Hong Kong Association of Sports Medicine and Sports Science
香港運動醫學及科學學會
NEWSLETTER 訊
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Summary of HKASMSS President Report 2008-2009

Annual General Meeting 2008-2009 was successfully held at the Polytechnic University on April 18, 2009 (Saturday). The president, Dr. Patrick Yung, and the Honorary Treasurer, Dr. John Wong, presented the annual report and financial report respectively.

In the year 2008, HKASMSS has been growing rapidly, in terms of the number of members, activities and achievements. This is a result from the conjoint efforts of all the members, council members, as well as the Honorary Advisors, Dr. York Chow, Prof. K.M. Chan & Prof. Y.L. Hong. We are grateful to have all your supports to our works in the past year, and look forward to having all of you to continue your tremendous supports to the council in the coming year.

The president report is summarized as follows. For the full report, please refer to our website at www.hkasmss.org.hk.

With intensively participation in external activities, we now have 69 Ordinary Members and 69 Associate Members. The activities can be simply divided into academic development programs and community programs.

Academic Development Programs

Due to the 2008 Olympic festivity, a workshop was organized with the theme "Questions Arise from Olympics", in which three council members delivered their speeches. Around 20 association members attended the first ever Pre-Olympic Sports Medicine and Sports Science Congress in Guangzhou from August 1 to 4, 2008. The 2nd Student Conference on Sport Medicine, Rehabilitation and Exercise Science was held in early November, 2008. At night, we were honored to have the past presidents, Dr. York Chow, Prof. Kai-Ming Chan and Prof. Frank Fu, to celebrate the 20th Anniversary with us at the Royal Park Hotel. The association co-organized SMART Convention 2008 and International Scientific Symposium with various organizations, such as Hong Kong Sports Institute, Institute of Textiles and Clothing of Polytechnic University and the Jockey Club Sports Medicine and Health Sciences Centre. It also supported the organization of the 6th Pan Pacific Conference on Rehabilitation.

Community Programs

The association has utilized the expertise of the committee and members to provide community services in several aspects. Medical support, physiotherapy support and sport scientific supports were provided to "Run to Beijing", a fund raising ultra-marathon event for 5.12 Sichuan catastrophes. Our committee and commission members were invited to be a guest speaker for RTHK radio programs. The Vice President, Dr. Lobo Louie, was the presenter of RTHK radio program, 十項全能. He also attended the RTHK radio special program on 2008 Beijing Olympic on behalf of the association.

Workshops and seminars, for example, Sports Medicine Workshop, Sports Career Seminar, Managing Common Orthopaedics Injuries in Running, and Preparation for Marathon, were organized for students, physicians, police force and general public.

Active Participation in SF&OC Activities

The association sent representatives to participate in many SF&OC events, including 2008 Briefing Session on Anti-Doping Policy, Get-together Party of the Olympic Family 2008 and Presentation Ceremony of Commemorative Plaque.

International Exposure

Besides the exposure abovementioned, the association also participated in international events. The President, Dr. Patrick Yung, attended International Federation of Sports Medicine (FIMS) 2008 Council Meeting in Barcelona and Asian Federation of Sports Medicine (AFSM) in Tehran.

Publications

The official journal, The Journal of Exercise Science and Fitness, has published 2 issues in 2008 with Scientific Citation Index. Tri-monthly newsletter was launched with the 20th Anniversary Monograph.

Webpage

New official website was launched in 2008. Newsletters, news of association functions and sports related information can be obtained from the website. To facilitate interactive discussions on sports medicine and sports science topics, a facebook group was also created with more than 480 members now.

It is hoped that through the president report, the association members and general public will learn more about the work of HKASMSS and continuous support our association.

中銀香港第五十二屆體育節開幕禮 - 推廣『全民運動』

二零零九年三月十五日，我很榮幸能代表中國香港體適能總會，於沙田新城市廣場參與由中國香港體育協會暨奧林匹克委員會主辦、康樂及文化事務署資助的中銀香港第五十二屆體育節開幕禮。當日體育節開幕禮場面充滿活力動感使我內心振奮，驅使我更有動力去執行推廣全民運動的使命。

