

Mobility and exercise programs – Physiotherapy rehabilitation post total hip replacement

Host site Acting Director of Physiotherapy – Mark: Hi Mary, can you hear me?

Client – Mary: I can Mark. I don't know what happened then.

Host site Acting Director of Physiotherapy – Mark: It might have just dropped out. Sometimes the connections play up a little bit. Do you want to hold the iPad Mary so that I can see you?

Client – Mary: Okay

Host site Acting Director of Physiotherapy – Mark: At the moment, I'm staring up at the roof. There we go.

Client – Mary: Sorry, I never realised that, Mark. Sorry about that.

Host site Acting Director of Physiotherapy – Mark: Mary, how have you been going – since you left the hospital?

Client – Mary: Pretty good. Some days are diamonds, some days are stone. But just taking each day as it comes.

Host site Acting Director of Physiotherapy – Mark: The two main things we want to look at today is your walking and your exercises. Firstly, with your walking, are you still using the two walking sticks?

Client – Mary: Yes, I am.

Host site Acting Director of Physiotherapy – Mark: Yep. And how are you going? How do you feel you're going with those? Is it becoming easier to get around?

Client – Mary: I think it is becoming easier. I am starting to learn to step through. You know, with my good leg.

Host site Acting Director of Physiotherapy – Mark: Yep, that's good. Have you practiced around the house at all just using the one stick yet? Or you've always been using the two?

Client – Mary: Mmm. That's a hard one. Yes, I have actually to be honest. I don't know if I'm allowed to, but I have only been using one stick.

Host site Acting Director of Physiotherapy – Mark: Yep, okay, yep. Well, what we'll do today is I'll have a look at your walking. We can have a look at you using the two sticks and we'll also have a look at you using one stick and if everything is looking good then you can maybe get rid of one of those sticks and just start using the one.

Client – Mary: That'll be great. That'll be great.

Host site Acting Director of Physiotherapy – Mark: Now, the other thing we'll look at today is your exercises. I had a look on the App, and it looks like you've been going pretty well with them. I saw that you're potentially having a little bit of difficulty with the sit to stand exercise. So, we might have a look at that today and I can just give you any pointers around that.

Host site Acting Director of Physiotherapy – Mark: Okay that's good. Turning around and coming back towards me. You're looking pretty good and stable there Mary.

Client – Mary: Okay that's good. I still get a little bit nervous. I think confidence is a bit of a hard one.

Host site Acting Director of Physiotherapy – Mark: Yeah, yep. You're walking there looks pretty good. You certainly look good and safe and steady. If anything, you're still walking a bit slowly but given it's only a couple of weeks since your operation, then we wouldn't expect you to be racing around yet.

Client – Mary: No, not yet.

Host site Acting Director of Physiotherapy – Mark: What we'll do is let's have a look at how you go walking with the one stick.

What I want you to concentrate on is what you were talking about before with the two sticks. Can you try and concentrate on stepping through? At the moment you're just kind of stepping that left leg up to in line with the right one. I want you to think about walking as normally as you can.

Client – Mary: Okay, gotcha. I'm getting into a rhythm. Is that better?

Host site Acting Director of Physiotherapy – Mark: Yep, that looks a bit better. Yep, turning around and come back towards me.

Client – Mary: Okay. I just had a little bit of difficulty, I think. I didn't know if it was my legs weren't strong enough or my arms were shaking a bit. So, I'll see how we go and see what you think.

Host site Acting Director of Physiotherapy – Mark: Yep, sounds good.

Client – Mary: Alright then. How was that?

Host site Acting Director of Physiotherapy – Mark: Yep, and sitting back down. So, I think when you did that first one Mary, you weren't really leaning forward much with your trunk. Now obviously you'd be aware of your hip precautions, where we don't like you bending right over, but you are able to bend a little bit further than you did there. If you can bend forward a little bit more, get your weight forward you should find that it's a little bit easier to stand up. So just have another go and obviously we don't want you bending right over, past that ninety degrees.

Client – Mary: And that's probably why I haven't done it because I'm probably scared it might pop out or something.

