The Case for Rehabilitation Medicine Physicians in Singapore



By Dr Peter Lim

When I introduce myself to the patient with "Hi, I'm Dr Lim, the rehabilitation physician", I often get a smile and a reply, "Hello, MR Lim, so you're going to be my therapist?" Explanations that "No, I am your rehabilitation doctor" often receive blank looks as the patient has no idea what a rehabilitation physician is.

Rehabilitation Medicine, or Physical Medicine and Rehabilitation in the US and some parts of the world, is the medical specialty involved in the care of patients with functional deficits or difficulties with activities of daily living (ADL). ADLs include the ability to feed, dress, clean oneself, communicate and interact, transfer from place to place, use a wheelchair, or walk. Return to work is also a functional goal for some. The ultimate aim is for rehabilitation patients to regain as high a level of independence as possible, return to their home and lives, and reintegrate into society. The rehabilitation physician is a doctor for people with disabilities, with focused training in the diagnosis and management of issues and complications relating to immobility, chronic diseases or injuries. This training includes prosthetics (replacement limbs), orthotics (braces), therapeutic exercise, modalities (heat, cold, electrical stimulation), assistive equipment such as wheelchairs, and comprehensive management of the patient with disability. Patients who benefit from rehabilitation include those with stroke, neurological diseases such as multiple sclerosis, Guillain-Barre syndrome, Parkinson's disease, arthritis, amputation, fracture, traumatic brain injury, spinal cord injury, de-conditioning, chronic pain, heart-lung diseases, and bony or soft tissue injury from occupational or sporting activities.

In the hospital setting, the "rehab doc" takes care of routine medical management of these patients and provides the rehabilitation team with guidelines for therapy and other interventions. He or she is the specialist treating the common multiply-associated complications such as spasticity, contractures, autonomic dysfunction, musculoskeletal-neuropathic pain, and bowel-bladder dysfunction. The rehab doc is the "orchestra conductor", leading a multidisciplinary rehabilitation team that includes rehabilitation nurses, physical, occupational, and speech therapists, social workers, neuropsychologists, orthotists, prosthetists and so on. This is a role suited by virtue of the holistic philosophy and training that is medical, psychosocial and therapy-centric.

In the outpatient clinic, the rehab doc follows new or hospital-discharged patients for any complication or functional deterioration that may occur on a long-term basis. This setting also encompasses evaluation and management of ambulatory patients with mainly musculoskeletal injuries and disabilities.

The Rehabilitation Medicine Community in Singapore

The community is spread across many different hospitals and care settings. At the Singapore General Hospital there is a department of five rehabilitation physicians who not only take care of patients, but are also actively involved with the teaching of medical students from NUS Yong Loo Lin School of Medicine and Duke-NUS Graduate Medical School, trainee doctors, and specialist trainees. We are often invited to lecture to nurses, therapists, and the community as well. On the research front, we maintain a large rehabilitation patient database that provides a tremendous amount of information. We are also working on technological devices to improve rehabilitation of patients with disabilities such as development of an automated body-weight support device for walking in collaboration with Nanyang Technological University. There are presently ten rehabilitation physicians in Tan Tock Seng Hospital, four in Changi General Hospital, while the National University Hospital has recently started with one, and Alexandra Hospital has a physician on a part-time basis. The medical director of St Andrew's Community Hospital is a rehab doc, and there are two more in the private sector. In comparison, the Department of Physical Medicine and Rehabilitation at Baylor College

of Medicine in Houston, a city comparable in population to Singapore, alone has the same number (24) of rehabilitation physicians.

The Need for Rehab Med in Singapore

Everyone it seems is familiar with the often repeated statistics on ageing, that by the year 2030 a fifth of Singaporeans will be 65 years and older – many of whom will have some degree of functional limitation. Previously, there were large families and everyone took turns to care for mum and dad or anyone in the family with a disability. Today, families are small and both husband and wife work outside the home. Belonging to the sandwich generation is no joke – it is not easy to take care of the elders as well as the children (particularly when the PSLE comes around!) at the same time. The stereotypical scenario of unmarried daughter or daughter-in-law picking up the slack is unfair and increasingly rare. There was also more of a "kampung" environment in the old days with the neighbours cheerfully helping out – nowadays, we may not even know who lives next door.

We presently have the luxury of maids or domestic foreign workers (FDWs) to help out, and often "care-giver training" is a euphemism for "maid-training". But this is a transient arrangement that will not last forever. In time, our neighbours will become more developed and FDWs will spurn Singapore when jobs are plentiful at home. They may also refuse to perform care-giving duties for the disabled that may include managing incontinence. Caring for someone very disabled is costly, not only financially but also emotionally. In fact, the Uniform Data System for Medical Rehabilitation from which emerges the Functional Independence Measure (FIM) uses the term "burden of care". This is not meant to be negative but simply reflects the stark reality. From a national viewpoint, higher dependency translates into higher care and medical costs as well as loss of productivity. A person unable to care for himself is not only someone unable to work and likely to return to hospital repeatedly, but may also result in his spouse being out of the workforce to stay at home and provide the needed assistance. Rehabilitation is not a magic bullet and patients are not miraculously cured. But sometimes, achieving a small 5% to 10% improvement in functional ability translates into being able to feed oneself or transfer oneself to the toilet, and hence able to be alone at home until the family returns from work or school.

From yet another perspective, modern expectations of quality of life do not accept that when one has a disability, it is the end. The expectation is to be able to continue playing a productive role in society, getting an education, or at least still enjoy going out for a meal or to the shopping mall, and not having to rely on others wherever possible. We are all familiar with the achievements of Franklin D. Roosevelt, 32nd President of the USA who had poliomyelitis, or as more speculated, Guillian-Barre Syndrome, and Stephen Hawking, retired Lucasian Professor of Astronomy, Cambridge University who has ALS. Closer to home Dr William Tan is a scholar and champion wheelchair-marathoner.

What does the future hold for rehab medicine?

There is a push to increase the number of therapists and healthcare facilities to take care of such debilitating chronic conditions, and these are sorely needed. Unfortunately, the need for rehabilitation doctors with the interest, commitment, and specialised knowledge to take care of these patients has not received the same amount of publicity. It is not enough to patch up patients and just send them home – they and their families need and want to be able to do things for themselves, and get around as independently as possible.

I hope things will change soon, with more young doctors joining this medical specialty that is part of the solution to the burgeoning patient numbers anticipated, and which should be a routine part of the continuum of healthcare. Maybe then, when I tell the patient, "Hi I'm Dr Lim, the rehabilitation doctor", I will get a reply of "Hello, about time you got here – I've been waiting for you." SMA



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Franklin D Roosevelt – fully productive despite a disability

Photo courtesy of the Franklin D. Roosevelt Presidential Library and Museum



Dr Lim did his postgraduate medical training at the Rehabilitation Institute of Chicago, Northwestern University Medical School, Chicago. He is board certified in Physical Medicine and Rehabilitation, with subspecialty certification in spinal cord injury medicine. Dr Lim led the development of rehabilitation medicine in Singapore General Hospital in 2000, and has a long-standing role in rehabilitation physician training in the US, Singapore, and Malaysia. He is on the editorial board of the American Journal of Physical Medicine and Rehabilitation, and is peer reviewer for various journals. He has been invited speaker and visiting professor at many local and international conferences and medical schools.