



For Immediate Release

## **Hong Kong Sanatorium & Hospital Becomes the First Private Hospital in HK To Provide Rehab Service Through a Multidisciplinary Team of Healthcare Professionals**

(27 December 2017, Hong Kong) Hong Kong Sanatorium & Hospital has recently regrouped its team of rehabilitation professionals under the Department of Physical Medicine and Rehabilitation to provide a one-stop, comprehensive rehabilitation service tailored for the needs of patients.

The Department is headed by a Specialist in Rehabilitation and includes a multidisciplinary team of full-time, in-house allied health professionals including physiotherapists, an occupational therapist, speech therapists, prosthetist-orthotists, a podiatrist, dietitians and clinical psychologists. The Department, first set up in 2011, was regrouped in September 2017 and relocated to the fifth floor of the Li Shu Pui Block. The relocation, which aimed to further improve patient flow and experience, will provide extra convenience for patients with multi-disciplinary rehabilitation needs to receive treatment from different professionals.

Stroke patients are one of the major patient groups to benefit from the regrouping. **Dr. Joseph CHAN Woon Tong, Deputy Medical Superintendent of the Hospital** said, “Once the patient’s condition is stabilised, a comprehensive and systematic stroke rehabilitation assessment will be conducted and a tailor-made treatment plan which aimed at controlling or lessening the damage of stroke and helping patients to regain their lost abilities, will be devised.”

Each year, there are around 20,000 acute stroke patients in Hong Kong and it is the fourth leading cause of death with over 3,000 deaths a year<sup>1</sup>. **Dr. Alex CHOW Chi Ping, Director of Department of Physical Medicine and Rehabilitation** called on stroke patients to make good use of the first 12 months following stroke, which can be considered a “golden period for rehabilitation”.

Stroke can affect one’s ability to move the body, one’s behaviour and cognition while also triggering problems in communication and swallowing. The impact of stroke may vary and in serious cases, the patient may be bedridden, rendering them more prone to complications, such as pressure sores and deep vein thrombosis.

Dr. CHOW noted that due to resource constraints, post-stroke rehabilitation for many patients may be limited. More extensive rehabilitation may only be given during the first three months, after which treatment may be reduced or even stopped. “Our clinical evidence shows that continued rehabilitation treatment up to one year after stroke is vital to effective recovery which can considerably improve a patient’s quality of life,” Dr. CHOW remarked.

“We have seen patients with substantial impairments after stroke, such as affected mobility and reduced self-care abilities, regain their ability to walk and take basic care of themselves after 6 to 12 months of intensive rehabilitation. It is therefore strongly recommended that stroke patients make good use of the first year following stroke for rehabilitation and to continue with targeted and intensive treatment and training even after the first three months,” he added.

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<sup>1</sup> Centre for Health Protection : <http://www.chp.gov.hk/en/data/4/10/27/380.html>



**Ms. Emily KO Ming Lai, Physiotherapist of the Hospital** noted, “Treatment plans will be devised based on the patients’ disability. Our target is to help patients to improve from being bedridden to assisted-walk, and then to walk independently outdoors. It is also necessary to improve the arms and hands’ control in order to achieve basic functions such as holding cups and using spoon or chopsticks. Treatment methods include motor training, functional electrical stimulation, robotic gait training and constraint-induced movement therapy (CIMT). These treatment techniques facilitate the weakened muscles to regain control so as to improve the functional levels. Our figures show that 85% of stroke patients can only sit straight or stand with support before undergoing robotic gait training. Following treatment, 95% of them can walk again, in which 55% can walk independently without ambulation aids.”

An occupational therapist will be engaged to assess a patient’s cognitive ability and advise on the choice of rehabilitation-related equipment, such as wheelchair and mattress. Advice on home modification will enable the patient to adapt to the home environment more easily. **Mr. James LEUNG Wai Pong, Occupational Therapist** said, “We provide cognitive function assessment and training for patients with basic and instrumental activities of daily living so that they can re-acquire the skills and techniques in their daily lives. For example, mahjong is one of the activities we use to train concentration and memory of patients.”

Speech therapists deal with the communication and swallowing problems that patients can be commonly faced with after a stroke. **Ms. Anita TSUI Man Yee, Senior Speech Therapist** said, “In the early stages after stroke, approximately 30% of patients have problems with communication and 50% have swallowing problems. It is vital for patients to have adequate nutrition to support their road to recovery but safety in swallowing is often overlooked. Swallowing disorders can lead to pneumonia, prolonged hospitalisation, the need for long-term care, or even death. With 26 therapy sessions, we have seen over 60% of our stroke patients improve from needing to be tube feed to eating by mouth once again.”

A prosthetist-orthotist prevents contracture and corrects drop foot among stroke patients. **Mr. Keith LEUNG Wing Kin, Prosthetist-Orthotist of the Hospital**, said that patients may have flaccid paralysis after stroke, which weakens the affected limbs and after 3 months, increases muscle tone. “The continued imbalance of muscle tone will induce contracture, which is permanent tightness and shortening of muscle that leads to muscle pain and joint stiffness. Most importantly, it may limit the functional recovery outcome after rehabilitation. Orthoses can support flaccid limbs and prevent contracture. A properly fitted lower limb orthoses can support a drop-foot, enabling the patient to walk in a stable manner.”

