Message from the President

Physiotherapy in Hong Kong-The Way Ahead.

When I began my journey as the President of Hong Kong Physiotherapists’ Union (HKPU) two and a half years ago, I shared with you the vision and mission to evolve our unity towards a stronger icon of professional service quality. The growing membership is encouraging for us to continue our development towards the right direction for professional autonomy and excellence. Here, I would like to share a few physiotherapy related local situations to tap your inspiration for” The Way Ahead”

1. **Manpower**

The surging demand for physiotherapy in all settings in Hong Kong and the “lagging behind” supply of physiotherapists have upset the service provision to the local population desperate for physiotherapy. Concurrently, generic physiotherapy service(s) are silently replaced by non-physiotherapy health care providers or even non-professionals resulting in non-effective outcomes or undesirable incidents due to pseudo-physiotherapy intervention by the latter.

Mrs. Eleanor Chan Wong Yee
In order to meet both the quantity and quality demand of physiotherapy in Hong Kong, we should strive to seek support to increase physiotherapy manpower from our end users as well as our stakeholders, namely the patient groups, training institutes, Food and Health Bureau (FHB), Social Welfare Department (SWD), Education Department (ED), Hospital Authority (HA), Non-Government Organizations (NGOs), and private settings providing physiotherapy services.

2. **Specialization**

In the recent decade, the continuous increase demand for hospital beds due to different epidemic diseases and the aging population have shortened the length of stay of patients especially in the public hospitals. Accordingly, the paradigm shift of physiotherapy service model needs to be refocused in both the tertiary and community perspectives. Specialization of a clinical management team is the most effective way to help the needy patients in both tertiary and post-discharged community care. With the well established clinical specialties in Hong Kong, physiotherapists are of no exception to collaborate with the clinical specialties as one of the team members to provide corresponding expertise service to meet the patients’ need effectively from acute to convalescent stage. Moreover, our professional competencies have been well demonstrated in our post-graduate academic achievement as well as our clinical service provision in various settings. Official recognition is yet to be worked on through physiotherapist specialization registration under the Physiotherapist Board with support from members and academics.

3. **Market-share**

The robust communication development is phenomenal, and the competition for market share is alarming. The conventional physiotherapy intervention within the clinic walls should be reviewed and revamped for the wellness of the parties concerned. On one hand, other than therapeutic interventions, patient empowerment should include the education on the selection of physiotherapy related health care items purchased over the counter such as supporting cushions, pillow and mattress which are grossly related to the spinal care, ergonomic devices that affect both the static and dynamic postures, foot wears for lower limb health and mobility. On the other hand, a professional-led instead of commercial-led equipment purchase is crucial to up-hold our professional autonomy in advisory role to sustain our treatment effects.

All in all, the population of physiotherapists in Hong Kong should be increased to cater for quality specialized services to meet the needs of our client groups. The targets are achievable if we can unite seamlessly within the profession.
# The Executive Committee of HKPU 2015-2017

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<th>Name</th>
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<tr>
<td>Eleanor CHAN Wong Yee</td>
<td>President</td>
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<td>陳黃怡</td>
<td>會長</td>
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<td>Clement CHAN Kam Ming</td>
<td>Vice-President</td>
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<td>陳錦明</td>
<td>副會長</td>
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<td>Kenneth AU YEUNG Kin</td>
<td>General Secretary</td>
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<td>歐陽健</td>
<td>秘書長</td>
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<td>Hagus CHEUNG Wai Man</td>
<td>Financial Secretary</td>
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<td>張偉文</td>
<td>財務秘書長</td>
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<tr>
<td>Andy YU Chi Ho</td>
<td>Secretary (Operation)</td>
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<td>余智豪</td>
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<tr>
<td>Amy WU Wai Yin</td>
<td>Secretary (Membership)</td>
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<td>胡慧然</td>
<td>秘書 (會務)</td>
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<td>Alice CHIU Yuen Yee</td>
<td>Secretary (Membership)</td>
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<td>趙婉儀</td>
<td>秘書 (會務)</td>
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<td>Philip LEUNG Chi Fai</td>
<td>Editor</td>
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<td>梁志輝</td>
<td>編輯</td>
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<tr>
<td>Lily YUEN</td>
<td>Professional Development Officer (Education)</td>
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<td>阮麗麗</td>
<td>專業發展主任 (教育)</td>
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<td>Olivia FAN Wing Nga</td>
<td>Professional Development Officer (Education)</td>
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<td>范穎雅</td>
<td>專業發展主任 (教育)</td>
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<td>Thomas WONG Ki Tai</td>
<td>Professional Development Officer (Marketing)</td>
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<td>黃旗泰</td>
<td>專業發展主任 (市場策劃)</td>
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<tr>
<td>Winnie MA Man Fong</td>
<td>Professional Development Officer (Public Relation)</td>
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<tr>
<td>馬曼芳</td>
<td>專業發展主任 (公共關係)</td>
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<tr>
<td>Anthony SIN Kwok Yeung</td>
<td>Committee Member (China Affair)</td>
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<td>冼國揚</td>
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<td>Elite CHUNG Wing Kit</td>
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<td>Michael WONG Chun Leung</td>
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**Dr. Clement CHAN Kam Ming, Vice-President.**

