

Learning and Sharing in Thailand

Henry Lee, winner of the Cosyfeet Podiatry Award 2012, participated in a learning and skills sharing visit to Theptarin Hospital in Bangkok. Here he reports on his experiences.

As a podiatrist I want to keep people walking for life. This can be achieved if we address vascular, neurological, dermatological, and musculoskeletal risk factors that pre-dispose people to lower limb problems. In my podiatry role at Khoo Teck Puat Hospital in Singapore, I am constantly striving to improve limb protection and salvation practices.

During my final year at Southampton University, I started to wonder how lower limb conditions are managed in different parts of the world, particularly in those countries where podiatry is not an established profession. I wondered whether there were effective and inexpensive practices that we could learn from in order to create limb protection and salvation strategies which are simple, effective, affordable and can be made widely available. With this in mind I entered for the Cosyfeet Podiatry Award and planned to join an international team on a learning journey to a leading hospital in Southeast Asia in the field of diabetes care, limb protection and limb salvation. My aim was to explore local approaches to healthcare and limb care by:

1. Learning from their practice
2. Sharing skills and experiences
3. Engaging in the constructive exchange of ideas
4. Growing together, so that our combined knowledge and skills could benefit the patients under our care indefinitely

About Theptarin Hospital

In June 2013 my learning visit to Theptarin Hospital in Bangkok began. I felt excited and privileged to be visiting such a renowned hospital. Founded in 1985 as “Theptarin Diabetes and Endocrine Centre” by Professor Thep Himathongkam, this was the first diabetes care team model in Thailand. More importantly, it sets a standard for diabetes care throughout Thailand, focusing on clinical service, education, research and social responsibility.

Theptarin Hospital subsequently became Thailand’s first diabetes and thyroid centre, heavily engaged in health promotion and patient empowerment through a team care approach and patient education. In the field of limb salvation, it is a pioneer in distal bypass surgery and hyperbaric medicine in Thailand, and also opened the country’s first foot clinic.

In 2005, when research from an overwhelming number of studies revealed that type 2 diabetes is a preventable condition, Theptarin Hospital opened its “Lifestyle Building” to promote wellness through healthy living, and to prevent diabetes and related chronic diseases. Clinical services expanded accordingly from managing diabetes, to the prevention of pre-diabetes through healthy living and behavioral modification, especially in exercise and dietary habits. Such commitment to health

promotion is evident from its opening of a fitness club featuring a swimming pool, gym, weight management clinic and a spa sanctuary – all in the hospital itself.

Theptarin Hospital's commitment to excellence in diabetes care was further affirmed when, in 2011, the World Diabetes Foundation appointed the hospital as a centre of excellence, providing training for medical personnel all over the world.

On day one of my visit, I was fortunate to receive an official welcome by Professor Thep Himathongkam, who Theptarin Hospital is named after. I was subsequently introduced to the team of international visitors, comprising:

- Dr. Pande Dwipayana (Endocrinologist, Bali – Indonesia)
- Ms. Deeki Zangmo (Diabetes Nurse Educator, Bhutan)
- Ms. Tanya Vannapruegs (Dep. Director of Corp. Comm. – Theptarin Hospital)
- Professor (Dr) Thep Himathongkam (Founder and CEO Theptarin Hospital)
- Mr. Henry Lee (me) (Podiatrist, Singapore)
- Ms. Dahlia Brown (Senior Foot Health Specialist, Jamaica)
- Dr. Octo Indradjaja (Endocrinologist - Bandung, Indonesia)
- Dr. AAG Budhitresna (Endocrinologist - Bali, Indonesia)

We all shared a common vision of improving diabetes care in our respective countries and hoped to learn from each other to maximize the benefit of this month-long exchange program.



