



GPBUZZ

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Every Moment a Rehabilitation Moment



**MANAGING LOW BACK PAIN AT
DAY REHABILITATION CENTRES**

**STRIDING TOWARDS RECOVERY:
UPPER LIMB REHABILITATION POST STROKE**

**BRIDGING CARE
FROM HOSPITAL TO HOME**

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THE GPBUZZ EDITORIAL TEAM:

Ms Evelyn Tan
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ADVISORY PANEL:

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 Ms Doreen Yeo
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or



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Redefining Rehabilitation: Tailored to the Community

As the population of older Singaporeans continues to grow, the prevalence of frailty and residual disability inevitably increases among them. Furthermore, individuals of various age groups are living with a spectrum of disabilities that necessitate rehabilitation, either in hospital settings or within their communities. However, the current rehabilitation system falls short in adequately meeting the demands of this diverse demographic, calling for a pressing need to redefine the rehabilitation journey for both

patients and their caregivers. This transformation requires an integrated care model that takes a holistic view of the requirements of both patients and caregivers. To reshape the entire rehabilitation process, TTSH has established an initiative to introduce **“Rehab without Walls: Every Moment a Rehabilitation Moment (EMRM)”** in the Integrated Care Hub (ICH).

This measure seeks to revolutionise the rehabilitation experience for patients, caregivers and healthcare providers by creating rehabilitation opportunities anytime and anywhere — whether within the hospital, at home, or in the community. Through this reimagined rehabilitation approach, every healthcare professional will adopt trans-disciplinary roles to deliver EMRM-centered care. Caregivers will receive coaching to make them feel empowered, establishing a sense of responsibility in them to support the patients’ recovery as integral partners in the rehabilitation process.

ICH offers a comprehensive range of inpatient care services tailored to diverse rehabilitation complexities. Tertiary Rehabilitation (TR) caters to patients that require assessment and intervention from specialised rehabilitation physicians, such as those with moderate/severe stroke, spinal cord injuries, and similar conditions. Intermediate Rehabilitation (IR) focuses on general reconditioning post-medical or surgical procedures, while Subacute (SA) care oversees inpatient needs with basic rehabilitation services. In adherence to the National One rehabilitation framework, each segment ensures that patients gain prompt access to the appropriate type and level of rehabilitation care, contributing to a more patient-oriented approach.

Sincerely,
Adj A/Prof Loh Yong Joo,
Head, Department of Rehabilitation Medicine,
Tan Tock Seng Hospital



Silver Threads Weave a Community Tapestry

Highlights from the Singapore Patient Conference 2023

In the heart of Singapore, on 18 October 2023, the 11th edition of the Singapore Patient Conference unfolded with the theme 'Senior Volunteerism in Health and Social Care.' It was not merely a gathering; it was a celebration of the silver-haired heroes weaving stories of compassion and connection.

Against the backdrop of the conference's vibrant theme, over 500 attendees were treated to an array of inspiring narratives. The stage resonated with the tales of senior volunteers who, like threads in a tapestry, intricately contribute to the fabric of their communities. From heart-warming stories of residents touched by their efforts to the profound impact on social bonds, each speaker illuminated the significant influence seniors hold in shaping the social and healthcare landscape.

Representatives from esteemed organisations such as the National Volunteer & Philanthropy Centre, Tsao Foundation, TOUCH Community Services and Bishan East Zone 1 RC Green Hub took the stage, sharing insights into the transformative power of senior volunteerism.

A significant highlight of this edition was the launch of the National Healthcare Group (NHG) Network for Senior Volunteers. This network is a vibrant 'marketplace' of volunteer opportunities and focuses on connecting seniors, volunteers, and residents within Singapore's central region. By providing a seamless avenue for involvement, the network aims to enhance accessibility to volunteering opportunities, fostering a stronger sense of the 'Kampung' spirit within neighbourhoods. Network for Senior Volunteers is a feature that can be found in the NHG Cares mobile application.

The atmosphere buzzed with enthusiasm as the network promised not only to bridge gaps but also to create a synergy that transcends age. This initiative is poised to be the catalyst for a community-driven movement, where the wisdom of seniors meets the energy of volunteers, knitting a richer, more tightly woven tapestry of care and support for all. As the curtains fell on the 11th Singapore Patient Conference, it left behind not just stories but a collective resolve to continue weaving the threads of compassion, one volunteer at a time.

