



August 3, 2009 No. 4

Our contributions to the 2nd Hong Kong Games

The 2nd Hong Kong Games (HKG), a territory-wide major multi-sport event aims to encourage members of the public to enjoy the benefits of exercise, was held from April to May, 2009. The Games serve as a prelude to the 2009 East Asian Games (EAG), which is scheduled for December. More than 2,300 athletes from 18 districts participated in the HKG, competing in athletics, badminton, basketball, swimming, table tennis and tennis.

Collaborating with the Hong Kong Jockey Club Sports Medicine and Health Sciences Centre (HKJCSMHS) and the Postgraduate Diploma/Master of Science in Sports Medicine and Health Science Alumni Association, CUHK (SMHSAA), on-field medical supports have been provided for four HKG events, which were Badminton, Table-tennis, Tennis and Swimming. A total of 7 physicians and 39 physiotherapists have been recruited. Physicians have provided medical on-field consultation for approximately 100 hours. Physiotherapists, on the other hand, have provided over 700 hour on-field medical supports. The services provided by both physicians and physiotherapists cover 16 venues and about 162 sessions for the HKG.

The HKG Opening Ceremony was held at Tseung Kwan O Sports Ground on May 9, 2009. Before the Chief Executive, Mr. Donald Tsang, declared the opening, souvenirs were presented to the sponsors and assisting organizations. On behalf of HKASMSS, Dr. Raymond So, Honorary Secretary, was called to the stage to receive a wall hanging souvenir. Olympic gold medalists, Ms. Lee Lai-Shan and Mr. Li Ning, added glamour to the event by taking part in the lighting of the Cauldron with local elite athletes. The Opening Ceremony also featured a parade of 1,000 athletes from different districts, lion and dance troupe performances as well as performances by Hong Kong Police Band and local pop stars.



The Closing Ceremony cum Prize Presentation Ceremony was held at Kowloon Park Sports Centre on May 31, 2009. Our Vice President, Dr. Lobo Louie, attended the ceremony as a member of HKG Standing Committee. With highest scores in all sports events, overall champion goes to Yuen Long District. Yuen Long District also won the cheering team competitions. For further details, please visit the following website: <http://www.lcsd.gov.hk/specials/hkg/b5/index.php>.



The 8th SCSEPF Annual Conference

The 8th Society of Chinese Scholars on Exercise Physiology and Fitness (SCSEPF) Annual Conference will be held at Hong Kong Baptist University from August 12 to August 14, 2009, with the main theme "Sports for the Mass and the Olympic Movement".

The SCSEPF, chaired by Prof. Frank Fu, aims to support growth and development of exercise physiology and fitness among Chinese scholars in athletic training, health promotion, sports injury prevention and rehabilitation. The SCSEPF annual conference provides a platform for scholars to exchange their cutting edge research findings. Disciplines of the conference involved include exercise physiology, nutrition and eating habits, substances abuse, preventative and social medicine, public health and health promotion, as well as physical education. There are six sub-themes:

1. Healthy Living and Lifestyle
2. Diet and Nutrition
3. Doping in Sports and Peak Performance
4. Sports for the Elite Athletes
5. Sports for the Elderly
6. Sports for the Special Populations

For further details of keynote and invited presentations, please visit: <http://www.scsepf.org/home.htm>



Redevelopment of the Hong Kong Sports Institute

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The 22 March ground breaking ceremony of the Hong Kong Sports Institute (HKSI) Redevelopment Project, marked the start of the construction works for a modern, world-class, professional elite sports training centre for Hong Kong, signifying a new milestone in its elite sports development history.

The Secretary for Home Affairs, Mr Tsang Tak-sing, officiated at the ceremony with over 150 guests from Government, the District Councils, sports sector, local community, elite athletes and coaches who have all been much valued partners since the inception and planning of HKSI redevelopment project began back in 2005.



The Hong Kong Sports Institute Limited (HKSIL) is the government-appointed delivery agent of elite sports for talented Hong Kong athletes. To this effect it is charged with the provision of an environment in which talented Hong Kong athletes have the opportunity to achieve at the highest level. To achieve these objectives it is recognized that the HKSI should be able to provide a combination of

- i. world class indoor and outdoor training facilities,
- ii. cutting-edge scientific training support facilities, clinics and laboratories,
- iii. conference facilities, library, seminar and class rooms,
- iv. residential accommodation and ancillary services for both long-term elite athlete development and short-term exchange programmes with overseas counterparts.

The HKSI complex at Yuen Wo Road, in Fotan, managed by the HKSIL, is over 25 years old. In July 2005, in recognition of the long-standing need to meet the dynamic and increasingly stringent international requirements of elite sports training, a Joint Task Force co-chaired by the HKSIL and the Elite Sports Committee, was set up by the Government, to undertake a review of the provision of facilities at HKSI and elsewhere, and to recommend a Redevelopment Plan for the HKSI.

Following extensive stakeholder consultation, and the submission of the final report of the Joint Task Force to the Secretary for Home Affairs, the Chief Executive in his 2006-07 Policy Address, announced among other initiatives for sports development, earmarked funding for the redevelopment of the HKSI to provide much needed world-class training facilities for local athletes.