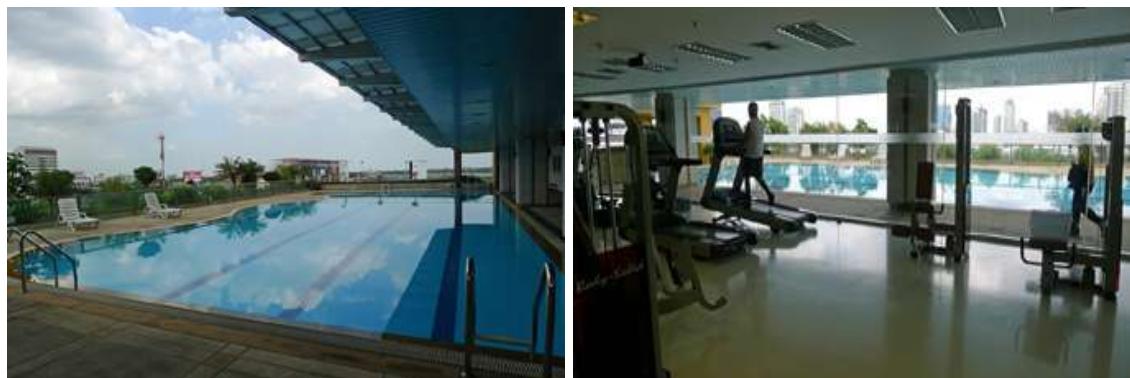
Picture 1: Professor Thep welcomes the team of international visitors. (Names from left as above.)

Picture 2: All of us perform a 'wai' – a traditional Thai gesture of greeting.

Staff as Health Ambassadors

We were given a tour of the state-of-the art facilities at Theptarin Hospital, and were impressed to see that the health supporting ethos of the hospital also extends to the staff themselves. They are encouraged to be ambassadors for healthy living and can benefit from free fitness classes and discounts for fitness services and exercise equipment. There are also staff sports competitions, and nutritional information is provided on the canteen menu.

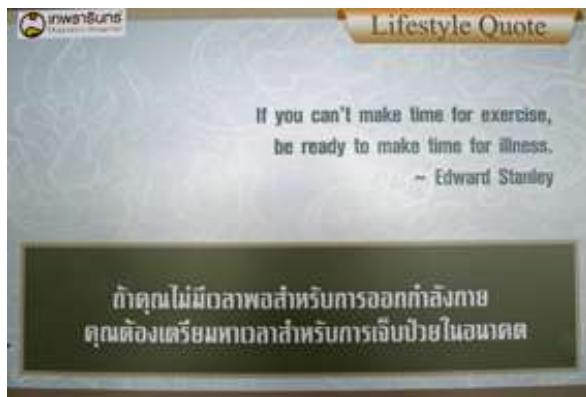
People can often be seen using the fitness facilities until closing time at 9pm, and can join aerobics, yoga, and hydrotherapy classes at specified times. The fitness area feels more like a real fitness club than a conventional, sterile hospital.



Picture 3a & 3b: The Theptarin Lifestyle Building features a swimming pool, fitness centre and Spa Sanctuary, offering visitors and staff health and fitness programs to improve their overall wellness.

In addition there is strong encouragement for the staff to use the stairs instead of the lifts. The staircases are lined with motivational posters. Each storey provides a different reason why the climb is worth it. In addition, staff can accumulate 'ink stamps' at several levels, and by using the entire staircase over a period of time, can earn an attractive reward token.





Picture 4a, 4b and 4c: To promote a more active lifestyle, staff are encouraged to use the stairs. Staircases are lined with motivational posters and educational material to make the climb meaningful.

Health Promotion in the Diabetes Centre

Everyone knows about pizza delivery, but ever heard of ‘fitness delivery’? Affectionately known as Fitza (Fitness Pizza), patients and staff routinely receive a surprise visit by a trained physiotherapist leading a group fitness workout during their wait to see their healthcare professional in the Diabetes Centre. Educational posters regarding diabetes and its prevention are also on display. These measures mean that the patients always have something constructive to do and learn during waiting times.

