The Department of Rehabilitation Sciences (RS) has been providing high-quality internationally benchmarked entry-level education to occupational therapists and physiotherapists for 28 years. Our graduates are competent professionals serving clients in Hong Kong, Mainland China, and many other countries. We also offer excellent opportunities to practitioners and researchers for pursuing further education from a disciplinary-specific or multidisciplinary perspective in rehabilitation sciences. In order to achieve its mission of providing high-quality education and mediating professional development, our Department still has a lot to do in the future. Your support is vital to facilitate this process.

Please offer your support by making a donation. Your donation, no matter whether big or small, will make an impact on the future of rehabilitation in Hong Kong and throughout the world.

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With the advances in computing and cyber technology, access to knowledge has grown exponentially in the last decade. To assist students to better prepare for their university education, the Hong Kong Education Bureau initiated a restructuring of the secondary school system in 2006. Rather than undertaking 5 years of secondary school education plus 2 years of matriculation studies prior to 3 years of university education, students are now required to complete 3 years of junior and 3 years of senior secondary school before embarking on a 4-year, broad-based university education (the so-called 3-3-4 curriculum) (http://www.edb.gov.hk/index.aspx?langno=1&nodeID=2934). The new university education is underpinned by a widening of the student’s generic knowledge base, moving away from vocational training.

A broad-based undergraduate education is a universal trend, and acquisition of general knowledge has now become a basic and essential educative requirement for survival in the current job market. In the professional disciplines such as medicine, physiotherapy and occupational therapy, rapid changes in the health care delivery model; an expanding scope of practice; increasing growth in health, disease and pathology knowledge; as well as the increasing societal demands for...
accountability, have led to specialization in professional training, rather than a broad-based education. Furthermore, greater maturity is expected of graduate physio- and occupational therapists so that they can function as client educators on issues such as self-care management and skills for maximizing functional capacity and quality of life.

These diverse demands resulted in the view that an entry level beyond the baccalaureate level which incorporated additional skills is necessary for physiotherapy and occupational therapy education (Caston 1982). Graduates from master’s entry-level physical therapy programmes appeared to undertake greater involvement in research and teaching and have increased confidence in applying practices across a broad spectrum of clinical practice (Warren and Pierson 1994).

In the USA, physical therapy education has long been launched at postgraduate entry level (Blood 1984) and all programmes are now at doctorate entry level. In Canada, all physical therapy programmes will be at master’s entry level by 2010, and in Australia, most universities are now concurrently running master’s entry as well as baccalaureate training. Unfortunately, the Hong Kong Government (University Grants Committee) does not, at this point in time, consider that postgraduate entry-level training is necessary for professional education. Since the funding support essential to physiotherapy and occupational therapy training is only available at undergraduate level, the recent call for a broad-based university education is deemed by some colleagues to be ‘diluting’ the quality of the current programme. The Department of Rehabilitation Sciences at the Hong Kong Polytechnic University is currently striving hard to strike a balance between the need to widen the scope of university training while at the same time making sure that the professional competence of graduates is maintained. Fortunately, the University allows sufficient flexibility whereby our programmes can provide sufficient credit hours for appropriate delivery of our core professional curriculum.

Universities play an important role in supporting continuing professional education. While specialization is deemed essential for professional growth, our Department will continue to organize high-quality master’s programmes to provide opportunities for our graduates to acquire further knowledge and skills in their specific field of interest. We are currently re-titling our MSc in Physiotherapy course to MSc in Physiotherapy specialty (e.g., Neurorehabilitation). The specialty title will only be awarded when certain criteria for subject enrolment are met. It is our plan that over the next few years, the specialties will include Manipulative Therapy, Sports Physiotherapy and Neurorehabilitation.

Over 78% of our physiotherapy clinicians and 81% of our occupational therapy clinicians have obtained postgraduate qualifications. About 50% of the physiotherapists and nearly 60% of the occupational therapists hold at least one master’s degree. Launching a clinical doctorate programme is therefore deemed appropriate. The Department of Rehabilitation Sciences is now soliciting views from clinicians working under the hospital authority, in large non-government institutes and in private practice to assist in the process of organizing Clinical Doctorate programmes for both physiotherapy and occupational therapy in the near future.