This was followed by the approval of the Finance Committee of the Legislative Council for the first-stage funding of \$52.9 million in June 2007, for the preparatory works of the detailed design to begin. Extensive stakeholder consultations were again conducted to ensure a consensus-based design, able to meet elite sport needs for the next 15 - 20 years. Three key principles were articulated in drawing up the detailed design of the project:

- i. maximum synergy of training areas
- ii. provision of integrated sports and ancillary facilities for athletes with disabilities
- iii. provision of world-standard training facilities for elite athletes.

June 2008 saw the successful completion of the approval process through the Legislative Council for the approximately \$1.7 billion for the main works of the project.

Scope of the Redevelopment

The redevelopment will provide a world-class, barrier-free, environmental friendly training facility for all elite athletes regardless of ability or disability, to facilitate the pursuit of excellence in the international sporting arena.

With the completion of the project, the redeveloped HKSI will be able to boast world standard training facilities as follows:



New Facilities

- a new 52m international standard indoor swimming pool (connected with existing 25m pool)
- a new multi-purpose sports hall with a 12-lane bowling centre, a venue for training of wushu and two double squash courts (convertible to three singles courts)
- eight new tennis courts (including two covered tennis courts and two clay tennis courts)
- a 9-storey multi-purpose building with a conference centre, athletes' hostel and sports residence for visiting athletes, teams and exchange programmes
- a covered walkway connecting the 9-storey building with the existing sports complex and the new facilities

Upgraded Existing Facilities

- world standard training facilities for table tennis, fencing, badminton, athletics
- expanded sports science laboratories, sports medicine clinic, fitness training centre with an integrated recovery centre
- upgraded 3M wide running/cycling trail

The redevelopment is scheduled to be completed in two main phases. The first phase includes refurbishment works to the existing sports halls and the construction of a temporary Velodrome at Whitehead. Foundation works for the new facilities will also be completed during this phase. The HKSIL will move its operations back to the Fotan venue upon completion of the refurbishment works in the first quarter of 2010. The second phase, involving the construction of new facilities will occur in-situ with all new facilities scheduled for completion by the end of 2012.

Implications

Given the well-documented public health benefits of physically active and sporting lifestyles, sports development rightly constitutes an important policy priority for the Government. Having a vibrant and successful elite sports system is important for setting community example, and providing role models to encourage young people to develop healthy and sporting lifestyles. In the 20-plus years since the establishment of Hong Kong's elite sports delivery system at the HKSI, Hong Kong's elite athletes have reached the stage where consistent and sustained medal outcomes at the Asian level now constitute the expected minimum standard.

The Government's over HK\$1.7 billion investment in a state-of-the-art redevelopment of the HKSI will provide world class elite training facilities for Hong Kong's elite athletes through the next 20 years. With this key catalyst, it is time to attend to the next phase of elite sport development – consistent and sustained results at the world level. HKSI's role in this process, as the Government's delivery agent of elite training systems, is to actualize its vision of becoming the leading elite training systems delivery leader in the region, providing state-of-the-art, evidence-based elite sports training and athlete support systems. As the redevelopment construction works of the HKSI commence, now is the time to consider innovative strategies and methodologies that can engender change and leave a lasting elite sport legacy for the next 15-20 years benchmarked against world standards.

香港活木球的發展

活木球 (英文名為WOODBALL) 運動引入香港已有十數年的時間，正式成為大專比賽只是這兩年的事。向旁人隨便一問，大家總會把活木球聯想到長者參加的「門球」和於南亞國家較流行的「板球」。

對我來說，從接觸、學習、到訓練球隊，只是約一年的時間，對這門運動絕對可被稱為「新手」。但經過密集式的訓練及比賽後，我對此運動產生了濃厚的興趣。身為體育教學工作者，很希望能將這項健康有益的運動介紹香港人認識。

活木球可是一門易學難精的運動，必須經過長時間的鍛煉，才能揮灑自如；加上對比賽場地的熟習，才能獲取好成績！當中有很多有趣的地方，例如同一個場地，其界線可是每次比賽均可有不同的畫法，因而提升了此運動的挑戰性！而且，比賽不是「一桿定勝負」的，縱使在比賽初段領先，但若未能保持高穩定性，加上對方能發揮水準的話，比賽結果隨時會逆轉，節奏可是十分緊湊的！



活木球揮桿方法及比賽均與高爾夫球運動相似，準確及細膩的揮桿和身體的協調性是致勝的關鍵，而大家均以最少桿數完成為勝；高爾夫球球場面積很大，相對下，活木球場面積則較少，場地大小視乎情況而定，最小只需約三分二個足球草場，在香港能夠使用這個面積的草地已經是十分珍貴！以打一條球道為例，在揮桿前，要根據自己的能力和地勢環境等因素，計算如何用最少的桿數進門，當中要不斷調節自己的心態，以減少情緒對揮桿時的影響。