Being a well-experienced clinician in Geriatric care for many years, Clement has visualized that physiotherapists in Hong Kong have been working very hard to strive for professional autonomy. Despite the historical ups and downs of Hong Kong Physiotherapists’ Union (HKPU), he’s confident that the joint effort of dedicated members from HKPU is sailing on the right track to revamp and to “reboot” our professional image. It’s just the beginning of the journey and still lots to be achieved within the professional circle and community. He encourages physiotherapists to endeavor the promotion of our professional status so as to safeguard our best interest to both internal and external customers. Members’ unfailing support and constructive suggestions are vital to the healthy growth of HKPU. “Professional unity is the building block for excellence.”

**Mr. Kenneth K.Au Yeung, General Secretary.**

Kenneth practises both as a private physiotherapist and a Clinical Educator of students enrolled for the entry level Master of Physiotherapy program launched by the Hong Kong Polytechnic University (HKPolyU). With his on-field physiotherapy experience in sports injuries especially for football players, he is dedicated to support easy access for physiotherapy through professional unity.

**Mr. Hagus W.M. Cheung, Financial Secretary.**

Hagus has been working in private setting since he qualified as a physiotherapist. He has continued his service for HKPU from the last two office since 2011. He witnessed the significant membership growth by the annual balance sheet. His unfailing support to the profession is well demonstrated in his loyalty in serving members’ financial issue(s).
Mr. Andy C. H. YU, Secretary (Operation)
Andy chose to start his career as a physiotherapist in public sector right after he qualified. Other than the satisfaction obtained from the clinical outcomes, he valued the humane interaction with patients who suffered from various conditions. As an experienced clinician, he strongly believes the prime mission of a physiotherapist is to maintain the health and wellness of the general public. With his unfailing professional passion, he is looking forward to enhance our professional unity to face the upcoming challenges related to the health care systems of Hong Kong.

Ms. Amy W.Y. WU, Secretary (Membership)
Amy is currently providing physiotherapy intervention in a NGO Geriatric setting. Being a membership secretary, she diligently updates membership data through new application, renewal as well as members’ notification of changes timely and efficiently. She is committed to fight for a fair share for the physiotherapists in Hong Kong.

Ms. Alice Y. Y. CHIU, Secretary (Membership)
Alice is working in both outpatient and inpatient settings in Hospital Authority. Being the secretariat for administration, she is ready and open to help out areas in need such as the Editorial Board and the Membership Registration. Alice values the opportunity to join as an executive committee member of HKPU. She is committed to promote the professional image of Physiotherapy to the public.

Mr. Philip C.F. LEUNG, Editor.
Philip has gained extensive clinical experience in the private setting. Being a long-term supporter to HKPU, in this term of office, Philip has committed to be the editor of HKPU, mainly to collect and to provide relevant update information to members to facilitate the unity of physiotherapists in Hong Kong.
Ms. Lily Yuen, Professional Development Officer (Education)
Lily is a well experienced physiotherapist in the special education setting. She is the senior physiotherapist of Heep Hong Society and currently leading a team of 30 plus staff physiotherapists to provide professional intervention to special needs children of both preschool and primary school age who are suffering from autism, learning difficulties, intellectual disability, motor coordination problem, attention deficits and etc. She is valued to contribute her experience in professional training and service development for members of HKPU.

Ms Olivia W. N. Fan, Professional Development Officer (Education)
Olivia has been practicing in Hospital Authority for 17 years right after she obtained her basic degree in England. She adopted her Master of Health Care (Physiotherapy) from the HKPolyU. Her sole interest is in paediatrics. She is also the executive member of the Paediatric Interest Group of Hong Kong Physiotherapy Association. She makes every endeavor to enlighten the role of physiotherapist in mental health for the paediatric population.

Mr. Thomas K. T. Wong, Professional Development Officer (Marketing)
Thomas Wong is the chief physiotherapist in a private clinic, the Hong Kong Rehabilitation and Preventive Care Centre. He has wide range of interests in the field of physiotherapy. He would like to make known to the public the important roles of physiotherapist through different professional related service in the community. Being the executive committee of HKPU in marketing, he is committed to strengthen the network of private physiotherapy practitioners for mutual support and to uphold the standard of physiotherapy services in the long run.

