

GP BUZZ

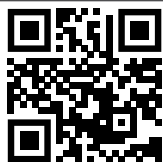
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JULY-SEPTEMBER 2020



**COVID-19:
AN ENDURING
PARTNERSHIP
DESPITE A GLOBAL
PANDEMIC**

**PROTECTING AND ENGAGING
OUR OLDER ADULTS DURING
COVID-19**

**THE NEXT STEP:
COVID-19 AND MENTAL
HEALTH**



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JULY - SEPTEMBER 2020

About the Cover Page:

COVID-19

AN OPPORTUNITY TO CULTIVATE DEEPER GP PARTNERSHIPS

Tan Tock Seng Hospital (TTSH) has been at the epicenter of the present Covid-19 outbreak since the first case in Singapore was diagnosed on 23 January 2020. As the hospital directly supporting the National Centre for Infectious Disease (NCID) in this outbreak, TTSH has had to downsize its business-as-usual healthcare services to enable the shift of resources, particularly doctors and nurses, into NCID to support the battle against Covid-19. Thus far, the collaborative model of an integrated clinical and operational platform has worked well, as the leaders and staff of TTSH and NCID worked closely together to manage and bring the outbreak under control.

At the same time, the primary care sector has also been playing an equally critical role in fighting the pandemic. As the early presentation of Covid-19 tends to be non-specific, many patients generally present first at primary care clinics with mild upper respiratory tract symptoms, rendering many of our GP and polyclinic partners the first doctors to attend to them. Primary care clinics constitute a critical first line of defense for early identification and isolation of Covid-19 suspects. In addition, the primary care clinics also plays an important role in supporting continuity of care during a pandemic for chronic care patients who are reluctant or discouraged from returning to the hospitals for follow-up.

We are dealing with a tricky viral infection with a wide spectrum of illness severity in terms of symptoms, complication rates and mortality risk. There is a need, as a healthcare system, to collectively triage and coordinate right-siting cases according to needs and severity, while maintaining close surveillance. Moving forward, more can be done to promote the collaboration between tertiary hospitals like TTSH-NCID and Public Health Preparedness Clinics (PHPC) in Central Singapore to manage the epidemic as one unit. By working closely together, resources can be better planned and distributed, thereby extending the frontline of the Covid-19 war to the community, leaving the hospitals with adequate capacity to deal with the more serious and complicated cases.

In many ways, the infectivity of Covid-19 seems to drive the healthcare system into disconnected and isolated parts, with outbreak management policies and practices that would appear antithetical to the principles of partnership and collaboration. But ironically, this is the very reason that the different healthcare sectors - specialists and general practitioners, hospitals and primary care, public and private - must work even closer together to stem the tide of fragmentation catalysed by a viral outbreak. The engagement should not only take place during a pandemic, but also during peacetime. It is therefore my wish that TTSH and Central Health will continue to cultivate a deep relationship of trust and camaraderie with the primary care practitioners that will prevail against all common adversaries during a crisis, now and in the future.

Associate Professor Chin Jing Jih,
Chairman, Medical Board, Tan Tock Seng Hospital

COVID-19 RESPONSE: WORKING WITH OUR COMMUNITY PARTNERS

We are in a global pandemic. The first COVID-19 case in Singapore was detected on 23 January 2020. As of 20th August 2020, Singapore has recorded a total of 56,099 COVID-19 cases. The number of total and community cases have declined in recent weeks and we hope this trend will continue.

Older adults and those with certain underlying chronic conditions are at increased risk of COVID-19 complications. A significant proportion of our population is elderly and many of our community partners' work focuses on elderly residents. The response to the pandemic requires close collaboration between partners and our residents. During this pandemic, Central Health liaised with agencies such as the Ministry of Health (MOH) and the Agency for Integrated Care (AIC) to update strategies for timely response in the community. Our community partners augmented infection control measures and established plans to manage possible outbreaks.

