

Together Trial: video consultations for delivering falls rehabilitation to older adults

Quick intro to yourself and any contact details you're happy to share ...

My name is Dr Helen Hawley-Hague. I am an NIHR Fellow at the University of Manchester working within the Healthy Ageing Research Group. I currently lead the Together trial (focused on smartphone technology and delivery of evidence based strength and balance for falls prevention within health services). For further information about Together Trail or to discuss other CSP members using the platform please contact me at helen.hawley-hague@manchester.ac.uk

What type of physio services are you working with? (e.g. specialty, conditions, location, patient demographics)

I am currently working with both falls teams and Community Rehabilitation teams across the whole of the North of England on two projects: the Together Trial (see above) and the Standing Tall implementation study.

What tools are you using to deliver your physio services digitally?

As part of the first stage of my current NIHR Fellowship I explored the use of teleconferencing for delivering both one to one and group based falls rehabilitation to older adults. One falls team in Manchester delivered the sessions from their office and seven patients participated in their own homes with my support. This delivery took place over three weeks and participants had already started the evidence based Otago home exercise programme. Participants were aged between 62 and 93. The set-up included connecting a smartphone to a screen or the patients TV using a HDMI cable and then using Skype.

How have these services replaced face to face contact?

As this was usability testing it did not replace standard service but was an addition. We argued that because clinicians would not need to travel they could deliver more sessions virtually than standard service, hoping to increase the dose of exercise and motivation of participants.

What is the clinician's experience of using the digital tools?

Health professionals liked it and could see the benefits. We ran focus groups with three different services, one which used it directly with patients and two where we showed them how it worked and asked for feedback.

Key things to think about based on their feedback:

1. **Safety:** Physiotherapists found it fine to support patients to continue existing exercises but difficult to correct technique and introduce new exercises in this way.

2. **View** was sometimes an issue:

a) **Think about whether the patient will need to reach up and adjust equipment and if this is safe.**

As older adults often exercise in the kitchen as that is where the best support is, there could be an issue about where to position the equipment.

b) **Be aware that you may not be able to see all of the patients' body.**

Dependent on the size of the space and where we could locate the phone/camera it was hard to watch dynamic movements such as heel toe walking and be able to observe where the feet were placed AND whether they were looking ahead or looking at their feet! The view is worse if you try and use group conferencing with several patients at once!

c) Ask your patient to wear contrasting socks to their trousers.

When their trousers and socks/shoes are dark it is difficult to see what they are doing with their feet.

5. **Sound:** Health professionals found using a Bluetooth headset greatly aided delivery and being able to hear the patient while they were demonstrating exercises to them.

4. **Connectivity:** If people did not have Wi-Fi we found connectivity poor, in fact the phone just overheated! Newer models of phones and tablets or desktop computers/laptops will be more reliable (we used phones because more people will have them). We used Skype and found this had better connectivity where there was no Wi-Fi, we also tried WhatsApp video call and Google Hangouts.

Do you have any patient feedback on digital physio service offer?

Patients actually really liked carrying out their rehabilitation in this way and were not worried about missing face to face contact. However, some were anxious about setting up the equipment and using Skype (we had already set up an account and logged them into the device).

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