今年體育節的主題是『自強不息』，希望不同年齡、性別、背景及經濟狀況的市民以運動員頑強的鬥志及永不言敗的拚搏精神為榜樣，在經濟低迷的環境下堅持到底，共建和諧美好的社會。當日開幕禮內容多姿多彩包括體育運動試玩、運動示範、開幕典禮及第五屆東亞運動會展覽等，吸引了市民大眾參與及觀賞。而我和兩位隊友就好像在奧運會中，那百幾個國家一樣興高采烈地循序步操進場，實際上我們只是代表74個總會中的其中之一個，但足以令我們感到自豪。觀賞醒獅表演後，我們就被大會邀請上台帶領體育節大使：蔡曉慧、蘇樺偉及方力申一起示範表演一些簡單輕便適合男女老幼在家裡練習的健身運動。其中總會選擇介紹利用健身球做運動，有幫助改善平衡及減低腰背痛的功效。接著大會便邀請了主禮嘉賓：港協暨奧會會長霍震霆先生、中國銀行(香港)副總裁林炎南先生、康樂文化事務署署長周達明先生、港協暨奧會義務秘書長彭沖先生及中銀香港第五十二屆體育節籌委會主席林大輝先生加入我們作橡筋帶運動示範表演，這練習可改善體態美、保護關節及預防受傷。在示範表演的過程中，由於我太投入連自己導師身份也忘掉了，事實上可以將自己練習的經驗與別人分享是一件很快樂及滿足的事。普遍來說，香港生活繁忙，市民多數忽略了運動的重要性，希望這些家居運動可以簡單地融入他們的日常生活中，而不會再拿沒時間、沒地方或沒方法來推卻不做運動的藉口。

開幕禮過後，全港74個體育總會在3月至6月期間於全港18區舉辦超過80項的體育示範、競技及同樂日，供市民觀賞及參加。市民可透過今次體育節了解到運動的重要性並持之實行，不單可以應付日常工作所需的體能和有餘力去享受休閒；最重要的是學習不屈不撓的體育精神，體驗經歷豐盛人生。

最後，百花齊放的開幕禮活動使我更加意識到體育事業是由各方面的運動專才同心合力，互補長短建立起來的。因為這個原因，我更加要進一步充實自己對運動醫學及科學的知識，希望將來可以為香港體壇出一分綿力。

陳嘉寶
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運動的好處（一）

談到體育鍛鍊，人們往往想到運動量較大的帶氧運動（例如跑步）。其實，一些較輕量的運動（例如走路，踏單車，遠足等），也能達到強健體魄的目的。透過鍛鍊，運動還可增強個人的自信心、毅力、應變能力和培養團隊合作精神。經常運動，不但有助減少患上冠心病、糖尿病、骨質疏鬆等疾病的機會，還能保持身心均衡發展。據一些研究指出，經常運動的人比不做運動的人更能面對壓力，故他們也甚少患上緊張症、憂鬱症等精神症候群。

減低冠心病致危因素

經常運動能有效控制體重和身體脂肪含量，改善血壓，提升血液中好的膽固醇和降低壞的膽固醇的比例。當然，要更有效地控制血液中膽固醇的含量，多作運動之餘，必須配合有效的飲食控制方案才行。

改善血糖耐受性

血糖耐受性對調節體內血糖水平非常重要，當身體的血糖耐受性下降，血液中血糖水平便會上升，這種情況若長期持續，便會導致糖尿病的發生。據一些研究指出，經常運動更能提高身體利用胰島素的能力，以維持正常的血糖水平，故經常運動的人比不運動的人更少出現糖尿病的情況。

增加骨質密度

我們體內的骨質會隨著年齡的增加漸漸流失，當骨質流失至少於一定量時，更可引起骨骼疏鬆症的發生，導致骨骼變脆和增加骨折的機會。定期作負重運動例如肌肉抵抗性鍛練、走路、緩步跑等，均能幫助維持骨質水平，有效預防骨骼疏鬆症的發生。

改善心理質素

多做運動不但能提升身體素質，據研究指出，定期運動更能有效地增加自信和自我形像，改善睡眠，舒緩壓力。

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從運動員到心理學的歷程

記得在四年前，我還是一個代表香港出賽的三項鐵人運動員，但想不到現在的我已快要完成在英國的運動心理學碩士課程，並準備在未來就讀心理學博士的三年開展我對運動心理學的研究。

我自問不是一個讀書的材料，也沒有想過將來要成為社會一個有傑出成就的人，我只知道自己對運動有一份濃厚的興趣。從八歲便開始接受游泳及長跑訓練的我，在運動場上獲得過不少的掌聲，但學業成績卻一直勉強合格，平平無奇，沒有什麼驕人的成就。但憑著我在運動競賽中學到的堅毅拼搏精神，我每次考試都全力以赴，永不放棄。對我們這一班香港年青的運動員來說，當時的會考和高級程度會考都是對學業及運動成績的大考驗，但我都很幸運地得到我母校拔萃男書院和香港體育學院的支持，以僅僅過關的成績順利升學。在大學選科的時候，因為對心理學的誤解（以為讀完心理學便會看穿別人的想法），虛榮心（因為這是一科公認難考進的科目）和好奇心驅使下，便選了中文大學的心理系。進了這個學系後不久，便發覺有點後悔。第一，心理學並不是看穿人心中所想的學科，它其實是以科學方法了解人行為，情緒，及認知的一個科學範疇。第二，熱門難入的學系並不代表適合自己，大學選科前應該考慮自己的興趣和未來就業機會的問題，絕不可以像我那樣羊群心理，草率決定。第三，心理系的功課十分重，考試又多，要平衡讀書運動和休息的時間很不容易。畢竟香港是一個商業城市，讀商科的確有比較多工作機會，所以當時我也想過轉系，但又不想浪費一年時間，便硬著頭皮讀下去。