With 100% of our academic staff having completed PhD studies, many of whom have overseas work and education experience, together with the support from our clinicians, we are confident that we will soon see the day when postgraduate entry-level courses and clinical doctorate programmes in physiotherapy and occupational therapy come to fruition in Hong Kong.

Ms Grace Lung, an occupational therapist at our rehabilitation clinic, presented a talk on ‘The Role of OT in Schools and Community’. The seminar acted as an excellent forum for exchanges between therapists in Singapore and Hong Kong in the areas of mental health and developmental disabilities. Representatives of SAOT presented current developments within occupational therapy service in these areas. Dr Andrew Siu presented his work in two programme development and evaluation projects, including the ‘P.A.T.H.S to Adulthood’ (a positive youth development programme), and the ‘Changeways’ (psycho-education) programme for outpatients with depression.

References:
Warren SC, Pierson FM. 1994. Comparison of characteristics and attitudes of entry-level bachelor’s and master’s degree students in physical therapy. Physical Therapy. 74: 55-70 (333-348)
Using Mind-Body Interventions and Alternative Therapies to Help Teachers Reduce Stress

Dr Hector Tsang (Associate Professor, OT Programmer Leader)

The recent report that a 24-year-old seemingly enthusiastic primary school teacher committed suicide has shocked the public. Most people in Hong Kong are unaware of the possible underlying reasons for her decision. Yet this tragedy has highlighted the problems of workplace stress among some of the 53,000 primary and secondary school teachers in Hong Kong. Although official statistics are not available, it is common knowledge (based on media reports) that a substantial number of teachers have committed suicide because of stress in the workplace. Unfortunately, the figure seems to be on the rise. Stress not only affects teachers’ psychological and physiological health, but it also takes an inevitable toll on the quality of their teaching. Students suffer as a result. There is no doubt that teachers in Hong Kong are in urgent need of intervention to help them reduce their workplace stress and restore their mental health. Fortunately, intervention programmes targeted at teachers in Hong Kong are rare, with the exception of a hot-line service provided by the Education Bureau of the HKSAR. Based on our track record of mind-body intervention research, we submitted a proposal entitled ‘Stress Management and Mental Health Promotion for Teachers in Hong Kong’ to the Quality Education Fund in November 2008, with a view to developing an intervention programme to stress reduce and improve the mental health of teachers at primary and secondary schools, and then evaluating its effectiveness. The intervention consists of cognitive behavioural therapy, relaxation and qigong exercises, self-massage and aromatherapy. The proposal has recently been funded with a total of HK$1.3 million, which covers expenses for the hiring of an occupational therapist and a clinical psychologist from 2009 to 2011. I was invited by the Education Bureau to deliver a plenary speech on ‘stress and mental health’ to more than 160 primary teachers in the Yuen Long district. The content was very well received by the participants. Many of them expressed an interest in taking part in further related lectures and workshops. We hope that all school teachers will benefit from our funded project in the future.

Interview with Professor Jufeng He

Q: Professor He, first of all congratulations to you for receiving a Croucher Senior Research Fellowship for 2009-2010. How do you feel about this, and what does this mean to you?
A: Thanks. It is good to see that my research work over the past 20 years has been recognised by this prestigious award in Hong Kong.

Q: I understand you were born in Zhejiang, and studied for your Bachelor and Master degrees in Harbin. After that, you studied and worked in Japan for around five years, and now you are in Hong Kong. What are the major differences between these places, and how do the different environments affect your studies and research work?

A: No, I was in Japan for 10 years: five years for studying and five years for working. I have been in different places in Japan: Tokushima, Tokyo and Saitama. I like the lifestyle and research environment in Japan. However, I always felt that I had to be back in China, especially now we have two sons. The issue of the boys’ schooling facilitated my return to China. I feel there are great differences between Japan and Hong Kong. Firstly, though things in Japan change fast, here in Hong Kong things change even faster. Moreover, everything in Japan is well organised and everyone is part of an organisation. Things here are more dynamic. Also, Hong Kong is more easily affected by changes in the world than is Japan. In the area of research, the grant size in Hong Kong is a little too small and the supporting period is also very short, compared with Japan. And it seems that academic staff receive a lot more evaluation than our counterparts do in Japan.

