

Fall Prevention Program in Enhancing Knowledge, Attitudes and Practices among Patients in In-Patient Orthopaedic Rehabilitation: A Pilot Study

Tse KY, Chow WK, Li PM, Ho CM

Department of Occupational Therapy, Tai Po Hospital

Introduction:

Falls among elderly are significant public health concerns and have been reported as a major factor restricting independence in Activities of Daily Living and causing institutionalisation in elderly. Occupational therapists play an important role in educating elderly the risks contributing to falls and preventive strategies. A fall prevention program was proposed in in-patient phase to enhance patients' knowledge, attitudes and foster behavioural changes in reducing fall risks.

Methods:

- **Objective:** To evaluate the effectiveness of the fall prevention program to patients in in-patient orthopaedic rehabilitation.
- **Inclusion Criteria:** Patient admitted to Tai Po Hospital with recent fall admission and cut-off >7th percentile in HK-MoCA
- **Exclusion Criteria:** Patients with visual or / and hearing impairments
- **Outcome Measures:**
 - Post survey based on the Knowledge-Attitude-Practice (KAP) Model
 - Pre-post knowledge quiz
 - Satisfaction survey towards the program

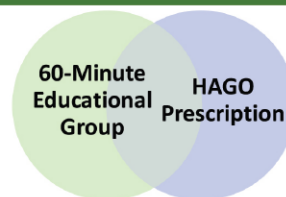


Figure 1: Fall Prevention Program

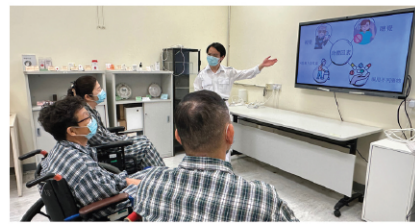


Figure 2: Fall Prevention Educational Group

Results and Findings:

- A total number of 26 patients (women: 22, men: 4) were recruited from Orthopaedic ward in Tai Po Hospital from 2 July 2024 to 30 November 2024.
- The mean age was 74.8 years old (SD±10.0).
- High satisfaction levels were reported by all participants (see Figure 3).
- **Knowledge:** Wilcoxon Signed-Ranks test was used. Participants showed significant improvement in all prevention knowledge ($p < 0.001$) (see Figure 4).
- **Attitude:** All participants agreed that fall can lead to serious health problems. 88% of the participants agreed that fall can be prevented (see Figure 5).

- **Practices:** All participants would consider changing their habits to reduce the risk of fall (see Figure 6). They also expressed willingness in home modification to prevent fall (see Figure 7).
- Results have shown that increasing knowledge on fall prevention promotes attitude and behavioural changes.



Figure 3

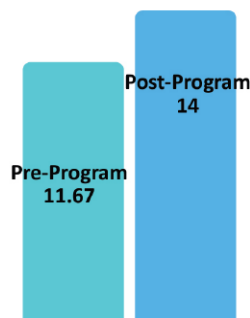


Figure 4: Mean Score of Knowledge Quiz (Pre and Post-Program)

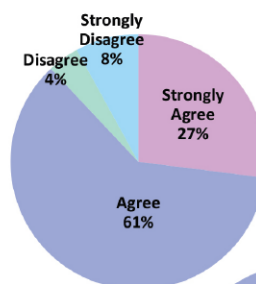


Figure 5

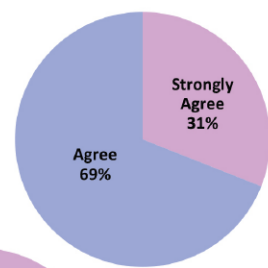


Figure 6

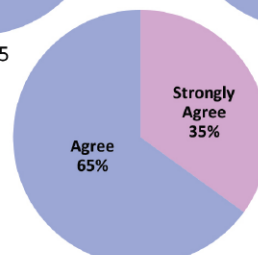


Figure 7

Conclusion:

The fall prevention program has shown to be effective in empowering participants with knowledge, attitudes and practices in fall prevention. For further enhancement, prescription of fall prevention home program, involvement of carers will be implemented.

Impact of Recovery Oriented Practice on Functional Outcomes for Psychiatric Day Hospital Service Users

Cheung CP¹, Sezto NW¹, Hui N¹, Wong HH², Pang PF²

¹Occupational Therapy Department, United Christian Hospital

²Department of Psychiatry, United Christian Hospital

Background

The paradigm shift towards recovery-oriented practice (ROP) in mental health care has been significant since its introduction to Kowloon East Cluster psychiatric service in 2010. ROP focuses on empowering individuals, fostering their autonomy, and promoting recovery through collaborative and person-centered approaches. This shift has catalyzed changes in treatment modalities within psychiatric day hospitals, leading to the use of service users centered assessment- Client's Assessment of Strength, Interests and Goals (CASIG) (Wallace, 2001) and establishment of modular-based interventions in 2016. These interventions prioritize respect for human choices and encourage shared decision-making among service users and mental health professionals (Davidson, 2017). This study aims to explore the effectiveness of ROP within the context of day hospital settings, specifically examining its impact on service users' social and occupational functioning and overall volition.

Objective(s)

The primary objectives of this study are 1) to evaluate the functional outcomes of service users in terms of social and occupational functioning, 2) to assess the overall volition of service users during their engagement in recovery-oriented practice.

Methodology

Participants

From 2021 to 2023, a total of 33 service users from Yung Fung Shee Psychiatric Day Hospital (YFSPDH) who had engaged with recovery-oriented practice services for a minimum of six months and could complete pre-post assessments were recruited for this study.

Data Collection

Data on social and occupational functioning and volition were collected at two time points: baseline (0-month) and after six months of participation in the ROP. The Social and Occupational Functioning Assessment Scale (SOFAS) (Goldman 1992) was utilized to evaluate social and occupational functioning, while the Volitional Questionnaire (VQ) (Chern, 1996) was employed to measure overall volition.

Statistical Analysis

Pre- and post-test data were analyzed using the Wilcoxon Signed Rank Test to determine the statistical significance of changes in the measured outcomes.

Results

The analysis revealed statistically significant improvements in the functional outcomes of service users following their engagement in recovery-oriented practice. Specifically, there was a notable enhancement in social and occupational functioning ($p < 0.001$) and overall volition ($p < 0.05$). The findings of this study demonstrate the positive impact of recovery-oriented practice on the functional outcomes of service users in psychiatric day hospitals. The significant improvements in social and occupational functioning indicate that ROP effectively supports individuals in their recovery journey, facilitating greater engagement in community and occupational activities. Moreover, the enhancement of overall volition highlights the importance of empowering service users, enabling them to take an active role in their recovery process.

Conclusion(s)

This study provides compelling evidence for the positive effects of recovery-oriented practice on social and occupational functioning among service users in psychiatric day hospitals. The results advocate for the continued implementation of recovery-oriented approaches in mental health care, emphasizing their role in promoting functional improvement and overall volition within this population.

Reference(s)

Chern, J., Kielhofner, G., De Las Heras, C. G., & Magalhaes, L. C. (1996). The Volitional Questionnaire: Psychometric development and Practical Use. *American Journal of Occupational Therapy*, 50(7), 516–525.

Goldman, H. H., Skodol, A. E., & Lave, T. R. (1992). Revising axis V for DSM-IV: a review of measures of social functioning. *American Journal of Psychiatry*, 149(9), 1148–1156.

Davidson, L., Tondora, J., Pavlo, A. J., & Stanhope, V. (2017). Shared decision making within the context of recovery-oriented care. *Mental Health Review Journal*, 22(3), 179–190.

Wallace, C. J., Lecomte, T., Wilde, J., & Liberman, R. P. (2001). CASIG: a consumer-centered assessment for planning individualized treatment and evaluating program outcomes. *Schizophrenia research*, 50(1-2), 105–119.

Evaluating the effect of a multi-domain group-based cognitive rehabilitation program for mild cognitive impairment: Outcomes on quality of life, cognitive function and functional status

Tsoi US, Tam KC, Leung HF, Chow CK, Wong WK, Siu YY, Tsang SK, Chung SC
Occupational Therapy Department, Princess Margaret Hospital



Introduction

Occupational therapists in Hong Kong's public hospitals face challenges in delivering timely, quality cognitive rehabilitation due to high demand and resource constraints. In view of that, we reorganised our services in Princess Margaret Hospital with a novel modified 6-week multi-domain cognitive rehabilitation group program (MCIG). Structured home programs were highlighted to maximise effect within limited resources. This study evaluates the feasibility and effectiveness of the MCIG program as a potential cost-effective solution to the above-mentioned challenges.

Objective

To evaluate the effect of the MCIG program on patients with MCI in
(1) cognitive function
(2) functional status
(3) quality of life

Methodology

- Retrospective pilot study
- "Pre-test" & "Post-test" study design
- Data from participants aged ≥ 65 who attended ≥ 4 sessions from August 2024 to February 2025 were analyzed (n=21).



Outcome measures:

- Montreal Cognitive Assessment Hong Kong version (HK-MoCA)
- World Health Organization Five Well-being Index (WHO-5)
- Activities of Daily Living Questionnaire (ADLQ)
- Self-rated Questionnaire

Wilcoxon Signed Ranks Test was adopted in data analysis.