雖然活木球運動是低運動量及持久性運動，沒有進行一般運動時的速度感和排汗量，對心肺功能及肌肉力量的要求亦不高，但高水平的活木球運動員具備耐性、冷靜、判斷力、分析力、專注、協調、細心觀察及情緒控制的特質，這些與其他高水

平運動所要求的特質是一樣的！若想培養自己擁有以上特質，活木球運動便是一個很好的選擇！而且，要完成一場比賽，需時約1小時或更長時間，須要有一定的持久力；年青時一向追求速度及力量的我，碰上了這運動，才發覺運動是可以這樣的！

看畢以上活木球運動的簡單介紹，相信讀者也會初步了解到這運動有趣的地方，但若要在香港發展活木球運動，我們必須解決某些問題，才可將這有益身心的活動讓大眾認識及參與。

從大專院校入手可是一個好開始！活木球比賽已成為大專的比賽項目之一，這能使一定數量的大學生參與及接觸這個項目，從而推廣開去；但在場地上來看，能擁有較為固定場地又有足夠面積的院校，就只有科大(大專比賽場地)及中大。而其他院校、港隊及活木球愛好者，大都是使用科大的場地練習或在一塊小草地作揮桿及入門的練習。單看香港中小學的學校場地，就難以配合訓練的需要！相反，臺灣及亞洲等地已有多個固定的活木球場，加上中小學校校園較大，能給予學生們較好的練習配備。反觀香港的場地於位置及開放時間上，可謂十分不足！以花式跳繩為例，場地及器材較容易準備，加上大學研究及贊助商的配合，在約十年間便在香港的中小學界高速發展，這些有利的環境因素是活木球運動稍缺的！

另外，參與活木球運動的國家暫時以亞洲地區居多，縱使有大型國際賽事，傳媒也很少報道，這對運動的推廣有一定的影響！而活木球運動在某些國家如臺灣被重視的程度與其他熱門運動一樣，若中學生有卓越的表現及成績，均可補送上大學，這絕對是其中一個加速此運動發展的重要因素！

活木球是一項老少皆宜的健康運動，未來此運動在香港的發展，有賴一班活木球愛好者及先鋒，努力爭取中小學的推廣教育及教練培訓，就場地及其他資源上向政府及有關團體洽商。我們期望香港廣大市民能認識及參與這有益身心的活動！



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Cardio-Cerebral Resuscitation (CCR) A New Approach for Cardiac Arrest

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CCR vs. CPR

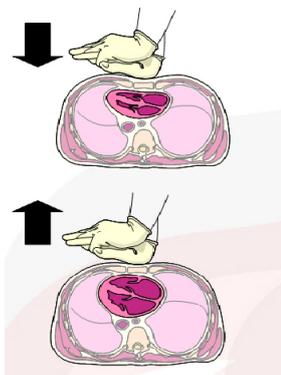
Cardio-CEREBRAL Resuscitation (CCR) with focus on brain perfusion instead of Cardio-PULMONARY Resuscitation (CPR), as developed by the University of Arizona Sarver Heart Center Resuscitation Group in 2003, is a new approach to the resuscitation of patients with cardiac arrest. CCR represents a bundle of specific therapies designed to enhance perfusion during cardiac arrest by emphasizing chest compressions over ventilations and “priming” the heart with compressions before and after defibrillation attempts. The most substantial improvements in outcome with CCR were seen in patients with bystander-witnessed ventricular fibrillation. As these victims may have adequate oxygen reserves at the time of arrest and decreased requirement for immediate positive pressure ventilation. Overall, this approach has been shown to significantly improve neurologically intact survival.

“CPR” evolved as a single treatment for two totally different disease processes namely respiratory and cardiac arrests. There are dramatic differences in how much oxygen exists in their blood at the onset of arrest. Asphyxia victims, as suffered from drowning or choking, typically used up all available oxygen before arrest. They DO need early ventilation and CCR is not recommended.

Cardiac arrest victims, however, have normal oxygenation. Initially they do NOT need additional oxygen. Instead they need existing O₂ pumped to the two organs that determine survival – the heart and brain.

CCPs generate perfusion

A good quality chest compression is one effective method to deliver O₂ to the major organs. During Compression, there is increase in intra-thoracic pressure and both the heart and lungs are compressed and blood are forced to the brain and coronary arteries. During decompression (recoil), a negative intra-thoracic pressure is generated, and the heart and lungs are refilled.



As brain perfusion is so marginal during cardiac arrest, any interruption in chest compressions, even for ventilations or electric shocks, has the potential of being deleterious. The recognition that both cardiac and cerebral perfusion are more important than ventilation early in cardiac arrest has led to this new technique called Cardio-Cerebral Resuscitation (CCR).

