



**拓展醫療社會科學專業領域**  
**PUSHING FRONTIERS IN**  
**HEALTH AND SOCIAL SCIENCES**

# 醫療及社會科學院新生 高考平均分數成績斐然 FHSS Freshmen's Average AL Scores Top PolyU Again



**醫**療及社會科學相關的專業備受社會重視，吸引到越來越多有理想有衝勁的年青人加入，成為醫療社科專業人員。今年醫療及社會科學院所有新生的高級程度會考平均分數，均創紀錄性新高，遠超理大的最低入學要求。而新入讀康復治療科學系的物理治療及職業治療，以及醫療科技及資訊學系的放射學及醫療化驗科學的新生，平均高考成绩更名列前茅。

For the second year running, the average AL scores of new students on FHSS undergraduate degree programmes were the highest of all freshmen at The Hong Kong Polytechnic University

(PolyU). This academic year, the average AL scores for four FHSS programmes — Physiotherapy, Occupational Therapy, Radiography, and Medical Laboratory Science — were ranked the highest of all undergraduate programmes at PolyU, compared with two FHSS programmes last year (Physiotherapy, and Occupational Therapy). In addition, the trend of rising academic standards of candidates in recent years continued, with the average AL scores for all FHSS programmes increasing to their highest ever.

## 高級程度會考平均分數 Average AL Scores

政府資助學士學位課程 UGC-Funded Undergraduate Programme	2010-11	2011-12
物理治療科學系 Physiotherapy	15.4	16.3
職業治療科學系 Occupational Therapy	14.2	15.6
放射學 Radiography	13.0	14.9
醫療化驗科學 Medical Laboratory Science	12.2	13.2
眼科視光學 Optometry	11.6	12.5
社會工作 Social Work	11.5	11.8
社會政策及行政 Social Policy and Administration	10.9	11.4
應用社會科學 Applied Social Sciences	10.9	11.3
護理學 Nursing	10.0	10.8
精神健康護理學 Mental Health Nursing	9.9	10.7
生物醫學工程 Biomedical Engineering	9.9	10.2

# 醫療及社會科學院學院會 為會員默默耕耘 Students Working Behind The Scenes for Students



**11**位來自不同學系/學院、不同學科的年輕人，他們於「上莊」前大家都素未謀面，然而卻為著一個共同目標而走在一起，就是希望成功營運第18屆醫療及社會科學院學院會，團結來自不同學系的同學。

媒體描繪生於80年代及90年代的年青人，即所謂的八十後、九十後，往往都是自私自私、不負責任及對著幹。但這些負面的形容，就肯定不適用於這群自發加入學院會服務同學的年輕人身上。這班年輕小伙子能夠成為學院會幹事，其實需要經過「過五關，斬六將」的程序，首先上一屆學院會幹事會對他們進行面試，接著要於諮詢中即場回應會員的提問，經過會員投票，才能成為學院會的「莊員」。

醫療及社會科學院所有學系一向以功課繁忙，實習又多而見稱，這班學院會幹事於應付繁重會務的同時，其實亦要兼顧學業及實習，所以能夠聚在一起商議學院會事務的時間不多。他們往往於完成一天的課程及實習後，還要帶著疲憊的身軀回校討論學院會的活動，通宵達旦。學院會主席張盈笑說：「見莊員的時間，比見自己家人的時間還要多呢！其實家人亦曾經反對我參與學院會活動，覺得這份『兼職』更像我的正職，擔心會影響學業。幸而當我與他們分享會務上的每個開心經歷後，家人都改變態度，非常支持我繼續為學院會打工！」阿盈指出，「上莊」的經驗除加深各成員間的情誼外，更令個人成長，加強了溝通說話技巧，以及創建多角度思維以解決不同的問題。

學院會現在正忙碌籌備每年一度的歌唱比賽，以及年度晚會等活動。

**E**leven youngsters from different disciplines at different FHSS departments and schools recently came together to achieve the same goal: to successfully run the 18th Faculty of Health and Social Sciences Students' Association (FHSSSA), despite most of them not knowing one another, to help all FHSS students gain the most out of their university life by encouraging friendship and support among them.

The mass media portray the post-80s and -90s generations as arrogant, selfish, irresponsible and confrontational, but these attributes do not apply to the 11 students, who now call themselves 18-PLUS. They had to work hard to compete against other candidates vying for the FHSSSA positions, including getting shortlisted and interviewed by the outgoing 17th FHSSSA officers. They are busy with their studies and yet they are willing to devote much of their spare time to attend to matters that affect the association and its members. Most of them have classes and off-campus placements during the daytime, but they often return to PolyU afterwards to meet and organise activities before setting off home at around midnight. "We seldom see our families now," Miss Cheung Ying, President of the 18th FHSSSA, admitted. "My parents were unhappy about my becoming an officer of the students' association. They were worried it could affect my studies. But when I told them about my positive experiences, they now really support my role." Apart from laying on events and helping members, the officers themselves have gained not only more friends, but better interpersonal, problem-solving and communication skills.

The FHSSSA is now preparing a singing contest and an annual dinner for members.



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# 「光學離焦」鏡片有效減慢近視

## New DISC Lens Shows Promise in Slowing Shortsightedness

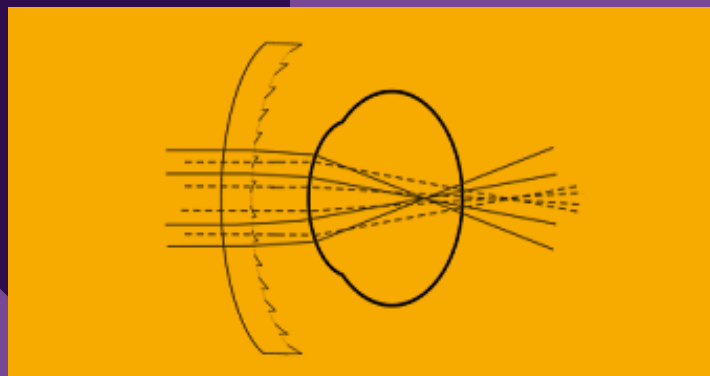
**相**信患有近視的人士都會認同，近視的確會於生活上帶來許多不便。近視的成因，可歸納為先天性遺傳，以及後天環境因素所致。現今暫時還未有醫學技術可以減慢近視的加深，但由理大眼科視光學院杜嗣河教授及林小燕教授領導的團隊，相信可於這方面帶來突破性的發展。

杜教授及林教授的研究團隊經過兩年的不斷臨床試驗，發明了一款「光學離焦」(DISC) 隱形鏡片，於全球首次的臨床測試結果顯示，這款鏡片能有效地放緩50%參與實驗的香港學童(8至13歲)的近視加深速度。這項嶄新發明更於今年第39屆日內瓦國際發明展上，榮獲大會頒發特別大獎及評審團嘉許金獎。

