourages chest expansion and proper breathing techniques, making the C-Brace more effective for achieving a better outcome. The brace design also allows the visual monitoring of corrective movement, offering a sense of control and active participation in treatment regimen. This customized approach, tailored to the users' specific needs. It can significantly improve outcomes, especially for those severe spinal curves.

The UAB presents a more traditional approach, focusing primarily on correcting coronal deformities. Its symmetrical structure, encompassing the entire torso, offers a different perspective on managing scoliosis. [2] While the UAB provides effective correction, it may not offer the same degree of customization and three-dimensional correction as the C-Brace.

In conclusion, the best brace for the patients depends on the individual needs and the severity of scoliosis deformity. Patients should seek consultation from qualified healthcare professionals specializing in scoliosis to decide the most proper personalized treatment approach. While the C-Brace offers exceptional personalization and a multidisciplinary treatment, access to certified C-Brace orthotists in Hong Kong may be limited.



*Cheneau Brace*



*Underarm Brace*

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# *An Interview with Dr. Doris CHONG*

**Venue** : Online

**Interviewee** : Ms. Nerita CHAN

**Interviewers** : Mr. Edwin LAM and Mr. Derek Hiu Yeung CHOI

## Q1

Why did you choose physiotherapy (PT) as your career?

## A1

I chose PT as my career because it aligns well with my personality. I wanted a job that would allow me to interact and serving people. After graduating from secondary school, I attended the admission interview for the physiotherapy programme at Hong Kong Polytechnic. The interview process included an aptitude test, which indicated that I had the right character and attitude to become a physiotherapist. This assessment, along with my own interests and goals, led me to enroll in the physiotherapy programme and pursue this career path.

*Top left to right: Mr. Edwin LAM and Dr. Arnold WONG*
*Bottom left to right: Mr. Derek Hiu Yeung CHOI and Ms. Nerita CHAN*

## Q2

Why did you choose to become a pediatric physiotherapist?

## A2

After graduating from the PT programme, I began working in public hospitals and regularly rotated through different departments. During my second rotation, I was assigned to a pediatric center in Tuen Mun. At that time, Tuen Mun Hospital was even not yet built. The center was located on the rooftop of a polyclinic building, without air conditioning, requiring me to work in the hot sun for hours each day during a summer. Despite the challenging conditions, I treated children with various neurological conditions with great job satisfaction, which served as a turning point that inspired me to specialize in pediatric physiotherapy. Years later I met a colleague in the same hospital, who was my previous patient with a cerebral palsy condition. This experience reassured me again that I chose the right job, which helps people to contribute continuously to the community.

## Q3

What is the most rewarding thing to be as a pediatric physiotherapist?

## A3

The most rewarding experience for me is participating in multidisciplinary rehabilitation programmes. In Tuen Mun Hospital, I was part of a dedicated pediatric physiotherapy team that was passionate about developing this specialty. We regularly reviewed research papers to update our evidence-based practices, such as using spasticity management and Botox injections to treat pediatric cerebral palsy. We then initiated new rehabilitation programs, collaborating with other medical professionals. Through these specialized programmes, we became pioneers in Hong Kong at that time to implement the update evidence into practice and the results were very promising. This allowed us to optimize patient treatment plans and contribute to the professional development of pediatric physiotherapy in the region. The sense of being part of a multidisciplinary team and making a meaningful difference in patients' lives is the most rewarding part of my work.

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**Q4**

Did you face any challenges in transiting from a clinician to a manager?

**A4**

Yes, I did. The primary challenge was a mental barrier. When I first learned of the potential managerial opportunity, I struggled with whether I should accept it, as I was concerned that taking on these administrative duties would prevent me from continuing my clinical practice. Clinical practice is the bread and butter of the physiotherapy profession, and I was determined to maintain direct patient care, regardless of my role. Fortunately, the high management addressed my concerns by offering me the position as an Allied Health Manager while still allowing me to perform clinical duties. With this assurance, the lingering doubts I had were removed, and I accepted the managerial role. Being able to balance the clinical and administrative aspects of the position has been the key to overcoming the initial mental hurdle of this career transition.