Important components of CCR

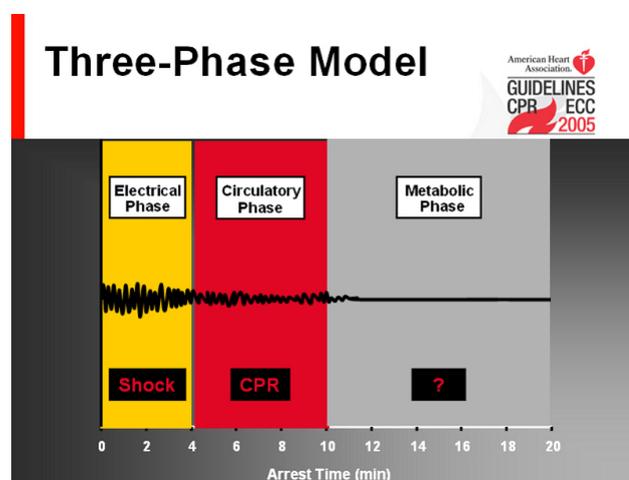
- 1) Continuous Chest Compressions (CCCs) for bystander resuscitation;
- 2) New emergency medical services (EMS) advanced cardiac life support (ACLS) algorithm; and
- 3) Aggressive post-resuscitation care including

therapeutic hypothermia and early catheterization/intervention

Hands only CCR

CCR advocates CCCs without mouth-to-mouth ventilations for witnessed cardiac arrest during the initial period. This was supported by both the European Resuscitation Council and the Resuscitation Council (UK) with the intension to increase the rate of bystander CPR. **Any CPR is better than no CPR.** However compression-only CPR is only adequate for the first few minutes of cardiac arrest, and ventilation becomes increasingly important as the duration of cardiac arrest increases.

Three phases of VF cardiac arrest



- (1) The electrical phase: lasts about 4 to 5 min. During this phase, the most important intervention is defibrillation. This is why implanted cardioverter-defibrillators work and why the AEDs programs save lives in a wide variety of settings, including airplanes, airports, casinos, and some communities.
- (2) The circulatory phase: lasts from minute 4 or 5 to minute 15. During this time, the generation of adequate cerebral and coronary perfusion pressures by CCPs before and after defibrillation is critical to neurologically normal survival. If pre-shock chest compressions are not provided, defibrillation during the circulatory phase almost always results in asystole or pulseless electrical activity (PEA). Urgent myocardial reperfusion as provided by CCPs, are of paramount importance for management of these post-resuscitation rhythm.
- (3) The metabolic phase: pharmacological correction of metabolic derangement is necessary.

Registries have shown that EMS personnel often arrive in the circulatory phase of VF arrest or later. During this time, the fibrillating myocardium has used up much of its energy stores, and chest compressions that perfuse the heart are necessary. Initial chest compressions should be given prior to a single shock for VF and prompt effective resumption of chest compressions without prior assessment of the rhythm or pulse to provide as much

myocardial perfusion as possible. Endotracheal intubation should be delayed, excessive ventilations are avoided. As positive-pressure ventilation inhibits venous return to the thorax and right heart and thus results in decreased coronary and cerebral pressures. The initial approach to ventilation is passive oxygen insufflation, such as opening the airway with an oropharyngeal device, placing a nonrebreather mask, and administering high flow (about 10 l/min) oxygen. Early administration of epinephrine is also advocated.

The CCR method has been shown to dramatically improve survival in the subset of patients most likely to survive—those with witnessed arrest and a shockable rhythm.

For comatose patients postresuscitation, induced hypothermia and early cardiac catheterization (unless contraindicated), even in the absence of classic electrocardiograph (ECG) signs of infarction or ischemia, are recommended.

Induced Hypothermia

About 60% of cardiac arrest survivors regain consciousness; of these, one-third experience irreversible cognitive disabilities due to anoxic brain injury. Mild hypothermia is thought to suppress many of the chemical reactions associated with reperfusion injury. In 2002, a European multicentre trial on the use of mild therapeutic hypothermia – as well as other clinical trials – clearly demonstrated a decrease in mortality and a better neurological outcome in cardiac arrest patients. Only six patients have to be treated to save one life (number needed to treat = six).

The **2003 ILCOR Advisory Statement on Therapeutic Hypothermia after Cardiac Arrest** (Circulation. 2003;108:118-121), recommend to initiate cooling to a target core temperature of 32°C to 34°C within 6 hours in selected unconscious adult patients with return of spontaneous circulation after out-of-hospital cardiac arrest when the initial rhythm was ventricular fibrillation (VF).

When there is Return of Spontaneous Circulation (ROSC) and our survivor remained unconscious, one should start with simple external cooling methods. These techniques include the use of cooling blankets; application of ice packs (partially filled with water) or even chilled soft drink cans, to the groin, axillae, and neck with a barrier such as a cotton or flannel sheet placed to minimize frostbite injury; use of wet towels and fanning; and use of a cooling helmet. If there is expected delay of rescue, one should also start chilling Ringer's solution to 4°C and infusion at 30 mL / kg of over 30 minutes. This has been showed to reduce core temperature significantly and did not cause pulmonary edema. Core body temperature (e.g. rectal temperature) should be monitored when available and maintained in the range of 32°C–34°. Excessive cooling below 32°C is likely to increase the incidence of complications such as arrhythmias, infection, and coagulopathy.