我知道大學教育大概是我正式踏出社會的最後準備，所以硬著頭皮的我還是全力以赴地在學業上努力。我還策略地選修一些工作量比較少的自選科來平衡時間分配。又想到自己對運動的經驗和認識，選一些於體育有關的科目應該會事半功倍的，我便決定將自選學分用來副修體育運動科學系。結果我在這個學系的整體成績也不錯，在運動心理學這一科中，還認識了當時教授這科的梁啟思博士（Chris Lonsdale）。在機緣巧合下，他竟然成為了我畢業論文的導師。在他的指導和鼓勵下，我發覺到我在心理學系裡學到的，在運動科學上的研究實在有很大的用處。此外，我對運動心理學的研究開始產生興趣，並愛上了閱讀一些科學研究方法，尤其是關於統計學的書籍和文獻。想不到這些份愛好對我日後從事研究打好了基礎。在我畢業後，我十分慶幸能夠地進入了中文大學矯形外科及創傷系裡的一個運動科學研究小組做初級研究助理。雖然工資不高，但這份工作卻給了我很多運動科研上的寶貴經驗。一班很好的同事和上師都給了我很多機會去學習，還令我體驗到現今運動科研不只是限於提升運動技能方面，其實還會涉及到預防創傷和康復治療這些醫學層面。而且，一個運動醫學及科學組織，是包含了很多不同的科學領域，所以要靠擁有不同專業知識的人員　（例如醫生，生物力學家，物理治療師，心理學家）共同合作，才能全面地照顧到運動員的需要。

我在這個運動科學研究小組工作得十分愉快，除了可以了解運動醫學的各個不同範疇外，還有很多機會實踐所學過的研究知識。我在統計學上的知識，亦能充分地應用到真正的運動和醫學研究裡。此外，我還有機會參與一些運動科學的會議和講座，與其他學者和專業人士分享我在運動心理學上的研究心得。不過我在小組裡做了不久便收到英國拉夫堡大學(Loughborough University)的入學通知書和一個獎學金，在六個月後便到英國讀運動心理學碩士課程。

這是一個英國心理學會認可的一年課程，完成課程後加上三年實習，便可以成為英國認可的運動心理學家。轉眼間，我來英國已超過半年。在這短短的時間裡，我除了要出席緊密的課堂和完成習作外，還跟梁啟思博士和一班舊同事繼續合作一些研究計劃，及準備一個新的研究計劃書去報讀博士課程，實在非常忙碌。日子雖苦，但總是有回報的。我的研究（包括運動員的發展心理和創傷後恢復的心理）已在英國兩個科學會議中發表，而近期一份國際運動科學雜誌更接受了刊登我一篇學術文章。這些研究經驗都幫助到我報讀到一些較好的博士課程。在過去的一個月，英國的牛津大學及諾定咸大學都分別接納了我博士課程的申請。雖然我還未決定選擇哪一所大學，但已肯定的是未來三年裡我將會繼續在運動心理學的研究發展，希望學成歸來後能為香港的體育和運動科學出一分力。

最後，我希望能將我的經歷分給香港新一代的青少年運動員：你們在運動場上的經驗是寶貴的，可令你們一生受用；你們的能力是無限的，不要因一時的失敗而輕言放棄；認清自己的長遠目標而不斷奮鬥，便會取得成功。

陳勁聰
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Exercise Related Syncope and Sudden Cardiac Arrest

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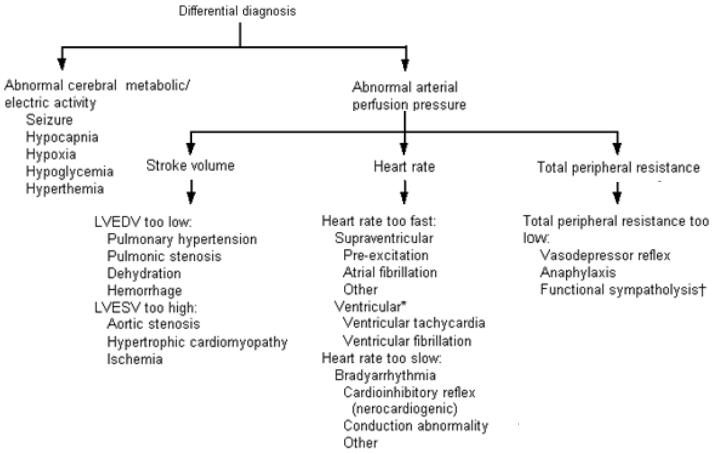
Although syncope is generally a benign event in young adults, exercise-related syncope (ERS) can signal sudden death. Young and otherwise healthy adults who present with ERS have a greater probability of organic etiology (such as hypertrophic cardiomyopathy or arrhythmogenic right ventricular dysplasia) and warrant a higher index of suspicion and a thorough investigation for a pathologic etiology.