Ms. Winnie M. F. Ma, Professional Development Officer (Public Relationship)
Winnie is a well-experienced clinician and administrator in private hospital. She has committed as an executive committee members of HKPU for many years. Being in the position for Professional Development and Public Relations, Winnie is committed to the organization and planning of training courses for the enhancement of members’ professional development.
Mr. Anthony K. Y. Sin, Committee Member (China Affair)

Anthony is a well experienced practitioner in musculoskeletal and community outreach services. At the rapid growth of the national economy, he realizes the emergent needs for quality health care from the population in China. Based on the growing popularity of experience and knowledge exchanges between the professionals of both Hong Kong and China, Anthony will look for the caption opportunities by means of cross border training course, seminar, exhibition and etc. to enhance the professional image of HKPU.

Mr. Elite W. K. CHUNG, Committee Member

Mr. Chung works in private practice specialized in paediatrics and neurology. He has been serving the HKPU for years. Mr. Chung would like to enhance the recognition of effective physiotherapy for the physical, mental and cognitive development of children in different target groups particularly in education sector and parents group.

Mr. Michael C. L. WONG, Committee Member

Michael started his professional practice in 1997 in a public setting. With his knowledge and skill gained in Manipulative Physiotherapy, he had developed various effective rehabilitation regimes in Orthopaedic Rehabilitation ward. He has committed for subordinate training and development. He started his private practice in 2010 and committed to bring a new horizon for our professional development.

Past Activities

HKPU AGM on March, 2015
Welcome to Our New Legal Advisor

It’s our honor to have **Mr. Au Yeung Pui Wai Raymond**, Solicitor & Civil Celebrant, to be the honorary legal advisor of HKPU. May I have this opportunity to introduce Mr. Au Yeung:

Mr. Raymond Au Yeung is a graduate of The University of Hong Kong with the Degree of Bachelor of Laws (LLB) in 1990. He has started his practice as a solicitor in 1992 and has gained extensive experience in the field for the last 23 years.

Mr Au Yeung is an all-round, well-experienced civil lawyer He is mainly engaged in general civil litigation, employee compensation case, personal injuries claim, conveyancing and all kinds of property transaction, probate and wills, commercial agreements and matrimonial causes. With his qualification as a popular civil celebrant since 2008, he has performed around 800 weddings up to the present moment.

Currently, Mr Au Yeung is the honorable legal adviser of Wine Industry Association of Hong Kong, Everlast Fight & Fitness Centre, Happy Tree Social Services and Hong Kong Credit Agents Association.

Let’s welcome Mr. AU YEUNG Pui Wai, Raymond to be our Honorary Legal Adviser!
Update on “Working Group on Implementation of Modified Referral System for Physiotherapy Services” of Physiotherapists Board

Eleanor Chan, ex-chairperson of the Working Group on the Code of Practice Revision

Pertaining to the caption, the membership of the Working group is appointed as the following:

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<th>Capacity</th>
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<tr>
<td>Chairman</td>
<td>Ms Violet CHOY Wai</td>
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<td>Members of the profession from different employment background</td>
<td>Dr. Rosanna CHAU Mei-wa</td>
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<td>Mr. Andy KWOK Chee-kin</td>
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<td>Non-government organization</td>
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<td>Ms. NG Yuk-mun</td>
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<td>Representations renowned in education in physiotherapy</td>
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<td>Dr. Margaret MAK Kit-yi</td>
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<td>Dr. Polly LAU Mo-yee</td>
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<td>Dr. Clement CHAN Kam-ming</td>
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<td>Representations specialized in Healthcare Management</td>
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<td>Mrs. Eleanor CHAN WONG yee</td>
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<td>Representations Specialized in Sports</td>
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<td>Dr. Eric CHIEN Ping</td>
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<td>Medical Practitioner</td>
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<td>Dr. Leung Man –fuk</td>
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<td>Lay members</td>
<td>Ms WONG Chor-sar</td>
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<td>Ms. TONG Choi-ying</td>
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Briefing on the summary of the last working group were delivered to the physiotherapists of the following hospitals,

- United Christian Hospital
- Tsang Kwun O Hospital
- Haven of Hope Hospital
- Kwong Wah Hospital
- St. Teresa’s Hospital
- St. Paul’s Hospital
- The Sanitorium Hospital
- Heep Hong Society
- Community Rehabilitation Network
- Yan Chai Hospital

- Princess Margaret Hospital
- Lai King Hospital
- Caritas Medical Center
- North District Hospital
- Tai Po Hospital
- Prince of Wales Hospital
- Private Groups in Mongkok district
- The Baptist Hospital
- Pok Oi Hospital
- Hong Kong Polytechnic University

Physiotherapists who wish to have the summary briefing are welcome to contact HKPU. Continuous update information will be uploaded on the webpage of HKPU for sharing and inspiring of our current situation and the way ahead.
HKPU’s Response to Voluntary Health Insurance Scheme

The Voluntary Health Insurance Scheme (VHIS) consultation was launched in December 2014. Being one of the health care professional organizations, Hong Kong Physiotherapists’ Union (HKPU) is committed to safeguard the optimization of health and wellness of the general public. Upon collection of input from members, HKPU’s response to VHIS was sent to the Food and Health Bureau as the following.