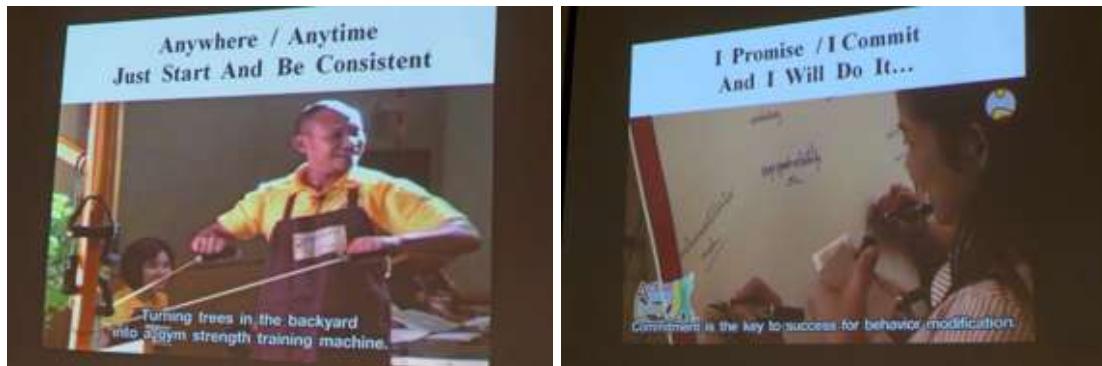


Picture 5: Fitza Delivery! Inspired by the concept of Pizza delivery, patients and staff routinely receive a surprise workout by a trained physiotherapist.

Exercise is Medicine

As part of our visit, we were honored to have a presentation by Dr. Panya (orthopedic surgeon with an interest in health promotion) titled “Exercise is Medicine” and “The 2nd prescription”. In the presentation we learned about the importance of exercise, about the latest research on the different types of body fat and their effects, and also about how an active lifestyle can be achieved anytime, any day, and anywhere. Dr. Panya strongly advocates that exercise should be one of the main ‘prescriptions’ of a doctor, and not an add-on. He states persuasively that the

mindset of the patient must be changed to prioritize exercise, and that the doctor must be a key figure in this process, given the benevolent authority associated with medical doctors.



Picture 6a and 6b: Video made by Theptarin Hospital showing its patients making commitments to a healthier life.

Nutrition & Dietetics

The hospital's Nutrition & Dietetics Centre provides nutritional support for patients as part of the hospital's multidisciplinary approach. It also provides health promotion which is both educational and entertaining. Its facilities include a Lifestyle Studio, Dietetics counseling room, kitchen for demonstration purposes, a number of food models, and many other educational tools.

Everyone knows about the services of dietitians, but have you ever seen a mock-up supermarket in a hospital? The one used as a teaching aid by dietitians at Theptarin Hospital is well stocked and enables them to educate patients about the importance of reading ingredients and nutritional labels.



Picture 7a and 7b: Mock-up supermarket in Theptarin Hospital.

Ms Chintana Chaturawit (Head Dietitian of the Nutrition and Dietetics Centre) gave us a detailed introduction to the food services provided in the hospital. We also attended a presentation about food science and healthy eating. The point was driven home that as healthcare professionals, we should be living ambassadors of healthy

eating and living, and that through this we would be better equipped clinicians in our daily practice.

Corporate Partnerships

Besides being a hospital for healthcare and a fitness centre for wellness, Theptarin Hospital is also a centre for education in partnership with corporate companies as allies in health promotion. We attended the 'Nestle Hero Health' talk, aimed at educating Nestle personnel about the importance of behavioral modification to a healthy, active lifestyle. By influencing personnel in this way, it is hoped that future marketing campaigns and product development will be positively influenced. In order to be constantly on the move physically during the session, we sat on giant exercise balls.



Picture 8. At the Nestle Hero Health talk. All of us work-out on an Exercise Ball while listening to the session.

The power of media

Mass media allows reach to a large audience, and is a powerful tool for health promotion and education. Theptarin Hospital punches above its weight in terms of the quality and amount of mass media material produced, and is recognized in Thailand as a leader in health promotion and education.

When I turned on the TV in my hospital guest room, I was greeted by Channel DM (Diabetes Mellitus), an in-house TV channel showing programs about healthy living, cooking, eating, and giving medical advice. The channel is a collection of TV programs that were produced by, or featured the hospital – several which were produced by the national TV station in partnership with the hospital.

How many other hospitals have a media studio? In the hospital, a dedicated media team will design, shoot, edit, and print posters and other display materials. This has allowed the hospital to enjoy economy of scale, and educational materials pepper the entire hospital including the staircase.



Picture 9: Channel DM from Theptarin Hospital.

