Queensland Health

Clinical Task Instruction

Delegated Task

D-MT03: Support transfer and walking assessment via telehealth

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant to:

- safely and effectively support a transfer and walking assessment conducted by an allied health professional via telehealth. This will include:
  - explaining the purpose and procedure for a telehealth supported assessment of transfer and walking as per the local service model.

VERSION CONTROL

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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to the Office of the Chief Allied Health Officer (OCAHO) at: allied_health_advisory@health.qld.gov.au

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: https://www.health.qld.gov.au/ahwac/html/ahassist

Prior to use please check https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp for the latest version of this CTI.

  - completing required local screening processes to determine the client's suitability to participate in the telehealth supported transfer and walking assessment.
  - providing client-end facilitation of assessment tasks including environmental set-up, movement facilitation and as required verbal direction, supervision and/or assistance for safety.
  - observing and providing clear and relevant feedback of the client's performance during the session.

Note 1: This CTI is intended to support healthcare team planning and decision making for a client's transfer and walking. Situations may include as part of timely prescription or review of a re-training program, or after commencement of a new walking aid. It is not intended to replace the local nursing patient manual handling and mobility assessment and/or prescription of a walking aid for safety.

Note 2: This CTI uses mobile telehealth equipment in a room/gym. Some services may elect to use a tablet or perform the task in home or ward environments or outside on a veranda. Where this occurs additional risk assessments and actions will be required. For example, workplace instructions that include safety considerations for the planned walking route e.g. the requirement for chairs to rest on and methods to raise emergency alarms or tablet requirements including additional equipment (stand, SIM card) and/or the role of the additional staff member holding the tablet.

Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
- Completion of D-MT01 standing balance retraining.
- Completion of D-MT02 transfer and walking retraining.
- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.
- If not part of mandatory requirements, complete training in:
  - patient manual handling techniques, including those for bed mobility, sit to stand and the use of walk belts. This includes competence in the use of screening tools used in the local service.
  - local falls protocol and processes
- Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43015 Certificate IV in Allied Health Assistance) or equivalent work-based learning:
  - Physiotherapy Learner Guide: Deliver and monitor a client-specific exercise program.
  - Physiotherapy Learner Guide: Deliver and monitor an exercise program for mobility.

Access the module/s at: https://www.health.qld.gov.au/ahwac/html/ahassist-modules

- Implementation of this CTI by some local services may include protocol-driven processes that support additional information collection about the client's mobility and transfer status such as implementing local screening tools and/or supply, training and review of a walking aid. If this is the case, additional training is required including in any workplace instructions, tools and CTIs that support the model e.g. D-NT05: Timed up and go (TUG) test, D-MT08: Supply, train and review walking aids +/- stairs.

Clinical knowledge

- The following content knowledge is required by an AHA delivering this task:
  - the basic elements of sit to stand, standing and walking including normal movement patterns, common deviations and compensatory strategies.
  - the principles of a telehealth supported transfer and walking assessment including the rationale, purpose, benefits, risks and common support elements.
  - the client preparation and telehealth and environmental set up requirements for a transfer and walking assessment including local procedures for conducting a telehealth supported consultation.
  - common observations that can be reported by the AHA to augment visual and auditory feedback to the allied health professional via telehealth e.g. symmetry, muscle tension and sounds (crepitus, shuffling, panting).
  - basic anatomy to locate the bony prominences for skin marker placement, if markers will be used routinely.
  - local falls risk screening and mitigation strategies, programs and/or processes.
- The knowledge requirements will be met by the following activities:
  - complete the training program/s (listed above)
  - reviewing the Learning resource.
  - receiving instruction from an allied health professional in the training phase.

Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:
  - competent use of telehealth equipment including control of the camera, microphone positioning and connection troubleshooting.
  - experience and confidence in facilitating client movement and positioning.
  - competent use of medical equipment to measure clinical observation relevant to the clinical area e.g. blood pressure, heart rate, oxygen saturation, pain scale etc.
  - competence in the set up and client instruction in the use of walking aids relevant to the clinical area e.g. 4 wheeled walker, hopper frame, crutches, walking stick etc.