Testing was identified as an important strategy in COVID-19 response. In March 2020, Central Health set up the Community Swab Teams (CSTs) to support nursing homes and home care partners with COVID-19 testing for both the workforce and residents. To enhance

testing capacity within Central Health, the CSTs trained and equipped several community partners such that they are now able to independently perform swab tests for their residents. To date, CSTs have worked with over 20 community partners and performed over 800 swab tests.

COVID-19 affects the mental health of both residents and those who attend to them. Mental wellness and welfare have emerged as care priorities. Some of our community partners observed that their staff were feeling overwhelmed by the situation, especially when a positive case was detected. The medical social workers from TTSH have proactively reached out to community partners to offer psychological and emotional support.

Over the past 8 months, the pandemic has transformed the way we live, work and play. We now wear masks and observe social distancing. Many workplaces embrace work-from-home arrangements and classrooms have gone online. We now meet virtually, not physically. Our communities have adapted to these changes and will continue to do so as we move towards new norms. We continue to leverage on partnerships and shared strengths, so that we will emerge stronger together.

GPBUZZ



Scan this QR code to read more stories on TTSH and Central Health's collective effort to keep our community safe!

<<
(Far left) Training nursing home staff to don the Personal Protective Equipment (PPE) in a safe and effective manner.

(Left) Community Swab Teams swabbing residents with care.

BRINGING MUSCULOSKELETAL CARE CLOSER TO THE COMMUNITY AT ANG MO KIO SPECIALIST CENTRE (AMKSC)

DIRECT REFERRAL FOR GENERAL PRACTITIONERS (GPs) TO ALLIED HEALTH PROFESSIONALS (AHPs)

Are you facing difficulty in referring your patients for therapy services in public hospitals during the Covid-19 period? Tan Tock Seng Hospital (TTSH) has a solution for you that allows patients to get direct referral for therapy services!

As part of TTSH's ongoing efforts with community outreach, AMKSC is now able to receive direct referrals from our GP partners for patients with the following five conditions under Integrated Musculoskeletal (iMSK) care:

1. De Quervain's Tendovaginitis
2. Carpal Tunnel Syndrome
3. Trigger Finger/Thumb
4. Non-specific Lower Back Pain
5. Osteoarthritis Knee

Patients will be reviewed for early intervention by MSK Occupational Therapists (OT) or Physiotherapists (PT) who are trained in advanced practice skills with hand or orthopaedic surgeons respectively.

A SHARED CARE MODEL

You will be notified upon receipt of your referral. Updates on your patient's progress will be provided to you too so that patients needing

ongoing medical consultation will remain to be co-managed with you.

The OT and PT are also trained to identify red flags or complexities in patients' conditions. For those requiring more complex medical intervention, AHPs will discuss with the referring GP before escalating to a TTSH specialist, if needed.

AMKSC accepts direct referrals for both private and subsidised patients under the Community Health Assistance Scheme (CHAS) to the AHPs services for the above five MSK conditions. [GPBUZZ](#)



<< (Far left) Physiotherapists conduct therapy sessions for patients with Lower Back Pain and Osteoarthritis Knee at AMKSC.

(Left) Refer patients directly to occupational therapists at AMKSC for conditions like Trigger Digit, Carpal Tunnel Syndrome and De Quervain's Tendovaginitis to start early treatment.



FOR DIRECT REFERRALS TO PT AND OT SERVICES AT AMKSC

Please call the appointment line: 6554 6500

Email your referral documents with CHAS referral form to: AMK_Specialist_Centre@ttsh.com.sg and address it to "iMSK@AMK"

Ang Mo Kio Specialist Centre is located at 723 Ang Mo Kio Ave 8 Singapore 560723

INFLUENZA VACCINATION

THE NEW NORMAL AMIDST COVID-19

By **Dr Barnaby Edward Young**,
Consultant, Department of Infectious Diseases,
Tan Tock Seng Hospital



Easing of the circuit breaker raises the prospect of further community coronavirus disease 2019 (COVID-19) outbreaks in Singapore. It is also likely to increase the number of infections by other respiratory viruses such as influenza which have circulated at historical lows over this period. This risk will only rise with the onset of the Northern hemisphere winter and its expected influenza surge.