Q: Your most famous invention is “Bat-ears” for people with visual impairments. How did you come up with this idea, and what are the latest developments for it?
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Q: Now that you have got support from the Croucher Foundation, and will have a one year full-time research post, what is your plan and research direction for this period of time?
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Q: My current research interests include firstly, the neurophysiology of hearing, sleep and learning, and, secondly, the development of functional substitutions for neurological disabilities, such as the electronic “Bat-ears” for people with visual impairments, and an electronic bypass to link the cortical motor neurons and spinal cord motor neurons in people with spinal cord injury (“motolink” for short). During the coming years, I will focus my research on the neural mechanism of learning, and then probably on the motolink if it is funded.

A: The Bat-ears idea is only a part of my work. We have a team working on the project, and together with Professor Chetwyn Chan, Chair Professor and Head of the Department of Rehabilitation Sciences, we are using “Bat-ears” to study the mechanism of neural plasticity and learning in the brain.

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Overseas placement of Undergraduates of Occupational Therapy 2008-2009

ASIA

Deyang Rehabilitation Centre in Sichuan, China
Kelvin Wong, Toto Tsang, Agnes Chiu & Loretta Zhuang

As OT students, we had a memorable experience in having our placements in the China Mainland to serve the victims of the 5-12 earthquake. During this one-month placement, we worked in the Deyang rehabilitation centre in Sichuan. Every day we conducted assessments and treated clients injured in the earthquake. Most were diagnosed with fractures and amputations. We also had the opportunity to visit some of the clients’ homes and provide service in their real-life environment. In working with the patients, we saw how our professional knowledge and skills helped them get through this difficult time in their life. At the same time we also learned from them, finding ourselves encouraged and inspired by their strength and optimism.

Australia

University of Queensland and University of South Australia, Australia
12 January to 6 March 2009

Joyce, Cheng Hi Yee & Chloe, Lam Cho Kiu

Apart from learning clinical knowledge, we also experienced the Aussie’s culture through the trip. We found that Australia emphasises wildlife conservation and environmental protection. Compared to Australia, public awareness of conservation in Hong Kong is still not very strong or popular. Hopefully, our government will be able to do more for the environment.

EUROPE

Child Development Centre in St James Hospital, UK
27 October to 19 December 2008

Anita Wong

My clinical placement in Leeds, United Kingdom, was an unforgettable experience. The speciality was paediatric, and I worked in the Child Development Centre of St James Hospital. Most of the children I encountered had developmental delays with different pathologies. I learnt about different syndromes that are quite rare in Hong Kong, such as Angelman’s syndrome and Beckwith Wiedemann syndrome. The OT practices in the centre differed considerably from those in Hong Kong. There were joint therapist sessions for both assessments and training. The OTs participated in Complex Communication Assessments to diagnose whether a child had autism. I often worked with physiotherapists, speech and language therapists, child psychologists, play therapists and education psychologists. Through cooperating with these professionals, I learnt how they analyze a child’s behaviours and movements. I also had opportunities to cooperate with different disciplines in order to more effectively treat the child in a session.

Student’s Activities

Deyang Rehabilitation Centre in Sichuan, China
Kelvin Wong, Toto Tsang, Agnes Chiu & Loretta Zhuang

During the placement, the centre provided us the opportunity to work as a team with different disciplines. We cooperated with medical doctors, physiotherapists, clinical psychologists and prosthetists, as well as the administrative staff. Every morning a case conference was held to discuss the progress of each client. Therapists shared their information and professional knowledge to construct a comprehensive treatment plan for the clients. And of course, it was a great help to us to obtain a holistic picture of the clients.

The experience of the Deyang placement not only enhanced our practice skills of the profession, but also reminded us of our original intention in becoming an occupational therapist, which is to serve people in need.

APPLYING FOR OVERSEAS PLACEMENT

Applying for overseas placement is not a simple process, and we understood we would not be able to achieve such a fruitful and valuable placement without help. Hence, we are grateful for all the support we were given by our department and teachers.

EUROPE

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The staff and students at Leeds Metropolitan University, team members in the Child Development Centre and my host family were all very supportive and friendly. They gave both welcoming and farewell parties for me, and I was very impressed by their hospitality.

Apart from the clinical experience, I also learnt about foreign culture and lifestyle. Life in the UK was very relaxed and enjoyable. This was the most unforgettable and fruitful experience I have ever had.
Thanks to arrangements made by the Rehabilitation Services department and Leeds Metropolitan University, I was honoured to do my third clinical placement in Leeds, England, a place I had been dreaming of.