2005 Guidelines updates:

Many of the core principles of CCR have since been

incorporated into the 2005 ILCOR guidelines and subsequent AHA recommendations. They include:

- (1) **Delivery of effective chest compressions:**
 - **Push Hard and Push Fast at 100 compression/minute with adequate depth (approximately 4 to 5 cm)**
 - **Allow Full Chest recoil** with equal compression and relaxation times
 - If at all possible, minimize Interruptions in Chest Compressions to 10 seconds or less (e.g. for shocks)
 - **To switch compressor every two minutes** or after 5 cycles of 30:2
- (2) **A Universal 30:2 compression-to-ventilation ratio** for all victims to provide longer periods of uninterrupted chest compressions.
- (3) **1-second Rescue Breaths** with sufficient volume to achieve visible chest rise and to avoid hyperventilation.
- (4) When AED is available, the rescuer should give **one shock followed by immediate CPR** for VF cardiac arrest.
 - **No “stacked” shocks**
 - **No circulation checks for 2 minutes (5 Cycles of CPR)**

The most substantial difference between CCR and current ILCOR guidelines is the role of positive-pressure ventilation in the initial phase of cardiac arrest resuscitation. CCR advocates that chest compressions should be continuous in cases of bystander-witnessed cardiac arrest, with adequate ventilation occurring passively if airway patency is maintained through basic maneuvers.

The important question is not to decide whether CCR should replace CPR. Instead local authority should develop treatment protocols and training curricula based on available scientific evidence and the resources available to their system to optimize outcomes in their specific patient population.



Suggested readings:

- 1, Ewy GA, Kern KB. Recent advances in cardiopulmonary resuscitation: cardiocerebral resuscitation. *J Am Coll Cardiol* 2009;53:149–57.
- 2, Holzer M, Bernard SA, Hachimi-Idrissi S, Roine RO, Sterz F, Müllner M: Hypothermia for neuroprotection after cardiac arrest: systematic review and individual patient data metaanalysis. *Crit Care Med* 2005, 33:414-418.

How does Sport Dietitian help the athletes?

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Registered Chinese Medicine Practitioner (HK)
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What does Sport Dietitian do?

The Sport Dietitian provides individual and group/team nutrition counseling and education to enhance performance of athletes. Major clinical responsibilities include counseling on daily nutrition for performance and health; monitoring outcomes of nutrition service, translating the latest scientific evidence into practical sport nutrition recommendations. In addition, the Sport Dietitian serves as a resource for nutrition information to coaches, sports professionals, parents and also provides nutrition and menu guidelines to the caterer in charge of athletes' foodservice.



Why do athletes go see the Sport Dietitian?

1. Optimizing body composition
 - i. For weight class athletes (e.g. rowing and karate) who need to make weight sensibly before competition, they may need advice to choose an appropriate weight class to compete in, and they need to maximize lean mass in the chosen weight category through proper diet and training.
 - ii. Athletes may want to lose body fat because leanness in their sports provides advantage, like triathlon, distance running.
 - iii. Athletes may want to build up muscle through an effective resistance training program and they must have adequate and suitable nutrition in order to build lean mass.

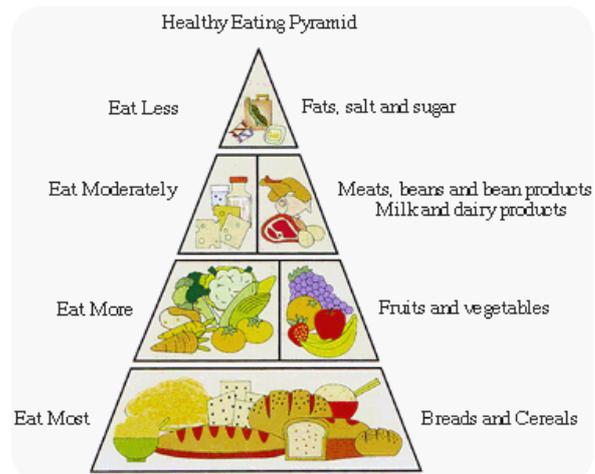
2. Going strong longer

- i. It is a known fact that proper hydration can delay fatigue. Athletes need the Sport Dietitian's help to work out hydration strategies in different training and competition conditions, e.g. hot/ humid, hot/dry, cold/dry, high altitude, indoor sport without air conditioning, outdoor sports played in the middle of the day, etc. There is no single hydration strategy that will work for all conditions.
- ii. Going stronger longer also means proper recovery, this is especially true for athletes who engage in sports that compete in consecutive days, e.g. tenpin bowling, tennis, table tennis, badminton etc.



3. Maintaining good health

- i. This is fundamental but of utmost importance, without good health, athletes can't get optimal benefits from the training program, can't perform their best at competition. Health conditions like frequent illness, iron depletion, iron deficiency anemia, disordered eating, weight control in times of injury, food allergies, gastrointestinal disturbances etc, must be dealt with as soon as possible.