Host site Acting Director of Physiotherapy – Mark: Yeah, yeah. So, it's not going to pop out just doing this exercise, so just feel free to move your trunk a little bit further forward this time.

Client – Mary: I'll just come a little bit closer to the edge.

Host site Acting Director of Physiotherapy – Mark: Yep.

Client – Mary: And just lean a little bit forward.

Host site Acting Director of Physiotherapy – Mark: Lean a little bit forward.

Client – Mary: Okay alright. I'll try again.

Host site Acting Director of Physiotherapy – Mark: When you're ready.

Client – Mary: Well, that was much better Mark. That was, yeah.

Host site Acting Director of Physiotherapy – Mark: Alright so, yeah things to work on, the walking we're going to start using one stick more of the time. And start building up your confidence with

that. We've had a look at those exercises and a couple of adjustments to make there. You keep up all the good work. Keep using that App to enter your exercises in and I can keep an eye on how you're going here and we can adjust things as we need be.

Instructions for technology use

Host site Acting Director of Physiotherapy – Mark: Hi Mary. How are you going today?

Client – Mary: Good, thanks Mark. I'm really good.

Host site Acting Director of Physiotherapy – Mark: Good. What I wanted to do with you today is just run through how to use the iPad. As you know you'll be going home in the next day or so and we're going to be using the iPad at home to do your exercises and your physio. So, we'll just go through it now so that you're comfortable using it. What I'll do is I'll leave it with you so that you can press the buttons and make sure that you know what you're doing. And everything we go through is on that handout.

Client – Mary: On here? Yeah, it's good to have the two.

Host site Acting Director of Physiotherapy – Mark: So, there is two different apps on here. One of them is to do you exercises with and that's the one that we'll go through now. So basically, what you can see once you've tapped that button, when the screen comes up is you've got this screen here and if you just press start then that will launch the program. And what I've done is I've loaded up all your exercises onto the iPad. So, they're all the same ones that you would've been doing here in hospital and now you'll keep going with those at home. So, when we get to this screen, if you can see there's the play button there, if you press play, what that will do is load up a video of that exercise for you. And you'll be able to watch that video. And this is basically how the exercise is done correctly and you want to be trying to mimic that as best you can. Sometimes it takes a couple of seconds for it to load up.

Once you've done that exercise, you can tap the "I did it" button there. And basically, once you get to this screen, you can let us know whether it was easy or difficult and whether you had any pain when you were going through the exercise. Once you've completed that, that information comes straight back to me on my iPad. That way once you're home, I can keep an eye on how you're going with it and if things are particularly difficult or easy, we can adjust them accordingly. So just have a practice of using the slide tool there to rate whether it was easy or difficult.

The other app that we'll use is this one, eHAB, and that's the one we'll use for when we actually do our physio session. So again, the instructions are here. This one is pretty straightforward. If you just tap the button to open it, you'll see you come up to this screen.

So, I've loaded in your access code there. So, if you just tap your code and it will then come to this screen where it tells you any upcoming appointments you've got. So, at the moment it says no upcoming appointments, but we'll organise a time and book that in before you leave so you know when it is. Just as you would with a normal physio session at that time and day, rather than coming here to the hospital, you just open the App, wait in there. Once I see you're online, I'll call you from my end. We'll be able to see each other on the screen and we can go from there, have a look at your exercises, see how your walking is going and that sort of thing.

The other thing that we do advise people is when we do the physio session, if you've got someone who can be with you at home it's often a bit easier for them to be able to hold the iPad to record you doing your walking and exercises. If you live on your own that's certainly fine as well.

Client – Mary: No, it's good because I have my mate, you know Jan, so she'll be there, and I can work around her, so she'll be there to help me. So that'll be good.

Host site Acting Director of Physiotherapy – Mark: That's good. As I say, if you're on your own, that's fine we'll still do it. We'll just have to figure out a good place to set the iPad up so that we can see you walking in front of it.

Interview: Host site clinician

Why was Mary referred to your service?