To
Dr. KO Wing – Man
Secretary,
Food and Health Bureau
The Government of Hong Kong

From
Mrs. Eleanor Chan
President,
Hong Kong Physiotherapists’ Union
H.K. P.O. BOX 889

16th April, 2015.

Dear Dr. KO,

Members of The Hong Kong Physiotherapists’ Union, being the citizens and as one of the health care providers in Hong Kong, we would like to response to the Voluntary Health Insurance Scheme as the followings,

1. Basically, we support introducing a regulatory regime for individual Hospital Insurance so that such products must comply with the Minimum Requirements prescribed by the Government.
2. As for the 12 minimum requirements proposed, in (d) (i) we would like to suggest to extend to first and second years instead of only the first year, such that some of the indecisive population may take reference in course of time and will join within the second year of implementation.
3. Agreed to the proposal that group Hospital Insurance covered for employees could be exempted from the minimum requirements but there should be user-friendly means to allow the retired employee to go back to the minimum requirement when he discontinues the Hospital Insurance at his own expenses upon retirement or upon employment discontinuation.
4. Agreed with the proposed arrangement of Conversion Option and Voluntary Supplement(s) for group Hospital Insurance. Tax exemption should be entitled to the
related premium incurred.

5. We support setting up the High-risk pool (HRP) with Government financial support for senior VHIS clients who are over 70 years old.

6. As a voluntary scheme, incentive for participation is important, therefore we supported providing tax deduction for premiums paid for individual Hospital Insurance owned by tax payers covering themselves and/or their dependants that comply with the Minimum Requirement(s) and premiums paid for Voluntary Supplements purchased by individuals on top of their group Hospital Insurance policies.

7. We support the arrangements proposed for policyholders of existing individual Hospital Insurance policies, who upon expiry of the existing policies wish to migrate to VHIS policies and the grandfathering arrangements proposed for existing policies that do not comply with the Minimum Requirements.

8. To start with, we think that a regulatory agency under FHB to supervise the implementation and operation of the VHIS and a Claims Dispute Resolution Mechanism (CDRM) for resolving claims disputes under the VHIS is important to enhance communication and to minimize or to settle any dispute.

Other than the supportive statements, HKPU would like to suggest the followings for your considerations upon the implementation of VHIS,

9. As “Prevention is Better than Cure”, to attain a win-win-win situation and to trim down the health care burden at tertiary level, we suggest a Complimentary Retirees Health Check to the population meeting the stated retirement criteria could be integrated into the VHIS for early illness detection and intervention.

10. It may be worth to increase the semi-private or private beds in HA hospitals to ease off the public financial burden as well as to shorten patients’ waiting time. This also helps to facilitate the service provision from private health care providers to tide over the manpower shortage crisis in HA settings. Moreover, the set price for private service in HA could be a reliable reference on fees and charges to the general public.

11. Quantified post-hospital discharge outreach or community services should be considered at criteria based insurance coverage under the VHIS, this may help to decrease unplanned hospital admissions as well as a lower cost of care especially to the chronic disease and geriatric client groups who are mostly “hospital phobia”.

12. There are existing health care systems that the Government should revamp to facilitate the VHIS implementation with less resistance from the concerned parties. Pertaining to the out-dated referral system for physiotherapy at primary health care level is one of the avoidable health care financial burden to all parties concerned. Though this has been initiated and adopted by the Physiotherapy Board a couple of years ago (1963)
and corresponding details was also sent to you (Appendix A). Unfortunately, the progress was terribly slow and undesirable.

HKPU at this stage of consultation on VHIS is looking forward to reiterate our related issue to compliment the VHIS implementation for the public interest including the client groups, insurance companies, the public health care providers which are under severe shortage.

This could be one of the many potential areas that needed to be revamped to compliment the VHIS, and we hope our extended professional autonomy as physiotherapists would be an effective and efficient means to enhance the health benefits under the VHIS.

We as practicing physiotherapists are looking forward to an updated and successful health care insurance scheme that is cost-effective and beneficial to the people of Hong Kong.

With our best regards,

Hong Kong Physiotherapists Union

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HKPU’s Response to the Abuse of Elders in the spotted Private Old Age Home in Tai Po

(1) The Hong Kong Government should take action to monitor the service quality of elderly homes, including surprise check and undercover procedure to obtain a real picture of their actual service running.

(2) Staff accreditation scheme should be implemented through related professional service(s) in order to ensure the service standard and staff quality in all aged homes.

(3) Apparently, Enhanced Brought Place Scheme in private elderly homes hasn’t solved the actual placement needs of the elders. And we should go to their radical physical and social problems in order to achieve “Aging in Place.”

(4) In order to keep the elders in the community with optimum health care and dignity, we should seriously consider means (health maintenance) rather than ends (passive placement).

(5) Relocation of placement funding to outreach health care and social supporting services could be seriously considered to elders who can benefit from home rehabilitation.