4. Race Nutrition

- i. This is a crucial part in sport nutrition. Different form of competition needs different race nutrition plan. Athletes must know how to keep up with their energy level in endurance events, what to eat before, during and after competition. For those athletes who need to compete day after day, recovery nutrition is of utmost importance. Athletes who can maintain their energy level to the very end have a good chance to be the winner.
- ii. Even in highly skilled sport like tenpin bowling and snooker, keeping athletes' energy level at an adequate level through hours of competition and preventing low blood glucose reaction are critical to success.

5. Advice on use of supplements and ergogenic aids

- i. Supplements and ergogenic aids may provide advantage to athletes, but not all supplements and ergogenic aids work for all athletes. They usually have very specific functions for specific type of exercise. E.g. Creatine works best for high intensity sports in repeated bouts, therefore, it is not a suitable supplement for a marathon runner. The Sport Dietitian keeps up with current scientific evidence in supplements and ergogenic aids and assists the athlete in weighing benefits and possible risks involve in taking supplements and ergogenic aids.

In order to help athletes comprehensively, the Sport Dietitian must work as a team member with other Sport Science and Medicine professionals like the psychologist, physiologist, physiotherapist, physician, biochemist, strength and conditioning coach etc. A multidisciplinary approach is most effective and efficient in serving elite athletes.

Sports Medicine, Sports Science, and the Athletes

運動醫學、運動科學、運動員

我自小喜愛運動，五歲那年我已經拿著乒乓球拍及羽毛球把玩，從此生活就離不開運動。九六年升中學時因喜歡運動，所以選擇了賽馬會體藝中學。當時作為多棲運動員，校園生活總是十分忙碌。每天放學後都要練習，即使要兼顧排球、籃球及田徑隊的訓練，但我從不言倦並感到十分快樂。可是，中六那年在一場排球比賽中不幸膝蓋受傷骨折，無奈地要休養接近一年。回想這一年對我的成長有很大幫助，受傷讓我可以停下來反思自己的不足及認清自己將來的目標。受傷前我的性格比較任性和好勝，受傷後才發覺身邊有很多人關心自己和為我擔憂，因此漸漸學懂要多顧及別人的感受。當然，我沒有因為受傷而放棄運動，因為受傷可算是運動員必經的階段，只要接受適當的治療及漸進式的訓練，並抱着堅定的意志，沒多久我便重返球場為學校比賽。

雖然自知自己不會成為職業運動員，但我對運動的熱誠仍然是有增無減，在香港大學畢業後便計劃從事與體育相關的工作，在機緣巧合的情況下我出任了香港大學運動及康樂主任。作為一個運動員學生踏入社會工作，起初有點難以適應，別人看待運動員學生的眼光不多不少會給我帶來一點壓力。因此在第一年的工作時我暫且放下甲組籃球隊的訓練，全情投入工作之餘還要作出心態上的調整，目的是為將來打穩基礎。

在任兩年中，我發覺大學生普遍都缺乏運動，而我其中一項職責是透過舉辦不同種類的運動興趣班、康樂活動及比賽，以不同渠道吸引校內師生及會員參與。我的目標是希望在大學建立運動風氣，推廣一人一運動。然而，這些興趣班只是個開始，把運動融入生活並持之以恆才是我們的最終目的。經過兩年的全職工作，我反而更珍惜運動的時間，工作越忙碌我對做運動就更加堅持，因為只有運動才能幫助我調節情緒，減輕工作壓力。

在今年九月，為了增值自己，我將會修讀運動管理碩士課程，同時要兼顧工作、訓練和讀書，雖然是辛苦，但我相信將來一定會有所回報。過往的運動訓練所鍛鍊出堅毅不屈的精神，幫助我面對工作或讀書上的種種挑戰，畢生受用。

范啓蓉

**香港大學運動及潛能發展研究所運動及康樂主任
前香港女子籃球青年代表隊成員
現任女子甲組均安籃球隊球員**

運動的好處 (二) 運動與骨骼健康

我們的骨骼不但起了支撐身體、供肌肉附著及保護臟器的作用，還是體內無機鹽的儲存庫，維持血液中鈣、磷水平的穩定。在人生的不同階段中，每個骨的形狀都需要經過不斷改建才能與身體的生長和體型相適應。這是透過骨質的不斷被分解吸收（破骨作用）和重新形成（成骨作用）而達至目的。骨頭裡的「破骨細胞」分泌溶骨物質以吸收陳舊骨質，接著「成骨細胞」分泌類骨質，並鈣化形成骨板。

破骨作用和成骨作用一直在我們體內重複著。青少年生長發育期間，成骨作用遠比破骨作用顯著，故青少年的骨質密度一直增加，並以踏入青春時期增長速度最快，於三十至三十五歲期間達至頂峰。此時，成骨作用和破骨作用的速度相若。隨後，破骨細胞的活躍程度比成骨細胞為高，造成骨質的被吸收比重新形成為多。隨著年齡的增加，體內的骨質亦會漸漸流失。骨質流失至少於一定量時，更可引起骨骼疏松症的發生，導致骨骼變脆和增加骨折的機會。為有效預防骨骼疏松症的發生，我們應從小便養成多做運動的好習慣。