杜教授及林教授於早期以小雞作實驗，研究小雞眼睛的自然回饋機制，亦可理解為「正視化現象」，即環境因素如何改變眼睛的體積及形狀發展，以致影響眼睛將接收到的影像投射到視網膜的過程。團隊發現，如果將近視度數的鏡片放於小雞的眼睛前面時，小雞的眼軸會變長及形成近視；相反，若將遠視度數的鏡片放於小雞眼睛前面時，小雞的眼軸會變短及形成遠視。這個有趣的發現，啟發團隊作出一個合理性假設，就是如果將近視鏡及遠視鏡結合於同一個鏡片上時，兩種鏡片會影響小雞的眼球成長。經過不斷的研究，團隊證實了這個推想，並繼而將這款二合為一的鏡片應用於近視患者身上，以控制近視加深。

多數患有近視的人士，其眼球普遍比較長，眼睛接收到的影像只能聚焦於視網膜前方，影響腦部作出正確分析，以致最後看到的影像模糊不清。患者需要配戴一副適合的「負數」眼鏡或隱形眼鏡，將眼睛接收到的影像聚焦到視網膜一點上，以糾正視力。相比之下，杜教授及林教授團隊研究出的「光學離焦」多區域雙光軟性隱形鏡片，則由「正數」的矯正區域 (corrective zones)，以及「負數」的離焦區域 (defocus zones) 結合而成，令影像同時置於視網膜之上以及其前方，讓大腦接收各個視覺距離的正向光學離焦訊號，不但為使用者提供清晰舒適的視力，亦同時有效地減慢近視度數的增長。

為優化「光學離焦」鏡片的設計，團隊將於未來的日子繼續研究以找出視網膜上較易受離焦影響的部份，以及評估長時間佩戴該鏡片所帶來的影響。杜教授及林教授亦期望「正視化現象」及離焦機制可以應用於減慢遠視的加深，為更多視力問題帶來解決方法。



Myopia, which has huge health and economic consequences, is a result of genetic and environmental factors. Clinical methods that can retard myopia progression are rare. An award-winning invention by a team led by Profs To Chi-ho and Carly Lam from PolyU's School of Optometry (SO) may turn out to be one. Lasting two years, the first-ever clinical control trial of their prototype Defocus Incorporated Soft Contact (DISC) lens showed that myopia progression was slowed in 50% of their wearers, who were Hong Kong schoolchildren aged 8 to 13 years.

The DISC lens, under the project "A Novel Optical Method for Retarding Myopia Progression," won a gold medal with the jury's commendation as well as the grand prize of the Technical University of Cluj-Napoca, Romania, at the prestigious 39th International Exhibition of Inventions of Geneva this April. The invention was inspired by research on emmetropisation of chicks' eyes, or the innate process in which chicks' eye growth in terms of size and shape is influenced by the optical inputs they receive from their environment so that the images received are eventually focused at the retina. The axial lengths of chicks' eyes increase if they are reared with their eyes covered by a 'minus' lens that focuses images beyond the retina, while the axial lengths become shorter if they are covered with a 'plus' lens that focuses images in front of the retina. The SO team decided to see whether combining both types of lenses in one lens could control eye growth in chicks to be normal. After this was proven, they wanted to investigate whether such a lens could hinder growth in axial length in humans with myopia.

In the commonest type of myopia in humans, the eyeballs are abnormally long and so images of distant objects are focused in front of the retina unless the person wears the right 'minus' lenses in the form of spectacles or contact lenses, which are usually single-vision and focus images at one focal point (at the retina). In comparison, the DISC lens is a multizone bifocal soft contact lens. It has 10 concentric zones, which alternate between a 'minus' corrective zone that focuses images at the retina of the myopic person, and a 'plus' defocus zone that focuses images in front of the retina.

Further clinical trials will be conducted to find out which areas of the retina are more susceptible to optical defocus and to optimise the design of the DISC lens, as well as to evaluate the effects of wearing DISC lenses over a longer period of time.

It is hoped emmetropisation and optical defocus can also be utilised to retard the progression of other refractive errors such as far- or longsightedness.





## 護理學院積極推動 香港學校護士發展 Improving Children's Health and Development Through School Nursing

**作**為一個年青人，相信你在成長中一定有遇到許多煩惱。於身體、心理及社交各方面的成長過程中，你都會有許多「心思」的疑問，當「遇疑難」時，你又會想與誰分享呢？當患上疾病時，甚麼人才可以幫到忙？要妥善處理現今兒童及青少年的健康問題，我們絕對需要倚賴多方面專業人員結合的團隊力量方能成事，其中當然包括學校護士。

由理大護理學院世界衛生組織社區健康服務合作中心主辦，國際駐校護士會、香港學校護士學會及世界衛生組織西太平洋區域辦事處合辦的「第十六屆國際駐校護士雙年度會議2011」，已於2011年7月26日至29日假理大校園舉行。是次會議主題為「駐校護士的角色：推行循證實踐，迎接全球化挑戰，倡導政策制定」，提供一個平台讓超過300位醫護人員、政策制定者、社會工作者、學校校長、老師及學者互相交換意見，從而了解不同國家和文化，尤其是大中華和東亞地區有關學童和青少年健康的議題。大會更於會後安排參加者外訪，參觀四間學校，以了解香港學校護士的發展及工作。

於會議舉行前，理大護理學院助理教授李麗棠博士於7月21日與公眾分享其於學校護士的研究結果。李博士表示，學校護士起源於美國，已有100年歷史，而該專業在香港鄰近國家如日本、韓國、台灣等亦已發展了幾十年。學校護士原本的職責只是在學校看護身體不適的學生，以及為家長提供專

業的護理醫療的建議。然而隨著時代及環境轉變，美國護士學會於2008年為學校護士重新定位，指出學校護理是一門專業護理工作，除在學校為學生提供護理醫療服務外，亦關注學生的身心發展，於有需要時即時介入解決學生實際和潛在的健康問題。學校護士亦會與不同範疇的專業人士進行跨專業合作，提高學童自我管理和自我增值的能力。

有見學校護士於本港未成氣候，護理學院世界衛生組織社區健康合作中心轄下的「香港校園健康促進聯盟」，聯同於2010年成立的「香港學校護士學會」，致力協助學校制定健康校園政策及推廣健康教育，積極倡議學校護士的發展，並於過去數年，針對香港學校護士的情況以及其職能作出多項研究。研究結果顯示，有超過80%學校贊成駐校護士的安排，而約有90%的學校認同學校護士更能勝任制定及推廣健康校園政策的工作，而有50%學校亦反映在制定及推廣健康校園政策遇到困難。

為證實學校護士所帶來的正面影響，李博士於過去五年與青衣區的東華三院黃士心小學合作，推行「駐校護士學童服務計劃」及「學童體重管理」課程。參與學校教師、學生及家長均對學校護士在校園推行健康教育及提供護理服務所擔當的角色給予肯定，當中尤對學校護士在「提供預防疾病及健康資訊」、「改變生活壞習慣」、「提供基本護理」及「減少吃零食」四個範疇最為被受訪者所認同。

李博士亦曾與現正於不同學校擔當護士工作的一班專業人員訪談，歸納出他們被委派執行的職務五花八門，角色含糊，大致上可將工作性質定性為七類：健康照顧者、健康輔導員、健康教育者、健康轉介者、健康指揮者、健康合作者，以及行政工作擔當者。李博士於2009-10的研究發現，由於學校護士受學校架構的限制，而沒有足夠工作時間，只有25%的受訪學校護士認為他們能有效地擔當健康教育者的角色。