(6) The surging population of elders creates various manpower training needs such as
physiotherapist for mobility rehabilitation, fall prevention and related physical fitness for their age and conditions.

(7) Hence, there should be inter-departmental collaborations, Social with Health for elder care, Education for professional training, Transport and Housing for community mobility and elder accommodation policy and etc.

Hong Kong Physiotherapists’ Union is committed to contribute professional service to the Elders in Hong Kong.

Regards,
Eleanor Chan (Mrs.)
President, HKPU

The above response was sent to the Food and Health Bureau and the Social Welfare Department to reflect HKPU’s professional response.

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**Past Activities**

**Pillow talk on 17th May, 2015**

**Sensory Processing Problem in Children with Autism Spectrum Disorder on 27th - 28th June, 2015**
Physiotherapy and Dementia Care

The increase in ageing population has resulted in increased demand on health and aged care services in Hong Kong. Older people are at higher risk of developing mental health problems such as dementia, depression, together with their increasing levels of physical frailness associated with degeneration in the nervous, musculoskeletal, and cardiopulmonary systems.

Physiotherapy has been one of the earliest and major allied health providers in Hong Kong to serve the population with comprehensive rehabilitation expertise across life span, and adopting holistic bio-psycho-social approaches in addressing health care issues. Physiotherapists have always been committed to specialized mental health management to address the physical, cognitive, psychological and social needs of older people, their families and carers.

A co-ordinated service planning and service delivery is required to address the multiple demands and to ensure the health care and supported needs of older people with dementia and their families are met. Physiotherapists are ready to provide appropriate clinical assessment and consultation/liaison, joint care planning and case management to maximize their recovery independence and quality of life. With contemporary physiotherapy service models conducted in different HA and non-HA /NGO settings, this discussion forum will be a golden opportunity for the high risk and diagnosed dementia patients to have a full spectrum of specialized professional service to meet their care needs at different stages.

I. Current Physiotherapy Intervention for Dementia aims to:

1. Increase mobility functions through
   - In- and out-door mobility training
   - Strengthening & stretching exercises
   - Balance & gait speed re-eduaction
   - Sensori-motor-cognitive interaction programmes

2. Increase awareness of self and environment through
   - Fall prevention programmes
   - Sensory integration enhancement training
   - Movement therapy for body-mind wellness
   - Activities involving meaningful tasks, e.g., aquatic exercise, dance, leisure sports, Tai Chi, Qigong BaDuanJin, horticulture

3. Improve mood and management of behavior problems through
   - Physical exercises so as to reduce stress and improve sleep quality
   - Joyful activities
   - Relaxation
4. Increase physical health and comfort through
   - Pain management using physical modalities such as electrical stimulation, massage, acupuncture
   - Cardiopulmonary fitness for functional endurance
   - Carer education and training about communication and physical handling of patients

5. Empower patients, families and carers, as well as general public through
   - Community physiotherapy services
   - Case management
   - Public educational talks regarding primary and secondary prevention of dementia

II. Limitations
1. Physiotherapist is not currently counted as one of the multi-disciplinary team members in the model of mental health service development.
2. Physiotherapist is not on the care list for dementia supplement (only nurses, occupational therapists and social workers)
3. Common physical incapacitations associated with dementia and the manifestations are often under-mind in mental health treatment priorities.
4. Service co-ordination and integration for prevention and treatment of dementia and the comorbidity, for which advanced physiotherapy practitioners could contribute, has often been neglected.
5. Restricted information and channels for access of professional services/input from allied health, including physiotherapists.

III. The Way Ahead
   Being rehabilitation expertise for patients suffering from chronic illness, physiotherapists are health care professionals qualified and committed to promote health, prevent illnesses, reduce activity limitations, and enhance participation using holistic, evidence-based and dynamic management/interventions to patients and their carers.
   Rectifying the loophole and lopsided service model in dementia care, bringing in a real multidisciplinary and/or interdisciplinary care across all health care and social sectors should be seriously considered.

1. Preventive roles
   - Physiotherapists can help to screen and to assess elders in community or primary settings for early detection of subjects at risk of dementia.
   - Aerobic exercises are evident to enhance the brain health (1)
   - Physiotherapists can prescribe exercise program which suits the aging stages for the optimization of brain health.
   - Introduction of exercise activities helps to reduce several risk factors for
cognitive decline including hypertension, dyslipidemia, and diabetes (2).

**Recommendation:** Specific physiotherapy assessment should be included in an integrated multi-disciplinary approach for early detection of dementia at community and primary care settings

2 Promotion of functional & active lifestyle for the ageing population

- Base on the current scientific literatures, physiotherapists can make practical recommendations regarding physical activities to prevent cognitive decline or the disease in healthy subjects, and to slow down disease progression for the prevention of complications in demented patients.
- Holistic approach for timely pain management for the elders would avoid associated physical and psychosocial sufferings which might end up with mental deterioration.
- Physiotherapists are professionally sharp in the detection of body movements as body language, early detection of abnormal body movement such as movement co-ordination, walking gait, balance could help to sustain the body mind wellness of the dementia patients at risk.

