

## Paediatric therapy for allied health - General movements assessment of a four month old infant

**Senior Physiotherapist - Chelsea:** Hi Fiona.

**Client - Fiona:** Hi Chelsea. How are you?

**Senior Physiotherapist - Chelsea:** I'm good. How are you going today?

**Client - Fiona:** Good, thank you.

**Senior Physiotherapist - Chelsea:** That's good. Can you hear me okay?

**Client - Fiona:** Yep. Can hear you nice and clear.

**Senior Physiotherapist - Chelsea:** That's good. Hello Jed. Fiona, I've got some other people in the room with me today who are filming. Who do you have there with you?

**Client - Fiona:** We've got Maddie, the physio assistant.

**Senior Physiotherapist - Chelsea:** Excellent. That sounds great. Fiona, thanks for being able to come in. I just wanted to be able to catch up and see how Jed's been going since we last caught up. So, we caught up about a month ago and we were having a little look at how he was going with his physical skills. How old is Jed today?

**Client - Fiona:** So, his corrected age is 17 weeks, actual age 21 weeks.

**Senior Physiotherapist - Chelsea:** Great. One of the things that we might do there with Maddie today is we might pop Jed down on the ground and if Maddie, the person who's with you, is able to hold the iPad above Jed, and hold it as still as possible. And would it be okay Fiona if you took off his little shirt and his shorts? Would that be okay?

**Client - Fiona:** Sure. Yep, that's fine.

**Senior Physiotherapist - Chelsea:** What I might do now is - you know how last I took a little video of Jed when you guys came into see me - I took a video of him just on his back moving. I might do the same thing now. So, this session is being recorded for us, so I'm able to keep that. Would it be okay if your knees move back a little bit further Fiona? That's it. Great, thank you. And Maddie, if you're able to, if it's at all possible, get Jed's hands in the screen view. That's it. Thank you. That's excellent and hold it as still as possible. Thanks Maddie. That's great. And we might, if it's at all possible, if Jed's not interacting with anything, like no rattles or anything, and he's just lying there playing. That's great. Thanks Fiona.

**Client - Fiona:** That's alright.

**Senior Physiotherapist - Chelsea:** This will go for about 30 seconds to a minute, Fiona. So, I'll let you know when we're ready to move him.

So, I'm having a little look at the type of movement that Jed's doing. So, I'm using an assessment called the General Movements Assessment and what I'm looking for is a type of movement that occurs between sort of 9 weeks and 18 weeks called fidgety movements. And so, when we have babies who have a high-risk birth, like Jed did, we try and take serial videos, right from when they're in the preterm to term age and then also between that 3 to 4 months of age. So, Jed's just gone 17 weeks so he's kind of at the end of that but we've got other videos that we're able to compare him with.

That's great. Thanks Fiona. I remember you telling me last time Fiona that Jed was really getting interested in rubbing his feet together there and I can see him doing that. Has he started reaching towards his knees at all?

**Client - Fiona:** No, has no interest about his feet whatsoever.

**Senior Physiotherapist - Chelsea:** So around...

**Client - Fiona:** So, he'll bring his knees up to his tummy.

**Senior Physiotherapist - Chelsea:** Oh yes, that's great.

**Client - Fiona:** But he has no reaching from his hands to his legs.

**Senior Physiotherapist - Chelsea:** What's something that you might be able to do is, I've just got a little doll here, so you could get Jed's...So Maddie, if you're just able to keep holding the iPad over Jed. So, if you're able to get Jed's little pelvis there and help bend it up and then you can bring his knees up a little bit further up towards his chest. And you can even help his arms come and play with his knees. And Maddie, if you're able to angle the camera so I'm now able to see Jed to see how Fiona's going with that. Can you angle the camera down a little further there Maddie? Oh, great. So that's it. That's excellent, Fiona. You can even, not even go that far. So, pull them back down, about halfway. Yeah, that's nice and you can even use a toy or a rattle dangling over his knees. So, if you grabbed a rattle with your other hand and banged it sort of gently on his knees. There, that's it. That's nice. Beautiful. Perfect. That's exactly what we want to see.

So, that might be a really nice activity for Jed to do to help him start reaching towards his knees, which is really important sort of part of getting some abdominal control. So, that's really lovely.

### **What telehealth intervention did you provide in this session?**

**Senior Physiotherapist - Chelsea:** So, the assessment that I was using with Jed today, there are a few different types of assessments. So, I was using one called the Prechtl's General Movement Assessment. So that's been shown to be a helpful indicator in looking at babies who are at high-risk of cerebral palsy. And there is another type of assessment that I was using called the AIMS, which is the Alberta Infant Motor Scale.

