



After I have gone to Hillerod Hospital, Denmark for clinical practice for 1 month, I was impressed. Because of this practice, my point of view pertaining to patient approach has been changed to focus on patients more obviously with the aim to rise up patients' quality of life. So, my questions were made regarding to their houses and workplaces e.g. number of staircase's steps, ramps, bedroom, bathroom, and others for more. And then, these data would be integrated for treatment planning for their living as good as they do in daily lives, or sometimes these cases would be transferred to special settings for attention-needed person in their community. This

reason is different from the way Asian people do because young European people will move out when they are ready to form new family and leave their parents live independently. Therefore, every community not only has houses for elderly, but also offers a rehabilitation center for cases who need an attention after hospitalization. In this occasion, I have joined the exercise class for cases with ankle problem.

Every day on 8.30-9.30, doctors, nurses, physical therapists, occupational therapists, and other health professionals come to discuss about their cases' problems and progressions, and try to prevent infection. This prevention involves from doctors to chefs in the hospital. So, everyone has got the instructions about hand hygiene, clothes and shoes changing to prevent from outside germ contamination.

All Danish people are covered with the welfares including free medical attention, free education expenses from kindergarten to doctorate. This is possible because they have to pay tax in the rate of 40%. The hospital that I have visited is a general hospital that divides into 4 departments of physical therapy, i.e. neurological, chest, cardiovascular, and orthopedic and occupational therapy. The most orthopedic cases were from hip replacement surgery. While, cardiovascular cases including ischemic heart disease, heart insufficiency, and COPD, were in phase 2, that were after they went back home, they had to do exercise programs. So I have proposed aerobic exercise adapted from Thai traditional dancing two times and got good feedbacks from these cases. This practice gave me more concerns about physical therapy's significance and physical therapists' roles.

Finally, I would like to thank everyone including my clinical instructor, Susanne Grøn Nielsen that gives me this opportunity and many new things abroad. This new knowledge will be combined to better practice and it will be delivered to ones who interested in to maximize the patient's benefits in the future.

CHUTIMA PHANPHO

