

# **ADVISORY FOR THE PRIVATE PHYSIOTHERAPY SECTOR**

Version 8  
Updated on 18<sup>th</sup> May 2021

## **ABOUT THE UPDATED ADVISORY (VERSION 8)**

Till date, there has been no MOH circular specifically addressing allied health clinics in the private sector.

The guidelines in this updated advisory from the Singapore Physiotherapy Association, is mainly based on the MOH and AIC circular stated below and from our communications with Ministry of Health Chief Allied Health Officer's Office (CAHOO).

Below are the referenced circulars:

- (i) MOH circular 170/2020: Revision of Suspect Case Definition for Coronavirus Disease 2019 (COVID-19)(25<sup>th</sup> June 2020)
- (ii) MOH circular 48/2021 "Circular on Precautionary Measures for Healthcare Workers, Patients and Visitors in Healthcare Institutions" (1<sup>st</sup> May 2021)
- (iii) MOH circular 48A/2021 "Addendum to MOH Circular No.48/2021 -Updates to Precautionary Measures for Healthcare Workers, Patients and Visitors in Healthcare Institutions" (5<sup>th</sup> May 2021)
- (iv) MOH circular 51/2021 "Updated Guidance on Service Provision and Safe Measures in Healthcare Institutions" (4<sup>th</sup> May 2021)
- (v) MOH circular 53/2021 "MOH Updated Guidance on Service Provision and Safe Distancing Measures for RHS-Led Community Services)(7<sup>th</sup> May 2021)
- (vi) AIC circular (Ref: COVID-19/MAY/2021/2): Advisory on Enhanced Precautionary Measures for Community Care Sector (6<sup>th</sup> May 2021)
- (vii) AIC circular (Ref: COVID-19/MAY/2021/3): Advisory on Updated Heightened Alert Measures for Community Care Sector (17<sup>th</sup> May 2021)
- (viii) MOH circular 60/2021 "Updates on TTSH Cluster and Summary of Issued Guidance on Measures and Restrictions at Healthcare Institutions (17<sup>th</sup> May 2021)
- (ix) MOH circular 61/2021 "MOH Updated Guidance on Service Provision and Safe Management Measures for RHS-Led Community Services)(18<sup>th</sup> May 2021)

This advisory aims to provide a guideline for private practitioners, as to the steps to take as the Singapore Government steps up in response to the COVID-19 situation.

Along with this advisory, MOH Circular 51/2021, 53/2021, 60/2021 and AIC circular (Ref: COVID-19/MAY/2021/3) will be attached for your reference.

*Singapore Physiotherapy Association*  
*8<sup>th</sup> version (18<sup>th</sup> May 2021)*

## **SPA ADVISORY FOR THE PRIVATE PHYSIOTHERAPY SECTOR ON THE COVID-19 PANDEMIC**

### DEFINITIONS

- **Suspect patient** (as of MOH Circular 170/2020) with effect from 1<sup>st</sup> July:
  1. A person with clinical signs and symptoms **suggestive of Community-Acquired Pneumonia**<sup>1</sup>
  2. A person with an acute respiratory illness of any degree of severity (e.g. symptoms of cough, sore throat, runny nose, anosmia), with or without fever, who, within 14 days before onset of illness had:
    1. **Travelled abroad (outside Singapore); OR**
    2. **Close contact**<sup>2</sup> with a case of COVID-19 infection **OR**
    3. Stayed in a **foreign worker dormitory**<sup>3</sup> **OR**
    4. **Worked in occupations or environments with higher risk of exposure to COVID-19 cases**<sup>4</sup>
  3. Any person with **prolonged febrile**<sup>5</sup> **acute respiratory infection (ARI) symptoms of 4 days or more, and not recovering AND who had not undergone prior swabbing for ARI symptoms in the same episode of illness.**

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<sup>1</sup> Excludes patients with nosocomial pneumonia and aspiration pneumonia with no links to confirmed cases

<sup>2</sup> Close contact is defined as:

- Anyone who provided care for the patient, including a health care worker or family member, or who had other similarly close physical contact;
- Anyone who stayed (e.g. household members) at the same place as a confirmed person;
- Anyone who had close (i.e. less than 2m) and prolonged contact (30 min or more) with a confirmed person (e.g. shared a meal).