運動為什麼可以強健骨骼呢？這是由於肌肉的牽拉和重力的作用，均可刺激骨骼的生長，並增加有利骨形成的荷爾蒙分泌。根據研究報告指出，經常做運動的人，其骨質含量比不做運動的人為高。而不同種類的運動中，則以負重運動更能提高個人的骨質含量。

余頌華博士

香港大學運動及潛能發展研究所 助理教授 (研究)

Past Activities

Hong Kong Housing Society Community “Sports for Elderly” Workshop

Invited by the Hong Kong Housing Society Community, workshops with the theme of “Sports for Elderly” were held in the HKHS Elderly Resources Centre on May 13 and July 8. Orthopaedics surgeons, Dr. Simon Leung and Dr. SW Law kindly delivered the presentations about the importance of daily exercise for elderly health. At the end of the workshops, physiotherapists, Mr. Billy So and Mr. Raymond Cheung, demonstrated some basic stretching exercises to the participants.



Past Activities

Seminars at Hong Kong Police Force

The Hong Kong Police Force - Commercial Crime Bureau invited the HKASMSS to deliver two seminars on April 30, 2009 and May 15, 2009. Our President, Dr Patrick Yung, and Commission Member, Dr Daniel Fong, presented the current local sports medicine clinical services and research activities, and also the preventing measures to sports injury.



Microsoft (HK) Limited Hiking Workshop

The President, Dr. Patrick Yung, and commission member, Miss Karly Chan, were invited by the Microsoft (HK) Limited to run a workshop on "Hiking Injuries and Nutrition" on May 15, 2009. Dr. Yung and Miss Chan presented "Prevention of injuries in hiking" and "Sports nutrition, sports drinks and supplement in hiking" respectively. Our member, Mr. Raymond Cheung, a physiotherapist, demonstrated stretching exercises to the audiences. Miss Karly Chan would like to share some interesting questions raised by the participants.



Our association was invited by Microsoft (HK) Limited to hold a workshop on sports injury and sports nutrition. I was glad to be the speaker for the latter part. All of the participants were exercise enthusiasts who participated actively in the workshop and raised some interesting questions which were worth to share in the newsletter.

Q1. What is the relationship between body fat, sugar intake and fat intake?

Sugar and fat are two energy-yielding nutrients. One gram of sugar can give you 4 kcalories, while one gram of fat can give you 9 kcalories. From this point of view, you know that fat is energy denser (or "fatter") than sugar.

Body fat is the body reserve of energy. Whenever your energy intake exceeds your energy expenditure, that surplus energy is stored as body fat. Therefore, it is possible that both sugar and fat can turn into your body fat.

Q2. Cramping and eating, what is their relationship?

One of the predisposing factors of muscle cramps is fluid and electrolyte imbalance. It may happen in prolonged exercise especially when the environment is hot. To prevent dehydration-induced fluid and electrolyte imbalance, you should drink enough fluids before, during and after you exercise. Endurance sports drinks would be wise snack choices during exercise to replenish electrolytes and fluid lost.

Q3. Shall we eat right after exercise?

If you have a tight training schedule and want to have better recovery, you should replenish your glycogen store and fluid loss immediately after your workout. The meal should be high in carbohydrate and contain a little protein such as apple juice, cheese and some crackers.

Q4. Does caffeine intake affect endurance performance?

Caffeine enjoys widespread use around the world. Many energy drinks, sport foods and supplements are added with caffeine. Evidence has suggested that caffeine enhances endurance performance. One of the possible reasons is that it promotes an increase in the utilization of fat as an exercise fuel. It is also likely that caffeine change the perception of effort or fatigue. But if you are prone to stomach distress, you should abstain from caffeine.



EAG 200-day Countdown

On behalf of HKASMSS, our Vice President, Dr. Lobo Louie, attended the 200-day Countdown to the Hong Kong 2009 East Asian Games at Tseung Kwan O Sports Ground on May 20, 2009. There was a dance performance, a dragon and lion dance, and a tree-planting ceremony not only to celebrate the EAG 200-day Countdown, but also the launch of the of a new 6-hectare sports complex at Tseung Kwan O.



Police Force Workshop

Dr. Patrick Yung, Dr. Lobo Louie, Mr. Raymond Cheung and Mr. Billy So were invited to deliver seminars and conduct demonstration on exercise and health. After attending the workshop, participants would know how to deal with commonly encountered sports injuries and to prepare for distance running in a more scientific way.