**Recommendations:** physiotherapy specialized input should be included as one of the mandatory professional service in dementia care and recovery programs

3 Families and care givers support

- Physiotherapists are experts in musculoskeletal care. They can provide ergonomic advice to care givers for safe patient transfer and related manual handling techniques for their own protection in the caring process.
- Physiotherapists can train care givers or families to do passive exercises and lung hygiene to patients at home, thus avoiding unplanned re-admission of patients
- Physiotherapists can also provide health related exercises to care givers to ensure their physical endurance in the caring process and thus reduce their caring stress.

**Recommendation** To strengthen community physiotherapy support for the maintenance of physical well being and the empowerment of the care givers to sustain continuity of dementia care

**References**

   Effects of aerobic exercise on mild cognitive impairment: a controlled trial.
2. JAMA. 2008 Sep 3;300(9):1027-37.
   Effect of physical activity on cognitive function in older adults at risk for Alzheimer disease: a randomized trial
Meeting Dr. KO Wing-Man, Secretary of Food and Health Bureau at the Open Forum on Health Care Related Issues on 14 July, 2015

Hong Kong Physiotherapists’ Union raised the following concerned issues,
1  Insufficient Physiotherapist Manpower Supply in Hong Kong
   - HKPolyU has been the one and only one training institute in Hong Kong since 1980
   - 60 and 103 newly graduate physiotherapists in 2014 and 2015 respectively.
   - More than 100 physiotherapists’ vacancies in HA settings in 2014-15
   - More than 300 vacancies in NGOs and private settings in 2014-15
   - Propose to identify additional tertiary institute for Physiotherapy training with clinical support from public, NGO and private settings at a self-finance basis.

2  Grade Review for the entry point of registered physiotherapists as university graduates.
   - The entry point of degree physiotherapist is still at point 14 which is equivalent to professional diploma level that needed to be rectified.
   - All along, secondary students score high marks like to apply for the physiotherapy school in
the HKPolyU, yet it’s really demoralizing for these high flyers upon graduation with the basic degree have never been recognized as university graduates when they enter their profession with the salary scale equivalent to professional diploma only!

3 Recognition of physiotherapy specialization to collaborate with existing clinical specialties for service and related health care team efficiency.
- There are so called multi-disciplinary teams to serve different clinical specialties in HA settings with specialized doctors and nurses but not other professional disciplines being officially recognized.
- This is unfair to both the concerned professional providers and the patients as end users.
- Physiotherapists with corresponding post-graduate qualifications and clinical experience no less than the team doctors and nurses should be rectified their professional status as their team members for service efficiency and quality.

4 Concern on the recent fatal incident of misuse of electro-stimulation by non-qualified personnel.
- Abbreviated title in layman health centre has misled the public for fake “professional” electro-therapy and thus causing harm to their health and life safety.
- HKPU would like to see policy set up to guard against misleading fake professional titles and to protect the public from cracks in delivering electrotherapeutic modalities.
- Government should invite physiotherapists to sit in the penal for the regulatory of qualified professionals in operating electro-modalities.

Past Activities

A visit to Psycho-Geriatric Day Hospital Shatin hospital on 7th July, 2015
Cardiac Rehabilitation

Overview of Cardiac Rehabilitation for Post Cardiac Surgeries
By Philip Leung, RPT

Definition:
Cardiac rehabilitation is an integrated program for patient who has cardiac disease or underwent cardiac intervention, such as, percutaneous cardiac intervention, cardiac arteries bypass graft or cardiac valve replacement surgery. The program is a patient-centered multi-disciplinary approach with different healthcare professionals, including cardiologist, cardiac nurse, physiotherapist, occupational therapist, exercise physiologist, clinical psychologist, medical social worker and dietitian. The involvement of patient’s family, significant others and care givers is critical for favorable rehabilitation outcomes. [1]

The aim of cardiac rehabilitation is to help the target patient to return to the pre-morbid functional status for the physical, mental and social well-being. Physiotherapist can help by progressive exercise prescription, health education and lifestyle change. [WHO 1993]

Epidemiology:
According to the year 2011 statistics from Hong Kong Department of Health, heart disease has been the second leading cause of death in Hong Kong, secondary to cancer [2]. And the number of coronary heart disease has been continuing to rise in the past 20 years in both sexes [3]. Coronary heart disease death rate increased as the age increased [2]. Thus the WHO has developed policies on secondary prevention and rehabilitation for cardiovascular diseases [WHO1993].

Assessment in Cardiac Rehabilitation
In cardiac rehabilitation, assessment is very important for evaluation of effectiveness and efficiency of the interventions. The assessment includes clinical, physical, psychological, behavioral and quality of life aspects [1]. And it should be carried out thoroughly for the identification of rehabilitation and education needs. Exercise tolerance test is mandatory for safe and effective exercise prescription [1]. Continuous assessment throughout the rehabilitation period is important for the progress mapping and appropriate psychological support could be provided according to patient’s needs.