Multi-domain MCIG program



Modes of service delivery:

- Educational sharing
- Interactive activities
- Skills practice
- Structured home programs including paper-and-pencil tasks and categorised mobile applications



Result : Standardized Assessment

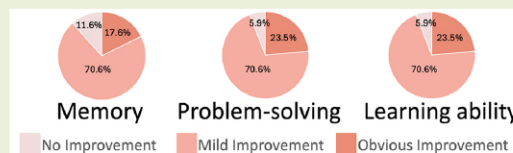
- Quality of Life & Mental Well-being
Significant improvement in WHO-5 ($p \leq 0.05$)
- Cognitive Function
Increase in median score in HK-MoCA
- ADL & IADL function
Decrease in median score in ADLQ

	Pre (n = 21) *	Post (n = 21) *	P-value
HK-MoCA	17(14.5, 20.5)	18(15.5, 20.5)	0.617
WHO-5	52(48, 66)	66(52, 75)	0.029
ADLQ	20.137(9, 24.6)	17.949(10.6, 14.6)	0.256

*Data is presented in median (interquartile range)

Result : Self-rated Questionnaire

- >70% participants rated "Mild Improvement" in the following 3 areas:



- Participants rated high level of satisfaction and degree of happiness with median rating of 8 out of 10. They showed increased understanding of cognition with median rating of 7 out of 10.

Conclusion

The intensive MCIG program significantly improved patients' quality of life. It was further supported by the high self-rated scores for happiness, satisfaction and understanding of cognition, which might indicate the value of the program in fostering patients' self-efficacy and sense of control over own condition beyond purely restoring cognitive function. Moreover, potential benefit towards cognitive function and functional status were shown despite the insignificant results of outcome measures. This might be limited by the small sample size and lack of review on long term effect. Overall, this pilot study serves as a crucial preliminary foundation for further program modification and future research practice.



Integrating Technology in Cognitive Rehabilitation: A 'Brain-Smart' Program for Subacute Stroke Patients

F_P9.28

Mok WS, Leung CF, Chen CY, Chan KK, Lee HS, Hui N

Department of Occupational Therapy, United Christian Hospital

INTRODUCTION

Post stroke cognitive impairment is a common yet often overlooked consequence of stroke, significantly affecting the quality of life of survivors and their families. Aiming to provide comprehensive stroke rehabilitation and following "SMART Hospital" strategic development, OT department UCH designed "Brain-Smart" cognitive rehabilitation program with smart training device for subacute stroke patients. This smart cognitive rehabilitation offers three main advantages, including personalization, engagement and data tracking. Early detection of post stroke cognitive impairment allows occupational therapists to personalize and tailor training that address specific deficits. Incorporation of interactive elements in smart training motivates and engages patients in stroke rehabilitation while it also provides real-time feedback and progress tracking, helping both patients and therapists to monitor improvement and adjust strategies accordingly.



OBJECTIVES

To investigate the effectiveness of "Brain-Smart" cognitive rehabilitation program with smart training devices, in conjunction with conventional OT therapy, on improving the cognitive function of subacute stroke patients.

METHODOLOGY

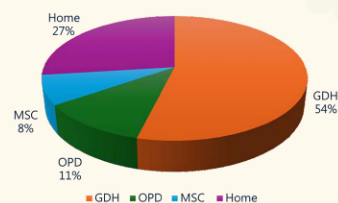
Recruitment of patients commenced in the rehabilitation ward from March to November 2024. Patients with first episode of stroke and Hong Kong version of Montreal Cognitive Assessment (HK-MoCA) result within two to sixteen percentile received 10 sessions of stroke cognitive rehabilitation (five days a week for two weeks) and each session lasted for 45 minutes. Two smart interactive training devices (Pablo and tablets with cognitive training software) were employed. During the program, patients also received conventional cognitive training to further promote their cognition. HK-MoCA and Digit Span Test Backward were adopted to measure the pre and post cognitive function whereas Modified Barthel Index (MBI) and Lawton Instrumental Activities of Daily Living (Chinese Version) were used to measure the functional performance. Wilcoxon signed rank test was utilized in data analysis.

Outcome Measure	Baseline, Mean	Post Treatment, Mean (After 10 sessions)	Difference, Mean	Sig. (two-tailed)
HK-MoCA	14.62	16.54	+1.92	0.013
Digit Span Backward	2.02	2.63	+0.61	0.003
Modified Barthel Index (MBI)	58.15	76.46	+18.31	<0.001
Lawton Instrumental Activities of Daily Living Scale	9.73	11.68	+1.95	0.01

RESULTS

A total of 23 stroke patients with mean age 73.2 completed the "Brain-Smart" program. The recruited patients had statistically significant improvement in HK-MoCA total score by 1.92 ($p=0.013$) and Digit Span Test Backward score by 0.61 ($p=0.003$). In particular, patients' delayed recall ($p=0.04$) and orientation sub score ($p=0.009$) improved significantly. In addition to HK-MoCA total score, there was also significant improvement in HK-MoCA indication from mild cognitive impairment level at baseline to mild neurocognitive disorder level after training ($p=0.004$). In functional aspect, significant improvement was found in both mean MBI by 18.31 score ($p<0.001$) and mean Lawton by 1.95 score ($p=0.01$). 53.8% of recruited patients continued stroke cognitive rehabilitation in geriatric day hospital while 11.5% and 7.7% of patients continued rehabilitation at home under medical-social collaboration (MSC) and out-patient setting respectively upon their discharge.

Outlet for Continuing Cognitive Rehabilitation



CONCLUSION

"Brain-Smart" cognitive rehabilitation program brought benefits on patients' global cognition and functional performance through enhancing neuroplasticity. Furthermore, timely in-patient cognitive rehabilitation and health education can empower patients and caregivers to navigate the challenges of recovery from stroke and lead to improved functional independence and higher engagement in rehabilitation journey. A larger sample size with control group will provide more insight for future studies.

Effectiveness of internet-based self-help money management program in improving in financial self-efficacy and anxiety among people with mental illness: A randomized controlled trial

Yuet Ming Liu^{1*}, Ho Tin Cheung¹, Wai Shan Tse¹, Ka Long Chan¹, Fung Oi Poon¹, Bun Lai Hong Lam¹, Ian Chun Bun Lam², Kevin Ka Shing Chan³

Integrated Mental Health Services, Baptist Oi Kwan Social Service, Hong Kong SAR, China¹

Department of Early Childhood Education, The Education University of Hong Kong, Hong Kong SAR, China²

Department of Psychology, The Education University of Hong Kong, Hong Kong SAR, China³

BACKGROUND

- Individuals with mental illness are at an increased risk of experiencing financial adversity.
- Effective money management is a crucial skill for individuals with serious mental illness (SMI), as it directly affects their quality of life and mental condition.
- This study examines the effectiveness of an online, self-paced money management training program, designed with the principles of the Model of Human Occupation (MOHO). The program aims to enhance financial self-efficacy and reduce anxiety, addressing the unique challenges faced by people with mental illness.

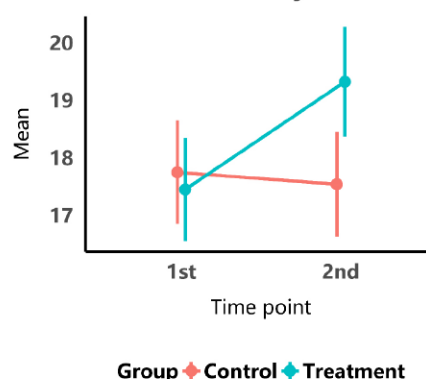
METHODS

- A two-arm parallel randomized controlled trial was conducted to investigate the effectiveness of an internet-based self-help program for money management (MMP).
- Participants were randomly assigned to either the intervention or control group.
- The MMP consisted of a four-week program that focused on critical components of money management, including managing finances, developing money management skills.

RESULTS

- Participant recruitment took place from October 2022 to July 2023, enrolling 155 eligible participants who completed baseline assessments.
- A multilevel model predicting financial self-efficacy showed that there was a significant group X time interaction effect at T1 ($B = -2.23, p < 0.005, 95\% \text{ CI} = [0.96, 3.49]$).
- Between-group comparisons revealed a significant group difference, with the intervention group showing higher financial self-efficacy at T1 ($t_{(238.41)} = 2.96, p < 0.005, \text{Cohen's } d = 0.87, 95\% \text{ CI} = [0.71, 3.54]$).

Financial self-efficacy



DISCUSSION

- The majority of participants in our study exhibited high levels of motivation, a factor that diverges from real-life scenarios.
- Participants experienced technical difficulties during the online self-help MMP.

CONCLUSIONS

- Online self-help MMP has proven effective for individuals with mental illness.
- With minimal therapist involvement, MMP can alleviate the workload of healthcare professionals.
- As a low-cost and highly accessible intervention, MMP can offer a viable option for individuals with mental illness who may be hesitant to seek in-person help.
- Future studies may explore the efficacy of MMP in specific mental health conditions.



25-P-016

Exploring the Physical and Psychological Impact of Scuba Diving Program in Severe Visual Impairment

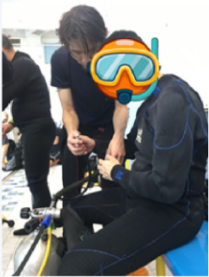
Chiu YH, Dr. Chan OY

The International Association of Hand-In-Hand Divers (Hong Kong)

Background As society increasingly recognizes the importance of social inclusion, individuals with visual impairment are finding it easier to participate in various adventure activities. Among these activities, scuba diving has experienced the most significant increase in participation among individuals with visual impairment in recent years. Many studies revealed that scuba diving may offer physical and psychosocial benefits for people with physical and psychological disabilities, but the evidence for people with visual impairment (VI) is limited. This pilot study evaluated the feasibility and preliminary effects of a structured pool scuba diving training program for adults with significant VI.