Levine et al outlined a differential diagnosis based on the concept that the majority of cases of exercise-induced syncope are secondary to deficits in cerebral metabolism or cerebral perfusion (Figure 1).

Figure 1. Differential diagnosis of exercise-related syncope in young athletes



Exercise related syncope can also be triggered by both internal and external causes

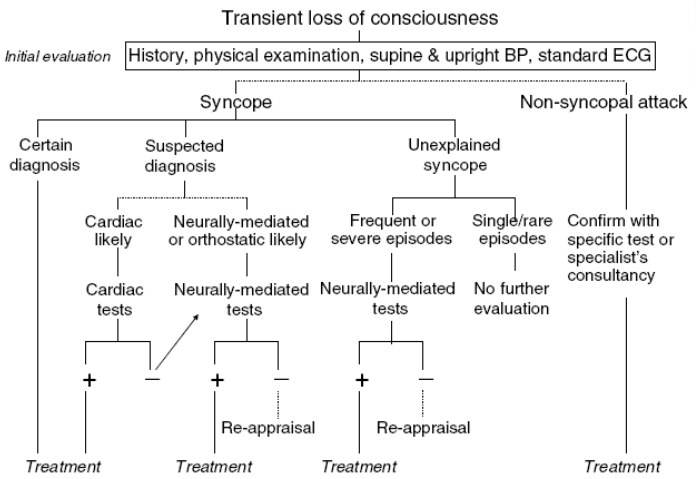
Common External causes:

1. Heat stress:
   - Heat Cramps
   - Heat Exhaustion
   - Heat Stroke
2. Fluid balance:
   - Dehydration
   - Water intoxication with Hyponatraemia
3. Infection
   - Gastro-intestinal tract
   - Respiratory system
   - Cardiac system (myocarditis)
4. Drugs and alcohol

Common internal causes of collapse are mostly cardiovascular related and will be discussed in more detail in the section with sudden cardiac death.

Evaluation of Syncope

Figure 2: suggested protocol for the evaluation of syncope



Neurocardiogenic syncope

Neurocardiogenic syncope occurs when there is a loss of consciousness secondary to a sudden reflex vasodilation or bradycardia, or both. Neurally mediated syncope in young adults are usually triggered by situational stressors, such as pain and prolonged standing under heat and with dehydration. They are also implicated in the majority of exercise-related syncopal events, particularly those that occur immediate after exercise.

It is by far, the commonest cause of ERS. When vigorous exercise was terminated without a proper cool down, there is abrupt cessation of venous return. Circulating catecholamines remained high and persistent forceful ventricular contractions against a diminished ventricular volume are postulated to stimulate ventricular mechanoreceptors excessively. Vagal reactivation would become prominent resulting in sudden reflex bradycardia, vasodilation, hypotension and syncope.

Athletes are believed to be particularly predisposed to neurocardiogenic syncope. Regular endurance training results in enhance vagal modulation and may sensitize the efferent limb of the neurocardiogenic reflex. In addition, training related hemodynamic changes may put athletes at greater risk for orthostatic intolerance.

Diagnosis of neurocardiogenic syncope can usually be made after a thorough medical history, physical examination and selected testing to specifically exclude known pathology. Upright tilt-table testing is frequently used. However, it is not diagnostic in well-trained athletes because orthostatic stress may cause a positive result in many athletes with no clinical history of syncope.

Neurocardiogenic syncope in athletes is generally benign and has a favorable long-term prognosis. Management of neurocardiogenic syncope in competitive athletes is mainly nonpharmacological with focus on adequate hydration, cool down period and training on counter pressure techniques such as squatting and leg-crossing (see figure 2). With the rare exception of patients with refractory symptoms, permanent pacemaker implantation is not necessary.