Phases of Cardiac Rehabilitation:
Generally, there are four phases of cardiac rehabilitation.

- Phase I is the in-patient hospital program
Phase II is the out-patient hospital program with supervised exercise.

Phase III is out-patient community program with self monitor exercise.

Phase IV is the community based program.

**Phase I**

**Aims**
- To minimize de-conditioning resulting from prolonged bed rest.
- To rehabilitate patient for normal activities of daily living.

**Content**
- When the patient is admitted for the stabilization of their cardiac conditions namely, myocardial infarction, coronary artery syndrome or cardiac surgery, patient will be referred for health education to better understand their condition/disease and possible risk factors for self reassurance.
- Bed mobility, transfers training. Early mobilization with gentle bed exercises for both upper and lower extremities before progressing to walking exercise.
- Activities of daily living should be addressed as well.
- Exercise principle for phase I is to provide different steps for patient to progress gradually. Low intensity physical activities should be kept under 3 METs.
- The 7-step protocol can be utilized as per patient tolerance in about 7 days as the followings:
  - Step 1: Active and passive ROM of motion of exercise in bed
  - Step 2: Active and passive ROM of all limbs in sitting on the side of bed
  - Step 3: Warm up and cool down exercise, stepping exercise, walking 100 feet at slow pace
  - Step 4: Warm up and cool down exercise, walk 150 feet at average pace, double knee bending 10-15 repetitions with forward support
  - Step 5: Warm up and cool down exercise, walk 300 feet, try a few stair steps, introduce and teach home exercise. Education on phase II exercise program.
  - Step 6: Warm up and cool down exercise, walk 500 feet, climb up 1/2 flight of stairs and then down
  - Step 7: warm up and cool down exercise, walk 500 feet, climb up 1 flight of stairs.

Adequate patient counseling can reduce potential anxiety and depression caused by heart disease. Discharge planning is also included in Phase I.

**Phase II**

According to American Association of Cardiopulmonary Rehabilitation, the stratification guidelines*, patient will be stratified for low/medium/high risk groups upon re-evaluation.
for entering into Phase II cardiac rehabilitation

**Aims**
To develop exercise habit
To build up confidence for active and productive lives
To improve functional capacity for quality living

*Low risk:*
- Uncomplicated clinical course in hospital
- No evidence of myocardial ischemia
- Functional capacity $\geq 7$ METs
- Normal LVF $> 50$
- Absence of significant ventricular ectopy

**Intermediate risk:**
- ST-segmental depression $\geq 2$mm flat or down sloping
- Reversible thallium defects
- Moderate to good LVF 35-49%
- Prior myocardial infarction

**High risk:**
- A ventricular tachycardia or unexplained cardiac arrest
- EF $< 35$% at rest
- Changing pattern of or new development of angina pectoris
- Fall in exercise systolic BP to below resting value
- Persistent or recurrent ischemic pain 24 hrs or more after hospital admission
- Functional capacity $< 5$ METs with hypotensive BP response or $\geq 1$mm ST-segment depression
- Congestive heart failure requiring hospitalization
- $\geq 2$mm ST-segment depression at peak heart rate $\leq 135$bpm

**Content**
- Two sessions weekly for 8 weeks
- Each session last for 60 minutes of exercise including 10 to 15 minutes of warm up and cool down exercise.
- The exercise program is individualized and progressive according to the patient exercise tolerance and their risk level.
- Forty minutes of aerobic exercise by using ergometer, stepper and treadmill

**Tips**
Warm up exercise includes light calisthenics and muscle stretching exercises which are performed to avoid muscle injury and to bring a graded increase in heart rate. Cool down exercise is very important to prevent ventricular arrhythmia, especially for patient with cardiovascular disease on abrupt cessation of exercise [1]. Ten to 15 minutes of cool down
exercise will include gentle muscle stretching.

Phase III
A structured continuum of Phase II exercise program conducted in out-patient setting for 3 to 6 months.

Aims
To reinforce health education for secondary prevention
To reinforce physical development with emphasize on returning to normal activities

Content
Mainly focus on lifestyle modification, smoking cessation, nutrition advice and weight control.

Phase IV
A community based maintenance program. Patient may continue their exercise activities in the exercise facilities within their community [1] as part of their daily life. Close medical supervision is not necessary

Aims
To lead a healthy and active lifestyle

Content
Patient in this phase usually continue their exercise routine thirty to sixty minutes moderate to high intensity exercise, 3 times a week, and to burn at least 1000kcal/week is recommended.
Patient can choose their favorite exercise activities, such as, jogging, walking or bicycling. On-going psychosocial support and support group may be needed.