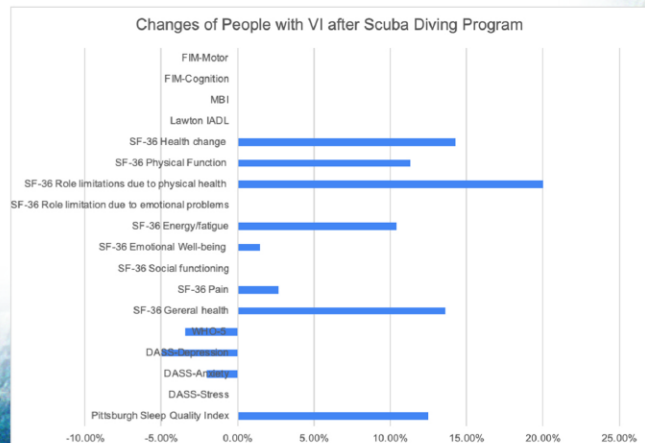


Methods Seven adults with severe VI, recruited from the Hong Kong Network for the Promotion of Inclusive Society and medically cleared to dive, participated in monthly 3-hour pool scuba training sessions run by The International Association of Hand-In-Hand Divers (Hong Kong) from April 2025 over four months. Participants completed baseline assessments before training and post assessments after completing the program. Outcome measures included the Functional Independence Measure (FIM), Lawton Instrumental Activities of Daily Living (IADL) scale, SF-36 Health Survey, WHO-5 Well-Being Index, Pittsburgh Sleep Quality Index (PSQI), and the Depression, Anxiety, Stress Scales (DASS-21). Completion rates and changes in outcome measures were evaluated descriptively.



Results Four of the seven participants (57%) completed all four training sessions and both assessments. Among them, notable improvements were observed mainly on the SF-36: Role change due to physical health (Mean score increased 20%), Health change (increased 14%), General health (increased 14%) and PSQI (reduced 13% sleeping problems). Changes in other measures were smaller or inconsistent in this small sample. No participant reported adverse effect or injury during the

Conclusion Monthly pool diving training appears feasible for some adults with profound VI and may yield benefits in role changes, health and sleep quality. These preliminary findings support further investigation with a larger sample and optimized retention strategies. A second cohort of six visually impaired individuals is planned to join the training to expand evaluation of outcomes.





25-P-017

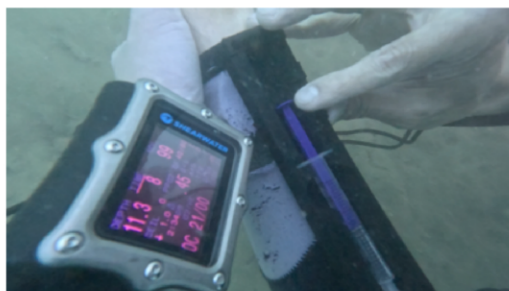
Adaptive 3D printed Depth Gauge for People with Visual Impairment in Inclusive Scuba Diving To Enhance Safety

Chiu YH

The International Association of Hand-In-Hand Divers (Hong Kong)

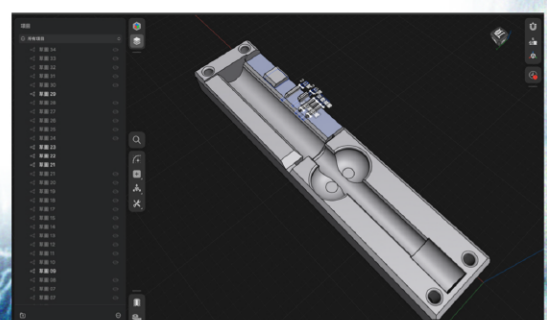
Background There is a growing number of visually impaired individuals exploring the underwater world through scuba diving. However, most of the existing scuba equipment is not user-friendly for people with visual impairment. Visually impaired divers typically rely on dive guides who signal depth and other information by touch (e.g., pinching to indicate approximate depth). These methods are imprecise, non-linear, and reduce the diver's autonomy and enjoyment of underwater exploration. Also they often have difficulty maintaining a 3-6 meter depth safety stop, a procedure used to reduce the risk of decompression sickness.

Methods A tactile depth gauge was designed by integrating a standard syringe with a custom 3D-printed device that functions as a tactile depth scale. External hydrostatic pressure pushes the syringe plunger into the barrel as depth increases; because ambient pressure rises by roughly 1 atmosphere per 10 m of seawater, plunger position can be mapped to depth. The syringe plunger total stroke length is 7.0 cm; measured correspondences are approximately: hydrostatic pressure of water at 3 meters depth equaled to syringe length 5.4 cm, 6 meters equaled to 4.4 cm, 10 meters equaled to 3.5 cm, 15 meters equaled to 2.8 cm. The device was designed with a software - Shapr3D and printed with a dual-extruder printer at 100 μ m layer resolution using Acrylonitrile Styrene Acrylate (ASA) filament as ASA has excellent UV and weather resistance, good mechanical strength and low water uptake behavior. The printed device contains tactile ridges aligned to the plunger to form a physical depth scale. The assembly was tested to withstand at least 20 m water pressure. To reduce internal friction and improve repeatability, a light application of WD-40 was applied to the syringe barrel/plunger interface. The tactile depth gauge was attached with two rubber bands and strapped on diver's forearm..



Results Three visually impaired recreational divers trialed the device in ocean environment. All reported positive feedback in a questionnaire form: increased sense of autonomy, clearer interaction with the underwater environment, and greater enjoyment of the dive compared with traditional guide-dependent signaling.

Conclusion The 3D-printed tactile depth gauge integrated with a syringe offers a simple but reliable aid that improves the diving experience and also safety for scuba diver with visual impairment. Future work will refine durability and ergonomics and explore additional adaptive aids to further enhance independent underwater navigation and exploration.



Use of therapeutic horticultural activities as a mean of Occupational Therapy (OT) Intervention to enhance functional performance and wellbeing of elderly patients with cognitive impairment (CI) in North Lantau Hospital (NLTH)

Cheung, M. C. & So, T. W. P

Occupational Therapy Department, North Lantau Hospital

Introduction

Horticulture Therapeutic (HT) Group have been implemented for elderly patients with CI in NLTH OT department since 2015 and different HT activities, such as sowing, plant-cutting and cultivating, have been attempted throughout these years. It is believed that HT activities helps to increase patients with CI 's mental and physical functions, social interaction, and alleviating psychological symptoms, hence to supplement conventional cognitive rehabilitation. Therefore, a pilot program was implemented in 2024 in order to test out a newly refined program model and with the good will to determine the most effective means of therapeutic intervention for patient with CI.

Methodology

MoCA was conducted for patient age 60 or above, referred to OT for cognitive assessment and training. Once patient was detected with CI (MoCA below 16th percentile), or subjectively complained of cognitive declines with expression of low mood (screened by Geriatric Depression Scale 4-item (GDS-4) - Cantonese Version > 0), they were invited to join an 8-sessions HT group. Various gardening activities were practiced and each patient was engaging at own functional level with progressive challenges offered in physical, cognitive and social aspects for enhancement of functions. Using plants in other therapeutic activities like handicrafts were also incorporated to improve their self-efficacy and instill happiness to them and transfer the graceful appreciation to their caregivers.

Objectives

To evaluate the effectiveness and feasibility on the structured HT group for patient with CI, in different aspects including the cognitive function, hand function, self-care and level of psychosocial wellbeing

Results

Domains	Assessment Tools	Pre-test	Post-test	Outcome
Cognitive	Montreal Cognitive Assessment (MoCA)	18.1 / 30	18.5 / 30	↑
Hand function	9-Hole Peg Test (9HPT)			
	- Left hand	32.4 sec	30.3 sec	↑
	- Right hand	32.3 sec	31.6 sec	↑
Self-Care	Modified Barthel Index (MBI)	98 / 100	99/100	→
Psychosocial	Visual Analogue Scale (From 0 – 6)			
	- Happiness	3.6 / 6	4.9 / 6	↑
	- Enjoyment	3.6 / 6	3.8 / 6	↑
	- Anxious	2.7 / 6	1.7 / 6	↑
Well-being	Wellbeing with Warrick-Edinburgh Mental Wellbeing Scale (WEMWBS)			
	- % Low Wellbeing	22%	11%	↑
	- % Moderate Wellbeing	78%	89%	↑

Table 1: Summary of outcome measures in different domains, ↑ = improvement ; → = static ; and ↓ = declines.

A tailor-made HT group evaluation questionnaire was adopted to collect patient and caregivers' feedback after the program completion. Most of the participant agreed that the program could increase their awareness to the environment, provide opportunity in learning new things and increase participation in physical activities. More than half of participant agreed that the program could enhance their cognitive performance (attention, sequencing and problem solving) and psychosocial wellbeing (positive thinking, mood expression). Both patient & caregiver expressed positive attitude towards group-based activities and moderately satisfied with this program.

Conclusion

The use of therapeutic horticultural activities as an OT intervention exhibited benefits in enriching patient's psychosocial wellbeing and function performance.

Pilot Study-Evaluating the effectiveness of mental imagery as an adjunctive therapy on improving upper limb function for patients with Cerebrovascular Accident

PC Chan, CT Wan, YN Tsoi, WW Li, KH Pak, CT So, YCJ Wong
Occupational Therapy Department, Princess Margaret Hospital

Introduction:

Upper limb function impairment is often a major impairment seen in patients with CVA. Mental imagery (MI) is the mental rehearsal of a movement without performing the actual movement. It is generally held that there is brain activation after mental imagery. This study aims to evaluate the effectiveness of mental imagery as an adjunctive therapy in improving upper limb function for patients with CVA attending the GDH in Lai King Building.

Method:

This is a randomized controlled study with newly diagnosed CVA patients actively attending the GDH. Upper limb functional assessments would be performed for both groups on week 1 and 4. In the control group, patients received conventional stroke rehabilitation along with a daily 30-minute usual upper limb home program prescribed by case therapists. For the experimental group, as an adjunctive treatment, participants received a video of mental imagery to guide their self-practice at home with a log sheet for re-enforcement. The video consisted of 4 movement-based tasks and 3 activities of daily living. The treatment regimen was set as 2 sessions (~30 minutes) per day for 4 weeks. Study protocol was approved by Central Institutional Review Board in Sep 2023.