**Q5**

Why did you choose to teach after your retirement?

**A5**

Being a physiotherapist for many years, I want to transfer my knowledge and experience to the new generation. Even before joining PolyU, I had opportunities to teach in various tertiary institutions in Hong Kong and China, as well as deliver regular talks to my hospital colleagues. Last year, I was invited by PolyU to become a Professor of Practice. As PolyU nurtures more than a hundred physiotherapy students each year, I saw this as an excellent opportunity to share my expertise with a larger number of aspiring professionals. The chance to mentor the next wave of physiotherapists and contribute to their development made the decision to teach at PolyU a natural choice for me after retiring from clinical practice.

**Q6**

Do you face any challenges that when you transit from a manager to teacher?

**A6**

Transitioning from a managerial to a teaching role has presented a couple of key challenges. First, I need to reserve significantly more time to preparation, even though I am only responsible for certain portions of a subject. To ensure I am fully informed about what the students have learned prior to my lessons, I thoroughly review all course materials. This upfront time and effort is essential, but can be demanding. The second major challenge is adapting to an effective teaching approach. While I have over 30 years of physiotherapy experience, I still need to stay humble and continuously learn how to best deliver the material in a way that helps every student understand and learn. Accounting for the diverse learning abilities of the students requires me to make a concerted effort to tailor my teaching methods accordingly. Although this transition has its challenges, I am committed to mastering the art of instruction to provide the quality educational experience for my students.

**Q7**

Do you have any advice for the younger generation if they want to excel in the paediatric physiotherapy career?

**A7**

For those interested in excelling in pediatric physiotherapy, I have a few key pieces of advice. First and foremost, you must have a genuine interest and passion for working with children. This specialty can be challenging, so a genuine fondness for the pediatric population is essential. Additionally, mastering a broad base of physiotherapy knowledge (i.e., encompassing musculoskeletal, neurological, and cardiopulmonary domains) is critical. The skills developed across these diverse areas are all highly applicable to effective pediatric practice. Finally, as physiotherapists, it's crucial to maintain a commitment to continuous learning and development. Stay up-to-date on the latest research and treatment approaches, and don't hesitate to contribute your own insights and innovations in caring for your patients. Embrace a spirit of inquiry and a drive to advance the field. With the right combination of compassion, clinical expertise, and intellectual curiosity, I am confident the younger generation can find great fulfillment and success in pediatric physiotherapy. Wishing you all the best in your promising careers ahead.

# *Standard of care in medical negligence cases*

**Mr. Bronco BUT**
Honorary Legal Advisor of HKPA

## Assumed scenario

Macy WONG received physiotherapy training in Sydney, Australia. After graduation, she practiced physiotherapy for about 5 years in Sydney and then returned to Hong Kong to practice physiotherapy in a private physiotherapy clinic known as ABC Physiotherapy Clinic.

In February, a young healthy looking male patient known as John who was referred by a general practitioner came to ABC Physiotherapy Clinic to seek for physiotherapy treatment. The referring doctor wrote down in the referral letter that John has suffered from low back pain for about one week after doing exercise in gym. The referring doctor requested physiotherapy treatment to the back of John.

To conduct lumbar spine assessment on John, Macy applied the lumbar spine assessment method which she routinely used in Sydney. After assessment, Macy gave heat treatment to John's low back. In the course of heat treatment, John complained of increase in back pain. As a result, an ambulance was summoned to send John to the Accident & Emergency Department of a public hospital.

Recently, Macy received a demand letter from John's lawyer alleging, amongst others that Macy's back assessment contributed to John's prolapsed intervertebral disc.

## Standard of Care

The classic summary of McNair J in Bolam v Friern Hospital Management Committee is relevant and applicable to set the standard of care. In order to satisfy the duty in tort, the standard of care and skill to be attained is that of the ordinary competent medical practitioner, exercising an ordinary degree of professional skill. Although the standard is a high one, "a defendant charged with negligence can clear himself if he shows that he acted in accord with general and approved practice". A medical practitioner: "is not guilty of negligence if he has acted in accordance with practice accepted as proper by a responsible body of medical men skilled in that particular art… merely because there was a body of opinion who would take a contrary view."