The specialty training I received was Community Stroke Rehabilitation, which was part of the services of the National Health Service (NHS). Our office was not within the hospital but was situated in a commercial building. We had an OT, PT, ST, dietitian and speech language pathologist who was a valuable member of our team. We provided multi-disciplinary services to the east part of Leeds. Every day I travelled to patients’ homes with my clinical educators to provide services with a view to training the patients in a familiar environment in order to promote faster transference from remedial training to ADL independence. We incorporated Bobath concepts in basic self-care like bathing, sitting and transfers. The goals of treatments were discussed with patients to best suit their needs. In addition to motor problems, I also assessed patients’ cognition, perception and leisure using various assessment tools, some of which I had never used in Hong Kong. One time I did a community tour with a retired policeman who had hemianopia after multiple strokes. He was rather independent but bothered by bumping into obstacles and poor visual scanning. After our interventions, he was able to cope with his impairment better with adaptations. One thing that made me feel special was that the British are very concerned about their home environment, which they greatly treasure, and so we needed to spend more time discussing the benefit to them of home modifications.

England is very beautiful; Leeds is a city with beautiful scenery; the Lake District, where Peter Rabbit was born, is such a heaven with fascinating mountains and lakes; Cambridge is a university city full of academic fragrance; Manchester is a place where I met closely with big names such as Cristiano Ronaldo, Wayne Rooney and Ryan Giggs. In short England is a place you don’t want to leave.

I must express my sincere gratitude to my teachers Dr Jenny Chung, Dr Karen Liu, Ms Rebecca Wong & Ms Wood Lee; Ms Miranda Trew of Leeds Metropolitan U; Team Manager Ms Wendy Wilson, my CE Ms Sandra Leadsford and Ms Emma Havercroft, who treated me so well, and Mr and Mrs Foote for the warmest hospitality. I hope I will be able to visit there again.

It’s never easy being the first one, as was my journey to Austria as the first Hong Kong OT student going to a German-speaking hospital in Austria. I understood the meaning of “lost in translation” in Austria. Most people in Austria speak German instead of English. I had to use a lot of gestures and simple English vocabulary to ask the way to my home, to order food and to get information on train schedules in the massive, chaotic train station. The same things happened in the hospital. I had to use a myriad of body language and facial expressions to do the assessment and intervention. At first I found it difficult and felt frustrated. But later I found it quite interesting, especially when I felt we were able to understand each other without verbal communication. One of my clients eventually sent me a box of chocolates to say ‘thank you’ to me, even though we had spoken fewer than 10 sentences, which impressed me a lot.

After the placement, I travelled alone around Italy, Germany and Switzerland for two weeks. Alone doesn’t mean lonely. I made many new friends on my journey, and I still keep in contact with all of them. Overseas placement gave me a fruitful and memorable experience.
Thank you to the Rehabilitation Sciences Department for offering me this honourable opportunity to have my last clinical placement in the United States. It was without doubt a fruitful and memorable experience working in one of the largest and most renowned hospitals - Cedars Sinai Medical Center in Los Angeles.

I was excited to be exposed to and work in the Inpatient Rehabilitation Unit, something that does not exist in the Hong Kong health care system. The insurance-based medical system and profound multi-disciplinary approach adopted there was also very new to me. In addition, Los Angeles is a multi-cultural city with people from all different countries; it was really interesting to learn about others’ culture through daily conversation.

During daily practice, I met patients with a wide variety of diagnoses such as cancer, stroke, COPD, SCI, fracture, and the like. I am grateful for having an enthusiastic and experienced clinical educator, Jenifer, I was taught using different kinds of innovative modalities in treating different types of patients to assist them in restoring their occupational needs. Though the average length of each patient’s hospital stay was short, they all had a very meaningful stay since, in addition to therapy sessions, they also arranged to participate in leisure groups like Tai Chi, spa sessions, crafts, social dinners, and so forth.

Following the eight-week placement, I spent another two weeks sightseeing in Los Angeles and Las Vegas. I had a lot of fun and made a lot of friends on this trip. I very much appreciate this experience and opportunity for going overseas.
We had a four-week overseas clinical placement at Taiwan’s National Taiwan University Hospital (NTUH). We had our placement in both the out-patient department (OPD) and the respiratory care unit (RCC). In the OPD, we learnt many new manipulation techniques from our clinical educators. Besides that, we also got the opportunity to make insoles. All of the rehabilitation programmes we designed were based on the patients’ individual needs. In the RCC, many patients were being diagnosed with respiratory failure, and we needed to design different rehabilitation programmes and provide different treatments for them.