Results:

17 Subjects were recruited from Nov 2023 to Feb 2024. No inter-group differences were found on the age and baseline assessments for primary and secondary outcome measure. Statistically significant improvement in hand function (WMFT) and self-care (MBI), were shown in both groups (Table 1). Whereas additional significant improvement (FTHUE-HK) was shown in experimental group. No significant difference was shown in between group comparison.

Table 1. Outcome measure of control and treatment group

	Control group (n=9)			Treatment Group (n=8)			Between group	
	Baseline	Outcome*	P value	Baseline *	Outcome	P value		P value
WMFT	51 (53.5)	55 (56.5)	0.017	41.5(59)	44.5(58.2)	0.026	WMFTA	0.329
ARAT	44(55)	45 (53.5)	0.180	33(53.25)	36 (52.25)	0.180	ARATA	0.243
FTHUE-HK	3 (4.5)	3 (5)	0.083	4 (5.5)	5 (4.75)	0.025	FTHUE-	0.796
MBI	76 (22)	80 (22.5)	0.012	67.5 (39.75)	78 (23.25)	0.028	MBIA	0.663

Abbreviations: WMFT- Wolf Motor Function Test; ARAT (Action Research Arm Test); FTHUE-HK: The Hong Kong version of the Functional Test for the Hemiplegic Upper Extremity; MBI- Modified Barthel Index.
*Data expressed as median (interquartile range).
p<0.05 set as significant values.

Conclusion:

The study did not show a definite inferiority over conventional treatment. Mental Imagery may be an effective adjunctive treatment in stroke rehabilitation for improving hand function, especially for those with minimal or without active motor control. A larger sample size is required for a more detailed analysis.

First-person perspective Video instruction



Scan me for instruction video!



7 MI tasks

4 single/ multiple joints movement

- Shoulder flexion
- +Elbow flexion / extension
- + Wrist extension
- Forward Reaching

3 activities of daily living

- Drinking tea from cup
- Drinking soup with spoon from bowl
- Sorting pills to medication box

Home program log sheet

日期 (星期)	第一節訓練	第二節訓練
(星期)	✓ / X	✓ / X
(星期)	✓ / X	✓ / X
(星期)	✓ / X	✓ / X
(星期)	✓ / X	✓ / X
(星期)	✓ / X	✓ / X
(星期)	✓ / X	✓ / X
(星期)	✓ / X	✓ / X

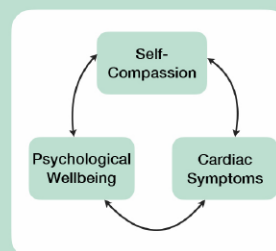
Correlation of Self-Compassion, Cardiac Symptoms and Psychological Well-being Among People with Cardiac Conditions

Ho JPC⁽¹⁾, Tong AKK⁽²⁾, Wan AHY⁽²⁾, Poon DWF⁽¹⁾, Tang TWT⁽¹⁾
 (1) Prince of Wales Hospital, Hong Kong (2) Centre on Behavioral Health, The University of Hong Kong

Introduction



Psychological wellbeing is gaining clinical attention in cardiac rehabilitation (CR). In clinical context, cardiac conditions have high recurrence rate, comorbidity and mortality, requiring continuous medical care, and thus substantial medical resources; previous studies suggested psychological interventions could be beneficial. The concept of self-compassion and related therapies are gaining clinical attention; yet the role of self-compassion (SC) and self-criticism (SCr) in CR is to be recognised. Study regarding self-compassion and psychological wellbeing among cardiac patients is limited. Preceding studies focused predominantly on SC and physical cardiac parameters, and its relation with cardiac symptom experience (CSE), the manifestation of cardiac health and disease condition, remains unclear.



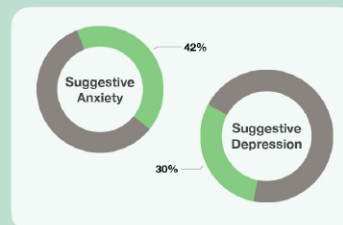
Objectives

- (1) To investigate level of self-compassion and psychological wellbeing among persons with cardiac conditions
- (2) To extend the literature on the association among self-compassion and cardiac health among persons with cardiac conditions
- (3) To explore correlation among self-compassion level, psychological wellbeing (depression, anxiety and stress level), cardiac outcome as reflected by cardiac symptom experience and medical resources utilisation rates, among individuals with cardiac diseases

Methodology

This study was a cross-sectional survey study with convenience sampling, using a self-administered, self-report questionnaire packet with Self-Compassion Scale (Hong Kong Chinese Version), Depression Anxiety Stress Scale DASS-21 (Chinese version), and cardiac symptom questionnaire modified from Memorial Symptom Assessment Scale.

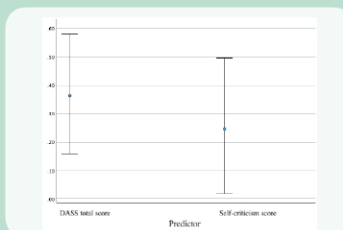
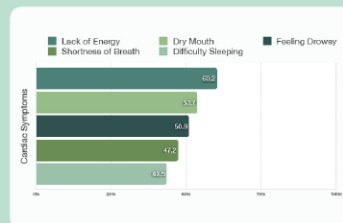
Community-dwelling adult patients who were diagnosed with cardiac diseases, with prior history of hospital admission due to cardiac condition within one year, and able to understand spoken and written Chinese were recruited in this study. Final sample comprised 108 cardiac patients under Occupational Therapy care at Prince of Wales Hospital.



Results

Participant age ranged from 39 to 93, with mean age of 67.3, with 88 (81.5%) male participants and 20 (18.5%) female participants. Most common cardiac diagnosis was acute myocardial infarction (heart attack) (n = 62, 57.4%). Mean score of SC factor score was 2.34 out of 5 and the mean score of SCr factor score was 1.58 out of 5.

Cardiac patients were of psychological need, with 29.6% participants suggestive suffering from depression at varied levels, and 41.7% participants suggestive suffering from anxiety. Cardiac patients with higher level of SCr were more likely to experience higher level of depressive, anxiety and stress symptoms, and higher level of CSE. Mood was positively correlated with medical resource utilisation, in terms of AED visit and hospitalization (p < .05); CSE was positively correlated with frequency of hospitalization (p < .05). Multiple linear regression analysis showed DASS-21 total score together with SCr factor score could better predict CSE, than single use of either predictor. Both of them were of similar statistical significance and the model remained significant after controlling age and sex (F(4,103) = 13.366, p < .001, Adj R2 = .316). indicating this model explained approximately 31.6% of the variance in total cardiac symptom score, and there is no statistical evidence of age or sex influence. SC factor score is found to be positively correlated with SCr factor score in this study, and its correlation with negative psychological outcome were negative yet not statistically significant, suggesting probable moderators influencing SC.



Discussion and Conclusion

Cardiac Symptom = Negative Psychological Wellbeing + Self Criticism

This study provided updates and support for the psychological need of persons with cardiac conditions, which is of clinical significance. Including interventions targeting self-criticism in CR may bring additional clinical benefits in terms of psychological wellbeing and cardiac symptoms. Further study is suggested to explore the SC moderators and the effect of related interventions for persons with cardiac conditions.

Feasibility and Acceptability of Dementia Caregiver Educational Program

Amaris Y. C. KAM; Michael K. H. LEI; Jacky K. H. LEUNG; Alvin Y. L. Alvin SHIU; Karen P. Y. LIU
Department of Rehabilitation Sciences, The Hong Kong Polytechnic University

Introduction

Background

- With Hong Kong's rising prevalence of dementia who lives at home, informal caregivers' role in taking care the daily life of people with dementia become prominent. Most of the caring go to the care-recipients' daily activities. However, programs examining from a comprehensive approach and rendering lists of effective strategies in caring for daily activities remained scarce.

Objective

- To pilot test the feasibility of the Dementia Caregiver Educational Program that focuses on alleviating the demand in assisting people with dementia's daily activities.
- To explore how the intervention and control arms compare on well-being outcomes.

Methods

Study Design: Pilot Randomized Control Trial

Participants: Dyads of people with dementia and informal caregivers were recruited

Inclusion Criteria

- The care recipient had dementia living at home
- The informal caregiver was aged ≥ 18 years
- The informal caregiver was the primary caregiver and assumed responsibility for the care-recipient
- Primary care took place at home

Exclusion Criteria

- Care recipients' impairments in ADLs were primarily due to other medical conditions rather than dementia; and/or
- The informal caregiver experienced a cognitive impairment that hindered their understanding and engagement with the educational package

Interventions

- Participants were randomly assigned to either an experimental or control group.
- Experimental group: received the individualized Caregiver Educational Program which focused on educating caregivers about assisting people with dementia in their daily activities.
- Control group: received general dementia information and support.
- In the 7-week program, both groups attended one workshop, received three telephone follow-ups biweekly, and take-home resources.
- The Dementia Caregiver Education Program included a strategy package with a list of available strategies, and related examples in which the content were elaborated and practiced in the educational workshop.

Outcome Measures

- Feasibility was evaluated by participants' retention rate and intervention adherence
- Acceptability was evaluated by a tailored Acceptability Survey posttest
- Effectiveness was evaluated by:
 1. Zarit Burden Interview, for caregiver burden
 2. Centre for Epidemiologic Studies Depression Scale, for depression level
 3. Adult Carer Quality of Life Questionnaire, for quality of life
 4. Disability Assessment for Dementia, for person with dementia's functional performance

Results

- Program overall retention rate for the program: 78.9%
- Intervention adherence: 100%
- Acceptability rating: broad agreement in all areas
- No significant differences were found in the four overall outcome measures
- Caring Stress, a subdomain of the Adult Carer Quality of Life Questionnaire, was significantly better in the experimental group after intervention.