Negligence in the diagnosis and treatment of a medical condition ought not to be established by a judge's preference for one body of respectable professional opinion before another. Use of the words "responsible", "reasonable" and "respectable", give the consequence that where, as often happens in cases of alleged clinical negligence, a particular course of action is adopted after weighing risks against benefits, a court considering expert evidence has to be satisfied that in coming to their opinion the experts considered that particular issue and reached a defensible conclusion about it.

## Applying current knowledge

The standard of care, when assessing a medical practice or procedure, is judged in the light of knowledge available at the time, not at the date of trial. So, an anaesthetist was acquitted of negligence where he administered an anaesthetic kept in a manner thought at the time to be safe but which later experience proved to be dangerous. By like reasoning it has been held: that a conservative approach to ultrasound scan was a tenable professional opinion in 1988; and there could be no claim for negligent injury to a child's left foot arising after a leak from an intravenous line, albeit that the treatment given in 1991 was more conservative than would have been suggested by standards current at the date of trial. But treatment with human growth hormone after 1 July 1977, where the claimants later developed CJD as a result, was negligent. The same principle applies where the

*(Continued on Page 8)*

allegation is failure to use some particular item of equipment: the defendant will not be liable if the equipment was not generally available at the date it is suggested it should have been used.

## The relevance of usual practice

Deviation from normal professional practice is not necessarily evidence of negligence. To be so it must be proved,

(i) there is normal practice, which is applicable to the case;

(ii) the defendant has not adopted it; and

(iii) the course taken was one which no medical professional of ordinary skill would have taken, had ordinary care been taken.

In novel cases, where there is no recognised body of opinion to which to refer, the degree of care required is simply that reasonably to be expected in the circumstances. Where a medical practitioner is called upon to advise partly on medical matters and partly on economic and administrative considerations, it is to the medical aspect only that the high standard of care is applied.

## Standard of care of physiotherapists

A physiotherapist: "is not guilty of negligence if he has acted in accordance with practice accepted as proper by a responsible body of medical men skilled in that particular art... merely because there was a body of opinion who would take a contrary view".

In the above assumed scenario, it is necessary to ascertain whether Macy has acted in accordance with the practice of back assessment accepted as proper by a responsible body of physiotherapist skilled in back assessment. If the answer is affirmative, Macy is unlikely to be found guilty of negligence. Otherwise, Macy will likely be found guilty of negligence.

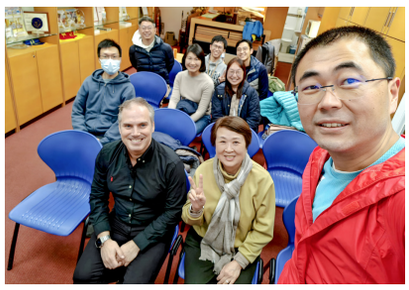
## *OSHRSG Course*

# *Person-centered Care for Musculoskeletal Pain: Putting Principles into Practice*

**Date** : 24 January 2024
**Venue** : HKPA Premises
**Speaker** : Dr. Nathan HUTTING

This was the first hybrid course organized by the OSHRSG after the pandemic. Dr. HUTTING shared the concept of person-centered care of musculoskeletal pain. Approximately 80 participants enjoyed a fruitful evening by learning how to apply principles into practice for musculoskeletal pain.




## *OSHRSG Course with Tung Wah College*

# *Update on Ergonomics Assessment and Interventions for Physiotherapists*

**Date** : 2 March 2024
**Venue** : Tung Wah College
**Speaker** : Prof. Grace SZETO

This was the first full face-to-face course run by OSHRSG and Tung Wah College. Prof. SZETO provided a thorough update on ergonomics assessments and interventions. Approximately 70 participants joined this practical course to acquire hands-on experiences.