The experience of a placement in the Sports Training Centre in Guangzhou has had a great impact on me with regard to sport physiotherapy. Treating elite athletes was a great challenge. The treatment not only targeted the athletes but also had an effect on the coaches, the level of training intensity, competition and the psychological aspect of athletes. You cannot ask athletes to stop their training in order to maximise the treatment effect. A balance between training, treatment and rest was the main focus of our therapy. After one month of placement, we developed very good relationships with our elite patients. Ken and I will not miss the National Games of the People’s Republic of China, because a lot of athletes we treated will take part in the games.

The Spastic Children’s Association of Singapore (SCAS) is a special school serving mainly children with cerebral palsy. During our placement, we were exposed to kids with different types of cerebral palsy and shown how different disciplines, including PT, OT, ST, SW as well as the teachers themselves, cooperate to help these kids. Our clinical supervisor, whom everyone called Uncle Kumar, not only taught us skills in assessing and treating the kids, but also instilled important concepts in us regarding kids with physical and mental challenges. He also set a very good example to us as a paediatric physiotherapist. His passion in treating kids and his current job greatly impressed us and changed our perspective on the role of paediatric physiotherapists, of whom we had previously perceived that children were always afraid because of the painful stretching and compulsory exercises. In addition, all the staff in the department were very nice to us, especially the Head of the Department, ‘Auntie Baby’. Although three weeks was only a short time, we did learn and gain a lot from this placement, and we had enjoyable times with the kids there too. We would like to make use of this chance to thank Uncle Kumar, Auntie Baby, as well as all the uncles and aunts in the SCAS!
AUSTRALIA

Curtin University of Technology, Perth
20 October to 23 November 2008
Celia Wong, Teresa Cheung, Clement Wong & Cheung Hiu Chun

We were selected, much to our delight, to participate in the overseas clinical placement programme at Curtin University of Technology, Perth, Australia for five weeks (specifically musculoskeletal cases). It was truly a precious experience to explore the differences between Hong Kong and Australia in modes of physiotherapy practice, case variety and patient compliance with home exercise programmes as prescribed. The mode of physiotherapy practice differs greatly between both places. Electro-physical modalities are not usually included in daily physiotherapy practice in Australia. There, physiotherapy tends to be more focused on investigating the cause of the soft tissue lesion and planning treatments and preventive exercises accordingly, rather than directly making the tissue heal and suppressing inflammation. Because of the focus on manual techniques without much aid from electro-physical modalities, the five-week placement in Australia trained our hands to be more sensitive to detecting abnormalities. In addition, we enjoyed a variety of cases ranging from common MS injuries (e.g. LBP, FS, SIS) to rare sports injuries (e.g. SLAP lesions, ankle posterior and anterior impingement problems). Lastly, we are greatly appreciative of our patients for their motivation in learning and high compliance with our exercise programmes. Those experiences are invaluable, unforgettable and memorable!

University of Queensland, Brisbane
2 February to 13 March 2009
Michael Chau, Chan Sai Hing, Lylon Lai & Patrick Kwong

The six-week overseas clinical placement at The University of Queensland in Australia was a fruitful and memorable experience for us. The professional standards of physiotherapy in Australia have the finest reputation in the world. Luckily, we were able to practice there and we definitely learnt a lot, including clinical reasoning training, time management,

EUROPE

Fysiotherapy Elsinga, Meijer and Buur Fysio and Manual Therapy, Amsterdam, The Netherlands
2 February to 13 March 2009
Sam Wan & Raymond Tong

Can you imagine how exceptional, special, unforgettable, fantastic and incredible it is to be living and having your internship in Europe? Never did we think we would have such an opportunity to go about our physiotherapy duty in a private setting in Amsterdam, which is completely different and special from what we had experienced before. It is profoundly true that you may build unforgettable relationships with foreign people, and so you never feel lonely even in a foreign country. Every moment is a learning process. Sometimes, inspired by them, you may have some new ideas regarding your own professional development as well. Although at the beginning it may be difficult getting used to a new life in a foreign country, why not see it as another learning process?