李博士表示，香港校園政策制定推廣，以及健康校園政策，是需要專業人士的知識去促進學童健康生活模式及健康教育。她希望教育局及食物及衛生局可以共同合作，攜手支持推行「一校一護士」的安排，從學童的教育及健康着手，使學校護士擔任健康校園政策顧問角色，令學童成為最終得益者。

It's not easy being a teenager. You worry about a billion things you're not sure how to deal with: exams, fitting in, your body, someone you fancy ... Growing up can be tricky physically, psychologically and socially. Oh, and we haven't even mentioned illnesses and infections you might get! The world of child and adolescent health nowadays is multidimensional and requires the cooperation of a multitude of professionals, including school nurses. The interdisciplinary 16th Biennial School Nurses International Conference 2011, which was held at PolyU from 26 to 29 July, attracted more than 300 medical, health and social care practitioners, policymakers, academics, school personnel, and parents to exchange new knowledge, ideas and experiences in child and adolescent health and development from around the world, especially school health in Hong Kong and East Asia.

The conference, themed "The Role of School Nurses: Evidence-Based Practice. Globalisation and Policy Formulation," was hosted by the World Health Organization (WHO) Collaborating Centre for Community Health Services for the Western Pacific Region based at PolyU's School of Nursing (SN) and was jointly organised by School Nurses International, Hong Kong School Nurses Association, and WHO's Western Pacific Regional Office. Visits were also arranged to four schools in Hong Kong that either have a school nurse or incorporated nursing practices to improve their students' nutrition, weight management, and physical activity levels.

In the run-up to the conference, Dr Regina Lee, Assistant Professor at SN, held a press conference at PolyU on 21 July to introduce her research and survey findings over the past five years on the roles of school nurses in Hong Kong. She said Hong Kong lags behind other developed economies in East Asia, such as Japan, South Korea and Taiwan, in the development of school nursing. She pointed out that there are only about 100 school nurses in Hong Kong, most of whom work in private schools, international schools or schools for children with special needs, while hardly any mainstream schools have a school nurse. To address this, the Hong Kong School Health Enhancement Consortium under SN has been partnering with the Hong Kong School Nurses Association to aid local schools to promote health education to their students. A survey Dr Lee carried out this May of all local primary and secondary schools found that more than 80% would agree to have a school nurse stationed at their school, more than 90% indicated that health education at their school would be better if a school nurse were to be responsible for it, while some schools also reported that they had problems in carrying out school health policies.

To illustrate the positive impact school nurses could have, Dr Lee outlined a school nurse project and a weight management programme conducted by SN over the past five years at TWGHs Wong See Sum Primary School. Feedback from the children, their parents and their teachers indicated that the school nurse played an essential part in the weight management programme.

They also recognised the school nurse's efforts to provide health information and basic nursing care, and to help change the children's lifestyle habits and reduce the amount of junk food the children ate.

For schools that do have a school nurse, Dr Lee suggested that their skills and knowledge may not be fully utilised because of constraints from school management structures and workhours. In her survey of school nurses in Hong Kong in 2007, she said the school nurses who responded described the roles they found themselves doing as very wide, from health provider, counsellor, leader, promoter, collaborator, referrer, administrator, to housekeeper.

Dr Lee said that for school health policies to be effective, health education in schools should be designed and delivered by professionals who have the most expertise in the area, namely school nurses. She added that SN supports a "one school, one nurse" policy for Hong Kong and hoped that the Education Bureau and the Food and Health Bureau would make it possible for school nurses to lead the implementation of school health policies.

- 健康照顧者  
Health provider
- 健康輔導員  
Health counselor
- 健康指揮者  
Health leader
- 健康教育者  
Health promoter
- 健康合作者  
Health collaborator
- 健康轉介者  
Health referrer
- 健康倡導者  
Health Advocate



## 服務學習學科

### 實踐所學 建構美好社會

## PolyU Introduces Credit-Bearing Service Learning

「服務學習」是把學科知識及研究，應用於社區服務中，強調「服務」與「學習」連結，作出個人及學術上的反思，達至學習目標的學習方法。而更重要的，就是讓學生在瞬息萬變的社會，懂得思考、判斷、關懷及承擔社會責任。基於服務學習能為學生成長帶來正面影響，來年在334新學制下，理大學生均需修讀三個學分的服務學習學科，為未來踏足社會作好準備。

醫療及社會科學院培養出來的醫護社專才，畢業後大都從事人本服務，及早了解如何從服務對象角度出發，以專業知識為服務對象提供最適切服務尤為重要。因此，醫療及社會科學院轄下各學系，多年前已經舉辦義務性質的服務實踐計劃，或有服務實踐原素的自選學科。

醫療科技及資訊學系副系主任梁錦倫博士及副教授黃文生博士深信學生透過參與社區服務，除可讓他們應用所學外，更可加快他們成長，變得成熟及具責任感。梁博士及黃博士兩人早於七年前已帶領其學系學生籌組義務性質的服務實踐計劃，每年暑假分別到茂名、廣州、東莞、順德、清遠、惠州及肇慶為各地截肢者提供義肢服務，並為腦癱兒童提供矯形服務。計劃更有美國賓夕法尼亞大學 (University of Pennsylvania) 及聖路易華盛頓大學 (Washington University in St Louis) 學生參與。由於計劃對學生學習及成長有莫大裨益，梁博士及黃博士便將此計劃稍作修訂，正式被納入為大學試行服務學習學科之一，更歡迎醫療科技及資訊學系以外學生選修。

過去多年舉辦的服務實踐計劃，學系學生反應熱烈。梁博士介紹時指出：「每年有十多個名額，讓學生參與跟義肢矯形有關的服務實踐計劃，聯同海外大學之學生，聯袂到內地復康單位為有需要人士提供義肢矯形服務。學生會被分成小組，每小組由不同級別學生及外國學生組成，他們各有崗位，分工合作，為每個個案提供最適切的解決方案，提升服務對象的生活質素。」

明年暑期，計劃便成為有學分之服務學習學科，學生名額會增至15至20個，被問及非義肢矯形學的學生如何融入及參與小組個案時，黃博士笑說：「這正是學科有趣的地方，我深信每人都有個別才能，當成為小組一份子時，要達到特定目標，各人就要擔當不同崗位，發揮個人所長及團隊精神，運用其所學的专业知識，誘發解難能力，組長亦要展現領導才能，這不就時現實社會的縮影嗎？作為導師就要從旁給予意見及支援，學生要準備報告、個案發表、臨床製成品及個人反思紀錄，導師並就著每位同學的崗位及其表現評分。」

過去七年，梁博士及黃博士並肩帶領學生到內地參與義務計劃，他們來年繼續帶領由義務計劃演譯出來的新學科，兩位著實付出不少努力及私人時間，培育專才之餘，更為服務對象帶來不少希望及歡笑。被問到兩位何來原動力，他們不約而同地說，眼見學生從參與中成長，他們從服務領略及實踐溝通技巧、團隊精神、人本管理等，最重要的是他們完成服務後更有自信心，更肯定其專業在社會的價值及貢獻，往往變得更積極學習，最終成為有責任心的社會一員，以專業幫助社會有需要人士，這滿足感就是他們的原動力！梁博士笑說：「學生回到實驗室進行製作時均非常用心，往往不分晝夜地趕工，作為導師，我一定留守在實驗室，有需要時作出指導。」黃博士補充說：「大學推行服務學習學科的目的正是通過學校和社區的合作，把服務活動融入課程，以有系統的參與和過程中的反思產生學習效果，一方面促進學生的成長，另一方面滿足社區的需要，因此，參與雙方皆是互惠的。」

To nurture a stronger sense of personal, civic and social responsibility in students, departments and schools across PolyU have long encouraged their students and staff to work together with non-governmental organisations to help the needy locally or abroad through PolyU's annual Community Service Learning Programme. But what happens if you've got no time to volunteer? Well, from the next academic year in 2012-13 onwards, new undergraduates won't have any excuses. They will be required to serve the community and will earn credits for it through formal service-learning subjects that will form a core component of PolyU's revamped curricula as part of Hong Kong's new 3+3+4 academic structure.