Influenza causes an estimated 600 deaths annually in Singapore, and thousands of hospital admissions and severe infections. A simultaneous resurgence of both COVID-19 and influenza will place extraordinary stress on the healthcare system.

But we already have an influenza vaccine which can significantly reduce the burden of disease from influenza by up to 60%. This burden includes infections, hospital admissions and deaths. The influenza vaccine is very safe, and does not cause influenza itself.

Yet vaccine uptake in Singapore remains low, and potential benefits unrealised. While the reasons for this are complex, improving influenza vaccine coverage in Singapore will help individuals and communities now more than ever. It will help prevent primary care, screening centres and hospitals from becoming overwhelmed and will pave the way for an effective COVID-19 vaccine programme. Encouraging our patients to receive the flu vaccine today is the first step.

Though flu vaccine does not protect against COVID-19, it is still advisable to get the vaccines as flu can also have potential serious complications. [GPBUZZ](#)

In Singapore, the flu seasons occur between December to February and May to July. It would be prudent to vaccinate your patients before each season, now and especially before the next season upcoming in December!



GP BUZZ won the Award for Publication Excellence (APEX) 2020 - Newsletter (Print) Category!

The award recognises excellence in graphic design and editorial content in achieving overall communications effectiveness and excellence.

The GP BUZZ editorial team will continue to bring enriching and interesting content to enhance your practice in providing better care for your patients!

COVID-19. AN ENDURING PARTNERSHIP DESPITE A GLOBAL PANDEMIC

By **Dr Doraisamy Gowri**,
Admin Lead, Central-North Primary Care Network,
Director, Care Integration, National Healthcare Group Polyclinics

It was 23 January 2020. I received an urgent email from MOH requesting the mask-fitting status of the General Practitioners (GPs) in all Primary Care Networks (PCNs). The intent was to ensure that all PCN clinics had completed their mask-fitting exercise so that GPs received adequate protection in case of suspected cases of COVID-19.

Debbie, my Central North PCN manager helped contact all GPs via WhatsApp. We realised that only half of our GPs and their assistants were mask-fitted, but they were also running short of Personal Protective Equipment (PPE) - their usual vendors had cancelled their orders due to insufficient supply. This led to great anxiety among the GPs from being uncertain on how to manage suspects without

adequate protection. As a result, they resorted to buying household equipment like plastic aprons, and reusing masks.

My team immediately understood our role. We trawled through the internet for hours as an effort to source and eventually deliver the essential PPE and consumables to the GPs before the clinics were activated for DORSCON Orange.

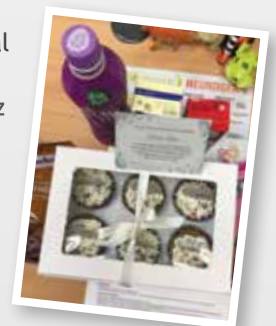
Other than our PCN GPs, we have extended mask fitting sessions to Tan Tock Seng Hospital's and Yishun Health's GP partners. A total of 72 GPs and 161 clinic assistants were masked fitted at six National Healthcare Group Polyclinic (NHGP) locations from 24 January 2020 to 6 March 2020.

We were always mindful that connectivity, communication and transparency was key. Advisories and workflows were disseminated swiftly via Whatsapp, with key points highlighted. Clarifications were addressed in a timely manner and escalated to MOH where appropriate.

In addition, these communication channels enabled us to identify clinics that faced manpower issues, allowing us to effectively deploy our administration staff.

Amidst all of this, the training requirements of the GPs was not forgotten. Zoom was introduced as a communication platform. Several GPs were apprehensive but were guided and encouraged by our team. Our PCN administration team logged in during CME sessions to guide individual GPs until the latter had successfully logged in. Now, all our 40 GPs are confident with Zoom and well on track to fulfil their CME requirements.