Launch of the NHG Network for Senior Volunteers by Mdm Rahayu Mahzam, Senior Parliamentary Secretary, Ministry of Health and Ministry of Law, at the 11th Singapore Patient Conference on 18 October 2023.



Active Ageing Centre

Communities of Practice:

Building Healthier & Happier Communities Together at CHALK 2023

The 5th edition of the Central Health Action and Learning Kampung (CHALK) unfolded as an inspiring day of collaboration and community building. The event, themed "Building Healthier and Happier Communities Together", brought together nearly 200 participants from 33 organisations around Central Singapore.

The day began with CHALK Inspiration, where esteemed speakers Dr Emi Kiyota (Ibasho) and Ms Michelle Lau (KampungKakis) shared valuable insights on building sustainable communities both locally and abroad. Their presentations broadened mindsets to view each individual in our community, be it resident, volunteer or caregiver, as capable agents of change who each play a vital role in strengthening communities. A thought-provoking panel discussion, moderated by Ms Sharon Tang (Care Corner Singapore) and featuring the speakers alongside panellist Ms Wong Li Peng (TOUCH Community Services), addressed topics such as senior volunteerism, safeguarding interests amid growing cyber threats, and the agility of systems to support resident empowerment.

Following insightful discussions, the audience were treated to a delightful performance by senior members of the Home Nursing Foundation Wellness Club@Buangkok's Angklung Choir, who serenaded everyone with the enchanting melodies of Angklung music. This performance served as an energising interlude before the participants actively engaged in CHALK In Action, a series of interactive sessions aimed at rallying residents and partners to take collective action in building communities in Central Singapore.

CHALK In Action sessions, led by partners from eight community partners, provided a platform for participants to explore ways to harness residents' strengths, tap into collective networks, and pool resources to foster health ownership across diverse resident groups. A noteworthy addition to this year's CHALK In Action was the enthusiastic participation of Central Health volunteers in the conversation. Their inclusion introduced an alternative voice and enriched discussions with unique perspectives, experiences and thoughts, further emphasising the diverse and inclusive nature of this year's community-building efforts. These conversations up close underscored the shared responsibility each of us hold in community building.

One of the event's key highlights was the return of the CHALK Poster Competition, where 14 impressive entries reflected our community partners' dedication to building activated communities within Central Singapore. The competition not only showcased diverse initiatives taking shape within the community, but also provided a valuable opportunity for knowledge exchange and collaboration, by sparking meaningful conversations and valuable connections among participants. A total of seven awards were presented, recognising outstanding entries that demonstrated collaboration, innovation, value, sustainability and impact, and served as an inspiration for others on the shared journey of community activation.

A seamless blend of inspiration, performance, and active participation, CHALK 2023 showcased the commitment and enthusiasm of the Central Health community in co-learning, co-creating, and networking towards building healthier and happier communities in the heart of Singapore!



An engaging Angklung session led by senior performers from Home Nursing Foundation's Angklung Choir



Participants of Central Health Action and Learning Kampung (CHALK) 2023 including community partners, agencies, Institute of Higher Learning and volunteers.

NEW

Healthier SG Benefits for your Healthier SG enrollees

Available from **1 February 2024**

Under Healthier SG Chronic Tier

- Healthier SG enrollees who are CHAS/ PG/ MG cardholders can get selected medications for chronic conditions at their enrolled Healthier SG GP clinic, at prices that are comparable to those at polyclinics.
- These medications are commonly used to manage conditions under the Chronic Disease Management Programme (CDMP) and are similar to those found in the polyclinics. Please visit the Healthier SG website (<https://go.gov.sg/healthiersg-medication-list>) for the list of selected chronic medications ('Healthier SG Medication List').
- Healthier SG enrollees who are CHAS/ PG/ MG cardholders may choose between the existing CHAS Chronic Tier or Healthier SG Chronic Tier at each visit, to apply the subsidy tier that would best benefit them based on their medication needs.
- Pro-ration of the annual subsidy balance will apply accordingly. When one subsidy tier is used at a visit, the unused annual dollar subsidy balance for the tier will be pro-rated to account for the different annual limits.