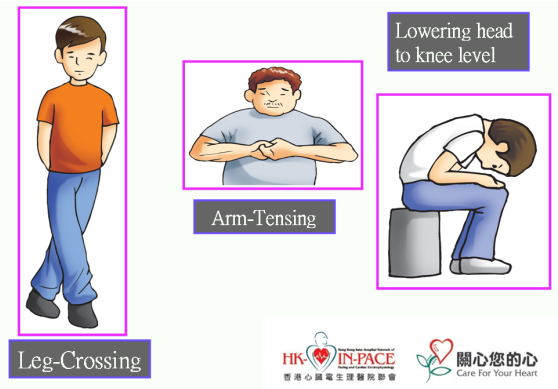
Exercise Related Sudden Cardiac Arrest

Non-traumatic cardiac arrests that we see in the sports fields are mostly cardiovascular in origin. Sudden Cardiac Arrest (SCA) in athlete is uncommon but catastrophic. They are usually related to congenital or structural abnormalities in younger than 35 years old and coronary artery disease inthose 35 years old and above.

For those younger than 35 years of age, SCA is a rare event (one per 100,000). They are typically unrecognized prior to death and rather unpreventable. They are mostly congenital or structural defects including hypertrophic and arrhythmogenic right ventricular cardiomyopathy, coronary anomaly and ion channelopathy such as long QT syndrome and Brugada syndrome.

For older athletes 35 years old and above, over 90 % are related to coronary atherosclerosis. These patients usually have multiple coronary risk factors. Other common causes include dilated cardiomyopathy and valvular heart disease.

Figure 3: Physical Counter-pressure maneuvers



Young competitive athletes

For young competitive athletes, pre-participation screening is recommended according to the recently published American Heart Association recommendations to pre-participation screening for cardiovascular abnormalities in competitive Athletes - 2007 update.

Medical history

Personal history

1. Exertional chest pain / discomfort
2. Unexplained syncope/near-syncope†
3. Excessive exertional and unexplained dyspnea / fatigue, associated with exercise
4. Prior recognition of a heart murmur
5. Elevated systemic blood pressure

Family history

6. Premature death (sudden and unexpected, or otherwise) before age 50 years due to heart disease, in first degree relative
7. Disability from heart disease in a close relative < 50 years of age
8. Specific knowledge of certain cardiac conditions in family members: hypertrophic or dilated cardiomyopathy, long-QT syndrome or other ion channelopathies, Marfan syndrome, or clinically important arrhythmias

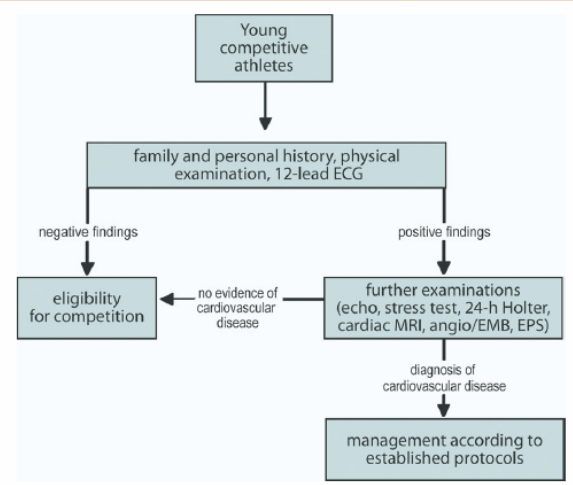
Physical examination

9. Heart murmur‡
10. Femoral pulses to exclude aortic coarctation
11. Physical stigmata of Marfan syndrome
12. Brachial artery blood pressure (sitting position)

Both the Italian and the European Society of cardiology adopt very similar approaches for screening with the exception of a mandatory requirement of resting ECG (Figure 5). It has been showed the annual incidence of sudden death in athletes screened under such protocol in Italy has declined dramatically over the past years.

While normal individuals are cleared for general eligibility, those young competitive athletes with certain cardiovascular abnormalities might also be eligibility to a particular sports according the 36th Bethesda Conference eligibility recommendations for competitive athletes with cardiovascular abnormalities.

Figure 5: European Society of Cardiology Pre-Participation Examination Protocol



Pre-participation evaluation for older individuals (>35 years old) who plan to start moderate to vigorous exercise:

Basic pre-participation evaluation, including treadmill stress test, are generally recommended to:

1. all older athletes i.e. males ≥ 45 and females ≥55 years,
2. symptomatic: such as syncope or near-syncope, chest pain and palpitation especially if they are exercise related.
3. asymptomatic individuals with Diabetes Mellitus or have two or more major cardiovascular risk factors.

Conclusion

Although syncope is generally a benign event in young adults, exercise-related syncope (ERS) can signal sudden death. Parents, coaches and team physicians should have a higher index of suspicion and to conduct a thorough investigation for a pathologic etiology whenever necessary. By far, neurocardiogenic syncope is the commonest cause of syncope in otherwise healthy individuals. Diagnosis can usually be made after a thorough medical history, physical examination and selected testing to specifically exclude known pathology. These athletes can usually be managed by adequate hydration, proper cool down and training on counter pressure techniques.