So, the Prechtl's General Movement Assessment is one that you actually use videoing to take footage of a baby lying on their back and you're looking for certain types of movements. And I guess when I'm looking at a telehealth appointment and for a little person like Jed, I'm wanting to really get the broad range of type of assessments that I would usually use in a clinical setting. So, I would

usually use both of those in a clinical setting and I've personally found that the one that was easiest to replicate on telehealth is the AIMS, so the Alberta Infant Motor Scale, and recently I've been trying to think about how I might use the Precht's General Movement Assessment in order to reliably catch that information via telehealth.

### **Why did you choose to use telehealth for this consultation?**

So, I decided to use telehealth for today's session for a few reasons. The first one that I wanted to consider was, is it clinically possible to be able to get all the information that I would. And I would say for a follow up developmental type assessment like I was doing today, that I can get probably 80 to 90 percent of the information that I would get in a face-to-face appointment. So, it would be viable to do it and the next and more important question would be then is it something that the family's interested in? Is it something that they would like to do? So, when we're delivering our service, we're hoping to be as family centred as possible and I offered this appointment to Fiona. And she has chosen to come in to see me in Toowoomba on previous occasions because it's suited her for a variety of different reasons, but she was also happy to not have to travel each and every time. And so, I think it's really important when you are offering a telehealth session to families that it is one of many types of appointments that they are able to access to give the family choice and control over that.

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

The model that I picked today was clinician to allied health assistant, but I've also used clinician to clinician. So, a lot of our physiotherapists who are working in regional areas are rural generalists. So, they've got some skills across a wide variety of caseloads but don't have some specific expertise in paediatrics. So, it's really helpful to be able to convey some of that expertise to them in their clinical setting. But it also works with an allied health assistant if they're not available.

I could have done this session from the hospital site into the home. And one of the reasons why I didn't choose that for Fiona was that when we were discussing together about using telehealth, she mentioned that she had two other under school aged children who would be running around. And the type of assessment and intervention activities that we were doing today really, Fiona said it would be really hard for her to concentrate if the other kids were running around and in through and on the mat. And so, I think it was really helpful for us to be able to have some space by ourselves. So, I think for this particular family and this particular assessment, I think that's why it was useful to have hospital to hospital.

### **What technology did you use for this telehealth intervention?**

**Senior Physiotherapist - Chelsea:** So, the technology I was using today was the Movi camera in my clinical area and then in the site that Fiona and Jed were in, they had an iPad. And the allied health assistant was using the iPad, helping them be able to flip the screen between the cameras.

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

**Senior Physiotherapist - Chelsea:** Some modifications I had to make for my assessment today, would be usually as a physiotherapist, we're a very hands-on clinical area. So, one of the things that I would usually be doing would be I'd be using my hands to give me information about what I'm feeling in the child and being able to assess tone and strength and those sorts of things. So that's one of the

things that would be most difficult to use via telehealth. However, the model that I was using with Fiona and Jed today was that we had seen each other face-to-face just a month ago. So, they'd travelled in to see me and then we've used this as a catch-up session or a review. And so, it's actually quite helpful to be able to at least once be able to meet the child and the family face-to-face, build that relationship, but then also be able to have my hands on and do some of that assessment that is trickier to do.

So, during the session today, I was able to mix both treatment and assessment. So, one of the strategies I used was a doll at my end to be able to show Fiona how to do some of the positioning and handling. And as a physiotherapist, ideally, I would love to be able to be in the room, being able to demonstrate on Jed. But as we saw in our session today, he was actually able to achieve one of the movements quite well based on just a demonstration that we had over the video.

**Are there any improvements that could have been made to your telehealth service?**

**Senior Physiotherapist - Chelsea:** Some other reflections that I would have is that I'm still really interested in the quality of image that I'm getting for the Prechtl's General Movement Assessment. So, that assessment, you really need a very still camera. So, whether there are things like a tripod for the iPad to be able to put on over the baby. Or if there was a way to be able to recalibrate the image so programs like eHAB®, or those sorts of things, that would be really interesting to look at, whether that might be able to help strengthen the quality of the image.

**Why were you referred to the Toowoomba Child Development Service?**

**Client - Fiona:** I was referred to the Child Development Service purely because Jed was born preemie, at 36 weeks of age, saw his paediatrician about 6 weeks of age. She noticed that he had high muscle tone and so we're just coming through here to keep an eye on his increased muscle tone as well as making sure he reaches his developmental milestones.

**What are the benefits of this telehealth service?**

**Client - Fiona:** We accessed telehealth purely for decreasing travel time. Jed's the youngest of four siblings and to be able to load everyone up or organise people to care for the other children to travel, is quite difficult. So, for us, being able to do every alternating therapy session via telehealth, that just makes it a little bit easier on our end to make sure we can attend all appointments.

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

**Client - Fiona:** So, the telehealth session went really well. It was really great to have an assistant with us to help advise us if we didn't understand what the physiotherapist needed from us. Probably the only thing that would be of great deal for improvement is that we had another screen so I could see the physiotherapist speaking to me at all times. Just using the one meant that the screen had to be flipped. So, sometimes I couldn't actually see her while she was talking or explaining to me what I needed to do with Jed.