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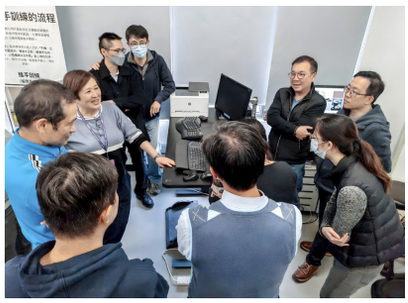



## *Children's Cancer Foundation Jockey Club Children's Palliative Care Kick-off ceremony cum children's Palliative Care Conference*

**Date** : 27 April 2024
**Venue** : CUHK Medical Centre
**Physiotherapist** : Ms. Nerita CHAN

Ms. CHAN represented HKPA pediatric specialty group to attend the caption conference because HKPA was one of the supporting organizations.


## CPD News

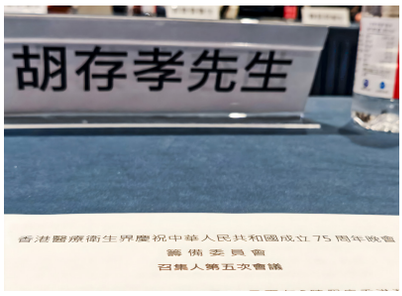
***Enquiry of CPD News and Activities Please Visit***

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

# *4th Meeting of Convener from Hong Kong Medical and Health Sector for Celebration of the 75th Anniversary of the People's Republic of China*

**Date** : 29 April 2024
**Venue** : Friends of Hong Kong Association
**Speaker** : Mr. Alexander WOO

This year is the 75th Anniversary of the People's Republic of China. All medical and healthcare professionals will join to celebrate this important date. A series of meetings have been arranged to prepare for the celebration. HKPA is one of the conveners preparing for the celebration and identifying sponsorships.


# *Interview on Leukemia in HOY TV*

**Date** : 3 May 2024
**Venue** : Cable TV Tower
**Speaker** : Mr. Alexander WOO

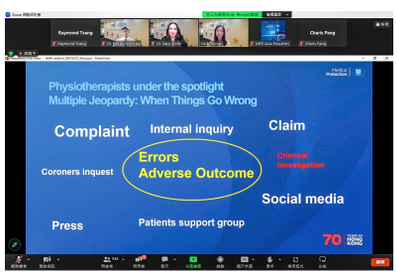
Mr. WOO represented HKPA to be interviewed by HOY TV regarding the role of physiotherapists in managing leukemia. Mr. WOO highlighted the importance of exercise for the rehabilitation of patients with leukemia.




# *What You Need to Know about Protecting Your Career as Physiotherapists*

**Date** : 9 May 2024
**Format** : Webinar
**Organizers** : Medical Protection Society and Hong Kong Physiotherapy Association
**Speakers** : Dr. Bobby NICHOLAS and Dr. Sara SREIH, medicolegal consultants of Medical Protection Society

The speakers discussed the prevention and handling of patient complaints and claims, highlighting key themes such as competence, communication, consent, confidentiality, and conduct.



# *The Hong Kong Paediatric Society - 62nd Annual General Meeting & Oration on Child Health 2024*

**Date** : 16 May 2024
**Venue** : The MIRA Hong Kong
**Speaker** : Mr. Alexander WOO

HKPA was invited by The Hong Kong Paediatric Society to attend the 62nd AGM, an oration presented by Dr CHOI Yuk Lin Christine as well as annual dinner on 16 May 2024.



# *Paediatric Specialty Group: Biennial General Meeting (BGM) cum Seminar on Paediatric Pain Management from Child Life Specialist's Perspective*

**Date** : 21 May 2024
**Venue** : HKPA Premises
**Speakers** : Ms Kelly Kin Yee YUEN and Ms Carmen Ka Man MA

Ms. Kelly YUEN and Ms. Carmen MA are Child Life Specialists, and both represented Child Life to share their experiences in helping paediatric oncology clients cope with pain because these children need to face many repetitive medical procedures. Contents of the seminar included design of pain assessment tools, strategies to help children of different ages cope with painful medical procedures, and case sharing. Twenty-seven participants attended this 1-hour seminar. The seminar was well received by the participants.

The Biennial General Meeting was held before the seminar, with 16 PSG members present for the meeting. The report of the 2022-2024 was presented by the chairlady, Ms. Nerita CHAN, and the new 2024-2026 executive committee members were endorsed to take positions.



# Disclaimer

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