The power of YouTube is not overlooked either! Theptarin Hospital has made three videos on foot care. These have been dubbed in seven languages and can be viewed on YouTube. They are also issued direct to patients on CD.



Picture 10: Posters to educate the public about the importance of giving healthy food to monks as alms. These are also used in presentations to monks about the importance of healthy diet and exercise.

Reflecting on clinical performance

Staff at the hospital constantly reflect on clinical performance and strive to improve clinical outcomes. During our visit, we were fortunate to sit in on their Medical Records Audit session. Clinical and performance indicators regarding the quality of care for patients with diabetes were stringently analyzed and compared to equivalent data from hospitals abroad. The session was conducted in Thai, but we could sense the passion of the team to review these statistics, and admired their spirit of self-improvement. Such a spirit of continuous improvement should be the way forward in healthcare in order to provide the best possible patient care and outcomes.

Journal Clubs

We had the pleasure of sitting-in on one of the hospital's twice-monthly Journal Clubs, where publications of significant clinical importance are shared and discussed. I have attended many journal clubs in several institutions, but none as

intense and in-depth as those in Theptarin Hospital. The session was conducted at 5pm on a Friday night over bento set dinner.

In fact, the word ‘discussed’ is an understatement. I witnessed details of study samples, methodology, analysis, and conclusions being scrutinized to the n^{th} degree. Discussions were intense and filled with passion, showing the dedication of the team for their work. Questions were asked by many in the audience, including the junior endocrinologist, reflecting an absence of professional segregation and hierarchy when working together in team discussions. During this journal club, two papers were discussed over a period of more than 2 hours. (Talk about dedication on a Friday night!)

Visit to Leprosy Hospital – Rat Pracha Samasai Institute

During my visit, I had the opportunity to visit a local leprosy Hospital and observe its footwear and foot-care clinic. The management of peripheral neuropathy secondary to Hansen’s disease and that secondary to diabetes are largely parallel. Insights into managing the ulcers and deformities, as well as the offloading of the Leprosy-foot, can therefore be adapted for managing the diabetic foot.

We were introduced to Mr. Somkiat Mahaudomporn, a well-respected Foot Specialist in Thailand. We were given a guided tour of the leprosy foot clinic and shown some real patient case studies as well as the surgical and offloading options offered.

In one of the cases (Picture 11, right), the patient developed a spasticity of the anterior group muscles secondary to Hansen’s disease. The foot was unable to dorsiflex or to clear the ground during the gait cycle. Surgical reconstruction was performed to convert the posterior tibia muscle and tendon into a foot dorsiflexor by splitting and inserting into the Tibialis anterior and the Peroneus brevis tendon. A rehabilitation program followed, to condition the brain to utilize the posterior tibia muscles as a foot dorsiflexor.



Picture 11: Surgical reconstruction of a foot by split-tendon transfer.

Another patient had bilateral clawed toes, and subsequently developed recurrent ulcerations of the apex of her 3rd and 4th toes. The high pressure on her neuropathic

toes is evident on her flip-flops, which show extensive wear of the top layer (Picture 12, left). She did not respond well to conventional offloading techniques.

Tenotomy was subsequently performed to release the overly taunt flexor digitorum longus of the 3rd and 4th toes (Picture 12b, right). While we did not stay in Thailand long enough to know the outcome, Mr. Somkiat highlighted that in his clinical experience, tenotomy is a safe procedure that promises better long term outcome than conventional offloading of clawed toes indefinitely. The apical ulcers often improve rapidly given that the apex are offloaded permanently.



Picture 12a: Extensive pressure marks on the flip-flops of a patient with peripheral neuropathy secondary to Hansen's disease, accompanied by clawed toes with recurrent ulceration.

Picture 12b: Tenotomy was subsequently performed (3rd and 4th toe) to release the tight flexor digitorum longus.

Numerous clinical studies have verified Total Contact Casting (TCC) as the gold standard for offloading neuropathic foot ulcers. However, ulcers located on the plantar midfoot or heel have been known to be more resistant to TCC than forefoot ulcers. One novel modification is through the use of TCC combined with a metal stirrup. This technique has been found effective, and was advocated by world-renowned diabetologist Professor (Dr.) Caravaggi during his visit to my home city of Singapore several months previously.

