Our specialities

Home visit – providing home-based and function-focused rehabilitation

Stroke and other neurological rehabilitation

Falls prevention and other geriatric rehabilitation

Women’s health, antenatal and postnatal care

Pulmonary rehabilitation

Home visit – providing home-based and function-focused rehabilitation

Providing home-visit and home-based rehabilitation is our area of speciality. Our service is for people who need rehabilitation to recover from a certain procedure, condition or an event e.g. stroke, surgery, fall, birth, cadiac episode, lung infection etc. So unlike patients with simple musculoskeletal pain e.g. back pain or neck pain who come to the clinic, our patients receive physiotherapy training at home where it is meaningful and functional. This includes nursing homes too, we provide home visits to a number of private patients living in nursing homes. Through extensive research that have come out in recent years and from our experience, home-based rehabilitation is of vital importance for patients that need rehabilitation, because daily function and social participation define a person’s role at home and in the society, and they give meaning to a person’s life. Most of our patients have received some amount of rehabilitation at the hospital, but continuing that rehabilitation process specific in a home environment is what puts practice into use. They use the strength, flexibility and endurance they have learnt into actual tasks and daily function at home. Therefore we strive to maximise our patients’ quality of life by taking a keen interest to understand what activities and tasks are important for our patients, what the patients deems as a high quality life, and tailor our program to each individual’s needs, so our home-based rehabilitation is in essence a patient-centred approach.

Stroke and other neurological rehabilitation

Stroke rehabilitation is my strongest area of expertise. Having worked extensively with stroke patients first in a major Sydney rehabilitation hospital then as a private practitioner that provide home-based rehabilitation, my knowledge and experience for this area is extensive. This also extends to other neurological conditions such as Parkinson’s, multiple sclerosis etc. Having worked in both settings of hospital and home, I have a very good grasp of the roles of acute hospital-based rehab and long-term home-based rehab. The nature of stroke rehabilitation is that it is a life-long process, it forms a part of the patients’ life. Stroke is one of those conditions that have a serious impact on a patient’s daily function and quality of life, therefore home-based rehabilitation, which focuses on function and strives to restore a person’s sense of worth, plays a vital role. During our initial assessment, not only do we assess the patient’s physical limitations such as strength and function, but more importantly we try to understand what the patient wants to achieve and set goals with them and review regularly. Apart from our intensive hour-long training session, we also set Home Exercise Programs so the patient can practice important exercises with their family when the physiotherapist is not there. Furthermore, because of my experience in both hospital and home-based rehabilitation, I understand the importance of the continuum between the two, so not only do I continue and reinforce what’s done in the hospital or rehab centre, but more importantly I collaborate with them and have referred a number of patients back to rehab centres when there is a need to do so. For instance, some of my acute stroke patients get intensive training in the hospital/ rehab centre, then come home where they can put the practice into use, then when they have reached their maximum potential at home and they reach a point where they will benefit from more state-of-the-art equipment, I liaise with the centre and refer them back to receive some more inpatient training. So in this way, the strength of hospital-based rehab, which is state-of-the-art facility and equipment and abundant staff, is well combined and followed- up with the strength of home-based rehab, which is its functional and invidualised nature. I also strive to design specific treatment plan to achieve what is meaningful to a person’s life, taking the extra step from just strengthening muscles (e.g. leg muscles) to then putting them into function (e.g. walking) and then putting them into meaningful social tasks (e.g. outdoor mobility training session – shopping in a shopping mall). I strive to think outside the box and use my knowledge and experience to think of ways that can achieve the patient’s goals, rather than providing routine strengthening or rehabilitation exercises just for the sake of rehabilitation, I focus on what life means for patients and how rehabilitation is helping them to achieve that. To me, it is all about patient-centred care.

Falls prevention and other geriatric rehabilitation

Stroke and other neurological rehabilitation often go hand-in-hand with the broader geriatric rehabilitation and falls prevention. I have run falls prevention group “Stepping on” in the past, which consists of assessment of falls risks, exercise and education session and final review and follow-up. I provide regular ongoing falls prevention and exercise session to elderly people who would like to get stronger and improve mobility.

Pulmonary rehabilitation

Pulmonary rehabilitation is for people with lung issues, whether a chronic lung condition such as COPD or asthma or recovering from a chest infection. The program consists of four parts: individualised assessment, group exercises, group education lesson and individualised review and follow-up. I have been very lucky to have had the experience of being pulmonary rehabilitation coordinator in a rural hospital and have continued to run pulmonary rehabilitation class in my private practice along with my main area of profession which is stroke rehabilitation in Sydney.

Women’s health, antenatal and postnatal care

Having had two children myself, I have always been keen in women’s health and have hence done courses in this area. Basic assessment and treatment for women with continence problems, antenatal and postnatal care such as back pain, pelvic floor tear and abdominal separation, are all within my area of expertise. I also refer patients to women’s health specialist physiotherapists for more advanced investigations and treatments when appropriate.

About me

Graduated from The University of Sydney