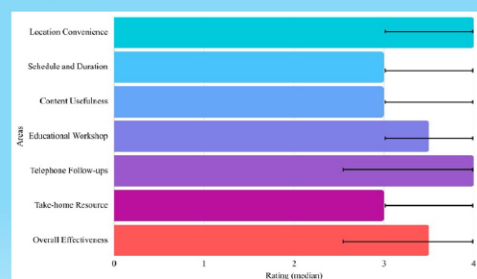


Fig.1 Participant Acceptability Rating (Median) by Areas (N=15)

Conclusion

- The findings support the feasibility and acceptability of the Dementia Caregiver Educational Program. Although limited by a small sample size and program duration, the results provide insights for a future larger and longer trial.

Acknowledgement

- We thank all participants for their involvement, as well as the Hong Kong Family Welfare Society and the Christine Service Family Centre for their support in recruiting participants.

Correspondences

- Karen Liu karen.liu@polyu.edu.hk

“Empowering change”: Evaluation of Group-based Lifestyle Redesign Loveliving 2.0 Programs in Community Psychiatric Services in Hong Kong

Cheng HF(1), Yuen KY(1), Cheung CCJ (1), Chong BW (1), Chan SC (2), Wong MO (2), Ho CME(1)

(1) Occupational Therapy Department, Tai Po Hospital
 (2) Community Psychiatric Services, Tai Po Hospital / North District Hospital



Introduction

Presence of lifestyle imbalance among individuals with mental illnesses has higher likelihood of heightening severity of mental illnesses, which further develops vicious cycle between lifestyle imbalance and severity of mental illnesses (Haggett, 2016). Occupational Therapy specialised in Lifestyle Redesign is playing vital role in breaking this vicious cycle for the purposes of optimising service users’ lifestyle balance, facilitating their mental health recovery and strengthening the roles of occupational therapy in community-based care (Pyatak, Carandang, Rice Collins & Carlson, 2022). Therefore, this program aimed to evaluate the effectiveness of the “Group-based Lifestyle Redesign Program” on lifestyle balance and mental wellbeing

Methods

From July 2024 to July 2025, this program recruited 40 participants presented with stable mental condition from Tai Po Hospital (TPH) Psychiatric Day Hospital, TPH’s Community Psychiatric Services and North District Hospital’s Community Psychiatric Services. The program consisted of 6 biweekly group sessions integrated with 9 “Loveliving 2.0” videos through HA GO prescription for off-site education and knowledge enhancement. Occupational Balance Questionnaire (OB-Quest), the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) and patient’s satisfaction survey were selected as the outcome measures to be conducted before and after the program.



Figure 1: Group composition

Results

27 out of 40 participants completed the program. The non-parametric t-test showed participants’ level of lifestyle balance increased from pre-program (M=19.70) to post-program (M=21.89, p=0.034). Participants described an expansion and adaptation into different meaningful life roles, such as hobbyist or volunteer etc. Additionally, participants’ level of mental wellbeing heightened from pre-program (M=19.33) to post-program (M=22.59, p=0.002). Satisfaction survey showed increase in 26.7%, 29.3% and 28.7% in the aspects of knowledge, attitude and practice towards lifestyle balance respectively after the program.

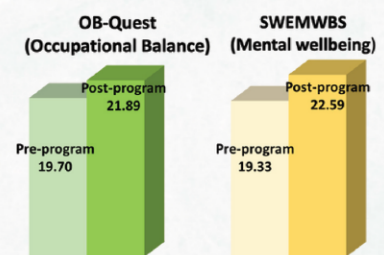


Figure 2: Mean score of QB-Quest & SWEMWBS (Pre & Post-program)

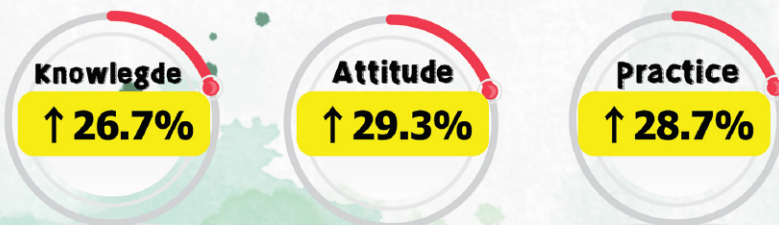


Figure 3: Percentage change in knowledge, attitude and practice towards lifestyle balance after the program

Conclusion

Group-based Lifestyle Redesign Program was effective in promoting the level of lifestyle balance and mental wellbeing for this target group in mental health field. Further studies are considered to evaluate program outcome for longer term sustainability and minimise the program’s attrition rate.

References

On balance: lifestyle, mental health and wellbeing. Ali Haggett. Palgrave Commun. 2016.
 Optimizing Occupations, Habits, and Routines for Health and Well-Being With Lifestyle Redesign®: A Synthesis and Scoping Review Elizabeth A Pyatak et al. Am J Occup Ther. 2022



Evaluation For Children's Executive Functioning: Insights From a Scoping Review

Brenda K.Y. TAM, Kenneth N.K. FONG, W. T. LAM
Department of Rehabilitation Sciences, The Hong Kong Polytechnic University

Introduction

Integration of a set of skills to accomplish complex, goal-directed behavior is collectively referred to as Executive Functioning (EF) (Best et al., 2009).

EF is crucial for adapting to complex situations and achieving goals (Diamond, 2013; Miyake et al., 2000) which significantly influences learning, behavior, and overall life success (Barnes et al., 2023; Escolano-Pérez et al., 2022).

Early intervention before age 12 can strengthen EF skills and prevent behavioral issues (Denworth, 2020), highlighting the importance of effective tools for evaluating EF in children.

This paper aims to identify and evaluate the psychometric properties of most commonly used tools for gauging EF in children.

Methods

Performed an electronic search from inception of articles published between 1 Jan 1998 and 31 Oct 2024 across the following databases: EBSCOhost, Embase, PubMed, and Scopus. The search used these keywords in the title or abstract: evaluation or assessment or test, and executive function* or skills or executive dysfunction or dysexecutive, and child*.

Inclusion criteria were as follows: the test focused on assessment of EF or at least one component of EF; participants included aged below 12 years; the study did not solely present methodology or a study protocol; and the work was peer-reviewed.

Exclusion criteria: studies for which no full text was available or were not published in English.

Categorized tools from identified papers according to types of administration:



Observation-based rating scales



Computerized/paper-pencil based performance task



Performance-based (ecological) assessment

Frequency count of $\geq 5\%$ in each category would be included for further evaluation of the psychometric properties.

Results

From around 600 peer-reviewed articles, 255 assessment tools with 1356 counts were identified. The distribution of tools according to types of administration is listed in Figure 1.

Tools included for evaluating psychometric properties are listed in Table 1.1

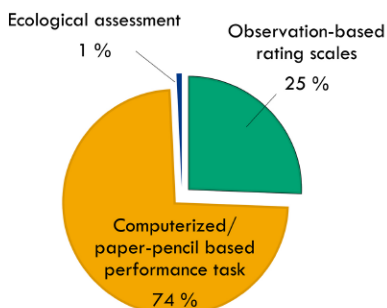


Figure 1. Distribution of EF tools according to types of administration

Name of tools	% Frequency
Observation-based rating scale	
Behavior Rating Inventory of Executive Function (BRIEF)	67.44
Behavior Rating Inventory of Executive Function - Preschool Version (BRIEF-P)	10.09
Subtotal in this category	77.53
Computerized/ paper-pencil performance task	
Stroop Color-Word Test ^a (SCWT)	7.91
Wisconsin Card Sorting Test ^b (WCST)	7.11
Tower of London ^c (ToL)	6.41
Subtotal in this category	21.43
Ecological assessment	
Children's Cooking Task (CCT)	50.00
Children's Kitchen Task Assessment (CKTA)	20.00
Birthday Task	10.00
Do-Eat	10.00
Preschool Executive Task Assessment (PETA)	10.00
Subtotal in this category	100.0

Table 1. Name of tools included for evaluation of psychometric properties

Note:

^a test included: Stroop Color-Word Test/ Day-Night/ Moon-Sun

^b test included: Wisconsin Card Sorting Test (WCST), Revised WCST, Keio version of WCST, Modified WCST, computerized WCST

^c test included: Tower of London, Tower of Londa – Drexel University, Tower of Hanoi, Tower of California

Results – cont'd

Various EF tools measure distinct EF skills.

Observation-based rating scales have strong psychometric properties but low inter-rater reliability.

Computerized or paper-pencil based performance tasks measuring flexibility have low test-retest reliability. In addition, tasks measuring inhibitory control did not report validity, and the one-factor model was not confirmed in tasks measuring planning skills.

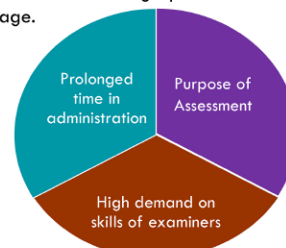
Ecological assessments have acceptable reliability; however, their validity warrants further investigation.

Discussion

Rating scales have low inter-rater reliability because of various perceptions, experiences, and attitudes of parents and teachers.

Computerized/paper-pencil based performance tasks documented specific EF skills in a controlled environment but were weak in capturing integrated EF skills used in daily life.

Ecological assessments reflect EF in a naturalistic setting, but factors shown in the graph below limited their usage.



Conclusion

Use a combination of rating scales and ecological assessment to identify EF skills comprehensively.

There is a need to develop an ecological and performance-based assessment to evaluate EF by providing a real-time analysis of the EF problem from observed behavior and having less skill demand on the examiner.

Explore the possibility of using AI-assisted ecological assessment for identifying specific EF problems and guiding targeted treatment.