Using this technique, a metal stirrup is added to the TCC, suspending the cast approximately 1.5 inch above the ground, and attached at the medial and lateral aspect of the upper leg, parallel to the malleoli. This allows the ground reaction force to act directly on the metal stirrup, which is in turn transferred to the calf area for weight-bearing, significantly reducing the ground reaction force acting through the foot and offloading the midfoot and heel. The foot in TCC will hence appear to be suspended in the air.

Despite being widely advocated, the practice is seldom seen in clinical practice. During the visit to the Leprosy hospital, I had the opportunity to witness the technique being used on a patient with lateral plantar midfoot ulceration.

To make the cast more comfortable, affordable for the patient, and also tolerable given the weather in Bangkok (the hottest city in the world by mean temperature), the TCC technique was carefully refined over decades by Mr. Somkiat. A total of 4 different types or brands of fiberglass cast were used on the patient below in order to fulfill its purpose as a TCC while minimizing cost. The metal stirrup is made by the clinic itself, resulting in significant cost-savings. This is definitely a technique for TCC that all podiatrists should be proficient in so as to significantly improve clinical outcomes.



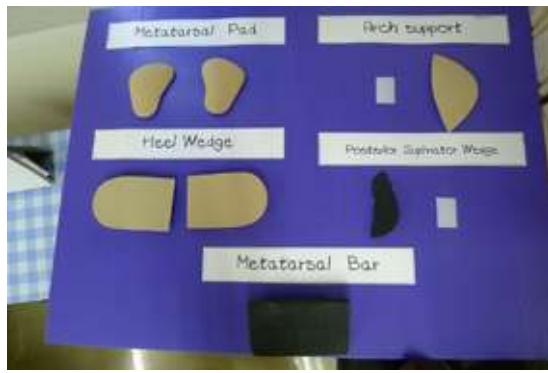
Picture 13a: Demonstration of Total Contact Casting with Metal Stirrup technique for optimum offloading of the foot. Due to the hot weather in Thailand and cost-related issues, the technique has been adapted to be cost-effective for the locals.

Picture 13b: The completed TCC with Metal Stirrup.

Footwear and modifications

In my clinical practice, we often have to prescribe wound care shoes, offloading shoes (e.g. DARCO orthowedge, heelwedge etc.) or rocker-bottom shoes (e.g. DARCO All-purpose boot). However, such specialized footwear can be too expensive for some patients.

In Theptarin hospital (and also the Leprosy hospital), the problem of expensive imported footwear is avoided by the use of simple but effective pre-made modification devices. Simple modifications to the patient's existing sensible shoes can easily convert them to an 'Instant HeelWedge', Orthowedge, or the All-purpose boots. There is even an instant Kirby skive! These modification pieces are made by the hospital's own technicians, resulting in significant cost-savings for patients.



Picture 14a: Footwear modification and add-ons that are simple, effective, affordable, easily made, and widely-accessible.



Picture 14b: “Instant Darco Orthowedge” shoes.



Picture 14c: “Instant Rocker-Bottom Sandals”



Picture 15a: Everyday footwear can be converted into instant offloading footwear. Add-ons can be subsequently removed once the wound is healed, turning the shoes back into normal footwear.



Picture 15b: Some examples of orthotic-capable sandals designed by the footwear clinic and made by local shoemakers. Such collaborations result in a win-win situation for the local shoemaking industry and for the health service, which enjoys significant cost savings.

DM Foot – Limb Protection, Wound care, and Salvation

During our first week at Theptarin Hospital, we attended a presentation by Dr. Sriurai (Endocrinologist) on the management of Diabetic foot ulcers within the hospital. The statistics that the hospital had gathered from their routine audit were impressive and included profiles of services for patients, wound healing rates, rates of major and minor amputations, limb salvation, and even statistics correlating the profile of patients and their co-morbidities with their respective prognoses for wound healing. This information allows hospital staff to monitor and reflect on clinical outcomes, and provides meaningful data for research. All wound healing techniques used in the hospital were analyzed, including HBOT, Maggot Debridement Therapy and specialist wound care products (e.g. bacterial collagenase, plant-derived papain-urea, fibrinolysin-dnase, skin substitutes etc.). I plan to read up on these specialist products, and import them into my clinical practice if appropriate.