Until then, PolyU has started piloting optional credit-bearing service-learning subjects to current students. One of the pilot subjects to be offered next summer is created by Associate Professors Dr Aaron Leung and Dr Man-sang Wong of PolyU's Department of Health Technology and Informatics (HTI). It will be based on their longstanding community service project providing prosthetic services to amputees and orthotic services to children with cerebral palsy in mainland China.

Dr Leung and Dr Wong have been organising their community service project for the past seven summers, leading groups of HTI students to Maoming, Guangzhou, Dongguan, Shunde, Qingyuan, Huizhou and Zhaoqing in Guangdong province. Students from the United States' University of Pennsylvania and Washington University in St Louis have also participated. The project has proved to be such a hit with HTI students that Dr Leung and Dr Wong have decided to modify it to become a pilot service-learning subject.

Dr Leung said, "We've always received an overwhelming response from students to get onto our project. But we've only been able to offer about 10 places each time. Those who are picked are divided into small teams consisting of a balanced mixture of Year 2 and Year 3 students and students from our partner universities overseas. Each of them takes up a specific role in their team, and each team is responsible for dealing with their assigned cases. The ultimate objective is to improve the quality of life for their 'clients'."

Dr Leung and Dr Wong are firm believers in service learning, which combines community service or civic engagement activities with formal learning and assessments. About 15 to 20 places will be open to PolyU students when their pilot subject "Biomedical Engineering Services for Underprivileged People with Physical Disabilities" rolls out next summer, including those who have never studied prosthetics or orthotics before. When asked if they expect to encounter any difficulties if uninitiated students are admitted to the subject, especially in assessment, Dr Wong said, "This will definitely make things interesting! But I've always believed that everyone has a talent or strength that will make them a valuable team player if they're allowed to use it in a role that suits them. Teamwork has always been key to our community service project, which is like a microcosm of real work

situations. As teachers, we'll provide support and advice to the students when necessary, but we also want them to have enough autonomy so that they can solve problems by themselves by applying the knowledge they've learned at PolyU. In the pilot service-learning subject, students will share their experiences in a presentation session, as well as submit clinical assignments, reports, and a reflective journal at the end."

Like for the community service project, students can also expect to apply their managerial and leadership skills, and to proactively bridge the socioeconomic, cultural and language gaps to fully engage with the different types of participants and end-users in unfamiliar surroundings.

Dr Leung and Dr Wong's community service project would not have been so popular with students year after year if the academics themselves did not possess bags of passion and enthusiasm for it. The two faculty members have devoted much of their spare time and energy to the project. When asked what has kept them motivated all those years, both said they have gained great satisfaction from seeing the students grow more confident and mature through the project and knowing that the project has made lasting positive life changes in the students and in the people they have helped. Dr Leung also admired the diligence of the students. "The students always try their utmost in the project and even work very late to finish their service tasks on schedule," he observed.

Will the success of the community service project translate into success for the new service-learning subject? Dr Wong has no doubts that it will. "Service learning will encourage the students to reflect more deeply about their learning experiences. This will make the connection between theory and practice more obvious in their minds and it'll also strengthen their sense of professional responsibility as future health practitioners. At the same time, they will still be carrying out community service to help the needy and learning about social responsibility as citizens. It's a win-win situation for everyone," he said.



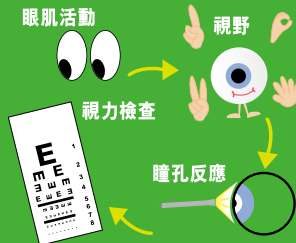
步驟 1  
Step 1

問症  
Case history



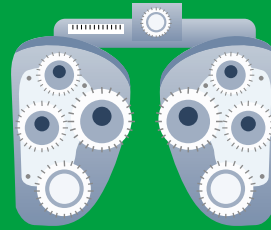
步驟 2  
Step 2

初步驗眼  
Preliminary eye examination  
(confrontation, eye movement, visual acuity, and pupil reaction)



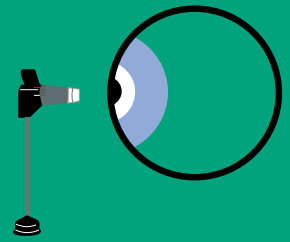
步驟 3  
Step 3

屈光檢查  
Refractive errors



步驟 4  
Step 4

眼壓檢查  
Examination of intraocular pressure



# 理大眼科視光學院「愛心奉獻」義工隊 伸延協作「雪亮眼睛」長者眼科視光 檢查計劃守護更多長者視力 School of Optometry and Squina “Loving Heart” Volunteer Team Extend Eye Check Project for Elderly

視力對任何年齡人士同樣重要。理大眼科視光學院一直在社會各階層推廣眼睛護理，為市民的眼睛健康作出貢獻。學院與雪肌蘭「愛心奉獻」義工隊於合辦「雪亮眼睛」長者眼科視光檢查計劃，首階段計劃已於2010年10月展開，為500名來自保良局的長者進行全面的眼科視光檢查，理大眼科視光學院亦會定期舉行眼睛健康講座，提升長者對眼睛健康的關注，認識正確的護眼方法，以及分享常見眼疾的問題與治療，讓長者明白於社區中有關眼睛護理的資源。由於計劃反應熱烈，雙方將延伸這項饒富意義的協作計劃。

該延伸計劃再次獲得「愛心奉獻」基金支持，額外多為2,500名保良局旗下安老單位的長者提供綜合眼科視光檢查服務，及早診斷眼疾成因，如糖尿病視網膜病變、青光眼及白內障等，並且提供合適的跟進、轉介和建議。

計劃早前於5月30日舉行延伸協作發佈會，除宣佈有關詳情外，理大眼科視光學院助理教授張銘恩博士更分析計劃首階段共394名長者眼睛健康情況及常見的眼疾。在統計資料中發現，65.5%長者表示在出現視力問題時才接受眼科視光檢查(例如飛蚊/閃光、眼乾症等)。即使有部份長者知道自己有某些視力問題，22%長者