<sup>3</sup> Separate processes apply to foreign workers from a dormitory that has dedicated medical station / clinic or dedicated workflow for assessment and swabbing

<sup>4</sup> These include but are not limited to any staff (healthcare worker and non-healthcare worker) working in:

- 1) Public and private healthcare settings, spanning acute care, primary care, intermediate and long-term care and community care settings
- 2) Dormitories or involved in dormitory outbreak control operations
- 3) Isolation / quarantine facilities
- 4) Community care facilities (CCFs)/ community recovery facilities (CRFs)
- 5) Ambulance and dedicated patient transport (including private hire vehicles).

<sup>5</sup> Fever, of any duration, with measured or reported temperature of > 37.5<sup>o</sup> C.

- **Stay Home Notice (SHN)** ([www.gov.sg](http://www.gov.sg) website)

People on SHN, including healthcare workers must remain at home at all times. They are not to leave the residence, even if it is to purchase food and essentials. Home delivery or help from others to purchase daily necessities should be arranged.

Contact should be minimised with others, and avoid having visitors to your residence. A record of persons you come in close contact with should be maintained. Monitor your health closely e.g. take your temperature twice daily, and monitor other symptoms such as cough and breathlessness.

- **Quarantine Order (QO)** ([www.gov.sg](http://www.gov.sg) website)

An individual on a quarantine order is isolated with the aim of limiting the spread of the virus in the community. He or she will be isolated either at home, at Government Quarantine Facilities, or at a hospital.

A quarantine order is a directive with legal force. It has severe penalties for non-compliance.

## SPA ADVISORY FOR THE PRIVATE PHYSIOTHERAPY SECTOR ON THE COVID-19 PANDEMIC

### PATIENT/CLIENT TRIAGING AND MANAGEMENT

**As we continue operations amidst a heightened local COVID-19 response, please consider utilizing tele-consultations, wherever possible and clinically appropriate.**

Annex 1 (Triage Framework for Teleconsultation) and Annex 2 (Patient Groups that may warrant face-to-face consultation) are attached for your use.

*\*\*Please note that from 18<sup>th</sup> May onwards, additional screening questions to screen for patients/visitors/vendors who have visited/been admitted to/discharged from TTSH inpatient wards, are no longer needed as the period of concern has lapsed since it has already been more than 14 days since 18 April 2021 (MOH circular 60/2021).*

**Management measures for clients and/or family members who are on phone surveillance or on medical leave due to ARI symptoms shall be pegged to guidelines as those on SHN/HQO (MOH circular 61/2021).**

### CLINIC-BASED PHYSIOTHERAPY SERVICES

**Clients can be seen on 1-on-1 basis. Group therapy of up to 2 clients is allowed (not including allied health and support staff).**

**All clinic based physiotherapy providers must perform triaging, and should be carried out outside the clinic premise, if possible. Phone triaging is encouraged if possible.**

- Clinic triaging should check for both symptoms, travel history, close contact history (as defined under “suspect patient” definition on page 3 of this advisory).
- Check if the patient or any family member/caregiver in the household is on SHN/QRO, phone surveillance or medical leave due to ARI symptoms.
- If patient/clients that fulfil suspect case definition and whose conditions are medically stable, they should be asked to visit the nearest PHPC or polyclinic for further evaluation immediately.
- If patient/client do not fit the prevailing case definition but have a recent history of fever and/or acute respiratory symptoms and require urgent or emergency management, he/she should be referred to the restructured hospitals, PHPC or polyclinics as appropriate.
- Please use the website, [www.phpc.gov.sg](http://www.phpc.gov.sg), to search for nearest public health preparedness clinics (PHPC).

## HOME PHYSIOTHERAPY SERVICES

**All patient interaction should be limited to no more than 60 min without compromising care for home therapy services.**

**For home visits, it is mandatory to make a pre-visit phone call on the day of home therapy/home visit** to ascertain the patient's/client's health condition and potential exposure to COVID-19 prior to the therapy/visit and review the need to proceed with home visit.

