

Mobility and exercise programs – Physiotherapy review: four months post shoulder surgery

Host site physiotherapist – Ashley: Hi Renee. Hi Lyn. How are you?

Client – Lyn: I'm fine, thank you.

Host site physiotherapist – Ashley: That's good. Are you squashed in there or you're alright?

Recipient site allied health assistant – Renee: We're alright.

Client – Lyn: No, we're fine. We're good.

Host site physiotherapist – Ashley: Alright. So today, what I thought we'd do is go over your exercise program. All the exercises you're doing at home, have a look at them, check you're doing them correctly, change them if we need to and just see that sort of thing. Is that alright?

Client – Lyn: That's fine. Yes.

Host site physiotherapist – Ashley: And just to go over in my head, you're now just over four months since you had your operation on your shoulder?

Client – Lyn: That's right. Yep.

Host site physiotherapist – Ashley: So, we're sort of four months after an arthroscopic rotator cuff repair.

So just before we go through your exercises, if you stand up for me can you just lift your arm with your thumb pointing to the front, just lift your arm up in front of you as high as you can. Lovely.

Recipient site allied health assistant – Renee: Let me know if you want me to stand anywhere different.

Host site physiotherapist – Ashley: Yeah Renee, could you get exactly side on? We don't need an exact angle, just to get an idea. Okay, lovely. And then, put your arm down Lyn and then if you...

Recipient site allied health assistant – Renee: Sorry I'm just changing the camera.

Host site physiotherapist – Ashley: That's okay. Lyn, if you then face away from Renee and you just lift your arm with your thumb pointing up again, out to the side as high as you can.

Alright, well if we start with your stretches, and we'll go over those first. So, can you show me the one where you're lifting your arm up to the front and stretching?

Client – Lyn: With the band?

Host site physiotherapist – Ashley: No, without the band.

Client – Lyn: Okay, without the band.

Host site physiotherapist – Ashley: Yep, and you just hold it there and then you hold that for, how long are you holding it for?

Client – Lyn: I hold it for two minutes.

Host site physiotherapist – Ashley: Yep. So, Renee, if you can show me the back of Lyn’s shoulder, would be great. Thanks.

Recipient site allied health assistant – Renee: Do you want Lyn to be facing the wall?

Host site physiotherapist – Ashley: Yeah, so Lyn what we want to get forward movement of your arm, or flexion, is for you to be facing straight on to the wall. And, if you can, while you’re in the stretch and while it’s loosening up a bit, can you try and relax your shoulder down? So, see how your shoulder’s up near your ear, that’s better. So, Renee, if you could just point to Lyn on her shoulder and just say this is where you want to relax down through here. Yep.

Recipient site allied health assistant – Renee: Still?

Host site physiotherapist – Ashley: Yeah, so if you look straight ahead Lyn, and then if you...perfect. So, slowly down. So, this time what I want you to do is squeeze your shoulder blade back a little bit. Perfect. Now keep your shoulder like that and lift. And only lift as high as you can. Okay, stop there. And then put your arm down. Okay, have a mini rest. Squeeze your shoulder blades back together again. Then, keep your shoulders back while you lift your arm. Keep them back. Keep them back. Keep them back. Okay, stop there and rest it down.

So, we’ll make an appointment for next week and I’ll see you in the clinic and we’ll do some more hands on work on your shoulder.

Interview: Host site clinician

Why was Lyn referred to the Moranbah physiotherapy service?

Host site physiotherapist – Ashley: Okay, so I’m seeing Lyn. She had an arthroscopic rotator cuff repair on her right shoulder four months ago, down in Brisbane. But she lives up here. So, I’ve been treating her after surgery for that.

Okay so, I’d see Lyn weekly to review her exercise program and also, we’re still doing some hands-on treatment like massage and joint mobilisations.

What telehealth model did you choose to use for this telehealth intervention?

Okay so, for this treatment we chose the health professional being a physio to an allied health assistant. Because our team is set up using the Calderdale Framework and so we’re looking at delegating skills to the allied health assistant to enable us to see patients at a greater distance without them driving too far. So, for example, we have to cover patients in Middlemount and instead of me driving two hours to see them, one of our allied health assistants can drive an hour to meet up with the patient and we can have the consult via telehealth.

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

So, when we have appointments via telehealth, there’s a few things I can’t do that I would normally do in a treatment session. For example, measuring range of motion. You can get them to demonstrate to you and you can get an approximation of what they can move, but you can’t actually measure it and get an accurate degree of how much they can move. And you can’t do hands on treatment obviously, so we often adopt a...we use both methods. So, one treatment the patient might come in and have an actual face-to-face session and the next time we might use telehealth, just so they’re not driving – often it’s driving a distance, so often just so they don’t have to drive

quite so often to come and see me or I'm not driving quite so often to go and see them. So, we use both.

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

For this type of treatment with telehealth, things that could be improved would be possibly to get a stand for the iPad so that the allied health assistant would then not be holding the iPad and trying to demonstrate or point out things to the patient. The iPad could be on the stand, and they could then have their hands free to point out things or correct the technique of the patient. The other thing a stand would provide is some stability for the iPad so it's not moving around too much and getting too blurry. Or we've talked about getting some physio specific Apps or programs such as eHAB so we could measure range of motion remotely and not have to just approximate.

What technology did you use for this telehealth intervention?

So, the technology we chose for these appointments was a MOVI on a mobile stand and that's because that was already in the hospital, and they worked fine. And then we purchased some iPads for the allied health assistants, so we purchased three for the team. So that they would be able to use them for home visits if we needed to, they'd be easy to take. Or they're easy to use with a client. And you can move them around easily and look at various angles without having to move the big mobile unit around. So, it was actually the allied health assistants that set up the iPads and downloaded all the programs and got them working.

Interview: Recipient site clinician

How did you set up the iPads for use by the Moranbah allied health team?

Recipient site allied health assistant – Renee: So, the team of AHAs, we've got three. We've got myself in Moranbah, Jeanette's in Clermont, and Jenny's in Dysart.

So, the steps that we took to set up the iPad, it was kind of a team effort between the three of the allied health assistants. So first of all, we needed to get the Jabber program onto our iPad which was the most important thing. To do that we needed the Best 12 program which enabled us to connect to the Wi-Fi systems within the Queensland Health network. So, I spoke with Smart Devices regarding that, and they were able to step me through the process. We did receive emails that had instructions on what to do as well. But I had a couple of problems, so I just called Smart Devices and they were very, very helpful. To actually get Best 12 onto the program we needed an internet connection, so I used my team lead's hotspot to download that program. So once that was on, we were able to download Jabber through the Queensland Health network and that was quite easy. Again, we received an email and just followed the steps for that.

We did have some problems, we trialed iPad to iPad calls between the three allied health assistants and we had some trouble with connection. So, the video was really pixelated and would cut in and out and sometimes the sound wouldn't work. So, Jeanette actually spoke to the telehealth team lead, and he was able to reduce the bandwidth and that worked perfectly. So, we had a few hiccups at the start but persisted and it's working quite well now.