Contact

Brenda TAM
Department of Rehabilitation Sciences
The Hong Kong Polytechnic University
Email: ky-brenda.tam@connect.polyu.hk

References

- Barnes, S. P., Jones, S. M., & Bailey, R. (2023). An ecological view of executive function in young children: Variation in and predictors of executive function skills over one school year. *Dev Sci*, 26(4), e13355. <https://doi.org/10.1111/desc.13355>
- Best, J. R., Miller, P. H., & Jones, L. L. (2009). Executive functions after age 5: changes and correlates. *Dev Rev*, 29(3), 180-200. <https://doi.org/10.1016/j.dr.2009.05.002>
- Denworth, L. (2020). Friendship : the evolution, biology and extraordinary power of life's fundamental bond. Bloomsbury Sigma.
- Diamond, A. (2013). Executive functions. *Annu Rev Psychol*, 64, 135-168. <https://doi.org/10.1146/annurev-psych-113011-143750>
- Escolano-Pérez, E., Romero-Galisteo, R. P., Rodríguez-Medina, J., & Gálvez-Ruiz, P. (2022). Executive function assessment: Adaptation of the Amsterdam executive function inventory using Spanish first-year university students from two knowledge areas. *PLoS one*, 17(8), e0272802. <https://doi.org/10.1371/journal.pone.0272802>
- Miyake, A., Friedman, N. P., Emerson, M. J., Witzki, A. H., Howerter, A., & Wager, T. D. (2000). The unity and diversity of executive functions and their contributions to complex "Frontal Lobe" tasks: a latent variable analysis. *Cogn Psychol*, 41(1), 49-100. <https://doi.org/10.1006/cogp.1999.0734>



Tongue thickness in older adults with sarcopenia and visual impairment: a pilot study

Chiu ATS& Wong WWS, Wong TKK, Yip CCK, Ng JHY, Chan CT, Chan SY, Cheung KY, Shu YW, Tam SH, Tse PS, Yip BCB

BACKGROUND

- Sarcopenia is a progressive muscle disorder characterized by progressive and generalized loss of skeletal muscle mass and functions and it is strictly correlated with physical disability and functional decline. When sarcopenia presents itself as the atrophy of tongue muscles which is further manifested by a reduction of tongue thickness, the reduction of suprahyoid muscle strength may result in difficulties in swallowing and increased risks of aspiration, which can be fatal.
- Owing to the adverse impacts of sarcopenia on swallowing, there is a need for using a more cost-effective and universal method to measure tongue thickness for the screening of sarcopenia.
- This study aimed at measuring the tongue thickness using ultrasound, examining the correlation between sarcopenia and tongue thickness and generalizing the use of ultrasound in the screening of sarcopenia.

OBJECTIVE

- To compare the tongue thickness between healthy subjects and older individuals with sarcopenia.

CONCLUSION

- Our findings suggested that tongue thickness had a positive and significant correlation with skeletal muscle mass and body weight.
- The results revealed that tongue thickness might be an indicator of sarcopenia, and hence ultrasound could be used in the screening of sarcopenia.

FUTURE IMPLICATIONS

- Early screening may help to minimize the health consequences of dysphagia and aspiration that could otherwise be avoided and the economic burden sarcopenia has exerted on the healthcare system.
- In addition, the use of ultrasound in measuring tongue thickness has the potential to monitor the progress of oral-motor training and rehabilitation process of older individuals with sarcopenia.

METHODS

Data collection

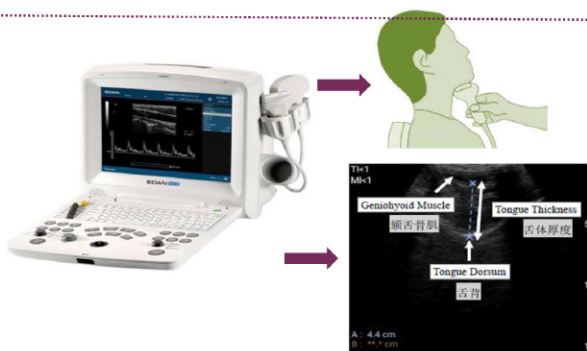
- A population-based sample of 35 male and female were recruited by convenience sampling.
- The sample met the selection criteria and was comprised of the sarcopenia group (n=15) who were recruited from the Kowloon Home for the Aged Blind and the healthy subject group (n=25) who were recruited in the community.

	肌少症患者组		健康成人组		
	平均值	标准差 (S.D.)	平均值	标准差 (S.D.)	
年龄 (岁)	87.73	(8.78)	21.10	(0.64)	p < 0.001*
体重 (kg)	49.41	(11.44)	53.50	(5.65)	p = 0.364
身高 (cm)	151.13	(9.13)	162.45	(7.19)	p = 0.001*
体重指数 (kg/m ²)	21.63	(4.64)	20.25	(1.43)	p = 0.298
舌体厚度 (cm)	4.40	(0.40)	4.09	(0.17)	p = 0.017*
骨骼肌质量 (kg)	15.07	(3.24)			
骨骼肌质量指数 (kg/m ²)	6.56	(1.04)			
平均握力 (kgf)	10.13	(2.51)			
舌肌力量 (kPa)	20.82	(9.21)			
唇肌力量 (kPa)	15.71	(6.66)			

表 1 健康受试者与老年肌少症患者临床特征比较注: *采用曼惠特尼 U 检定进行统计分析

Tongue thickness Measurement

- The tongue thickness of the subjects was examined by the MIRUKO® Portable Ultrasound (Nippon Sigmax Co. Ltd, Tokyo, Japan).
- The mean value of the distance between the midpoint of the lower end of the geniohyoid muscle to the tongue dorsum obtained from the three trials was considered to be the tongue thickness.



Data collection with Sarcopenia group

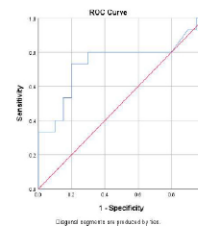
- Muscle mass, Skeletal Muscle Mass (SMM) and skeletal muscle index (SMI) were measured by bioelectrical impedance analysis (BIA) using InBody S10 (InBody Co. Ltd, Seoul, Korea).
- This study adopted the EWGS cut-off thresholds for skeletal muscle index (SMI) hand grip strength was 7.4 kg/m² and 22 kg for females with sarcopenia. (Bahat G et al., 2016).

指标	肌少症患者组	健康成人组
舌厚度 (cm)	4.4	5.30 (Tagami et al., 2022)
骨骼肌重 (公斤) SMM	15.07	N/A
骨骼肌质量指数 (公斤/米 ²) SMI	6.56	N/A
平均手握力 (千克力)	10.13	24.20 (Nakanori et al., 2020)
舌头肌肉力量 (千帕)	20.82	35.70 (Tagami et al., 2022)
唇部肌肉力量 (千帕)	15.71	N/A

表 2 反映这项研究肌少症与社区健康长者, 各样参数指标作比较

RESULT

- Receiver operating characteristic curve on the tongue thickness revealed that the tongue thickness at 4.145cm displayed the sensitivity and specificity to classify the sarcopenia at 80% and 70% respectively.
- The area under the curve at 0.737 with p = 0.018. In people with sarcopenia (N=15), there were significant correlation between tongue thickness, the skeletal muscle mass (r = 0.643, p = 0.01) and skeletal muscle index (r = 0.564, p = 0.028).
- Regression model on the prediction of the SMM by the tongue thickness showed that the tongue thickness explained 35.7% of the SMM (F = 7.223, df = 1, p = 0.019).
- We incorporated Height, Weight, Tongue thickness, Tongue strength and Lip strength into the regression model, which explained 95.1% of the SMM (F = 19.367, df = 7, p < 0.001). However, only the coefficient of height and weight were significant in the model.



Artwork illustration credited to Armstrong Chiu, OTI, Clyde Sze, OTII and Ayvis Shek, OTII

Integrated Career Continuum Program (ICCP): Enhancing Efficiency and Efficacy of Community Vocational Transition for People with Mental Illness

So YH (1), Ho ECM (1)
Occupational Therapy Department, Tai Po Hospital (1)



Introduction

The growing demand for psychiatric services highlights the need for effective post-hospitalization support. While advancements in community vocational rehabilitation services (CVRS) have expanded resources, patients may face challenges in keeping up with updates. To adapt to these advancements and enhance career integration, the ICCP was established in February 2024 after a six-month pilot study. This program was instituted through collaboration between the Tai Po Hospital Occupational Therapy (OT) Department and various non-governmental organizations (NGOs) to facilitate the transition from hospital-based care to community support. The ICCP provides smoother vocational transitions for inpatients and community-based patients.

Objective

- Increase patients' knowledge and readiness for updated CVRS.

Fig.1 ICCP Service Model



Methodology

- The ICCP collaborates with 7 NGOs for continuation of vocational rehabilitation. Model elements include:
 1. CVRS roadshows organized by various NGOs for inpatients with ZOOM for community-based patients.
 2. Early referral for inpatients, followed by ZOOM or in-person job matching interviews.
 3. Effective communication with NGOs, including work assessment reports and progress evaluation meetings. The evaluation process involved a roadshow questionnaire to assess patients' knowledge and readiness for the updated CVRS.

Result

From February 2024 to September 2025, 365 patients participated in 33 CVRS roadshows. Results showed that 65% had never received information about CVRS. After the roadshow, participants averaged 86% accuracy on a 4-question knowledge test about the latest CVRS updates. Additionally, 45% expressed strong interest in pursuing CVRS, with 31% being referred. Overall satisfaction with ICCP was reported at 72%. In addition, the rollout of ICCP demonstrated greater service efficiency compared to the pilot phase. This improvement can be attributed to the expansion of service users to include both inpatients and community-based patients, as well as the increase in community partners from five to seven.



Fig.2 Collaboration with NGOs



Fig.3 CVRS Roadshows



Fig.4 Strong interest in pursuing CVRS



Fig.5 Overall Satisfaction with ICCP



Fig.6 CVRS Referral rate

Conclusion

The ICCP has significantly enhanced patients' knowledge and readiness for updated CVRS. Additionally, the rollout of the service from inpatient care to include community-based patients, along with broadening community partnerships, has led to higher participation and referral rates compared to the pilot study. In the future, we can continue the rollout by strengthening engagement with service users and further expanding our community partners to enhance the program's impact.