Sudden Cardiac Arrest (SCA) in athlete is usually related to congenital or structural abnormalities in those younger than 35 years old and related to coronary artery disease in those 35 years old and above. Systematic pre-participation screenings for young competitive athletes are recommended with emphasis on detail personal and family histories as well as thorough physical examination. Mandatory resting ECG tests were used in Europe as such protocol has been shown to improve outcome. For older individuals (≥35 years old) who plan to start moderate to vigorous exercise, basic pre-participation screenings and treadmill stress tests are generally recommended if they are old (≥ 45 and females ≥55 years), diabetic, high cardiovascular risk (≥ 2 major risk factors) or symptomatic.

Suggested readings:

1. Maron BJ. Sudden death in young athletes. N Engl J Med 2003;349:1064–75.
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4. Corrado D, Pelliccia A, Bjornstad HH, et al. Cardiovascular preparticipation screening of young competitive athletes for prevention of sudden death: proposal for a common European protocol. Consensus statement of the Study Group of Sport Cardiology of the Working Group of Cardiac Rehabilitation and Exercise Physiology and the Working Group of Myocardial and Pericardial Diseases of the European Society of Cardiology. Eur Heart J 2005;26:516 –24.
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淺談運動生物力學

隨著運動科學對人類極限的了解增加。人類不管在陸上或水中的記錄同樣不斷被推前。在去年北京奧運期間比較火熱的話題有牙買加的百米飛人Usain Bolt、南非殘障飛人Oscar Pistorius、美國的新水怪Michael Phelps及日本蛙王北島康介等等，他們的成績都是運動員及科研人員努力的成果。而在種種的科研中，運動生物力學可算是比較年青的一角。如果以國際運動生物力學學會(ISBS)成立的時間來計算，運動生物力學大約有26歲，始於1983年。然而，運動生物力學卻每天都出現在我們的身邊。舉一個最簡單的例子：辦公室桌椅應如何設計才能避免使用者受到傷害以及讓使用者感覺舒適已與「人體工學」有關；在亞洲地區，也有人將此一概念延伸到健身器材上，開發出適合亞洲人體形之健身器材，期能增強運動表現。從這兩個例子中可以看出現今運動生物力學在預防傷害以及增強表現中扮演著重要的角色，而這也同時是運動生物力學目前發展的兩大應用方向。

從生產面來看，根據去年運動器材出入口統計，巴基斯坦、中國及台灣對運動器材製造及出口產量佔全球68%，是全球運動器材主要來源地。而從市場需求面來看，隨著中國人口及運動意識增加，中國人對運動及周邊需求亦同樣提升。這兩種現象顯示出我國在運動科學—特別是生物力學的研究上，帶來不少的發展契機。然而，要將運動生物力學此門學問發展至應用層面並非一件易事，原因在於這類工業生產上可能是機械工程師的責任，可是器材對身體的成效就必須通過科學研究才可以得知及改善。曾經聽過有機械工程師及醫學工程的學者抱怨，學者委託工廠希望製造出一件可改善下肢肌力的儀器，學者指出很多在醫學上的依據給予這位機械工程師，而這位工程師亦指出了很多生產工序的意見給這位學者，而在溝通的過程中，囿於不同領域有其專業的術語，溝通上因此產生了困難。此時，若能有一位具備醫學以及機械相關背景的運動科學研究員居中加以翻譯解釋，將能提升雙方溝通的效率。

我舉這個例子其實就是想表達出在現實生活上，運動生物力學研究的其中之一種工作就是要充當人類及機械的翻譯員。當然運動生物力學亦要與其他學問，例如生理、心理以及運動醫學才可以相輔相成發揮最大的功用。但是如果我們多了解一些力學的原理，我相信每位熱愛運動的人都很有可能成為將來出色的學者或一位優秀的運動員。要了解運動生物力學其實可以很簡單，「磅秤」對於一般人可能是用來測量體重的工具，而了解運動生物力學的人就會解釋成這只是一個用來量度彈簧變形量的工具而已，了解彈簧變形量跟重量關係就可以知道體重，再把自己的身高及體重去計算身體質量指數(BMI)，就已經可以測量簡單的體重及肥胖標準，運動生物力學最簡單不過如此。

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前輪椅劍擊世界冠軍

Medical Support to Young Local Soccer Players' Trip to Barcelona

Being the official medical consultant for FC Barcelona ESCOLA Hong Kong, The Hong Kong Jockey Club Sports Medicine and Health Sciences Centre (HKJCSMHS) provided professional medical support to the Under-9 years old soccer team for their 2009 Easter training and tournament in Barcelona.