未有為此而檢查眼睛。反觀其他曾接受眼睛檢查的長者，20.8%曾進行白內障摘除手術，2.6%曾接受眼疾有關的治療。

張博士指出屈光不正不是視力障礙的主要原因，佩戴適當屈光度數的眼鏡，可大大減低視力障礙的情況。在檢查中發現，34.3%病人遠的慣常視力及24%的近慣常視力低於正常水平。但經過適當的屈光不正矯正後，只有9.8%遠視力低於正常水平及3%近視力低於正常水平。至於無法矯正的視力障礙，主要原因是白內障(43.3%)、角膜異常(14.8%)、青光眼(13.1%)、黃斑點退化(8.7%)及糖尿病視網膜病變(5.3%)。

張博士強調眼睛及視力健康對任何人都一樣重要，而長者因為生理機能轉變關係更需要特別留意，透過定期接受綜合眼科視光檢查能協助市民及早發現一些可治療的眼疾。若發現長者有任何眼疾的症狀，眼科視光師可轉介長者到專科醫生作進一步檢查，或接受及時的治療。張博士指出長者擁有良好視力，不但有助提升生活質素，更可避免不必要的意外發生。

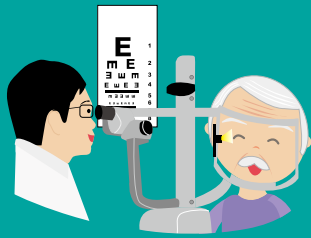
學院並獲梁智鴻醫生親臨支持這項推動基層眼睛健康的計劃，並讚揚計劃結合教育界、商界及社福界力量，締造健康及快樂和諧的社會。

As a result of the success that met their original “Comprehensive Eye Check Project for the Elderly,” which ran from October 2010 to May 2011 and provided primary eye care to 500 needy elderly from Po Leung Kuk Elderly Centres and community-based ocular health awareness seminars to some 1,000 other elderly, PolyU’s School of Optometry (SO) and Squina “Loving Heart” Volunteer Team announced in a special ceremony on 30 May at PolyU that they would be extending the project with the continued generous support of “Loving Heart Fund.” The extension will last for about three years and benefit an extra 2,500 elderly people from the elderly centres.

The importance of having regular comprehensive eye exams to prevent unnecessary deterioration of vision, especially in the elderly, was emphasised at the ceremony by Dr Allen Cheong, Assistant Professor at SO. She presented clinical findings of 394 elderly patients who had their eyes checked in the original project from October 2010 to May 2011. She revealed that 65.5% of patients undertook the eye exam because they had vision-related problems like floaters, flashes, or dry eye. Although some patients knew they had vision problems, 22% of patients have never had any eye exam before. For patients who have had a previous eye exam, 20.8% had already undergone cataract surgery and 2.6% had received medical

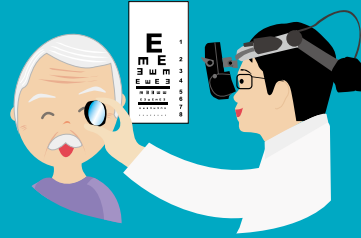
## 步驟 5

### 眼睛前端健康檢查 Anterior ocular health assessment



## 步驟 6

### 眼睛內部健康檢查 Internal ocular health assessment



## 步驟 7

### 專業意見 Consultation and recommendation

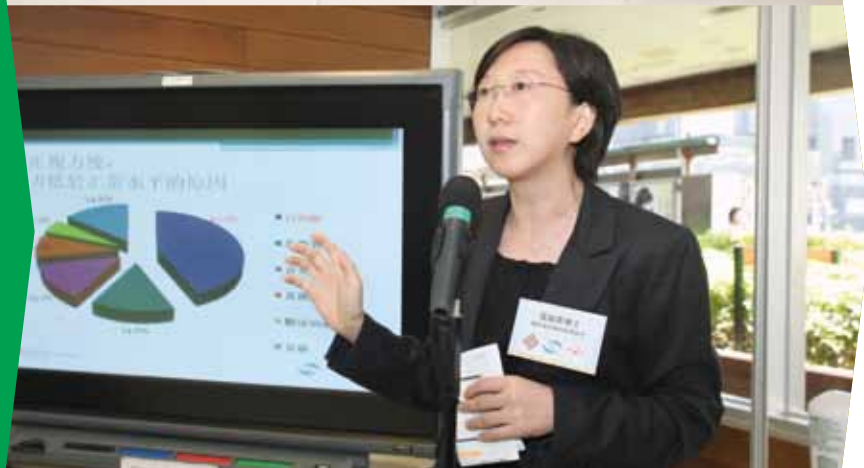


treatment for glaucoma, macular degeneration, or diabetic retinopathy.

Dr Cheong revealed that uncorrected refractive errors (myopia, hyperopia, and astigmatism) were the main cause of visual impairment. Of those with uncorrected refractive errors, 34.3% had subnormal habitual distance vision and 24% had subnormal habitual near vision. However, after their spectacles were fitted with newly prescribed lenses to correct their refractive errors, only 9.8% had subnormal distance visual acuity while 3% had subnormal near visual acuity. These subnormal vision was found to be caused by visual impairments that cannot be corrected by the use of lenses, such as cataract (43.3%), abnormalities in the corneas (14.8%), glaucoma (13.1%), macular degeneration (8.7%), and diabetic retinopathy (5.3%).

Dr Cheong said ocular health is extremely important for everyone and especially so for the elderly, who have a higher risk of developing eye problems like age-related macular degeneration, glaucoma, and cataract. Comprehensive eye check-ups every year or so can help to spot and manage symptoms of eye diseases and eyesight deterioration at an early stage before they develop into a more serious state that could lead to permanent vision loss. She added that not only does good vision improve the quality of life for the elderly, but crucially it helps them to avoid accidents and falls due to poor eyesight.

In line with professional optometric practice, PolyU's optometrists will refer elderly patients who are judged to need further specialist tests or treatment to appropriate types of health professionals. Dr the Hon Leong Che-hung, the then Chairman of Hong Kong's Elderly Commission who was the guest of honour at the special ceremony, said he was delighted to see the commercial, social welfare and education sectors work together through the project to promote a caring culture and inclusive society.





**理**大康復治療科學系的李曾慧平教授、鄧健聰先生、黃淑文女士、方乃權博士、廖佩儀博士及蕭敏康博士團隊，於2010年獲頒發理大教學團體獎，同學系的副教授彭耀宗博士同時亦獲頒授2009至2010年度學院特設傑出表現個人成就獎，表揚他多年來對復康學術研究的貢獻。透過「健訊」專訪，彭博士表示是次獲獎喜出望外，得到學院的認同，督促他未來的研究工作要做得更好，亦藉此感謝家人及同事們多年來的支持及鼓勵。

畢業於加拿大埃德蒙頓亞伯特大學並取得物理治療學士學位及腦神經科學哲學博士學位的彭博士，曾於加拿大溫哥華英屬哥倫比亞大學進行中風康復研究。於2005年加入理大後繼續研究長期病患者的骨質疏鬆問題。