- Phone triaging should check for both symptoms, travel history as well close contact history (as defined under “suspect patient” definition on page 3 of this advisory).
- Check if the patient or any family member/caregiver in the household is on SHN/QO, on phone surveillance or medical leave due to ARI symptoms.
- If patient/clients that fulfil suspect case definition and whose conditions are medically stable, they should be asked to visit the nearest PHPC or polyclinic for further evaluation immediately.
- If patient/client do not fit the prevailing case definition but have a recent history of fever and/or acute respiratory symptoms and require urgent or emergency management, he/she should be referred to the restructured hospitals, PHPC or polyclinics as appropriate.
- Please use the website, [www.phpc.gov.sg](http://www.phpc.gov.sg), to search for nearest public health preparedness clinics (PHPC).
- If you are unsure after your phone triage whether to proceed with the home visit e.g. patients with recent or existing pneumonia or acute respiratory symptoms, please seek medical advice from a physician for further clarification and assessment.
- **DO NOT visit the home if either the patient and/or household members has symptoms and/or travel history/close contact history, or are on SHN/QRO, phone surveillance or on medical leave due to ARI symptoms, unless absolutely necessary.** Defer the home visit and carry out tele-consultation if appropriate.
- If you do need to conduct the home visit if patient or family/caregiver is on SHN/QO, please refer to table 1, scenario A on what the process is.
- **When outside patient's home, you are advised to reconfirm if the patient or any family member/caregiver in the household is on SHN/QO, phone surveillance or on medical leave due to ARI symptoms. Please reconfirm the patient's and close contact's travel history and close contact history.**
  - If you find out that patient and/or close contact presents with symptoms, please advise them as above (similar to during phone triaging).

- When you arrive inside the home, whenever possible, please check the temperature for your patient and any close contact in the house. Screen your patient and close contact (if present in house) for any signs and symptoms such as:
  - **Fever and/or Cough, and/or Sore throat** (common presenting symptoms of COVID-19 locally)
  - And/or Running nose, and/or Breathlessness
- **Please take note of additional precautionary measures to manage home visits for patient or household members living in the same premise is on SHN/QO, phone surveillance or on medical leave for ARI symptoms, as in table 1 below (MOH circular 53/2021).**

Table 1: Additional precautionary measures to manage home visits for patient or household member/s living in same premise is on SHN/QO

Scenario	Steps to take
<p><b>Scenario A</b></p> <ul style="list-style-type: none"> <li>• Household with patient and/or any member on SHN/QO, phone surveillance or on medical leave for ARI symptoms.</li> </ul>	<p>Continue to provide service remotely via teleconsultation if suitable. If remote service delivery is not possible, to defer non-urgent and/or non- critical services till after the SHN/QO period.</p> <p>If it is essential to conduct the visit, please be in:</p> <p>Full PPE (N95, gown, gloves, eye protection) to be worn at all times. PPE must be worn before entering the house.</p> <p>Change PPE after each client.</p> <p>Patients/clients/Household members/caregivers at the same premise <u>are required to wear their own surgical mask during the session</u>, unless there are specific clinical circumstances that make mask-wearing not possible.</p>
<p><b>Scenario B</b></p> <ul style="list-style-type: none"> <li>• Healthcare worker performing aerosol-generating procedures (AGP), which includes suctioning (regardless of any SHN/QO status)</li> </ul>	<p>Full PPE (N95, gown, gloves, eye protection) to be worn at all times. PPE must be worn before entering the house.</p> <p>Change PPE after each client.</p>
<p><b>Scenario C</b></p> <p>Household <u>without</u> any member on SHN/QO, phone surveillance or on medical leave for ARI symptoms</p>	<p>Surgical mask to be worn at all times during the home visit and not limited to client interaction.</p> <p>Change mask after each client.</p> <p>Patients/clients/Household members/caregivers at the same premise <u>are to wear their own reusable or surgical mask during the session</u>, unless there are specific clinical circumstances that make mask-wearing not possible.</p>

<p><b>Scenario D</b></p> <p>Patient or household member staying in same premise is a confirmed COVID-19 patient</p>	<p>No service at patient's home as patient will be hospitalised.</p> <p>If patient's household member is confirmed to have COVID-19, follow scenario A.</p>
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## STAFF MANAGEMENT