E-Poster 25-P-027

RECOVERY PATTERN AND FUNCTIONAL OUTCOMES AFTER REVERSE TOTAL SHOULDER ARTHROPLASTY: THE ROLE OF OCCUPATIONAL THERAPY IN EARLY REHABILITATION PHASE

Lee MHM (1), Ho WHA (2), Wong KHB (2), Leung WYF (1), Cheng CKJ (1)

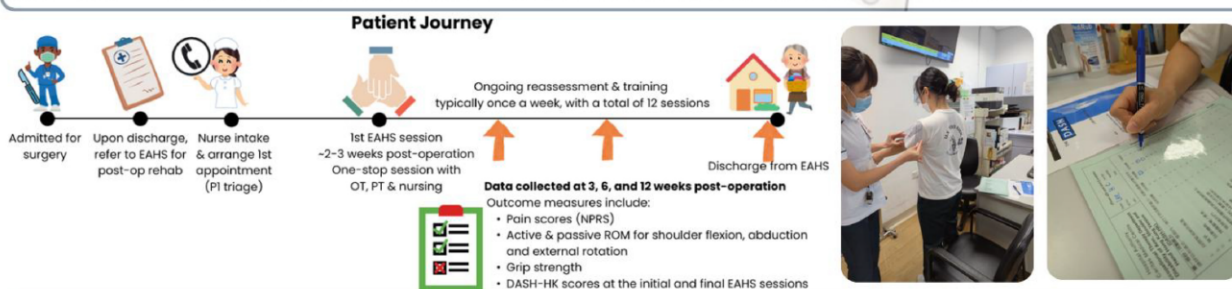
(1) Department of Occupational Therapy, Caritas Medical Centre, Hong Kong (2) Department of Orthopaedics & Traumatology, Caritas Medical Centre, Hong Kong

INTRODUCTION

The indications for reverse total shoulder arthroplasty (RTSA) have broadened significantly, now including not only older patients with rotator cuff arthropathy but also those with fractures, revision surgeries, and younger individuals. This procedure accounts for over 70% of shoulder arthroplasties in the U.S. Research indicates rapid improvements in shoulder function, with recovery rates exceeding 70% at 12 weeks post-operation. However, there is a notable evidence gap in local research regarding early rehabilitation outcomes following RTSA, which are crucial for patient satisfaction. This study aims to identify key recovery timeframes and establish evidence-based functional goals to guide early rehabilitation strategies.

METHODS

A retrospective review was conducted on patients who underwent RTSA at Caritas Medical Centre from January 2020 to March 2025, all of whom received post-operative rehabilitation through the Enhanced Allied Health Support (EAHS) service.



RESULTS

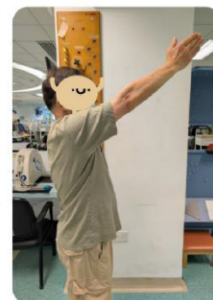
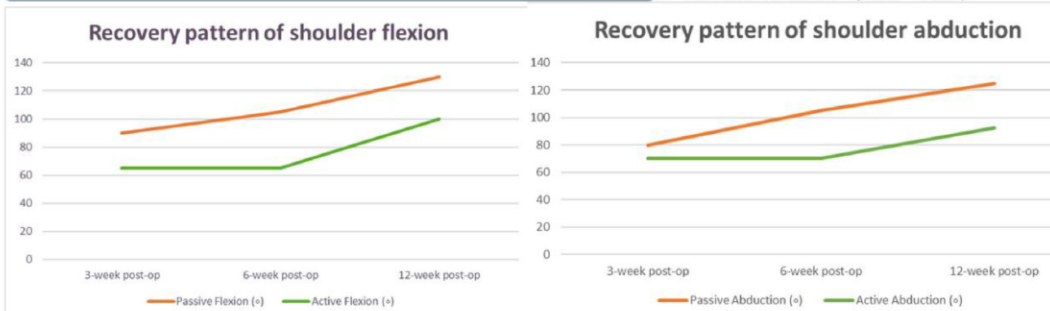
A total of 20 patients were reviewed. Pain scores show a notable decrease after six weeks. Most measures of ROM exhibited highly statistically significant improvements over time ($p < 0.001$). The most substantial enhancement in active shoulder flexion occurred between 6 and 12 weeks, with a median increase of 35 degrees, rising from 65 degrees to 100 degrees ($p < 0.001$). Additionally, there was consistent progress in passive ROM with significant statistical changes occurring even early in the recovery process. By 12 weeks, recovery rates for active shoulder flexion and abduction were 74.6% and 79.7% respectively. The median improvement in the DASH-HK score for symptoms and disability was 28.15, demonstrating clinical significance as exceeded the MCID of 10 points.

OCCUPATION-BASED INTERVENTIONS

0-3 WEEKS • Respect pain and aware of inflammation
 • Independent in ADL's with modifications & precautions
 • Sling 24/7 except grooming and exercise

3-6 WEEKS • Slow regain in AROM
 • A crucial time point for motivating patients to apply physical improvements to functional performance

6-12 WEEKS • Most significant improvement in AROM
 • Empowering patients from basic grooming activities to household chores (ADL-> IADL)



12 weeks after RTSA

CONCLUSION

This study identified crucial components for grading training activities and guided occupational therapists in enhancing functional performance, emphasizing the importance of early, intensive rehabilitation in empowering patients to engage in daily activities.

Pilot Analysis of Risk Drill: Supplementary Training for Newly Recruited Occupational Therapists in Community Psychiatric Service

Cheung CCJ(1) & Ho CM(1)
(1) Occupational Therapy Department, Tai Po Hospital

Background

Occupational therapists (OTs) form about 20% of the Community Psychiatric Service (CPS) workforce in the Hospital Authority (HA) and are core members of the service. Alongside generic case management, OTs deliver discipline-specific interventions that support recovery in daily living, vocational functioning, and social participation.

Most newly recruited OTs enter CPS with only one year of in-patient psychiatric experience. To qualify as Case Managers (CMs), they complete the six-month Multi-professional Case Management Program (MCMP) jointly offered by the Institute of Advanced Allied Health Studies and the Institute of Advanced Nursing Studies. While MCMP establishes essential competencies, **many new OTs report practical difficulties in emergency response**, drug supervision, documentation, and translating occupational therapy (OT) interventions into community contexts.

To address these gaps, a monthly Risk Drill was launched in June 2025 at Tai Po Hospital (TPH) and North District Hospital (NDH), later extending to the TPH in-patient service. This structured training uses **case presentation, peer discussion, and simulation** to strengthen Resident Occupational Therapists' (ROTs) preparedness in clinical emergency handling and risk prevention.



Peer Discussion



Simulation

Figure 1. Key Component of Risk Drill

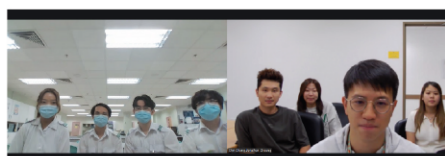


Figure 2. Image of the Training Session

The objectives of this study are as followings.

1. To evaluate the **user experience** of the Risk Drill program.
2. To identify gaps between existing training and actual clinical needs by collecting feedback from junior OTs and supervisors.
3. To inform the design of supplementary training for new CPS recruits.

Methods

ROTs and senior staff completed a post-session survey. Beyond demographic data, the survey **assesses achievement of objectives**, including risk identification, integration of protocols, clinical reasoning in emergencies, and compliance with reporting systems; rates the **effectiveness of group discussions and simulation** using a 5-point Likert scale; and collects **qualitative feedback** on participants' experiences, training gaps, and suggested improvements.

Results & Findings

21 responses were collected: 14 ROTs and 7 APOTs or above, of which 11 were first-time participants and 14 were not currently in CPS practice. Participants unanimously reported improved competence in clinical emergency handling and risk prevention.



of respondents agreed that the **session achieved its objectives**



average effectiveness rating of **group discussion**



average effectiveness rating of **simulation**

Figure 3. Highlights of Feedback Collected

Qualitative feedback described the training as comprehensive, noting that involvement of in-patient staff fostered broader perspectives and richer discussion. Participants valued **the opportunity for mental rehearsal** compared with passive guideline review.

Conclusion

The pilot evaluation indicates that Risk Drill **provides a positive learning experience**, enhancing ROTs' preparedness for risk management in CPS settings. Both group discussion and simulation emerged as core components of its effectiveness. Additionally, participants **benefited from peer learning** and increased awareness of blind spots in clinical reasoning.

However, due to the small sample size and limited qualitative data, this study could not fully identify training gaps between existing programs and clinical practice. Future evaluations should employ **refined questionnaires and larger cohorts** to better inform supplementary training for new CPS recruits.

E-Poster 25-P-032

Enhancing Aging-in-Place for Older Adults with Cognitive Impairment: An Occupational Therapy-Led Model Integrating Gerontechnology and Medical Social Collaboration.

Carrie Tang (1), Cheung TY (1), Chan WY (1), Lam CM (1)
(1) Occupational Therapy Department, Tuen Mun Hospital



Introduction

The ICM - Case Management (CM) program provides transitional and integrated support services to high-risk patients aged 60 or above upon discharge. Within the ICM-CM program, incidents from cognitive decline such as forgetting appointments and difficulties in adhering to medication schedules were frequently observed. With progressive cognitive decline, dementia-related memory impairments can significantly disrupt daily functioning. Therefore, this pilot initiative aimed to enhance patient safety and support in community living.

Methods

The holistic support system for patients with cognitive impairment integrated teamwork among individuals, families, and organizations to achieve common objectives through gerontechnology prescriptions, increased family engagement, and strengthened medical social collaboration.