NEW

Healthier SG Chronic Tier

CHAS Cards		CHAS Green	CHAS Orange	CHAS Blue	Merdeka Generation	Pioneer Generation
For Patients with CDMP Chronic Conditions	Simple ¹	Up to \$28 subsidy per visit, capped at \$80 per year	Up to \$50 subsidy per visit, capped at \$130 per year	Up to \$80 subsidy per visit, capped at \$210 per year	Up to \$85 subsidy per visit, capped at \$230 per year	Up to \$90 subsidy per visit, capped at \$240 per year
	Complex ¹	Up to \$40 subsidy per visit, capped at \$110 per year	Up to \$80 subsidy per visit, capped at \$210 per year	Up to \$125 subsidy per visit, capped at \$330 per year	Up to \$130 subsidy per visit, capped at \$350 per year	Up to \$135 subsidy per visit, capped at \$360 per year
	Simple or Complex Tier	50% subsidy, with no dollar cap	75% subsidy, with no dollar cap	75% subsidy, with no dollar cap	81.25% subsidy, with no dollar cap	87.5% subsidy, with no dollar cap

¹ "Simple" refers to visits for a single chronic condition. "Complex" refers to visits for multiple chronic conditions, or a single chronic condition with complication(s).
² Services refers to healthcare services provided by the Healthier SG GP clinic, such as consultation and investigations (e.g. blood tests).
³ Refers to all other medications which are not defined in the Healthier SG Medication List.
⁴ Applies to chronic medications defined in a Healthier SG Medication List, which comprises medications which are commonly used at the polyclinics for management of conditions under CDMP. A list of these selected chronic medications can be found on <https://go.gov.sg/healthiersg-medication-list>.

Existing

CHAS Chronic Tier

CHAS Cards	CHAS Green	CHAS Orange	CHAS Blue	Merdeka Generation	Pioneer Generation	
For Patients with CDMP Chronic Conditions	Simple (Fixed Dollar Subsidy applicable for all components of the bill)	Up to \$28 subsidy per visit, capped at \$112 per year	Up to \$50 subsidy per visit, capped at \$200 per year	Up to \$80 subsidy per visit, capped at \$320 per year	Up to \$85 subsidy per visit, capped at \$340 per year	Up to \$90 subsidy per visit, capped at \$360 per year
	Complex (Fixed Dollar Subsidy applicable for all components of the bill)	Up to \$40 subsidy per visit, capped at \$160 per year	Up to \$80 subsidy per visit, capped at \$320 per year	Up to \$125 subsidy per visit, capped at \$500 per year	Up to \$130 subsidy per visit, capped at \$520 per year	Up to \$135 subsidy per visit, capped at \$540 per year

Use of MediSave

- No cash co-payment required when Healthier SG enrollees use their MediSave (up to the MediSave 500/700 withdrawal limit) for chronic disease management at their enrolled GP clinic. Please refer to for.sg/HSG-MediSave for more information on MediSave claims.

TTSH Community Right-Siting Programme (CRiSP)

Patients on TTSH CRiSP may continue to receive subsidised drug support services for medications from TTSH Pharmacy.

To find out more about CRiSP, please contact Primary Care Partners Office (PCPO) at gp@ttsh.com.sg.

CME Events

Date & Time of Event	Organising Department	Name of Event	No. of CME Points Awarded	Registration Details
Saturday, 16 March 2024, 1.00 - 5.00pm	National HIV Programme (NHVP) under National Centre for Infectious Diseases (NCID)	HIV PrEP Prescriber Course 2024	CME points will be awarded	Registration link: https://for.sg/hivprep For queries, please contact: nhvp@ncid.sg
Saturday, 30 March 2024, 2.00 - 3.30pm	NHG Eye Institute @ Tan Tock Seng Hospital	General Practitioner Workshop on Ophthalmology	1 CME Point	Registration link: https://for.sg/xk2fqy Email: eye@ttsh.com.sg
Saturday, 27 April 2024, 2.00 - 4.00pm	Pearl Partnership Development, Tan Tock Seng Hospital	A Multidisciplinary Masterclass Series: Common Risks to Chronic Diseases - Obesity	2 CME Points	Registration link: https://for.sg/multidobesity2024 Sign up by 20 April 2024 For enquiries, please email Corporates@ttsh.com.sg