From April 4 to 14, 2009, Dr. Joseph Jeremy Chang, an orthopaedic resident of HKJCSMHS accompanied a team of 14 players and 26 parents and staff to Barcelona, where Dr. Chang served as the official team physician. Throughout the trip, 3 players and 3 parents suffered from flu-like symptoms. All patients recovered well after prescribing with flu medications. In addition, 1 player suffered from minor leg contusion and abrasion during the training. 1 player had ankle sprain, and 1 player had contusion over his arm during the tournament. All of them were minor injuries, and were treated conservatively with analgesic spray and cream. All medications and medical equipment were contributed by the funding of HKJCSMHS.

The Sports Federation and Olympic Committee of Hong Kong, China strives against Doping in Sports

The Hong Kong Anti-Doping Committee (HKADC) chaired by Prof. Frank Fu, a pioneer in sports science in Hong Kong and also the Journal Editor of HKASMSS, was newly established by the Sports Federation and Olympic Committee of Hong Kong, China (SF&OC) in September, 2008. It was set up as a result of the SF&OC's commitment to the purposes of the World Anti-Doping Program seeking to preserve "the spirit of sport". HKADC is not only responsible for promoting educational programs to the sport community on anti-doping policy, but also for educating the general public, especially youths, regarding the ethics of doping in sports.

The anti-doping policy adopted is in full compliance with the World Anti-Doping Code by the World Anti-Doping Agency (WADA). It applies to SF&OC, athletes, team members, athlete support personnel and National Sport Associations. All athletes and athlete support personnel must be knowledgeable of and comply with all anti-doping policies and rules applicable to them. For the athletes who are not regular members of the NSA, they must be available for sample collection and provide accurate and up-to-date whereabouts information on a regular basis during the year before the Olympic Games as a condition of participation in the Olympic Games as a member of the Hong Kong Olympic Team. Any person who is found to have committed an Anti-Doping Rule Violation will be ineligible for membership or selection in any team, to receive funding from or to hold any position on the SF&OC for a period of two calendar years from the date when the sanction is given. When a member of a team breaches the anti-doping policy, the sanction may extend to the whole team. List of prohibited substances and methods can be obtained from the website: http://www.wada-ama.org/rtecontent/document/2009_Prohibited_List_ENG_Final_20_Sept_08.pdf.

For the full document of the Anti-Doping Rules, please visit our website at http://www.hkasmss.org.hk. For further details, please refer to the following websites:

1. http://www.hkolympic.org/article/mainmenu
2. http://www.wada-ama.org/en/

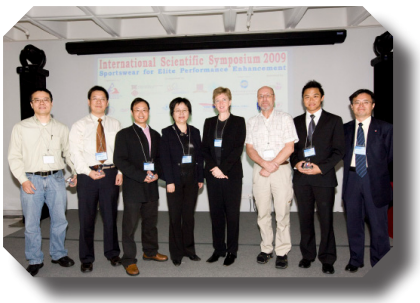
Past Activities

SF&OC Spring Dinner and Annual General Meeting

The HKASMSS council was honored to be invited to attend the annual SF&OC Spring Dinner cum Bank of China Hong Kong Sports Stars Awards 2008 Presentation Ceremony on February 16, 2009.

On behalf of the association, our Vice President, Dr. Lobo Louie, attended the SF&OC Annual General Meeting on March 31, 2009.

International Scientific Symposium – Sportswear for Elite Performance Enhancement



With the support of HKASMSS and other seven organizations, a one-day International Scientific Symposium jointly organized by the Hong Kong Sports Institute, Institute of Textiles and Clothing of Polytechnic University and the Jockey Club Sports Medicine and Health Sciences Centre was successfully held on March 21, 2009, with the theme "Sportswear for Elite Performance Enhancement". Nearly 120 local and overseas sports professionals and enthusiasts participated in the Symposium.

The Symposium provided a platform for international and local experts to share their experience and knowledge on technological advancements in sportswear design and manufacturing. Dr. Daniel Fong, Commission Member of HKASMSS, was invited to give a speech on his research of the innovative design of ankle sprain-free sport shoes. A mini-fashion show was organized to demonstrate the concept of advanced sportswear design at the end of the Symposium.

Past Activities

Hong Kong Police Force Workshop

Our association was invited to organize a workshop on sports injuries for Hong Kong Police Force on March 29, 2009. The workshop was delivered by our President, Dr. Patrick Yung, Vice President, Dr. Lobo Louie, and association members, Mr. Billy So and Mr. Raymond Cheung.




The workshop was simply divided into four sessions. Dr. Yung first presented common sports injuries and current advances in treatment. The advantages and disadvantages of using various fitness equipments were then pointed out by Dr. Louie. At the end of the workshop, Mr. So and Mr. Cheung, registered physiotherapists, demonstrated stretching exercise and basic tapping technique.