Finally, it was time to recognise each of our 40 frontline GP partners for their dedication in this pandemic. We decided to give them Care Packs. Every administrative member had a role to play in the Care Pack but the piece de resistance was a box of 6 cupcakes that each GP received, baked by Ruth, our team member, as well as a note penned by us, to share how much our partners mean to us - especially during the global fight against COVID-19. **GPBUZZ**



↑ Care packages thoughtfully hand-made and packed for our Central-North Primary Care Network partners





Ode to Primary Care in the COVIDian War



The Rat Race began with a bang so great
Novel virus coming that fast a rate
Soon it spread like Eagle's Wings
The world taken hostage beyond its wildest dreams

Coming to Singapore to spread its ills
Not a matter of if, but when it will
We are prepared as the great Scout's motto
But never realised how far this would then go

Information from Commands are furious and fast
Beats 1917 for best running cast
Daily changes of rules and regulations
No longer surprises the entire nation

Of many unknowns GPs meant to see
Acute respiratory infections yet don't flee
Age, race and gender no longer matter
4 days of symptoms, you need to think better

Is this COVID is this not
Shall I SASH* and I fret naught
Such emotional turmoil GP faces
Frontline battles no one crazes

Intertwining medical ecosystems brought to light
GPs are the forefront of this fight
Of raised vigilance and social distancing
Turning none away is a common thing

To all our GPs we salute you
Facing the community is what you do
Exposing your very selves to all comers
Knowing COVIDs are around the corners

Sure and steadfast has been your call
Rise of COVID shan't make you fall
Holistic carers words can't fully justify
Family medicine we must yet so edify

To this end, I must say a big THANK YOU
To all out GPs for what you do
Till we meet again when Orange becomes Yellow
The Art and Science of Medicine shall us all follow



Adjunct Associate Professor **David Foo**
Clinical Lead, Primary Care,
Senior Consultant, Department of Cardiology,
Tan Tock Seng Hospital
Medical Director, National Healthcare Group Heart Institute



*SASH - Swab and Send Home

PROTECTING AND ENGAGING OUR OLDER ADULTS DURING COVID-19



By **Dr Amanda Chong**,
Senior Resident, Department of Geriatric Medicine, Tan Tock Seng Hospital

The circuit breaker has caused significant inconveniences in the lives of many, both young and old. Just as children lost the comfort of childcare and school, our elderly has also lost the routines of dementia day care, senior activity centres and the informal hawker centre hang out. This has left them socially isolated and vulnerable.

As the elderly become confined at home, they struggle to find activities to occupy their time at home. Encourage your elderly patients to include activities to keep their mind occupied and remain physically active by continuing housework and through simple physical exercises in between TV shows.

Due to the temporary cessation of dementia day care, caregivers to patients with dementia also find it increasingly challenging to care for them at home. Caring for a patient with dementia at home includes the importance of maintaining a fixed schedule at home, good sleep hygiene, activities which couple as distraction techniques to occupy them in the day, staying hydrated and continuous communication to meet their needs of these elderly. It is also important for caregivers to take time to rest, relax and recharge to prevent themselves from burning out during this period. Support centres and hotlines are available for dementia patients and their caregivers, including the Alzheimer's Disease Association.

The COVID-19 pandemic has revealed to the medical community that primary prevention makes a difference in protecting the lives of our elderly. Routine vaccinations, and good personal hygiene (like washing hands regularly and avoiding crowds when unwell) reduces the chances of our elderly falling sick. Education also plays an important role in keeping the elderly well and our primary practitioners in the community are the best equipped to play this role. [GPBUZZ](#)

WAYS TO MAINTAIN WELL-BEING OF OLDER ADULTS

For more resources on caring for the elderly during the COVID-19 outbreak please scan the QR code.



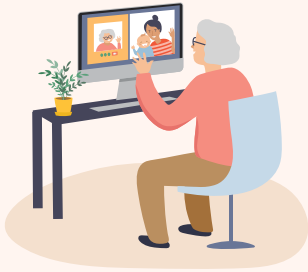
CARING FOR PERSONS WITH DEMENTIA (PWD)

For dementia patients and their caregivers, contact the Alzheimer's Disease Association at 6377 0700 or scan the QR code for more information.