Managing Low Back Pain at Day Rehabilitation Centres

Dr Mark Tan,
Consultant, Department of Orthopaedic Surgery (Spine), Tan Tock Seng Hospital

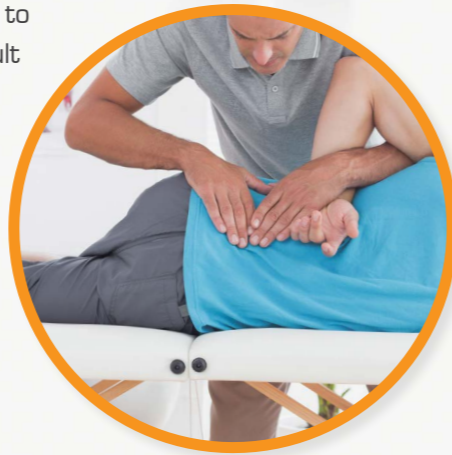


Low back pain can present as a severely debilitating condition and may lead to significant anxiety in our patients. Studies suggest that 80% of our local adult population is expected to experience low back pain at some point in their lives. With our population ageing and the evolution of activities in the younger generation, this prevalence is anticipated to rise further.

The possible causes of low back pain range from non-structural to structural etiologies. It can be precipitated by something non-specific such as poor posture or ergonomics. Alternatively, it may be due to fractures, infective, degenerative, and pathological conditions. Therefore, it is crucial for us to rule out any sinister issues of back pain through detailed patient history and comprehensive physical examinations of the patients.

Red flags indicative of neurological issues or underlying pathological conditions should be actively elicited. Neurological issues would include radicular pain, weakness, numbness, or recent changes in urinary and bowel habits, while symptoms suggestive of an underlying pathological cause encompass a history of cancer, night pain, trauma, fever, and constitutional symptoms such as loss of appetite and weight. Patients exhibiting these signs would require a review by a spine specialist and additional diagnostic workup.

Fortunately, most of the back pain that our patients experience does not require surgical intervention. Referring these patients to Day Rehabilitation Centres (DRCs) would be beneficial in improving their conditions. The pain that these patients experience is usually self-limiting and responds well to therapy. Physiotherapists guide patients through movement and strengthening exercises aimed at pain alleviation, reducing recurrence, and improving overall functionality. This cost-effective treatment has led to improved outcomes of many who previously suffered from back pain.



See pages 9 & 10 to learn more about patient's LBP rehabilitation journey at DRCs!

Journeying with Low Back Pain:

Restoring Movement & Function through Musculoskeletal Rehabilitation

Ms Lin Jingyi,
Senior Physiotherapist, Cluster Head, Internal Day Rehabilitation Centre & Senior Care Centre



Acute LBP typically resolves within four weeks, with recurrence for some. Chronic Low Back Pain (LBP) – where pain continues for 12 weeks or longer, often results from mal-adaptive movement and motor control which develops even after the tissues have healed post-acute injuries.

This adaptive pattern in turn causes abnormal tissue loading, resulting in a cycle of pain. A multi-factorial disorder, LBP may be driven by pathoanatomical, neurophysiological, physical, and even psychosocial factors, which interact and impact the individual at varying degrees.

Physiotherapy interventions, targeted to alter the movement patterns, are effective in managing chronic LBP conditions!