A podiatrist deals with foot problems of the patients. **Mr. Peter CHAN Ka Lun, Podiatrist of the Hospital** explained, “Those pre-stroke or post-stroke foot disorders may hinder patients’ willingness to exercise and to training. A podiatrist offers footwear advice and modification, gait analysis, foot exercise, callosity and corn management, foot insole and devices, wound management, toenail pathology management, regular foot assessment and routine treatment. These can help to relieve pain and enhance mobility and independence.”

The speed of stroke recovery is affected by various factors, including the patient’s age, the affected or damaged area of the brain, and the care and support from family. Apart from medical care, carers can encourage the patient to exercise more, arrange a comprehensive activity schedule, and use proper feeding techniques.

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## **Case Sharing**

### **Case 1**

Mr. YIP is over 90 years of age. He was admitted to a public hospital for emergency treatment after suffering a stroke in January 2017. He was later discharged from the public hospital and admitted to HKSH for stroke rehabilitation. The right side of Mr. YIP's body was immobile. He relied on a wheelchair to move about and was cared for intensively by his family members. He would choke easily when eating and drinking and could not read properly. Mr. YIP underwent rehabilitation, which involved the rehabilitation physician, physiotherapy, occupational therapy, speech therapy, prosthetics and orthotics and podiatrist at Hong Kong Sanatorium & Hospital. After 3 months of treatment, Mr. YIP has showed significant improvement in daily activities, upper and lower limb function, communication and swallow. Mr. YIP is now able to walk with a walking aid, write with his right hand and eat normally.

### **Case 2**

Mr. HO, now over 40 years of age, is a legal practitioner. He suffered a haemorrhagic stroke in early 2014, which led to paralysis of the left side of his body. Mr. Ho stayed in a public hospital for two months, and was then transferred in a coma to Hong Kong Sanatorium & Hospital (Modified Functional Ambulation Classification (MFAC) score was 1). Once Mr. HO regained his consciousness, he began to receive rehabilitation, including consultations by the rehabilitation physician, physiotherapy, occupational therapy, speech therapy and prosthetics and orthotics . After 8 months of treatment his MFAC score rose to 5 upon discharge, and he was able to walk on his own under supervision. Mr. HO continues to follow-up with our rehabilitation physician. He is now applying for a reinstatement of his professional licence, and hoping to resume his career in the near future.



### **HKSH Medical Group**

Officially launched in September 2017, HKSH Medical Group, through its operating members, adopts a multi-faceted, coordinated approach to promote public health and advanced medicine through relentless efforts in clinical excellence, medical training and research as well as public health education.

Members of the HKSH Medical Group include Hong Kong Sanatorium & Hospital, HKSH Healthcare and future affiliates. All members are dedicated to providing quality care to patients.

### **Hong Kong Sanatorium & Hospital**

Hong Kong Sanatorium & Hospital is one of the leading private hospitals in Hong Kong. With the motto “Quality in Service Excellence in Care”, the Hospital is committed to serving the public as well as promoting medical education and research.

### **Department of Physical Medicine and Rehabilitation**

Physical Medicine and Rehabilitation is a medical specialty aiming to restore the health and functional abilities of people after disease and injury such as stroke, spinal cord injury, amputation, nerve injury, joint replacement, spinal pain or other chronic pain conditions. Through diagnosis, evaluation and medical management, our interdisciplinary team works together to help patients increase their function ability, alleviate pain and disability, and maximise performance at work, in school, during recreation and in all other aspects of life.

The Department of Physical Medicine and Rehabilitation provides comprehensive consultation, special diagnostic and rehabilitative services through the coordinated efforts of its medical specialists and therapists. Inpatient rehabilitation beds are available with special emphasis on the rehabilitation needs of patients with acquired brain injury, stroke, spinal cord injury, neuromuscular conditions, orthopaedic conditions and chronic pain conditions. Services include:

#### Comprehensive Rehabilitation Consultation

- Electrodiagnostic Examination
- Physiotherapy
- Occupational Therapy
- Speech Therapy
- Orthotics and Prosthetics
- Podiatry

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**Photo Captions:**

- 1) Dr. Joseph CHAN Woon Tong, Deputy Medical Superintendent of HKSH (fourth from left), Dr. Alex CHOW Chi Ping, Director of Department of Physical Medicine and Rehabilitation HKSH (fifth from left) together with the rehabilitation team members, including physiotherapy, occupational therapy, speech therapy, prosthetist-orthotist and podiatrist, call for public awareness on the first year stroke rehabilitation golden period.



- 2) The exoskeleton of robotic gait training can support patient's body weight, thus allowing the patient to learn the correct gait and sustain intensive training for a long time, which in turn enhances their physical strength and endurance.





- 3) A simple mahjong game can train stroke patient's memory and concentration. (From left) Mr. James LEUNG Wai Pong, Occupational Therapist of HKSH; Dr. Joseph CHAN Woon Tong, Deputy Medical Superintendent; Dr. Alex CHOW Chi Ping, Director of Department of Physical Medicine and Rehabilitation and Mr. HO, a stroke patient.



- 4) Mr. YIP, a stroke patient who is over 90 years old, can write again after receiving Constraint-Induced Movement Therapy (CIMT).