Upcoming Events

全民健身迎東亞

零八年北京奧運其間，中國國家體育總局宣布，往後每年的8月8日將被定為「全民健身日」。這是第一個全國性的體育節日。為了響應年終舉行的「香港2009東亞運動會」，及讓市民體驗東亞運的熾熱體育氣氛，康樂及文化事務署將於今年8月8日舉辦「全民健身迎東亞」一系列的全港性康樂活動。

我們聯同香港賽馬會運動醫學及健康科學中心，協助康文署於其轄下六個場地舉辦是次活動（分別為：元朗鳳琴街體育館、大窩口體育館、沙田源禾路體育館、藍田南體育館、石硤尾公園體育館及西區公園體育館）。相關的活動包括：「運動有『營』」、「耆英健康與骨質密度測試」及「眾裏尋『他』-精英運動員選材」等。

如有興趣，可致電康樂及文化事務署查詢，電話：2601 8905。

特別鳴謝（排名不分先後）：

文家威先生	袁凱林小姐	楊江雪小姐
方迪培博士	區思敏小姐	葉開先生
江明發醫生	區麗娟小姐	盧春光醫生
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容樹恒醫生	曾葆婷小姐	
麥志強醫生	程嘉敏小姐	

運動醫學及康復治療會議 2009

本會將在九月十九日於沙田威爾斯醫院公共衛生學院協辦運動醫學及康復治療會議2009 (SMART Convention 2009)，將為市民大眾舉辦一系列免費運動與健康普及講座，詳情可瀏覽網址：<http://www.cuhk.edu.hk/whotr/smart09/>

名額有限，如有興趣參加，請致電2635-9944與鍾小姐留座。



做個SMART的香港人 - 運動與健康普及講座

主持人：何溥仁醫生

第一節		第二節	
下午2時	常見運動創傷、運動創傷預防及治療之新發展 羅勤業醫生 威爾斯親王醫院骨科專科醫生	下午3時30分	跳出健康生活 沈劍威博士 香港中文大學體育運動科學系導師
下午2時20分	眾裡尋他-精英運動員的選拔 蘇志雄博士 香港體育學院運動生理主任	下午3時45分	運動攀登與健康 陳運家博士 香港中文大學體育運動科學系導師
下午2時40分	運動科學的應用 雷雄德博士 香港浸會大學體育學系副教授	下午4時	運動與長者肌肉退化 蕭明輝博士 香港理工大學醫療科技及資訊學系助理教授
下午3時	精英運動員的康復治療 李志端博士 香港體育學院運動物理治療統籌主任	下午4時15分	健康體驗大自然 何溥仁醫生 威爾斯親王醫院骨科專科醫生
		下午4時30分	健康高球樂 張熙澤醫生 威爾斯親王醫院骨科專科醫生
		下午4時45分	為你的馬拉松定一個計劃 邱永強先生 香港中文大學體育部導師

Sports Study Opportunities in HKU

Programmes offered by the Chinese University of Hong Kong were introduced in last issue. We are honored to have Dr. Cindy Sit to introduce the undergraduate and postgraduate programmes offered by the University of Hong Kong.

Dr. Cindy Sit

Admissions Tutor, BSc(Exercise & Health) programme, Institute of Human Performance, University of Hong Kong

The Institute of Human Performance (IHP) is the University of Hong Kong's specialist provider of integrated teaching, research and participation and performance programmes in physical activity, movement and sport. The IHP currently offers a 3-year undergraduate programme dedicated to the study of the science of sport and exercise, with particular focus on the implications this knowledge has for the understanding and improvement of human health. The provision of the Bachelor of Science (BSc) programme in Exercise & Health is especially timely, given both the growing recognition of the multiple links between physical inactivity and the premature onset of chronic disease, disability and death along with an increasing awareness of the profound importance regular physical activity has for the attainment of health, social and economic benefits.

Our BSc(Exercise & Health) program is a research-based curriculum, and allows our students to choose a second major or minor option across faculties, thereby enhancing their career options. There are over 90 choices of second majors and minors available from the Faculties of Science, Arts, Social Sciences, Business and Economics, Education, and Engineering. For example, if a student is interested in both Exercise & Health and Food & Nutritional Science, s/he can do a double major in these two studies. S/he then graduates with a BSc degree in Exercise & Health in 3 years. Transcript listing: BSc in Exercise & Health: Major in Exercise Science & Major in Food and Nutritional Science. S/he could consider a Post-graduate Diploma in Dietetics and a future career as a Sport Nutrition and

Exercise Specialist.

Other than offering a flexible major-minor structure, our BSc program aims to provide sponsored international exchange opportunities for ALL qualifying students through Universitas 21, a network of first-class universities worldwide. Students can also maximize their learning by enjoying high staff to student ratios and small group learning in laboratories and tutorials. Our members of staff are a mixture of high quality local and international professors who are recognized around the world as experts in their chosen fields.

At postgraduate level, the IHP offers MPhil and PhD programmes in the areas of physical activity & health, and skill learning & expert performance. We are recognized nationally and internationally for the quality of our research, and obtained a score of 100%, the highest possible score, for its high quality exercise science research on the last Hong Kong Research Assessment Exercise (RAE).

We welcome any students who are prepared to study exercise science as their area of interest. Being good at sports is not a pre-requisite. We are more concerned with attracting students who are interested in studying the "science" of human movement and its relationship with health at both undergraduate and postgraduate level. Should you want to know more about our program, please look us up at www.hku.hk/ihp. We will be pleased to answer any questions you might have regarding our programme.

Welcome to share your news

If you have any news related to sports, sports medicine and sports science, please do not hesitate to send us an email. Upon approval, your notice will be published in our newsletter. We are looking forward to receiving updates from you!

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