Physiotherapy at a Day Rehabilitation Centre (DRC) may help alleviate this chronic pain through a variety of different approaches. It starts with a detailed assessment at the DRC:

A physiotherapy assessment at a **Day Rehabilitation Centre (DRC)** typically consists of:



Basic physical assessment

Observation & analysis of the clients' movement patterns



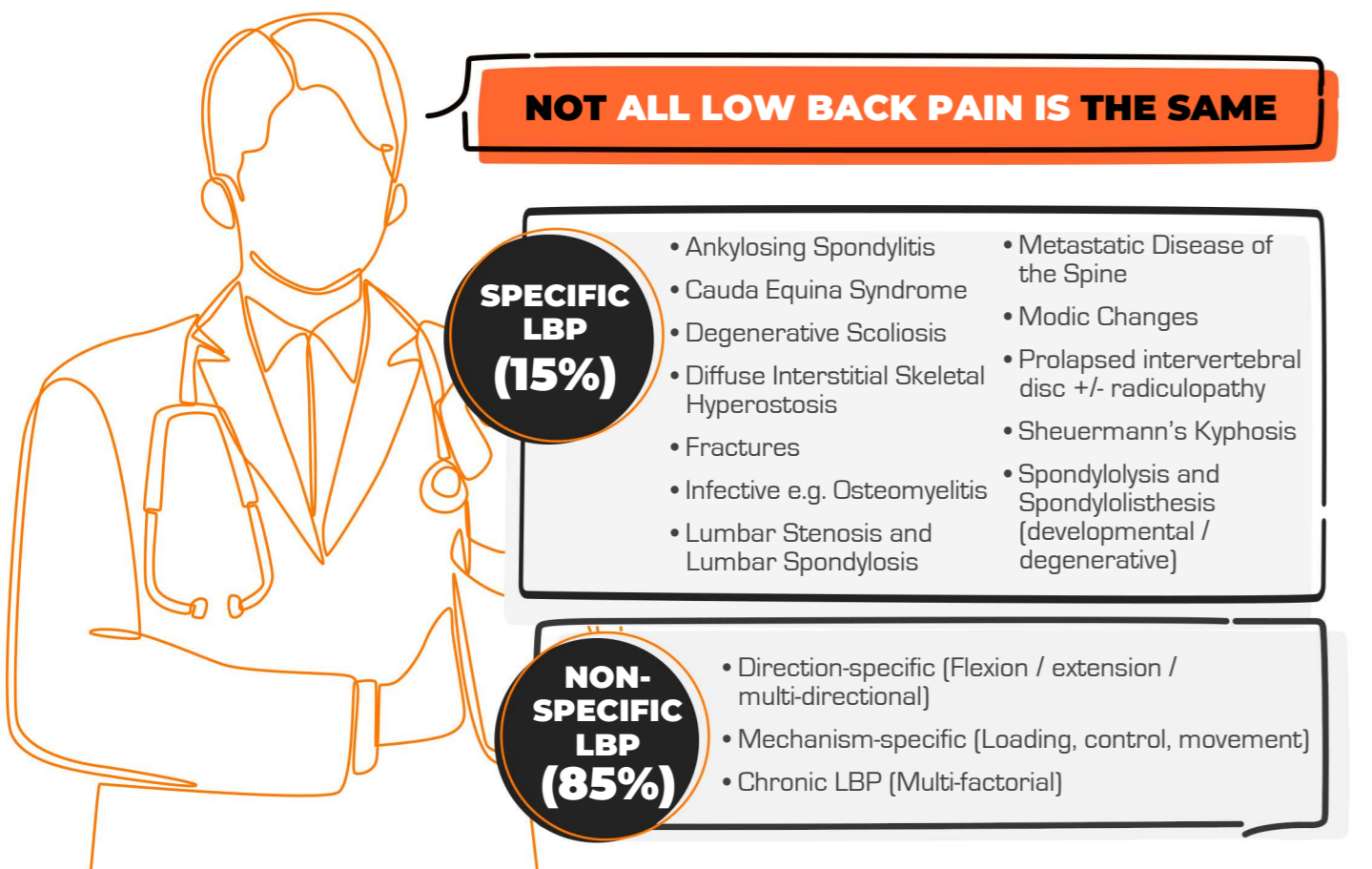
Interviews of the clients':

- Social makeup
- Home environment
- Current routine and lifestyles

After the assessment, the physiotherapist establishes rehabilitation goals based on clients' needs. **Intervention includes education on pain pathophysiology, lifestyle advice, coupled with manual therapy and exercise prescription to help the individual relearn movement patterns/posture that are least stressful for the tissues.** A DRC programme typically includes six sessions over weeks to six months. GPs may refer non-specific LBP cases to DRCs, while specific LBP conditions are usually referred to a DRC after the primary issues have been managed.