Moreover, overseas placement not only aims to assign you a workplace, but it also provides room for you to experience the world more. We have been to different cities in the Netherlands to taste the different spirit of the Netherlands. We were also in Paris. It is so fantastic to walk beside the Eiffel Tower or stand inside the Musée du Louvre. If you can imagine it, you will know how incredible it is to be in Europe, with a completely different style of cities and countries. The journey has ended but not the memory. Although the feeling may fade, the memory doesn’t. Memory becomes our partner, and we hold onto it. We hope you will be the next to seize this valuable chance to start your life overseas and have the most fantastic experience in your whole life!

Lahti University of Applied Science, Finland
1 February to 16 March 2009
Bie Chan & Yeung Ka Wing

As time passed, we were in Finland for six weeks. Although six weeks is not a long time, we had a remarkable experience. If people ask me, what is your main impression of Finland? I will say, there are lots and lots of smiling faces. This was our first time going to Finland. We found it to be a place full of love and peace, which is very different from Hong Kong. People here greet each other politely. They live a simple life without much pressure, as there is less competition between individuals, and they try their best to help those in trouble. During placement, we also came across some types of cases to which we had never been exposed, for example, Legg-Calve-Perthes disease.
Our placement at the Child Therapy Department of Leeds General Infirmary in the UK was a valuable experience for both of us. Having the chance to work with children and colleagues from a totally different cultural background was both a challenge and a pleasure. Building rapport with children in a totally different cultural setting is especially challenging. But with patience and a kind heart, working with children can be the greatest pleasure. Deep collaboration and communication among the disciplines in this placement also inspired us to be better physiotherapists and better persons. We sincerely hope that more students will be able to take part in and benefit from overseas placement!

Boogie:

In the Women’s Health Centre, I had the opportunity to witness a baby born by caesarean delivery and to treat pregnant women with various mechanical problems, especially low back pain, using manual techniques. I was also surprised by how active the patients were in doing their exercises and how they really valued our advice. It was surely not something I could have experienced in Hong Kong, and it certainly helped to increase my knowledge in this area.

Winnie:

Working in Acute Medicine was definitely an unforgettable experience for me. From taking referrals and treating cases to cutting wooden sticks for patients, I had to do it all as an independent therapist. At the same time, I was honoured to be invited to attend case conferences and ward meetings as a student to share my opinion and communicate with other health-care professionals, during which I truly experienced the emphasis on a “multi-disciplinary approach” at the JR.

Earlier this year we had the opportunity to do a six-week placement at the trauma unit of John Radcliffe Hospital. The trauma unit at JRH is always busy because it receives not only patients from the nearby area but also those referred from other hospitals. This gives it a special advantage in unrivalled case variety.

In retrospect, the biggest impacts on me were the great sense of respect and the team work I observed. It was not only the patients who were treated with respect, but we could sense the mutual respect for each other as well. Even as physiotherapy students, we felt that everything we said was taken seriously, and this feeling made me work harder to make sure everything we did or said was correct.

Apart from the great sense of mutual respect, we also felt a great sense of team work there. Communications between staff members were excellent, and anyone could be asked to contribute to making decisions. The environment also encouraged open and frank discussions when there were differences in opinion.

Through different sorts of attachment in the Sheffield Children’s Hospital, we had the opportunity to participate in community services such as school visits, home visits and the children rehabilitation centre. After six weeks of productive placement, we had a better understanding of the health care system, treatment approaches and cultural differences between the United Kingdom and Hong Kong.

Outside of work we also enjoyed a wonderful time. Oxford is a lovely city with lots of bright minds and picturesque buildings. Outside the city, England has a huge number of historical sights and lots of beautiful scenery that can be easily reached. It was a truly wonderful experience, one that you would no doubt like to experience yourself.

Life in Sheffield was full of rich experiences. On weekends we would go to Leeds to visit our classmates who were doing their placements there. The flatmates were interesting and funny, and from all over the world: Dutch, Italian, Libyan, et cetera. We taught each other our native languages and had a lot of fun!
Clinical Specialty

Cardiac Rehabilitation: Role of Physiotherapy

The second most common cause of deaths in Hong Kong is heart disease, accounting for 15.9% of all deaths in 2007. Cardiac rehabilitation (CR) and secondary prevention programmes are recognised as being integral to the comprehensive care of patients with cardiovascular disease, and as such are recommended as useful and effective in treating patients with coronary heart disease, chronic heart failure, and so forth. CR programmes contain specific components that aim to optimise cardiovascular risk reduction, foster healthy behaviours, promote an active lifestyle, improve physical fitness, enhance quality of life and reduce disability and mortality for patients with cardiovascular disease.