Upcoming Events

Workshop for Hong Kong Police Force Carnival

Hong Kong Police Force invited HKASMSS to hold the workshop about common sports injuries and sports training again. The workshop will be organized during the Hong Kong Police Force Carnival on May 31, 2009. It will consist of presentation and demonstration.

Hong Kong Housing Society "Sports for Elderly" Workshop

The Hong Kong Housing Society invited HKASMSS to deliver workshops on sports for elderly in May, June and July. There will be a short presentation and demonstration of exercises. The workshop will be conducted in Hong Kong Housing Society Elderly Resources Centre once a month.

Sports Study Opportunities in CUHK

Sports careers in Hong Kong was disscuessed in the last issue. We are honored to have Prof. Stephen Wong to introduce the postgraduate and undergradate programmes offered by the Chinese University of Hong Kong.

Prof. Stephen Wong
Professor, Department of Sports Science and Physical Education, The Chinese University of Hong Kong

On behalf of the Department of Sports Science and Physical Education (SSPE) of The Chinese University of Hong Kong, I am delighted to have been offered the opportunity to highlight the graduate and undergraduate programmes on offer in our department. The mission of the Department reflects the contention that physical activity is beneficial for one's mental and physical health and our Department is extremely proud of both achieving a high level of research, and also of providing outstanding service to the local community over the past number of years.

The four-year Bachelor of Education (B.Ed) undergraduate programme aims at training physical education teachers, coaches, and sports management personnel for local academic institutions, as well as government and private organisations. The programme attracts an extremely high standard of high school student who benefit from low student-professor ratios thus enabling the staff to provide individual attention to student needs in an interactive and cooperative atmosphere. A multi-disciplinary approach is implemented to provide students with a sound basis to develop health-related physical education (see figure 1).

Figure 1: A multi-disciplinary approach is implemented in the B.Ed programme

Career opportunities for B.Ed graduates include the option to train as generalists in sports and physical education, or specialist in areas of Exercise Physiology, Sports Biomechanics, Sports Psychology, Sports Management, Physical Education Curriculum, Sports Pedagogy, Health and Fitness and Test and Measurement. Students can also choose pursue further education at Master's and Doctoral level.

At postgraduate level, our department offers both research and non research-oriented programmes to provide in-service personnel with the opportunity to continue their studies in order to obtain further training and to gain greater understanding of the field.

The Post-Graduate Diploma in Exercise Science and Physical Education (PG.Dip.) provides students with the opportunity to resume their studies while continuing to maintain their career responsibilities. This programme is designed to provide specialized training in Exercise Science and Physical Education for those in the profession of sports, education, recreation, health, fitness and social services and those interested in the profession of exercise science and physical education. The department also invites in-service teachers to apply for the Master of Education in Sports Science and Physical Education (M.Ed.). Graduates from this programme will possess an in-depth understanding in major areas of sports science and physical education allowing them to specialize in a particular area of interest, increase their knowledge in physical education practice, or pursue research. In addition, the Master's of Science in Exercise Science (M.Sc.) invites applicants from a wide range of helping professions to study physical activity and exercise using a biomechanical, psychological, sociological, or physiological approach with a view to incorporating exercise into their professional programmes. The Master of Arts in Sport Studies (M.A.) facilitates the study of sports science by focusing on the provision and practice of sport in modern societies. It will provide a sound theoretical background to enrich students' knowledge base and enable them to apply this knowledge to their specific sport setting. This provision of this course will serve the specific needs of sports administrators, promoters, and high-performance coaches. All post-graduate courses of study are organized to provide maximum flexibility and to optimize course content to meet the individual needs of professional men and women in the sport, exercise, and physical education teaching fields.

The researched-based Doctor (Ph.D) and Master of Philosophy (M.Phil) programmes afford students the opportunity to study physical activity (including sport) using a biomechanical, psychological, sociological, pedagogical or physiological approach. Consequently, all of the research conducted in the Department is focused on physical activity in terms of its contribution to related fields of sports medicine, health and exercise. Amongst other requirements, all M.Phil and Ph.D students are required to conduct independent research, submit a thesis and pass the oral defense. In addition, all students are required to achieve a certain level of competence in IT.

All staff members within our department are continually involved in research projects that investigate issues specifically related to physical activity and its influence on health. As a group, we are committed to producing evidence-based papers that are published in high-ranking, peer-reviewed academic journals. Consequently, our research serves to ensure that learning experiences will reflect current theories and applications particularly as they affect the changing needs of the Hong Kong society. For more information on all of the courses available in our department, please log on to http://www.cuhk.edu.hk/spe/.

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