LBP is a common and disabling condition. However, it is possible to break the cycle of pain through correct diagnosis and physiotherapy interventions!



Reference:
O'Sullivan P. (2005). Diagnosis and classification of chronic low back pain disorders: maladaptive movement and motor control impairments as underlying mechanism. *Manual therapy*, 10(4), 242-255. <https://doi.org/10.1016/j.math.2005.07.001>

SPD DRCs are located at Toa Payoh, Tiong Bahru, and soon at Yishun and Canberra. GPs can refer clients based on preferred locations for SPD services. Scan here for more details on SPD services.



Bridging Care

from Hospital to Home



Hayley Chau,
Director, Operations
(Integrated Care Hub)

Established as a 17-hectare facility with 17 floors, the TTSH Integrated Care Hub (TTSH-ICH) is the latest milestone added to the HealthCity Novena masterplan development. Anchored on the care philosophy of "Every Moment a Rehabilitation Moment", TTSH-ICH commenced its operations in end September 2023 providing a suite of inpatient rehabilitation and subacute care services, to support patients in preserving function, regain independence and improve quality of life. The facility also includes a range of services run by Dover Park Hospice to provide comfort and palliative care to patients with advanced disease. Upon full opening in time to come, more than 600 beds would be available for rehabilitation, subacute care as well as palliative care services.

While the post-acute phase of rehabilitation and convalescence is commonly termed as "step-down care", the provision of intensive and goal-directed rehabilitation and recovery care actually enables patients to "step up" and regain their autonomy and optimise their sense of well-being. The care models, services and features within TTSH-ICH are meant to support the patients in bridging their journey from hospital to home.

Every Moment a Rehabilitation Moment

With guidance from the TTSH Rehabilitation Centre, ICH is equipped with tailored spaces and programmes crafted for patients to benefit from rehabilitation and therapeutic activities. These encompass gyms on every ward level, rehabilitation robotics, ward activity areas for communal activities, Sky Gardens supporting therapeutic horticulture, Community Mobility training, Adaptive Sports Court, Living Resource Studio, and ceiling hoists that reduce occupational injury risk to staff.

Beyond traditional rehabilitation, patients also get to participate in a range of activities such as communal dining, volunteer-led programs, and access useful health education information via bedside tablets.

These enable them to **Move Well** with nurse-led activities, **Eat Well** through communal dining, and **Sleep Well** which promotes quality sleep. Additionally, contributing to sustainability efforts, the building roof holds more than 300 solar panels that generate electricity and reduces carbon emissions.

We look forward to further innovations and partnerships to create meaningful rehabilitation moments that further empower our patients in their recovery journey.

See pages 12 & 13 for more information on Stroke rehabilitation at ICH!



Patient engaging in horticultural therapy



Person-centred Care



Striding towards Recovery:

Upper Limb Rehabilitation Post Stroke



Dr Deshan,
Consultant, Rehabilitation
Medicine, Integrative and
Community Care,
Tan Tock Seng Hospital



Chin Lay Fong,
Sr Principal Physiotherapist,
Allied Health,
Rehabilitation Centre,
Tan Tock Seng Hospital

Upper limb impairment is a common occurrence post-stroke, and has been reported in up to 48%¹ of stroke survivors in the acute stage and 30-66%^{2,3} in the chronic stage.

Being able to accurately prognosticate the recovery of upper limb function enables clinicians to set tailored goals and personalised therapeutic interventions for patients following a stroke, aiding better management of patients and their loved ones' expectations.

Conducting a structured bedside clinical examination of the upper limb serves as the foundation for predicting the recovery of the affected upper limb. In cases of severe upper limb impairment, the utilisation of a biomarker providing information on the corticospinal tract function can significantly assist in the precision of prognostication.

At the Tan Tock Seng Rehabilitation Unit, advanced non-invasive brain stimulation methods such as transcranial magnetic stimulation (TMS) have been implemented to assist in the prognostication process for patients with more severe upper limb impairments. TMS is a safe and painless way to activate neurons in the brain's cortex by holding an insulated coil of wire against the scalp.