Picture 16: Dr Sriurai shares experience in the management of Diabetic Foot Ulcers.



Picture 17: Learning from Dr. Sirinate on the management of wounds

Another endocrinologist, Dr. Sirinate, showed us several patients with DM foot wounds and ulcers, giving us the opportunity to observe and learn.

Offloading

TCC is hailed as the gold-standard for offloading the neuropathic ulcer. Adaptations have been devised to suit individual patients based on ulcer location, body weight and climate. However, (based on my limited experience and exposure to the podiatric world) these variations are seldom seen in clinical practice. In Theptarin Hospital, I witnessed some of these variations such as TCC with Walking Heel, Removable TCC with self-adhering bandage and TCC with metal stirrup.

With regard to footwear, I was also exposed to several devices that I had not previously encountered in my clinical practice. For instance, there was a lady with an extensive gaping wound covering the entire heel and the proximal midfoot which was successfully salvaged using negative-pressure wound therapy (NPWT) and Split-Skin Graft (SSG). The wound healed but the foot was essentially unsuitable for weight-bearing due to the risk of the SSG site breaking-down. I was subsequently introduced to the Patellar-Tendon weight-bearing Brace (PTB Brace), which is a device that allows the transfer of ground-reaction force directly to the Patellar tendon and the calf area. Clinical evidence shows a mean reduction of 34-40% of heel

pressure when using a PTB Brace. I realized that this is much more effective than HeelWedge shoes or total contact inlay as an offloading device, and that there are more offloading modalities out there for me to learn about and share, for the benefit of my patients.



Picture 18a: TCC with Walking Heel at forefoot and rear foot to offload a Charcot midfoot neuropathic ulcer. Picture 18b: Removable TCC reinforced with self-adhering bandage for “forced compliance”. Picture 18c: TCC with Metal Stirrup

In my clinical practice, semi-compressed felt (SCF) padding has been routinely prescribed to offload neuropathic ulcers. In the early months of my practice, I had begun to realize how ineffective and costly this was.

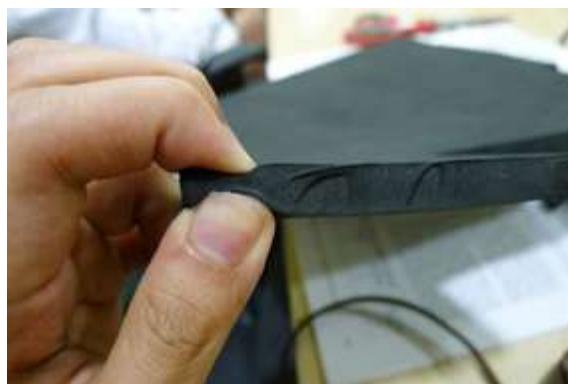
While it is commonly advocated that this padding can be left up to 7 days, in my clinical experience, it tends to flatten out over 2 to 3 days, rendering it useless for offloading. New padding then has to replace the old, resulting in the significant use of SCF padding over the months of wound healing.

SCF padding does not come cheap. The cost and the irreversible flattening of SCF padding made me wonder, back in 2011, whether there was another material that could be used. Is there something cheaper that would not flatten out, and would maintain the cushioning and anti-shear properties of semi-compressed felt padding? I found the answer in Theptarin Hospital – the Felted Foam, and the Foam-only technique.

In the Felted Foam technique, a ‘Foam’ (either a Rubber Foam, Polyurethane Foam, or Low-density EVA) of more than 0.6cm thickness is used for its shock-absorption and its durability. A thin semi-compressed felt is adhered to the foam for its anti-shearing property. This combination is an offloading padding that can be used over several weeks.

Over the years, the clinicians at Theptarin Hospital have adapted to a Foam-only technique. Given Thailand’s status as a significant footwear manufacturer, a number of varieties of foam used in shoe-making are available, making the Foam technique much cheaper compared to the SCF padding technique.

Simple, effective, affordable, durable, and easily available locally: this is the beauty of this offloading technique when used in Thailand. During our stay we had the opportunity to practice offloading techniques on each other.