CR programmes traditionally have been categorised into four phases:

- **Phase I**: Inpatient rehabilitation
- **Phase II**: Out-patient rehabilitation, consisting of clinically supervised exercise with ECG monitoring and/or education
- **Phase III**: Maintenance phase, emphasising self-management, and consisting of clinically supervised exercise training with intermittent or no ECG monitoring
- **Phase IV**: Life-long commitment to lifestyle changes, without ECG monitoring or professional supervision

The physiotherapist is a key member of the multi-disciplinary CR team, playing an active and important role in different phases of the programme, and applying strong evidence-based clinical practice with knowledge of the latest guidelines and clinical standards. Physiotherapists practicing CR are also required to have specific skills and attributes on individual assessment, risk stratification, exercise stress test interpretation, exercise prescription, exercise programming, health education, psychological support and motivational interviewing in order to tailor safe and effective physiotherapy interventions. Local and international research studies have demonstrated the effectiveness of CR programmes and physiotherapy interventions in different areas such as clinical, health behaviour, and cost effectiveness.

Other than conventional hospital-based CR programmes, an increasing number of community-based CR programmes aim to widen service provision and enhance patients’ early community re-integration. Over the last few years, the Physiotherapy Department of Tung Wah Eastern Hospital has been actively involved in establishing different community-based CR programmes and primary prevention programmes that collaborate with various non-governmental organisations, patients’ mutual support associations and universities. Research studies have examined the effectiveness of these new physiotherapy service models, and significant improvements have been achieved in aerobic capacity, lipid profile, quality of life, rates of readmission, length of stay and mortality rates.

Physiotherapists practicing CR should conduct future studies to clarify the benefits of lifestyle modifications in preventing recurrent cardiovascular events, as these have often been overlooked and underemphasised. In addition, evaluation is needed to determine the effectiveness of different approaches to increasing patient referrals, accessibility, adherence and service models.
According to statistics from the Census and Statistics Department, Hong Kong SAR, in 2009 the prevalence of people with developmental disabilities is increasing. The Rehabilitation Clinic, which has been a pioneer in providing rehabilitation services to the community, established the Children Development Service in April 2009.

Our Child Development Service aims to deliver quality treatment programmes for children with specific developmental needs, and to encourage their effective learning as well as healthy and independent living. Recently we began delivering treatment programmes to children with autism, Asperger syndrome, specific learning disabilities, and attention deficit and hyperactivity disorder. Treatments include sensory integration therapy, visual-perceptual training, pre-writing readiness and writing training. In April we conducted free talks on specific learning disabilities, as well as a handwriting assessment and an information day for the general public. In the meantime, we have begun to actively collaborate with paediatricians, schools and self-help parties, and to deliver health care services for children and parents. These programmes have been essential in raising public awareness of the importance of healthy development among children.

In the coming summer, we will be conducting summer programmes for children and their care-givers in areas such as attention training, weight management, sensory integration, and emotional and social intelligence. At the same time, we will be working closely with schools and child-care services through outreach and support programmes. We will directly treat students with learning disabilities, assist them in coping with their daily academic work and improve their learning abilities. In addition, we will offer professional training courses to teachers and staff in order to foster school readiness in teaching students with developmental disabilities.
Visitors to OUR department

- SAHK
- Hong Kong PHAB Association
- Mr Fang Chaoqiu, the standing member of Guangdong People’s Congress
- Richmond Fellowship
- Guangzhou University of Chinese Medicine
- New President - Prof Timothy W. Tong
- Prof Robert Kane, University of Minnesota, USA

Congratulations

Mr Fang Chaoqiu, the standing member of Guangdong People’s Congress

PolyU Long Service Award
Mr Siu Sik Cheung
Mrs Dicker Lam
Dr Margaret Mak

Quality Education Fund
Dr Hector Tsang (HK$1,290,000)
Research Project: Stress Management and Mental Health Promotion for Teachers in Hong Kong

New Staff
Mr Calvin Yip, Clinical Associate
Ms Daphne Ip, Clinical Associate
Ms Grace Lung, Occupational Therapy I

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