- **All physiotherapists should monitor your own temperature twice a day. Do not attend to patients, if you are unwell.** Wear a mask, seek medical attention if you feel unwell and rest at home.
- All staff with mobile phones should download and activate the TraceTogether application, to enable contact tracing. Please visit <https://www.tracetgether.gov.sg>, for more information.
- All healthcare workers should not be travelling overseas during this period, unless on exceptional basis. When returning to work, they are required to restrict their duties to non-patient fronting duties for up to 21 days upon return. Please refer to MOH circular 51/2021, point 10.
- All staff who are new to the healthcare system, would require pre-employment testing within 72h prior to starting work. Please refer to MOH circular 60/2021 table 1.
- All service providers should implement safe management measures including:
  - (i) Business continuity plans, including split team arrangements
  - (ii) Implement a Safe Management System and take steps to ensure safe distancing
  - (iii) Reduce Physical Interaction and Ensure Safe Distancing
  - (iv) Support Contact Tracing
  - (v) Ensure Cleanliness of Workplace Premises
  - (vi) Implementation of Health Checks and Protocols to screen Persons and Prevent Cluster Formation
- In view of the stepping up of government measures for COVID-19, the guidelines below are suggested for private physiotherapy practitioners, as a pre-empt.
  - **All service providers may make specific operational plans to reduce the number of staff who do not need to be based on-site at the clinic.** For example, backroom office staff should tele-commute as far as possible. Physical counter services should be scaled down, and substituted with digital services where possible.
  - Although as of current, there are no MOH guidelines regarding the number of service sites one staff can cover, **all service providers may make specific**

**operational plans to minimise cross deployment limited to existing practice sites.**

- **Cross-deployment to other public/private healthcare institutions or community (i.e. intermediate and long term care settings) should be kept to minimum, and reserved for services where telehealth would be of limited effect.** These cross-deployment, including all movement from acute, intermediate and primary care (which includes the private sector) settings to the community care sector, should occur only with approval from the head of the organization (based on MOH circular 60/2021 and AIC circular (17<sup>th</sup> May)).
  
- **All staff who are working in the physiotherapy clinic needs to abide by safe management measures including the following:**
  - All staff must be wearing a surgical mask within clinic areas at all times (e.g. during work, rest breaks and when off-duty).
  - All staff should be at least 1m apart within the clinic space.
  - Minimise interaction between different teams of staff (e.g. staff covering home therapy versus clinic-based staff).
  - If there are meal times, they should be staggered amongst staff or to allow sufficient distancing of at least 1m, at designated staff rest areas as far as possible.
  - All staff should not be gather or mingle in groups of any size during (including meal/rest times) or after work hours. All social gatherings, work events, non-essential training and meetings should be discontinued.
  
- **All providers/AHPs are required to put in place a daily movement log to track all employees' entry and exit times, and furnish the information to MTI upon request.** This is intended to support contact tracing efforts. *SafeEntry* use on <https://www.safeentry.gov.sg> to track employees' attendance is mandatory.
  
- If there are waiting lines in standing or sitting, 1m marking should be made to allow physical distancing amongst patients/clients as well. Safe distancing measures apply to everyone within the clinic premises.

#### INFECTION CONTROL AND APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT (PPE) USAGE

- **All physiotherapists must adhere to strict infection control practices and personal hygiene practices (including hand hygiene practices).**
- There should be frequent cleaning of your equipment and environment with use of 70% alcohol.
  - Do not spray cleaning agents as it may aerolise infective agents.