Picture 19: Rubber foam used in offloading.

Other simple offloading techniques include the use of their ‘instant Kirby skive’ in an alternative way – proximal to the 5th MPJ, creating an instant offloading padding. Within the foot clinic, they also have a Podoscope – a device for plantar analysis of the feet and pressure areas.





Picture 20a: The “instant Kirby skive” can be used to offload ulcers of the 5th MPJ. Picture 20b: A Podoscope to detect high-pressure areas under the foot. Picture 20c: A simple form of Ankle-Foot-Orthotic/Ritchie brace used on a young girl with sudden Posterior Tibia Tendonitis.

Surgical methods

During another presentation, we were introduced to several surgical techniques to prevent foot ulcers or to improve functions. Notable mentions include Achilles Tendon lengthening, complete Achilles Tendonotomy, and split tendon transfer.

Tenotomy of the flexor digitorum longus tendons for patients with apex ulcers of the toes was particularly highlighted and practiced by the endocrinologist themselves. We were shown how the procedure can be performed bedside within 10 seconds – no anesthesia is required as these patients have neuropathic feet. It is reported that complications are rare – the worst so far being a case of subcutaneous hematoma.

I will consider exploring tenotomy as an option for some of my patients with apex ulcers, instead of using toe-props indefinitely.

Hyperbaric Oxygen Therapy (HBOT)

Hyperbaric Oxygen Therapy (HBOT) is the use of oxygen delivered at several times above atmospheric pressure in order to increase the plasma oxygen saturation. It is believed that this increase in blood plasma oxygen saturation will enhance angiogenesis at micro vascular level, which in turn is essential for tissue granulation.

While HBOT is commonly discussed in literature as an adjunct to assist wound healing, I have yet to experience the therapy personally. In Theptarin Hospital there is an HBOT department offering patients with impaired microcirculation treatment to improving wound healing. I was very glad to have the opportunity to experience HBOT first-hand, including initial assessment, briefing and treatment.

Being in a hyperbaric chamber does not feel good – the claustrophobia, the gradual increase in air pressure which you can feel in your ear (vestibular pressure) added to potential concerns about whether the treatment will assist healing. Now that I have

'been there, done that', I will be in a better position to share my experience with patients the next time I refer them for HBOT.

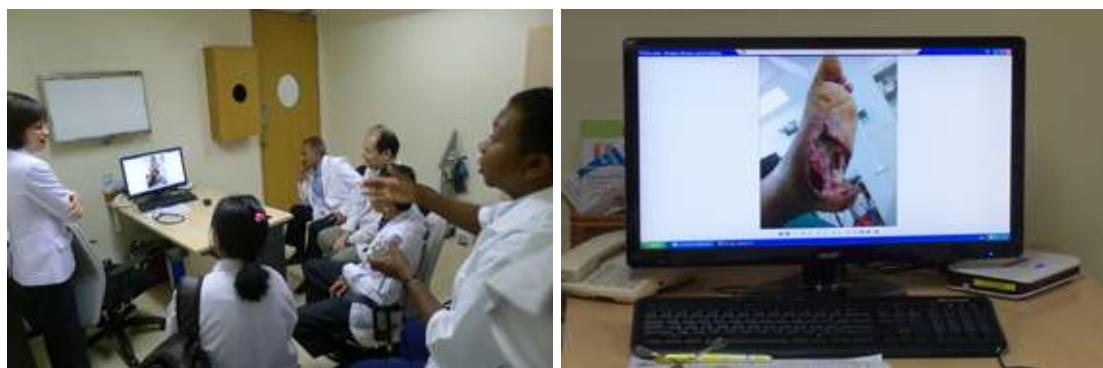


Picture 21: Dr. Sirinate and nurse communicating with me.

International Exchange of Ideas

On numerous occasions while at Theptarin Hospital, we were able to take part in sessions to share knowledge and so learn from others.

During the first week we attended a case discussion session with Dr. Sirinate (Endocrinologist and Head of HBOT) sharing challenging cases in Theptarin Hospital, and discussing our opinions and local management plans.



Pictures 22a and 22b: An international discussion and exchange of ideas on how to manage complex foot problems.