*Transcranial Magnetic Stimulation,
Upper Limb Prognostication Investigation*

The coil generates a brief, rapid changing magnetic field, activating neurons near the brain's surface. Sensors attached to muscles in the affected upper limb help detect signals travelling from these activated neurons, down through the nerve tracts supplying the muscles. Utilising TMS in this way allows us to assess the functional integrity of the corticospinal tracts supplying the upper limb, proving to be an accurate early-stage prognosticator for upper limb recovery following a stroke.⁴

The information obtained will be used by clinicians to customise an upper limb programme with an optimal dose and intensity, facilitating motor learning and ultimately enhancing sensorimotor skills for each patient.

To maximise the likelihood of functional improvements, upper limb rehabilitation must be delivered at a high intensity and in a task-oriented manner. AMPLIFY is one such programme specifically designed for this purpose, aiming to empower stroke survivors to take control of their recovery journey. Through guided exercises that are tailored to the individual's level of impairment and function of their affected upper limb, the programme provides resource materials to guide patients through carefully-selected exercises for their affected upper limb.

*AMPLIFY Booklets for arm and hand
exercise practices and functional activities*



Stroke patients are advised to practise the exercises prescribed to them outside therapy and at home, and use their affected upper limb throughout the day to help bolster the intensity of therapy. These exercises supplement the ongoing inpatient and community-based therapy sessions across their recovery journey. The physiotherapists and occupational therapists will supervise the patients enrolled in this programme, progressively upgrading the exercises for increased challenge and task orientation. A key feature of this programme involves a behavioural component, where patients are encouraged to keep an exercise log to track the amount of daily exercise performed, and motivate continued practice. The ultimate goal of the AMPLIFY programme is to be part of a synergistic therapeutic approach, improving upper limb function and maximising the degree of independence to which the upper limb can be integrated into daily tasks and function.

AMPLIFY is currently introduced at the inpatient phase for patients who have suffered a stroke. Moving forward, we will be collaborating with our community partners to work on implementing this on a wider scale, to benefit a larger population of stroke patients.



References:

- 1) Persson HC, Parziali M, Danielsson A, Sunnerhagen KS. Outcome and upper extremity function within 72 hours after first occasion of stroke in an unselected population at a stroke unit. A part of the SALGOT study. *BMCNeural*. 2012;12:162.
- 2) Kwakkel G, Kollen BJ, van der Grond J, Prevo AJH. Probability of regaining dexterity in the flaccid upper limb: impact of severity of paresis and time since onset in acute stroke. *Stroke*. 2003;34:2181-2186.
- 3) Faria-Fortini I, Michaelsen SM, Cassiano JG, Teixeira- Salmela LF. Upper extremity function in stroke subjects: relationships between the international classification of functioning, disability, and health domains. *J Hand Ther*.2011;24:257-265.
- 4) Stinear CM, Byblow WD, Ackerley SJ, Barber PA, Smith MC. Predicting recovery potential for individual stroke patients increases rehabilitation efficiency. *Stroke*. 2017;48:1011-1019.

Enabling Active Ageing through Rehabilitative Exercises and Mobility Aids



Frailty is a common medical condition of poor health and function among the older population which increases one's risk of illness, disability, falls, hospitalisation, and death.

Keep a lookout for these warning signs:

- Do you feel tired most of the time for the past 4 weeks?
- Do you have difficulty climbing up 10 steps independently, without rest or aid?
- Do you have difficulty walking around 1 block independently, without rest or aid?
- Have you experienced more than 5 illnesses?
- Have you lost more than 5kg or 5% of your body weight in the last 1 year?

If any of the above applies to you, you may want to discuss with your general practitioner to check for frailty

Frailty can be characterised by:

- Muscle weakness
- Reduced physical activity
- Slow walking speed
- Unintended weight loss
- Subjective fatigue

Affecting up to 10% of people aged 65 years and above, frailty will continue to be more prevalent as we face an ageing population. Thankfully, it is preventable and reversible, especially when addressed early through multicomponent exercise training.

Multi-component exercises comprise aerobic, progressive muscle-strengthening, balance, and flexibility training. It has been found to improve physical function and reduce risk of falls in older adults.