Content by:
Institute of Geriatrics and Active Ageing,
Tan Tock Seng Hospital

INTERACT



Use technology to keep in touch with loved ones

GIVE YOUR BRAIN A WORKOUT



Pick up a new hobby or skill (eg. gardening, painting, etc.)



Participate in online exercise classes or do simple workouts

EXERCISE



Keep active with household chores

MAINTAIN GOOD HYGIENE



- Ensure proper hand washing
- Avoid touching face unnecessarily (let PWD hold on to small items or distract them with activities)

ENSURE A CONDUCIVE ENVIRONMENT



- Reserve time for relaxing, listening to music and family bonding
- Modify level of stimulation in the environment e.g. lightings, noise level to suit PWD's needs

ENGAGE PWD



- Establish a fixed routine with simple and safe activities which PWD prefers (e.g. jigsaw puzzles, word search, simple household chores)
- Continue with Dementia Day Care if PWD is well and sessions are ongoing

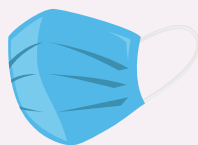
COMMUNICATE WITH PWD

- Ensure PWD's needs are met to reduce agitation
- Speak to PWD in a calm, gentle tone to reduce anxiety

WHEN OUTDOORS

- Do activities in open spaces with adequate ventilation
- Avoid crowds and peak hours

IF UNWELL



- Seek appropriate medical treatment
- Ensure face mask is worn correctly

STAY HYDRATED

- Remind PWD gently to drink water or offer them their favourite beverages
- Serve alternate means of fluids e.g. soup and dessert



THE NEXT STEP: COVID-19 AND MENTAL HEALTH



By **Adj. A/Prof Tan Pei Lin Lynnette**,
Senior Consultant, Department of Psychiatry
Tan Tock Seng Hospital



By **Dr Chan Yuen Sze Megan**,
Consultant, Department of Psychiatry
Tan Tock Seng Hospital

The coronavirus pandemic has exacted a great social and economic toll on the lives of Singaporeans. However, what is less recognised are the psychological effects of this pandemic. The need for social distancing, staying at home and minimising physical interaction can affect the mental health of Singaporeans, as they consider other economic concerns such as uncertain job security in a slowing economy. The impact of this is likely to be magnified in people with pre-existing mental conditions, as well as those who are at a socioeconomic disadvantage. With the variety of mental health challenges surfacing during the pandemic, it is pertinent that we are equipped with appropriate management principles and tips in dealing with such issues. Common sources of stress include the fear of infection, fear of losing their loved ones to the infection, guilt of putting their loved ones at risk, social isolation, financial difficulties, working from home while caring for children, and social media-related anxieties (especially fake news).

Appropriate advice and education to mitigate the negative psychological consequences of the pandemic must be provided to patients to prevent the incidence, deterioration and relapse of mental health conditions. This includes early identification of at-risk groups and directing those with distressing symptoms to further help where appropriate. Patients should also be informed about what to expect in terms of psychological impact and affect, and be given reassurance that it is normal to experience what they are currently going through. Reminders to keep in perspective that measures such as circuit breakers are precautionary and temporary can help them put things in perspective. Additionally, we should encourage patients to maintain hope and keep a positive attitude by staying connected with family and friends through telephone/video calls and social media, taking care of themselves by eating healthily, exercising regularly and maintaining adequate sleep, and pursuing new hobbies and interests in new and creative ways. Lastly, we should advise patients

to obtain updates on COVID-19 from official sources to minimise anxiety from fake news. These measures are simple yet crucial to protect the mental health of Singaporeans.

General Practitioners are in a good position as gatekeepers of our healthcare system to promptly identify at-risk patients and refer them to specialised partners based on their specific care needs. Mental health awareness and management is especially pertinent during a pandemic to combat negative psychological impact and prevent a mental health fallout. [GPBUZZ](#)

Types of psychological symptoms to look out for...