Reference:
Ving Tsun Martial Exercise

Healthy Aging through Ving Tsun Martial Exercises – What is the Evidence?
Shirley S.M. Fong, PT, Ph.D.
Assistant Professor and Departmental Research Postgraduate Committee Chairperson
Institute of Human Performance
The University of Hong Kong

Advancing age is associated with a number of health conditions such as osteoporosis/osteopenia, sarcopenia, decreased compliance of heart and lung tissues, decreased brain weight and volume, and the loss of motor neurons. As a result, even when apparently healthy, the elderly have less musculoskeletal strength, a higher percentage of body fat, and inferior cardiopulmonary and cognitive functions (Cech and Martin, 2002).

Exercise is a type of medicine for the elderly, given its positive, anti-aging effects on many bodily systems, including the musculoskeletal, cardiopulmonary, and nervous systems. In addition, exercise can improve posture and balance, thereby reducing falls, fall-related injuries, and associated disabilities (Evans, 1999; Vita et al., 1998). As physiotherapists, we are experts in prescribing exercises for different client groups. Which type of exercise is best for improving the general health and well-being of healthy older adults? Evidence suggests the efficacy of Tai Chi (Tsang and Hui-Chan, 2004), aerobic exercise, and resistance training (Evans, 1999). In fact, these are the conventional interventions we prescribe our older clients in daily practice.

Recently, riding the wave of the Ip Man (葉問) movie craze, a new type of exercise – Ving Tsun (詠春, VT), a Chinese martial art – has gained popularity among younger and older adults alike, and has been incorporated into the exercise regime of local elderly centers. Elderly participants enjoy practicing the techniques of VT (Fig. 1), and believe that they are physically stronger than their no-VT counterparts. However, the beneficial effects of VT are yet to be confirmed by research. In light of this practice-research gap, the author has carried out pioneering research on the effects of VT on the physical health of seniors.

In 2013, she and her research team were the first to report that elder VT practitioners have greater bone strength in the distal radius (Fig. 2), greater hand-grip strength, and better sensory organization of balance control (Fig. 3) than non-practitioners (controls) (Fong et al., 2013). A year later, we found the muscle strength of the lower limbs, functional balance performance, and balance confidence also favor the VT group over the no-training control group (Fong et al., 2014). Based on these encouraging preliminary results, we carried out the first prospective study in this arena in 2014. We hoped to confirm the effects of short-term (3-month) VT training on musculoskeletal health, balance performance,
and self-efficacy among community-dwelling older adults. Our results revealed a greater improvement trend in the VT group relative to the control group for the outcomes of radial bone strength, lower limb muscle strength, and balance self-efficacy, although the findings were not statistically significant (Lip et al., 2015). A further randomized controlled trial with a larger sample and longer VT training duration is thus needed to confirm the results. Regarding the impact of VT training on the cardiopulmonary system, Schneider and Leung (1991) reported that continuous performance of VT exercises may exert cardiorespiratory training effects in people with a relatively low cardiorespiratory fitness level such as the sedentary elderly. Moreover, VT is generally safe to practice, with a low prevalence rate of severe injuries compared with other types of martial arts (Adler et al., 2010). Therefore, it may be a suitable exercise for the community-dwelling elderly, helping to improve their physical health and well-being at minimal cost.

References
elderly Ving Tsun Chinese martial art practitioners: Implications for fall prevention. 
Evidence-Based Complementary and Alternative Medicine, Article ID 402314, 6 pages. 
DOI:10.1155/2014/402314


Acknowledgements

The author thanks the Evangelical Lutheran Church Kwai Chung Neighbourhood Elderly Centre and Hong Kong Christian Service (Elderly Core Business) for providing assistance in the aforementioned studies.

Past Activities

Swallowing problem- physiotherapist’s perspectives on 11th July, 2015
Past Activities

Medical Imaging for physiotherapists on 1st August, 2015

Talk delivered on “Direct Access” in the 6th Congress of Asian Physical Therapy Student Association on 9th August, 2015
Past Activities

On the show of “時事追擊” talk about legislative control over medical devices on 29th August, 2015

Mattress Selection Course on 24th October, 2015

Meeting with Pro Hon Joseph K L Lee, PhD, RN, SBS, JP, Legislative Councilor, Health Services Constituency to express physiotherapists’ concern on 28th October, 2015
Joint Project with St James Settlement

The Provision of Therapeutic Intervention to Clients with Cognitive Impairment and their Families

In March, 2015, a 2 year joint venture between Hong Kong Physiotherapists' Union and St. James Settlement to substantiate that "aerobic exercise helps to improve the brain profusion that benefits the cognitive function in early dementia clients" has been started. Suitable clients are recruited for a period of 6-months physiotherapy intervention, which includes physical assessment in relation to the cognitive function, exercise prescription for functional enhancement, brain gym introduction and caregiver training to sustain the exercise habit as part of their daily living for a better quality of life. So far, the response is optimistic and this joint project is well supported by experienced member physiotherapists in psycho-geriatric care.
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