彭博士說：「骨質疏鬆是中風患者忽略的問題。中風後身體機能衰退，肌肉力量變弱而易導致弱肢體骨質流失。如患者因失平衡而跌倒，疏鬆的骨質更易受傷骨折。」

彭博士表示：「病人多因行動不便而傾向進行靜態活動，而長期欠缺負重運動鍛鍊會加速身體機能衰退、肌肉變弱及骨質流失。如因跌倒受傷而骨折，康復進度亦比一般病人較緩慢。」

研究亦證實，如能定期針對性地適量鍛鍊弱側肢體，例如利用跑台運動訓練作為負重運動訓練或全身震動治療技術都有助保持骨質密度。如使用跑台運動訓練作治療，病者會跟着活動平枱而走動而達致增進肌力、肌肉發展及肌耐力之效果，唯行動不便的病人需要特別配置以協助治療。如採用全身震動治療技術，病者站立在會擺動及震動的平台上，利用人體重量及透過人體全身的震動刺激原理，強化骨骼、保持骨質密度、提升腳部肌肉及感覺功能，從而對姿勢控制及平衡力作出改善。

彭博士對於應用跑台運動訓練，對中風病人作康復治療的效用已有一定的研究成果；但是全身震動治療技術對長期病患者如中風病人的效用就要更多時間去驗證。

彭博士一直以中風人士為研究對象，現正計劃拓闊研究範圍至其他長期病患者，期望能為更多病人改善生活。

## 專訪康復治療科學系副教授彭耀宗博士 Interview with Dr Marco Pang, Department of Rehabilitation Sciences

Staff from PolyU's Department of Rehabilitation Sciences (RS) did very well in PolyU's Faculty/School Awards for Outstanding Performance/Achievement 2009/2010. RS's Prof Cecilia Li-Tsang, Mr Tang Kin-chung, Ms Rebecca Wong, Dr Kenneth Fong, Dr Karen Liu, and Dr Andrew Siu won the team category for Teaching (FHSS), while Dr Marco Pang, Associate Professor at RS, won the individual category for Research and Scholarly Activities (FHSS). "Health News" spoke to Dr Pang about his win.

"I'm really delighted to get this recognition! The award has definitely spurred me on to carry on doing the best that I can. I would also like to thank my family and colleagues for their unwavering support!" said Dr Pang.

Dr Pang, who has a BSc in physical therapy and a PhD in neuroscience from the University of Alberta, Canada, researches neurological rehabilitation, especially of stroke patients, and bone health and fall prevention in compromised populations, particularly neurological patients like stroke sufferers. He joined PolyU in late 2005, after a stint as a post-doctoral fellow at Canada's University of British Columbia.

An example of Dr Pang's research at PolyU is osteoporosis. "Individuals who have had a stroke often develop bone loss on their hemiparetic or weaker side, and they are therefore prone to fragility fractures. Fragility fractures are those that occur when someone falls from standing height or lower. A person with bones of normal density would usually not get a fracture from falling from these heights," Dr Pang said.

"It's because stroke patients often become sedentary because of their physical impairment and therefore their overall physical condition

declines. They experience muscle weakness, functional decline, and bone loss, and these in turn make them very susceptible to falls and fragility fractures. These can also slow down the progress of their rehabilitation," Dr Pang explained.

He added that specially designed exercise regimens, such as those that use a treadmill or whole body vibration (WBV) therapy, could potentially help improve bone mineral density and geometry in stroke patients by taking advantage of their body weight and eliciting a sensory, muscular and skeletal response from their legs to the load-bearing stimuli. On a treadmill, the patient tries to walk as the belt revolves. In WBV therapy, the patient stands on a platform, which oscillates and transmits the vibrations to the patient's legs. This mechanically produced stress combined with the patient's body weight may stimulate various sensory processes, such as those involved in postural control and balance, stimulate the formation of bone, and induce reflex muscle activation in the patient's legs. Thus the use of WBV therapy may potentially improve the patient's sensorimotor functions, bone mineral density, and muscle strength in his or her legs.

Dr Pang has conducted research on the effects of treadmill exercise training on stroke patients. However, he pointed out that although studies on the effects of WBV therapy on older adults exist, research on the effects of WBV therapy on patients with chronic diseases such as stroke is still sparse.

Dr Pang said he plans to carry out more research on individuals with other chronic conditions too in order to help more types of patients improve their quality of life.

# 活齡學院「第三齡進修課程」精彩之旅

## Institute of Active Ageing Mini-U for the Third Age Programme Now in Full Swing!

**研**究結果顯示，成年人如果可以保持積極心境，則有助延遲認知能力的退化。為幫助香港年長人士將積極健康的生活模式變成習慣，醫療及社會科學院轄下的「活齡學院」舉辦「第三齡進修課程」，至今已開辦了六個不同的學分累積制課程。本年度全新的課程包括「中醫保健養生學入門」、「財務及投資策劃入門」，以及於九月中開辦的「心理學入門」。每個課程為三個學分，旨在向學生介紹為第三齡人士而度身設計的入門級理論及實踐，當學生累積到最少九個學分後，即獲理大專業進修學院頒授具認受性的學歷。

活齡學院所辦之課程最精彩之處，不止限於課堂理論。為鼓勵學生擴闊視野，學院更安排30位學生衝出香港，於2010年12月前往中國廣東省參觀考察，安排學員走訪江門市及廣州市內的不同的社會服務組織，更與廣州市嶺海老人大學的第三齡學生交流，探討長者如何透過進修及參與義工服務提升個人自信，擴闊社交圈子，令晚年生活更豐盛。兩地長者學生積極發言，分享學習過程及義工服務的體會。有見反應熱烈，學院於今年11月將會再舉辦交流團。

查詢有關課程資料，請致電2766 7472與黃小姐聯絡，或瀏覽活齡學院網頁：  
<http://iaa.fhss.polyu.edu.hk>

**S**tudies have shown that many adults who keep mentally active can delay a decline in their cognitive functioning as they enter old age. To help Hong Kong's growing ranks of older adults and the aged get into the habit of staying mentally active as part of a healthy lifestyle, the Institute of Active Ageing (IAA), which is hosted by FHSS, began its Mini-U for the Third Age Programme. So far, six part-time credit-bearing courses on various subjects have been offered. In 2011, the subjects were "Introduction to Traditional Chinese Medicine and Longevity," "Introduction to Financial and Investment Planning," and "Introduction to Psychology."

Offered under the Credit Accumulation Mechanism of PolyU's School of Professional Education and Executive Development (SPEED) and conducted in Cantonese, the courses, which bear 3 credits each, introduce students to concepts and practices that are specially contextualised for the older generation. After students accumulate a minimum of 9 credits, they are eligible for an academic award from SPEED.

To broaden students' horizons farther in more ways than one, study tours are a feature of the Mini-U for the Third Age Programme. In December 2010, some 30 students went to Guangdong province in mainland China for a week, where they learned about some of the province's most notable cultural sites and visited several community service organisations in Jiangmen and Guangzhou. The students also met their peers at the Guangzhou Linghai University for the Aged and exchanged experiences and views on lifelong learning, in which many concurred that their self-esteem had improved, their social contact had increased, they had a renewed purpose in life, and they experienced a strong sense of personal satisfaction when helping others as a volunteer. IAA is arranging another study tour to Guangdong for another group of students in November 2011.