This was the first of several DM foot case discussions during which challenging case studies were examined. Ideas were shared between the entire international team according to our local management style and techniques. The team consisted of the Indonesian endocrinologists, Thai endocrinologists and podiatrist, Jamaican foot care specialist, Bhutanese Nurse Educator and me – each of us sharing the practices, challenges and limitations of our own local settings.

I was honored during part of one sharing session to present to the group on my role as a podiatrist in a hospital in Singapore. Many countries do not have a podiatry service and so lower limb problems are managed by endocrinologists, wound nurses

and other healthcare professionals. In my view the most important aspect of a podiatrist's role is in time and cost savings for a country's health service.

During the second week I had the opportunity to share some of my challenging cases involving tendon preservation, artery preservation, free-flaps, pedicle flaps, skin grafts, bone debridement etc, and to request expert opinions from the team on optimum management.

Overall, the many opportunities I had to share with a panel of international experts and learn from their experiences were humbling and invaluable. Many of us left with ideas on how to improve services back in our home countries. Amongst many other issues, we discussed the best way to identify those at risk of diabetes and pre-diabetes bearing in mind that BMI standards are less helpful for Asian populations than Caucasian ones due to genetic differences. People of Asian (especially East Asian origin) can have normal BMI but still carry very high levels of visceral fat. One of the well-researched methods for determining cardiovascular and diabetes risk factor using level of visceral fat as a proxy instead of BMI itself was discussed:

- 1) Measure height (e.g. 170cm)
- 2) Divide by 2
- 3) The waist should not exceed this number (i.e. 85cm)

This method will be especially helpful for Deeki, the Bhutanese nurse educator, who can now simply carry a length of rope for measuring purposes throughout mountainous villages, and need not carry scales and measuring tape.

(Deeki's dream is to improve diabetes care in her district, and to set up services for foot protection, wound care and limb salvation. In order to help her, Dahlia and I spent time assisting her with the basics of diabetes limb care – discussing with her: anatomy, pathophysiology of diabetic limb complications and their management protocols. In addition, we assisted her with learning basic nail clipping and callus debridement. Dahlia also gave her a pocket-size monofilament to help her start the first diabetic limb care and screening program in Bhutan!)

BeMo Program

It is of limited value if we preach about the importance of health protection without actually living healthily ourselves. It is important that health professionals lead healthy and active lifestyles, 'walk the talk' and become living testimonials of the benefits of healthy living.

In Theptarin Hospital, all of us were put through the BeMo Program (Be Motivated/ Behavioral Modification) to help us become living testimonials! We were shown the MEDE Lifestyle Solutions and Fitness Club – consisting of a swimming pool, gym, fitness classes, and spa sanctuary, and our physical fitness was assessment by a

Physiotherapist. A full Body Composition Evaluation was also undertaken for each of us, which revealed percentage of body fat, visceral fat deposition, muscle mass etc.

These reports were then evaluated by a dietitian and the results were quite unexpected in some cases. For instance, despite having a healthy BMI, my percentage body fat was found to be above normal level and my muscle mass to be slightly low. In addition, my fats were primarily visceral fat – which is a significant risk factor for cardiovascular diseases and pre-diabetes. In order to make the fullest use of my stay in Theptarin Hospital, I decided to utilize its facilities, and kick-start my journey to a healthier me.



Picture 23a: All of us going through the physical fitness assessment. Picture 23b: Evaluation of our Body Composition Reports and risk of cardiovascular complications.

I began swimming, lifting weights and running in the gym. The abundance of fruits and salad everywhere in Thailand made healthy eating much easier too. I also increased my water intake to healthier level. (Distilled water is made readily available in Theptarin Hospital, which made this much easier.)

By the end of my stint at Theptarin Hospital, I was glad to have lost 2.5 kilograms, which I think is a modest success. For my long term plan, consistency is the key. To date, I have been eating healthily and exercising regularly. I am working towards a healthier me, with my physical indicators improving towards the optimum. By walking-the-talk, I hope to be a testimony to healthy living, and an ambassador for health promotion.

I would like to thank Cosyfeet for making my learning journey possible, and to dedicate this report to those who want to keep the world healthy, happy and walking.