Host site Acting Director of Physiotherapy – Mark: This patient that we've been looking at, she's a 57-year-old, female, with severe arthritis. So, she was referred into QEII for a total hip replacement. After receiving this surgery, then the physio department have looked after her rehab as well.

What are the benefits of providing this intervention via telehealth?

Host site Acting Director of Physiotherapy – Mark: I guess telehealth is an area that is becoming more and more popular as technology progresses in general. A lot of the reasons for doing it, there's potential benefits for both patients and for health providers. For the patients, it tackles the access issue that a lot of patients have where not everyone can make it into a hospital after having their surgery and this negates that issue where patients can receive the therapy in their own home. There's also potential benefits for healthcare providers in that telehealth can potentially be a cheaper way of delivering healthcare as well.

What technology did you use for this telehealth intervention?

Host site Acting Director of Physiotherapy – Mark: So, the main App that we use for our physiotherapy sessions where we interact live with the patient is the eHAB app. That's a program that has been designed specifically for healthcare providers and it's been trialled and tested previously and been shown to be an effective platform for delivering healthcare to patients using technology, using telerehab. So that's the system that we've gone with.

One of the benefits of using eHAB is that it is quite simple for the patients. The way that we use it is we loan them an iPad for a period of time. And it is literally as easy as tapping the screen a couple of times and where they're on their screen, they're on our screen and we can go from there. Even for people who aren't very tech savvy, with a small amount of training in hospital, we usually find that they're capable of being able to use the eHAB App. eHAB is a similar concept to Facetime and to Skype – those sorts of things. So, it's using similar technology. eHAB has a couple of extra features built into it to enable it to be used more as a rehabilitation thing rather than just a straight up video call, but certainly if people are comfortable using those sorts of programs, then they should be comfortable using eHab.

The other App that we use is the WellPepper App and it's an App that's been developed for facilitating peoples' home exercise programs. So basically, how that one works is we can load up their home exercise program onto the App. Rather than giving them a piece of paper, they have the

App on their iPad and through that App, they can watch videos of their exercises, they can give us essentially real-time feedback on how they're going with the exercises. And we have the ability at our end to adjust how they're going. I guess it's a more interactive experience for going through their exercises rather than just having their piece of paper at home that they are copying off.

Do you have to modify your intervention to provide it via telehealth?

Host site Acting Director of Physiotherapy – Mark: Certainly, when you interact with patients via telehealth, it does make you focus a lot more on your verbal communication. Often, there's a lot of physio interactions do involve hands on and even if it's not manual therapy, you often can use tactile stimulation to correct exercises and that sort of thing. So, it does require a high level of communication. You need to be really clear with your communication. That's probably one of the big differences between the face to face is you don't have the option of tactile facilitation and tactile feedback, so your verbal instructions need to be really clear.

Interview: Client

Why were you referred to the QEII Hospital Physiotherapy Department?

Client – Mary: I was referred to the physio department at QEII. I had very, very bad arthritis in my right hip. So, I was fortunate enough to have surgery and then again, as I said, then I went into the physio for rehab.

What are the benefits of this telehealth service?

Client – Mary: Telehealth, I think, is very good for many reasons. Like, I can stay at home, and I don't have to go out, because it can be tiring, it can be painful. Also, a little bit of stress. A bit stressful if you haven't quite got your confidence back. Not only that, it's saving me time, it's saving me money, and I don't want to inconvenience my family or my friends. Whereas, as you say, this way I can go about my own time and work around the appointments that the physiotherapist gives me. So, I think it's very good.

Are there any improvements that could be made to this telehealth service?

I feel a little bit embarrassed about saying this but with my age, like, the technology, it takes me obviously a little bit longer to get the gist of it. So, perhaps, maybe a couple more little sessions so I think that would be a good idea. And then also, I noticed that before I was discharged, I had a lot of professionals coming. I had the occupational therapist coming with information and different things that I needed in my home. So, that was a lot of information. And then, as I said to have the eHealth. So perhaps, maybe even for the first week, even if we came back in, just to have that face to face because by that time everything will have settled.