Scan this QR code to visit **Mindline.sg** for resources and tools to help one access and navigate care, with an emphasis on stress and coping.

MY LIMB DOESN'T LOOK RIGHT. CAN I DO ANYTHING TO HELP IT?



By **Dr Muhammad Farhan Bin Mohd Fadil**,
Consultant, Department of Orthopaedic Surgery,
Tan Tock Seng Hospital

Limb reconstruction aims to restore optimal function to deformed limbs. Techniques to correct deformity, restore length and grow new bone involves the use of circular fixator principles. A coordinated multidisciplinary approach can produce good outcomes when it comes to restoring limbs.

Advances in medical science and technology have enabled us to live longer and manage more medical and surgical conditions. The focus on preventive health has been increasing, especially as we live through this pandemic period. Particularly, the importance of eating right, keeping fit and functional to stay healthy has gained traction. However, there exists a group of patients who may not be able to achieve these aims due to functional limitations or chronic debilitating problems with their limbs.

Limb reconstruction is an evolving field in orthopaedic surgery, with societies dealing in this area starting up in the UK and US from as early as the late 80s to 90s. Limb reconstruction covers a wide range of complex conditions, which may often be unfamiliar to the general orthopaedist.

The list includes congenital or childhood limb problems resulting in asymmetrical looking limbs, differences in leg length and complications from surgery or injury. Among such complications include acute or chronic bone infections, as well as abnormally shortened or misshapen limbs. Other complications also include foot drop resulting from contractures, or neurologic damage from spinal cord injuries or strokes, and diabetic foot complications of neuroarthropathy.

Such challenging conditions often require specialised orthopaedic techniques such as the Ilizarov principles, which involve circular fixation and computer-assisted hexapod technology. However, it does not end there. It takes a whole village to raise a child.



⚡ X-ray image of a patient with deformity of the lower tibia and fibula

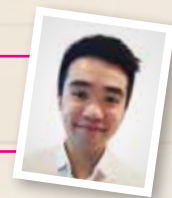
Limb reconstruction work is akin to this analogy, as it is often a multidisciplinary effort that requires input from a whole range of services. These include plastics, hand and vascular surgeons, to anaesthetic, pain and infectious disease physicians, to physiotherapy, podiatry and orthotic teams. Much like a growing child, the journey of growth is often complex and long, and the treatment pill can be hard to swallow. However, patients can rest assured that professionals within our field will be there to hold their hand every step of the way, striving to restore limb function to the maximum possible. **GPBUZZ**

Department of Orthopaedic Surgery provides limb construction services. For GP referrals, please email contact@ttsh.com.sg or call 6357 7000.

POST-CIRCUIT BREAKER FITNESS: STAY IN, WORK OUT!



By **Ms Hannah Wong**,
Physiotherapist, Department of Physiotherapy,
Tan Tock Seng Hospital



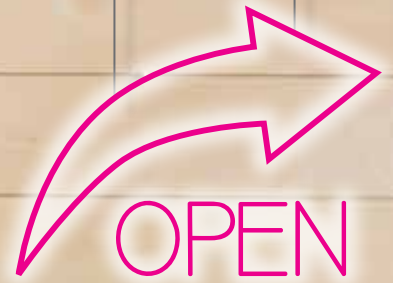
By **Mr Daniel Cen**,
Senior Physiotherapist, Department of Physiotherapy,
Tan Tock Seng Hospital

The Singapore Physiotherapy Association recommends people of all ages - especially older adults - to keep active through a range of daily physical activities that promote fitness, strength, balance and flexibility.

People were encouraged to continue to stay home even post-circuit breaker and it can be difficult to remain physically active. However, this is a great time to try out simple, home-based exercise programme.