HOW TO PREVENT FRAILTY?

EXERCISES

1 STRENGTHENING

[Recommended to do 2-3 days/week]

Purpose: Helps you stay strong, independent, and prevent fall-related injury

Do 1-3 sets of 8-12 repetitions, with 2-3 minutes of rest in between sets

Pro-tip! Do not hold your breath. Exhale as you exert.

A) WRIST CURLS



B) SIT TO STAND

If this can be done with ease, you may increase the intensity by carrying a backpack with load.



2 BALANCE

[Recommended to do 2-3 days/week, 8-20 minutes each day]

Purpose: To improve your stability and coordination in everyday activities and reduce risk of falls

Start with the easiest variation. Once you are able to confidently maintain balance for 30-60 seconds, progress to the next variation.

Pro-tip! Remember to practise near a stable support which you can hold on to should you lose balance, e.g. handrail.



3 STRETCHING

[Recommended to do 2 days/week]

Purpose: To keep your muscles flexible and reduce joint stiffness

Do 2-4 sets, holding each stretch for 30 seconds.

Pro-tip! Focus on relaxing and taking deep breaths.



4 AEROBIC (ALSO KNOWN AS ENDURANCE EXERCISES)

[Recommended to do at least 150 minutes/week, for adults aged 65 and above]

Purpose: To improve your heart and lung function and overall fitness, reducing your risk of chronic disease

Pro-tip! Using the Talk Test, you may achieve moderate intensity by exercising at a pace where you can talk, but not sing.



A) WALKING
An easy way to incorporate this into your daily routine is to get off the bus a few stops earlier and walk to your destination.

B) CYCLING
If you face instability or knee pain when walking, a good alternative is stationary cycling at the exercise corner.

WALKING AIDS

Should you experience leg pain and instability while walking, or have had recent falls/nearfalls, you may want to explore the use of a walking aid.

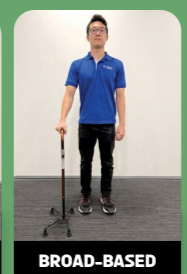


1) WALKING STICK

Providing the least support among walking aids, the single-sided walking stick offers the best maneuverability for people with mild balance impairment. It should be adjusted to the height of the wrist crease and held in the hand opposite to the weaker leg.



NARROW-BASED



BROAD-BASED

2) QUAD STICK (NARROW-BASED OR BROAD-BASED)

Having a wider base of support compared to the walking stick, the quadstick offers better stability while preserving maneuverability.



3) WALKING FRAME

Having the widest base of support, the walking frame provides the greatest stability. It allows people with weak lower limbs to redistribute their weight from the legs to both arms.



4) ROLLATOR FRAME

Similar to a walking frame but with 2 front wheels – you just have to push, with no lifting required. It is suitable for those who require two-hand support but have difficulty lifting up the walking frame repeatedly, although it has to be lifted up during narrow turns and crossing a kerb.





3 Steps for referring patients to TTSH

Here's a comprehensive chart listing the steps to refer **non-subsidised patients and patients under the Community Health Assist Scheme (CHAS)** to Tan Tock Seng Hospital (TTSH).

Step 1

PREPARE

Before You Contact TTSH

- 1 Get patient's full name, NRIC, date of birth and contact number. 
- 2 Check if patient has CHAS/MG/PG card. 
- 3 Prepare documents:
For CHAS referral:
(i) CHAS Cover Note and
(ii) Referral Letter 
For non-subsidised referral:
(i) Referral Letter only 

Step 3

INFORM

Inform patient after confirming appointment details*

- 1 Inform patient of Specialist Outpatient Clinic name, date and time of appointment 
- 2 Remind patient to bring all necessary documents for their appointment 

Step 2

CONTACT

TTSH Appointment Hotline:
6357 7000

- 1 Advise which clinic you are referring your patient to 
- 2 **For CHAS/ non-subsidised referrals**
Email referral documents to referrals@ttsh.com.sg** 


*To ensure that your patients are seen promptly at TTSH, triaging may be conducted by our staff. Our staff will get back to you with an appointment date within 3 to 5 working days.

** Please retain a copy of the documents for reference purpose. We thank you for your kind understanding.