For more information on IAA's Mini-U for the Third Age Programme courses and how to apply, please contact Ms Wong of FHSS at 2766 7472 or visit IAA's website at <http://iaa.fhss.polyu.edu.hk>.



# 理大、中大及澳洲悉尼大學合辦 運動醫學及健康科學研討會 PolyU, CUHK and University of Sydney Co-Host “Advances in Sports Health” Symposium

**運**動與許多事情一樣，功多藝熟，熟能生巧。

香港賽馬會運動醫學及健康科學中心及澳洲悉尼大學於2010年12月14日舉行以運動健康為主題的講座，邀請到十位分別來自香港理工大學醫療及社會科學院、香港中文大學醫學院，以及於澳洲享負盛名的悉尼大學健康科學學院的專家，分享最新運動醫學及健康科學的研究。

澳洲悉尼大學 Nicholas O'Dwyer 博士證實，當運動者的動作越熟練時，身體的代謝能力亦會下降。這個現象不但適用於體育運動的研究上，對於日常生活細節亦有所啟示。例如：當消耗同樣的能量時，熟練的工人生產量比不熟練的工人為高；當使用同樣的氧氣的情況下，潛水好手比業餘潛水者能夠逗留於水中更長時間。O'Dwyer 博士指出，人類與其他動物一樣，若然環境中沒有其他催促或拖慢因素，他們均會選擇將活動不緩不急，輕鬆舒服地完成。而肥胖的其中一個成因，就是因為我們吸收的能量超過會使用的能量。

膝蓋的前十字韌帶 (ACL)，對於膝蓋關節的穩定性十分重要。於進行要求急促剎停，或突然轉換方向的運動時，女性比男性更易前十字韌帶受傷。悉尼大學的 Kathryn Refshauge 教授，於研究 ACL 病人的前十字韌帶關節動力學及傷患再次破裂出血的機會時，發現 12% 的 ACL 患者會於重整前十字韌帶後的五年內復發。ACL 患者如果進行跳躍、轉動和突然轉向的動作，以及從事體力勞動的活動時，傷及另一邊膝蓋的前十字韌帶的機會比沒有患處的人士高出十倍。香港中文大學容樹恆醫生指出，若傷及前十字韌帶，則只能透過手術治療。他指出以若以筋腱作雙束雙隧道前十字韌帶 ACL 重建手術，可助患者回復膝蓋轉向的穩定性。

Patrick Brennan 教授曾比較使用不同醫療影像科技，應用於分析炎症時的優點與缺點。由於 X 光只是二維影像，單憑 X 光片分析的話會影響斷症的客觀性，而患者於拍攝 X 光時姿勢亦會影響影像，加上 X 光未能顯示滑膜的炎症，均會影響診斷結果。Brennan 教授嘗試使用立體自動繞軸科技診斷炎症，發現透過虛擬的膝蓋橫切面解剖資料，可以組合出立體電腦影像以助斷症。

香港中文大方迪培教授談及團隊研發的「防足踝扭傷智能運動鞋」如何預防足踝受傷，方教授表示，由於運動鞋的鞋墊內設有感應器，幫助監察足踝動作，並即時計算不同力度的資料，以分析該力度會否令足踝扭傷。當有機會扭傷足踝時，感應器會向腓骨肌肉傳遞電子訊息，透過刺激肌肉停止會造成扭傷的動作。

經常操練球拍類運動、棒球、排球及游泳的運動員，容易患上肩關節衝擊綜合症。理大符少娥博士指出，實時肌肉骨骼超聲波可量度肩峰空間，而肩峰空間與肩袖肌肉有互動關係，藉此協助醫護人員診斷肩關節衝擊綜合症。理大博士生黃錦鴻先生，曾比較香港精英網球選手，以及 2000 年澳洲悉尼奧運網球選手的資料，發現奧運選手不但抽擊速度快，他們的關節移動亦較快，而他們於擊球時的揮拍動作、上半身擺動，以及關節角度亦與香港運動員有所不同。

理大鍾明恩博士分享其對於三個香港地區，年屆 40 至 59 歲成年人的體能分析。鍾博士發現，居於紅磡區的人士身體柔軟度、手眼協調、平衡力及肺容量表現較好，但於心血管功能上則未如理想。鍾博士亦曾比較香港四個地區，60 至 69 歲以及 70 歲以上兩個組別的體適能表現，發現於高入息的組別比低入息的組別表現較好。

最後，理大蔡雪雲女士分享視覺於不同類型運動上的重要性，以及香港賽馬會運動醫學及健康科學中心轄下的運動視覺中心，如何幫助業餘及精英運動員矯正及訓練視覺。其中一個例證為，有一位經過長期訓練但表現仍欠佳的中國國家隊體操運動員，經過眼科視光師矯正其視力後，該運動員於 2008 年北京奧運中奪得金牌佳績。

各位運動愛好者，你們是否正為體壇盛事——香港馬拉松作好準備？希望專家的分享可以幫助你好好備戰！



Ever wondered how it takes less physical effort to do something when you're more experienced than when you were learning to do it, like riding a bike? This was just one question posed in the "Advances in Sports Health" symposium at PolyU on 14 December 2010, which was co-organised by The Hong Kong Jockey Club Sports Medicine and Health Sciences Centre and Australia's University of Sydney (USyd). A total of 10 guest speakers came from FHSS at PolyU, the Faculty of Medicine at the Chinese University of Hong Kong (CUHK), which jointly run the HKJC Sports Medicine and Health Sciences Centre, and USyd's Faculty of Health Sciences, which is the biggest of its kind in Australia.

In the symposium, USyd Dean Prof Gwynnyth Llewellyn introduced her faculty and outlined the types of research being carried out there. Her colleague Dr Nicholas O'Dwyer queried how metabolic energy expenditure decreases when our skill level for a movement increases. This phenomenon has implications not only for sport but everyday life: for the same energy expenditure, skilled workers can make more products than their inexperienced co-workers, while for the same amount of oxygen, skilled scuba divers can stay longer under water than inexperienced ones. He also spoke about the energetics of everyday movements, in which humans and animals prefer to do most motor activities at a comfortable, lowish perceived effort level (or level of metabolic energy expended) if there are no factors hurrying or slowing them. This physiological disposition to conserve energy contributes to obesity if people consume more energy than they use.

The anterior cruciate ligament (ACL) inside the knee is important for knee joint stability. ACL injuries are more common in female athletes than their male counterparts in sports that require sudden deceleration or changes in direction. USyd Prof Kathryn Refshauge looked at the proprioception, kinematics, and chances of re-rupturing the ACL in ACL patients. Among the findings she cited from studies were that, on average, 12% of ACL patients who have had a reconstructed ACL will suffer the same injury again within five years; and that ACL patients who go back to activities that involve jumping, pivoting, sudden changes in direction, or heavy manual work are 10 times more likely to injure the ACL in the opposite knee than those who don't. CUHK's Dr Patrick Yung said an injured ACL can only be repaired by surgery because it cannot heal by itself. He shared with the audience findings from studies that showed double-bundle ACL reconstruction using hamstring grafts was effective in restoring knee rotational stability when the patient performs a pivoting movement, while single-bundle ACL reconstruction was not.