Here are some indoor exercises you can try while staying at home during the COVID-19 pandemic. These address two levels of function and fitness for younger adults, and three other levels for older adults. If you are unsure which level suits you best, start at Level 1 and work your way up. Adjust and reduce repetitions or sets accordingly if you experience fatigue. Stop exercising if you experience chest pain, dizziness, or shortness of breath. [GPBUZZ](#)

Exercise Level Recommendations		
For Older Adults		
Level 1	Level 2	Level 3
Unsteady turning or reaching forward, needs assistance when walking	Feels slightly unsteady or gets fatigued easily	Regularly exercises
Walks slowly / Uses walking aid	Feels steady walking outside	Feels steady walking outside
Needs regular help with daily tasks of bathing, dressing, cooking, toileting	Occasionally needs help with daily tasks of bathing, dressing, cooking, toileting	Independent with daily activities of self-care
For Younger Adults		
Option 1 - Beginners		Option 2 - Advanced
Nil to little regular physical activity		Experienced with higher intensity workouts
Minimal exposure to exercise		Previous moderate-high level of physical activity



Exercise Programme for Older Adults at Home		
Level 1	Level 2	Level 3
March on the spot with support 5 minutes	Step up with upper limb support 10 reps x 2 sets	Sit to stand with weights ¹ 10 reps x 3 sets
Heel raises with support 10 reps x 2 sets	Heel raises with support 10 reps x 3 sets	Single leg heel raise 10 reps x 2 sets
Sit to stand with support 5 reps x 3 sets	Sit to stand without support 10 reps x 2-3 sets	Step up without support 10 reps x 2 sets
Stand feet together with support 30s to 1 minute x 2 sets	Semi-tandem stance balance 30s to 1 minute x 2 sets	Tandem walk with support 30s to 1 minute x 2 sets
Seated hamstring stretch 30s x 5 each side	Standing calf stretch 30s x 5 each side	Standing calf stretch 30s x 5 each side

¹ Use 0.5kg weight or 500ml water bottles

SET
1
2
3

Exercise Programme for Younger Adults at Home	
Option 1 - Beginners	Option 2 - Advanced
3 Rounds, 3 Exercises each round, 20s each exercise, 30s rest between rounds	3 Rounds, 3 Exercises each round, 20s each exercise, 30s rest between rounds
1. Half squats 2. Jumping jacks 3. Shoulder press*	1. Half squats* 2. Straight punches* 3. Jumping jacks 4. Shoulder press*
1. Front plank 2. Forward lunge - Left 3. Forward lunge - Right	1. Front plank 2. Straight punches (or hooks)* 3. Mountain climbers 4. Lunges*
1. Push ups 2. 1 - 2L water bottle rows 3. Mountain climbers	1. Burpees 2. Straight punches (or uppercuts)* 3. Deadlift with heavy bag 4. Russian twist
* 0.5 - 1 kg weights or 500ml - 1L water bottles	* 0.5 - 1 kg weights or 500ml - 1L water bottles (or more)



START LOW.



STEP UP



SEATED HAMSTRING STRETCH



SINGLE LEG HEEL RAISE



TANDEM WALK



HALF SQUAT



SIT TO STAND



CALF STRETCH

GO SLOW.