- Cleaning agent should be applied using a damp cloth, left for at least 10 minute but no longer than 30 min, thoroughly rinsed off and the area dried.
- **Personal protection equipment (such as surgical mask), should be used appropriately and responsibly. Please refer to MOH circular 53/2020 as a guideline.**
  - All staff should put on and dispose of surgical masks correctly. Refer to: <https://www.healthhub.sg/live-healthy/1204/when-a-mask-is-a-must>
  - All staff should be masked up in the clinic at all times, except when eating and drinking. Surgical masks should be worn the entire day as per MOH circular 53/2021, similar to guidelines for face-to-face service delivery in community sites. Please change your surgical mask if it becomes soggy, soiled or torn. Gloves, apron/gown or face-shield to be used as per standard infection control guidelines and to be considered depending on procedures/services to be rendered (e.g. risk of splash). Full PPE should be used if performing aerosol generating procedures (AGP) as stated in table 1, scenario B.
  - For home visits, surgical mask needs to be worn and changed for every client.
  - For chest physiotherapy, please abide to the following infection control practices, due to risk of fluid splash and performance of suctioning that is at risk of generating aerosol. Please put on your N95 mask, yellow high-risk gown, gloves and face shield/goggles (for eye protection). PPE must be changed after each home visit.
  - If you do need to make a home visit to a household with the client or family member on SHN/QO, please wear full PPE (i.e. N95 mask, long gown, gloves and eye protection). These must be donned on prior to entering the house. PPE must be changed after each home visit.
  - Please refer to MOH circular 53/2021, for further details on updated PPE guidelines.

## **USEFUL RESOURCES & CONTACTS**

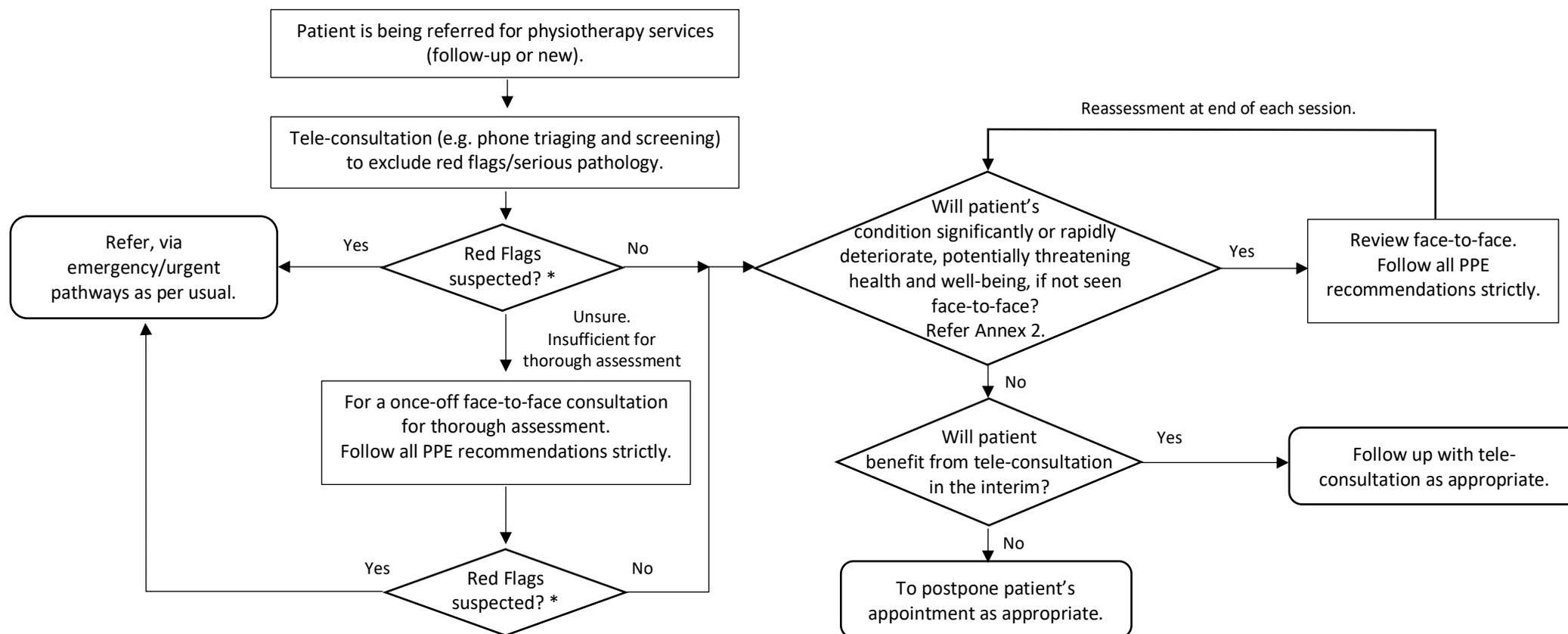
- 1) MOH website for updates on COVID-19  
<https://www.moh.gov.sg/covid-19>
- 2) Gov.sg WhatsApp: Sign up with <https://go.gov.sg/whatsapp>.
- 3) SPA website: <https://www.physiotherapy.org.sg/news/9376790>