Prof Patrick Brennan of USyd looked at the pros and cons of different imaging technologies to quantify inflammation

in the knee. He said X-rays, being 2-D images, have limitations such as a degree of subjectivity in interpreting them, their dependence on the patient's positioning, and their inability to show inflammation of the knee's synovial membranes. Magnetic resonance imaging also involves subjective judgement of 2-D images. He then described the promising preliminary results of a 3-D axial automated technique, in which a 3-D computer-generated image of the inflammation is created using anatomical data of virtual cross-sections of the knee.

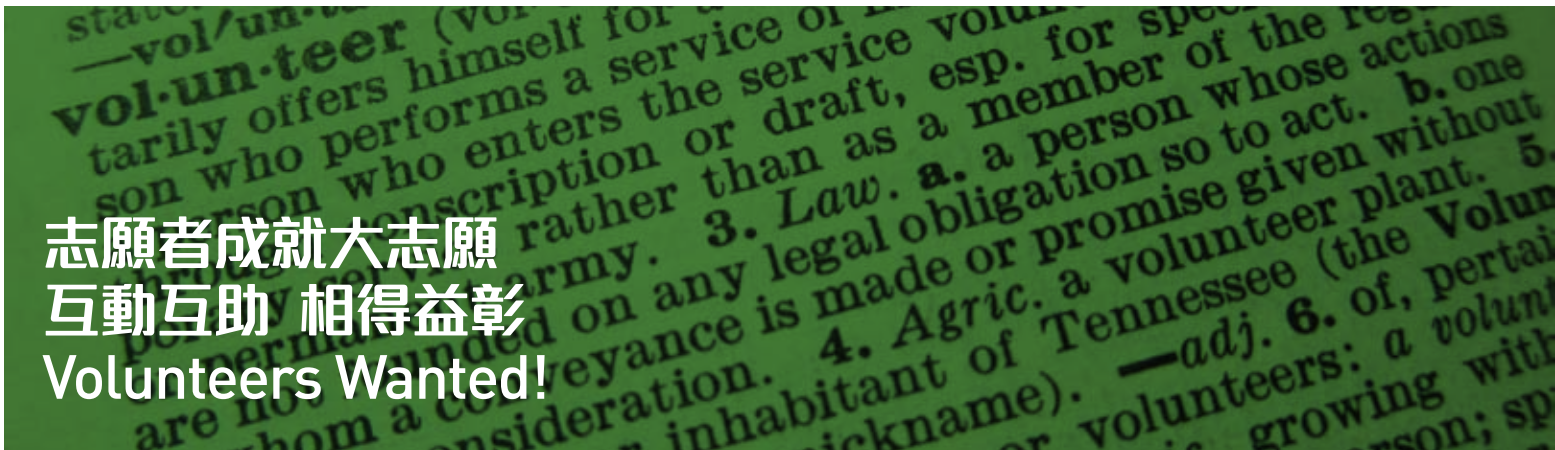
Prof Daniel Fong of CUHK spoke about his development of an intelligent anti-sprain sports shoe that can prevent ankle sprain, the commonest type of sports injury. The shoe has an insole sensor that monitors ankle motion and estimates various forces in real time, determines whether they pose a sprain risk, and if they do, sends electrical signals to the peroneal muscles along the outer side of the lower leg to stimulate them to resist the spraining motion.

Shoulder impingement syndrome (SIS) is common in athletes of overhead sports, such as racquet sports, baseball, volleyball, and swimming. PolyU's Dr Amy Fu said real-time musculoskeletal ultrasound could be used to quantify SIS by measuring the subacromial space in the shoulder, since the space correlates with the strength of the shoulder's rotator cuff muscles. Meanwhile, Mr Francis Wong, a PhD student at PolyU, compared the serve kinematics of current Hong Kong elite players with data about 2000 Sydney Olympics tennis players. He found that not only were the Olympians' serves significantly faster, but their joint motions were faster and their racquet, torso and joint angles were significantly different at the moment of impact with the ball.

PolyU's Dr Louisa Chung discussed her physical fitness assessment study of adults aged between 40 and 59 years old in Hung Hom, Kowloon Bay, and Aberdeen. For the testing items of body height, body weight, sit and reach, hand grip, reaction time, single-leg stand, lung capacity, and step test, the Hung Hom subjects performed better in sit and reach (for flexibility), reaction time (for eye-hand coordination), single-leg stand (for balance), and lung capacity but not the step test (for cardiovascular function). Adults between 60 and 69 years old and those aged 70 or above were also tested in Hung Hom, Kowloon Bay, Aberdeen, and Lai King. In these two age groups, subjects belonging to a higher-income category did significantly better on all testing items than their lower-income peers.

Last but not least, Ms Vanessa Thai of PolyU outlined how different aspects of vision play an important role in different sports, and the work of the HKJC Sports Medicine and Health Sciences Centre's Sports Vision Unit in helping recreational and elite athletes correct and protect their eyesight as well as train up their visual skills for a competitive edge. She cited a few case studies of Chinese national athletes the Unit has assisted, including a gymnast whose performance was declining despite rigorous gymnastics training. After the Unit examined and corrected her vision, the gymnast went on to win three gold medals at the 2008 Beijing Olympics.





# 志願者成就大志願 互動互助 相得益彰 Volunteers Wanted!

**醫**療及社會科學院一向鼓勵師生走進社會，親身體驗，同時亦希望加深社會人士對我們的各個專業團隊的認識。醫療及社會科學院特別設立志願者登記安排，我們深信，透過學院及社區的互相認識，互相配合，大家方能相得益彰，推廣基層健康，共建和諧社區。

## 志願者@FHSS (volunteer in)

如閣下有興趣親身了解何謂醫療社科專業，或者願意將你的人生社會經歷與我們分享，醫療及社會科學院誠邀你擔任學院的志願者。無論你是中學生希望為「其他學習經歷」報告收集資料、其他大學學生想接觸醫療社科的科目、海外大學師生想了解香港的基層健康，或者是退休人士希望與學院分享人生閱歷，我們都歡迎你加入成為學院的其中一份子！

## FHSS@社區 (volunteer out)

社區機構及團體如果希望本學院師生協助貴機構的活動，亦歡迎與我們聯絡。學院將有專人與貴機構聯繫商量細節，並安排本學院有關老師及學生，擔任指導及參與執行，攜手互動互助。

如有查詢，請致電 3400 3973。



**N**o man is an island. When was the last time you asked someone for help and when was the last time someone asked you for help? Quite recently, we bet! So why not join FHSS's new 'volunteer in/volunteer out' scheme to help on a larger scale?

## Volunteer@FHSS (volunteer in)

If you're looking to expand your scope of experiences, why not spend some time working with us at FHSS? Secondary school students who are working on their Other Learning Experience (OLE) projects, tertiary students from non-health-and-social-care disciplines, overseas students, and retirees are all welcome to help FHSS carry out projects and events on campus or in the community.

## FHSS@Community (volunteer out)

We're also looking for organisations that would like to offer opportunities for FHSS students to help you improve the health and well-being of your target group! FHSS can discuss your suggestions with you and come up with mutually agreeable ways our enthusiastic students can assist you.

If you would like to know more, please contact FHSS at 3400 3973.

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