FORWARD LUNGE



DEAD LIFT



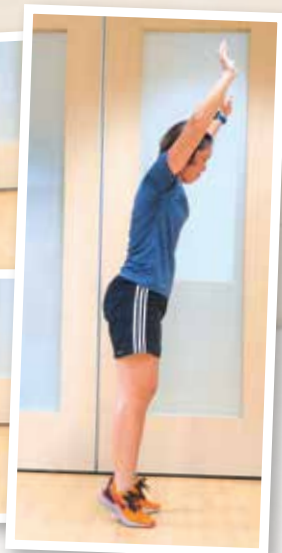
PLANK



SHOULDER PRESS



BURPEES

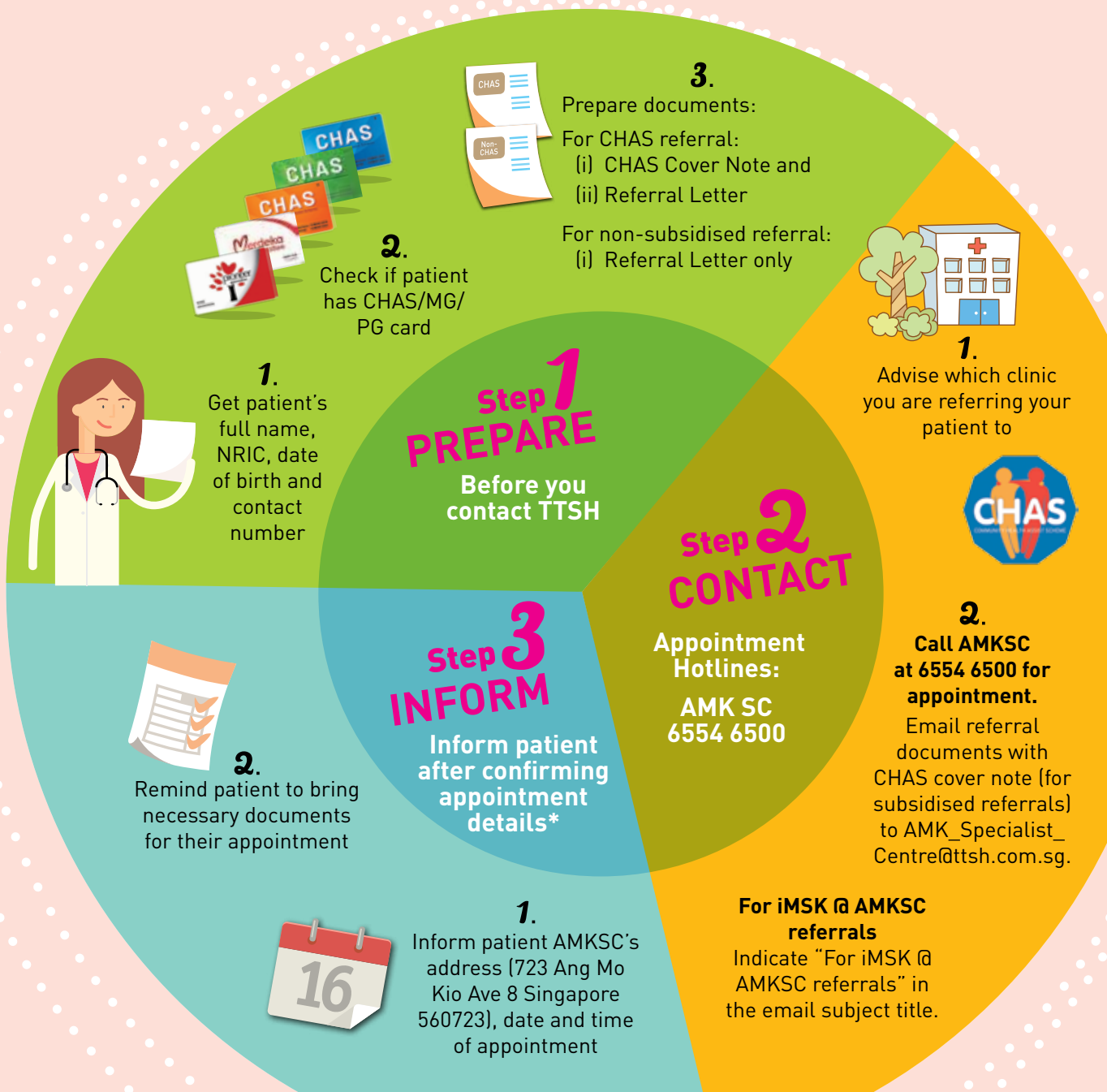


STRAIGHT PUNCH



3 Steps for referring patients to Integrated Musculoskeletal Care (iMSK) @ Ang Mo Kio Specialist Centre

Here's a comprehensive chart listing the steps to refer **non-subsidised patients and patients under the Community Health Assist Scheme (CHAS)** to Ang Mo Kio Specialist Centre (AMKSC).



*To ensure that your patients are seen promptly at AMKSC, 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.