**Please contact SPA at [secretary@physiotherapy.org.sg](mailto:secretary@physiotherapy.org.sg), if you would require further clarifications. SPA will do our best to support you.**

*Disclaimer: The information provided in this guide is current at the date of publication and is intended for as a reference only. While every reasonable effort has been made to ensure accuracy of information, persons implementing any recommendation contained in this guide must exercise their own independent skill or judgement, prior to execution. SPA shall have no liability to any users of the information contained in this guide.*

## Annex 1: Triaging Framework for Tele-consultation

### START



\*Red flags examples: acute pain of unknown nature, sudden weakness/loss of strength, worsening numbness or pain that is unresolvable by medications, giddiness of unknown pathology, worsening of shortness of breath.

Reference: The Chartered Society of Physiotherapy COVID-19 Physiotherapy Emergency Workforce.

## Annex 2: Patient groups that may warrant a face-to-face consultation

**Essential services/procedures** refer to those, if not provided or performed, would result in significant or rapid deterioration of the patient's medical condition, and potentially threaten their health and well-being.

Essential services	Target Group	Potential consequences
Physiotherapy Interventions to prevent deterioration of respiratory function	Patients with respiratory symptoms with conditions such as: (i) acute/chronic neuromuscular conditions <sup>1,2</sup> e.g. spinal cord injury patients on home ventilators (ii) COVID-19 and Post COVID-19 <sup>3</sup>	Deterioration in respiratory condition that could result in poor outcomes, including readmissions and even death. Increase caregiver burden.
Physiotherapy Interventions for surgical patients with complex needs	Patients with co-morbidities and frailty that are at risk of deterioration and poor outcomes without sustained rehabilitation including: (i) Trauma patients <sup>4</sup> (ii) Major surgeries e.g. emergency thoracic and abdominal surgeries <sup>5</sup> , orthopaedic surgeries <sup>6</sup> , cardiac surgeries (iii) Neurosurgeries	Deterioration in respiratory condition and functional mobility, with potential delay in recovery and long term disability. Increase caregiver burden.
	Patients who underwent surgeries who require in-person full assessment and interventions for pain and swelling control, manual therapy/passive mobilisation, including: (i) Joint replacement surgeries (ii) Ligament reconstruction <sup>7</sup> , tendon repair surgeries <sup>8</sup> (iii) Recent fractures with surgery (iv) Breast surgeries <sup>9</sup>	Prevent complication risk like scarring and limitation of range of motion, with potential delay in recovery and long term disability.
Physiotherapy Interventions for patients with neurological conditions	Patients who are diagnosed with acute neurological (e.g. stroke) <sup>10</sup> and other chronic neurological conditions (e.g. children, adolescents with cerebral palsy <sup>11</sup> or developmental delays <sup>12</sup> ) who are at risk of deterioration and poor outcomes without sustained rehabilitation.	Deterioration in respiratory condition and functional mobility, with risk of readmissions, potential delay in recovery and long term disability. Increase caregiver burden.
Physiotherapy interventions for other non-surgical conditions	Patients who have: (i) Acute musculoskeletal pain <sup>13,14</sup> that causes worsening of disability and function (e.g. acute on chronic flares) (ii) Lymphedema <sup>15</sup> (iii) Acute vestibular disorders e.g. benign paroxysmal positional vertigo <sup>16</sup> (iv) Older adults who have poor social support, at risk of injurious falls, deconditioning and functional decline.	Deterioration in functional mobility, with risk of readmissions, potential delay in recovery and long term disability. Increase caregiver burden.

\*Please note that this list is a suggested list, and is not exhaustive.

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