Coordination of Early
Transitional Care Service
Upon Discharge



Remote Family
Monitoring



Other Social Services Collaboration
Such as medication reminder telephone
services, transitional volunteer home support,
funded gerontechnology initiatives and carer
support programs.



Gerontechnology

Supporting Device



Fall Detection & Tracking Device

Surveillance Technology



Alarm System for Medication or Cooking

Results

An evaluation of the service model from April 2023 to June 2025 recruited 19 eligible patients with neurocognitive disorders or memory complaints who lived alone or had limited support

84% of the patients were prescribed supportive devices to enhance safety in cooking, medication management and outdoor activities e.g., shopping and social engagement. Of the 84% of patients with identifiable family support, 50% had surveillance devices arranged; all of these cases reported prevented home accidents. However, 12.5% of patients declined support, and 37.5% of family members refused to assist or arrange surveillance. For patients without family support, timely referrals to long term care assessment, community support services or other community initiatives were arranged.

Following the program, the average HK-MoCA score increased to 11.7, with 47% of patients showing improvement, 37% remaining unchanged and 16% with deterioration. Functional scores on mBI and Lawton IADL Scale also improved. Additionally, incidents of missing dose observed were reduced.

Conclusion

The strategic integration of gerontechnology within a coordinated, multidisciplinary framework significantly enhances the capacity for safe aging-in-place among cognitively impaired older adults.

Huangtu Occupation Study: Enabling occupation performance for health and well-being in community OT

Chiu, ML Teresa, Huangtu Occupation Study Group

Background

- Community occupational therapy can help people who experience difficulties in doing occupations (將生活事情做好).
- Effective community OT is built on solid professional reasoning. Yet, there are conceptual gaps of professional reasoning between the East and the West as well as the English and Chinese languages.
- Huangtu Occupation Study (黃土學說 Huangtu OS) aims to address the conceptual and linguistic gaps by providing a culturally relevant professional reasoning tool written in Chinese for use in Chinese-speaking communities.
- This paper will highlight the core concepts of Huangtu OS in community OT.

Methods

1. Conceptualization of OT terms written in Chinese that support effective professional reasoning.
 - Using a re-contextualization approach, the meaning of each English OT term was deconstructed, how the term is expressed in the Chinese culture was identified, and the OT concepts was reconstructed in Chinese language.
2. Historical literature review of OT literature and textbooks published in China.
 - The relationship of the authors and occupational therapy, the content source of English literature and textbooks, and the missing links of professional reasoning were analyzed.
3. Evaluation of the impact of using Huangtu OT terms and professional reasoning in practice and education.
 - How occupational therapists reflected on the process and outcome of enabling occupational performance of the clients was analyzed. The way educators use professional reasoning in course design, curriculum development and teaching methods were examined.

Findings



心想事成有動力

- Refers to the understanding of the inner drive that supports a person to do daily occupations well (將生活事情做好).
- By situating the volition (內在做事原動力) of a doer (做事的人) within the context (做事處境) of meaningful occupations (要緊的事情), OTs gain an in-depth understanding of the occupational performance (生活本事) of the doer, the difficulties he/she encounters and the potential to change.

并肩而行靠互信

- Refers to the development of a collaborative relationship (協作共創) with the doer to address the occupational performance problem of the chosen occupations.
- Based on mutual trust (互信), the doer develops the confidence to try new ways of doing the chosen occupations.
- The collaborative relationship throughout the therapy supports the doer to perform the chosen occupations satisfactorily.

做事就是治療中

- Refers to the process of doing occupations (做生活事情) in therapy that results in an improvement of occupational performance.
- Throughout the process, OTs a) facilitate the doer to make decisions that energize him/her to do occupations, b) monitor the dynamic transaction between the occupational context and occupational performance that impacts the occupational performance, and c) modify the therapy based on the changes of the doer's volition and the ability to do.

Conclusion

- Huangtu OS provides a set of Chinese OT terms that support the professional reasoning of occupational therapists who serve Chinese-speaking communities.
- Using Chinese professional terms to communicate and think with Chinese-speaking doers supports us to identify effective solutions that are culturally appropriate.
- Occupational therapists in Hong Kong can use the terms to explain what we do and why we do so to diverse stakeholders in the community.
- The Huangtu OS can serve as a sound professional reasoning tool to enable occupational performance for health and well-being through occupational therapy.

INTEGRATED DANCE PROGRAM ON FALL PREVENTION AMONG COMMUNITY-DWELLING OLDER ADULTS

By Yim WC, V¹, Kwok YY, Crista², and Wu ST, Cynthia³

¹HK Registered Occupational Therapist, Centre for Community Culture Development, Hong Kong

²US Board Certified Dance/Movement Therapist, American Dance Therapy Association, Hong Kong

³Associate Professor, Department of Nursing, Hong Kong Adventist College, Hong Kong



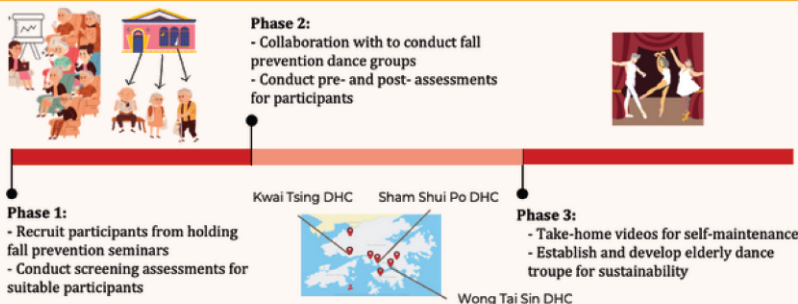
BACKGROUND

The growing aging population in Hong Kong has increased the demand for community care programs to prevent falls among older adults. However, the majority of studies conducted on fall prevention have been done overseas, focusing primarily on either physical or psychological outcomes, with limited evaluation of their combined effects. From recent meta-analysis and systematic review, the studies were also controversial. Some supported dance interventions combines rhythmic motion with physical, emotional, cognitive, and social benefits, improves balance, gait, strength, and flexibility (Li et al., 2024), but some counter proposed the evidence didn't support dance as an alternative to strength and balance training for fall prevention (Lazo et al., 2024). However, scholars both suggested dance intervention is multifactorial intervention, which is a low-cost, easily accessible option to addresses physical, cognitive, and emotional aspects of health for older adults (Lazo et al., 2024; Nieciecka et al., 2023).



Therefore, a community-based fall prevention program integrating occupational therapy and dance movement therapy was launched in the local community. This approach aimed to address both physical and psychological changes, exploring health outcomes among older adults in the Hong Kong context. The program facilitated physical exercises, rhythmic dance movements, sensory experiences, and well-being awareness of body and mind. A total of 230 community-dwelling older adults participated in the dance groups. The study aimed to evaluate the effectiveness of this integrative fall prevention program.

Dance Prevents Fall



Integrated dance, dance & movement therapy, and physical exercise

METHODS

To maximize the effects of fall prevention, an integrative and holistic approach combining occupational therapy, dance and dance/movement therapy was implemented. This approach included physical training, increased body awareness through sensory stimulation, and enhanced psychological well-being. Additionally, the dance choreography incorporated social and emotional expressions, body-mind elements of dance therapy, and take-home videos for participants to practice at home. A total of six fall prevention groups were implemented for community-dwelling older adults through collaboration with District Health Centers (DHCs). Recruitment for the program was conducted via fall prevention seminars by occupational therapist organized at the DHCs. Each group participated in a ten-session dance-based program, and it was sustained as a community dance troupe after the program.

The study employed a pre- and post-test design with paired dependent groups. Physical health outcomes were measured using the uni-pedal stance (Balance) test and the Timed-Up & Go (TUG Mobility) test. Psychological outcomes, such as fear of falling and well-being, were assessed using the revised Fear of Falling Questionnaire (FFQ-R) and the 5-Item World Health Organization (WHO-5) Well-Being Index, respectively. Descriptive analysis, paired-sample t-tests, and Wilcoxon tests were used to evaluate the effects of the integrated dance program on mobility, balance, fear of falling, and well-being.

RESULTS AND FINDINGS

The balance test (bilateral uni-pedal test) scores were significantly higher ($p < 0.001$) after the program, while mobility, measured by the Timed-Up & Go (TUG) test, also improved significantly ($p < 0.001$). The Wilcoxon test revealed that the fear of falling scores were significantly reduced ($p < 0.001$), and the state of positive well-being (WHO-5) was significantly enhanced ($p < 0.001$). This study contributed valuable knowledge and evidence regarding the effects of integrated dance and dance/movement activities on fall prevention among older adults.

CONCLUSION

The findings of this study indicate that the integrated dance program positively impacted mobility, balance, fear of falling, and well-being in older adults. Future studies employing experimental designs with control groups are recommended to increase the generalizability of these findings.

KEYWORDS: Fall prevention; Dance; Dance movement therapy; Mobility; Balance; Wellbeing

Main Reference:

- Lazo Green, K., Yang, Y., Abaraogu, U., Eastaugh, C. H., Beyer, F. R., Norman, G., & Todd, C. (2024). Effectiveness of dance interventions for falls prevention in older adults: systematic review and meta-analysis. *Age and Ageing*, 53(5), Article afae104. <https://doi.org/10.1093/ageing/afae104>
- Li, Y., Wang, Z., Li, J., Yang, H., & Fang, Z. (2024). The effects of dance interventions on reducing the risk of falls in older adults: a network meta-analysis. *Frontiers in Public Health*, 12, Article 1496692. <https://doi.org/10.3389/fpubh.2024.1496692>
- Nieciecka, A., Cylis, D., Pasek, K., & Kędziora-Kornatowska, K. (2023). Dance as an Element of Prevention and Treatment of Falls, Depression and Dementia in the Geriatric Population. *Journal of Health Study and Medicine*, 2023(1), 73-86. <https://doi.org/10.2478/jhsm-2023-0005>

Publication