Safety and quality

Client

- The AHA will apply CTI D-WTS01 When to stop at all times.
  - real-time direction from the health professional via telehealth can support safety decisions but does not alter this requirement.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task:
  - the standard patient handling assessment will be completed by nursing staff or other members of the multidisciplinary team and the outcomes made available to the delegating health professional to inform the decision as to whether the task is undertaken.

- if there is a time delay between the screening for telehealth assessment and the telehealth appointment, the AHA will need to confirm that the information provided to the delegating health professional remains correct. If the client is an inpatient this may include confirming vital signs are unchanged, the medical chart and nursing staff indicate no change to the client's condition. If information has changed, advise the delegating health professional prior to the telehealth appointment as this may alter the client's eligibility to participate in the task.
- as the client is being assessed for transfer and walking performance there is a potential risk of falls. Standby assistance of the client is required at all times. The AHA should initially position themselves to provide support on the "affected side" e.g. hemiplegia or total hip replacement. Adjustments to the environment and/or equipment to improve telehealth visualisation of the client may be required. If client performance can be maintained as safe, the delegating health professional may instruct the AHA to move to the opposite side to enhance visualisation.
- to improve telehealth visualisation:
  - clients with long hair should have it tied back.
  - the use of markers may be included in the delegation instruction - see the Learning resource. If using stickers, ask the client if they have any allergies to adhesives. A whiteboard marker can be used as an alternative.
- some clients may have specific requirements including equipment limitations or restrictions. This should be included in the delegation instruction and may include safe working loads, hip precautions, weight bearing status, range of motion, wounds/pressure area care and handling requirements e.g. wearing a sling during transfers for hemiplegic shoulder or range of motion brace requirements during exercises. Restrictions must be adhered to at all times during the task. If restrictions cannot be maintained, cease the task and inform the delegating health professional. If instructions are unclear or do not appear to match the client's requirements, liaise with the delegating health professional prior to commencing and during the task.

Equipment, aids and appliances

- The client should have enclosed, well-fitting shoes with good traction available during the task. The delegating health professional will advise when footwear will be worn during the assessment process. If appropriate footwear is not available, follow local processes e.g. provision of grip socks.
- The client's clothing should enable observation of trunk and limb movements. Suitable clothing includes a fitted shirt, shorts or leggings. Tucking the shirt in will assist with visualising the waist line. Plain contrasting colours are preferred as patterns (stripes and spots) can provide a distorted view on the screen. If the AHA's clothing is of a similar colour to the client a white plastic apron can provide better contrast. Clients with skirts or shorts below the knee should be requested to tuck or peg up the hem so that the knees can be observed. If client clothing appears oversized, bulky, or poses a tripping hazard, determine if clothing can be removed or alternative clothing used e.g. removal of shirt for men, hospital pyjama shirt or shorts. If required, support the client with donning and doffing using patient manual handling principles.
- The delegating health professional will determine the need for a walk belt using information from the local manual handling screen. Inspect the walk belt and check the handles and Velcro are intact. Walk belts should be fitted securely around the client's waist. If a suitable size cannot be located, liaise with the delegating health professional prior to commencing the task.
- A height adjustable seating surface is required during the session for standing transfer assessment and rest breaks. The safe working limit of the chair/plinth used must be suitable for the client. Seating height requirements will vary due to the client's height, lower limb strength and

length, and restrictions e.g. hip precautions. The need for arm rests should be included in the delegation instruction. If required equipment is unavailable or seating height or arm rest instructions are unclear or not included as part of the delegation instruction, liaise with the delegating health professional prior to commencing the task.

- The client should be assessed with their usual walking aid. If their usual aid is not available a similar trial or loan item should be provided. Ensure all equipment is clean and in good working order as per local infection control and equipment maintenance protocols. Refer to the manufacturer's guidelines for specific maintenance requirements e.g. check brakes are working, push button locks are engaged, rubber grips have not perished, rubber stoppers are fitted and have tread. If the AHA is not trained and competent in the use of the required walking aid, cease the task and inform the delegating health professional.
- As part of the task the client will need to walk and listen for instructions. If the client requires glasses or hearing aids, ensure these are in working order and worn.
- A local workplace instruction (or similar) will describe the type of telehealth equipment required for the task and its positioning. If usual equipment is not available, discuss with the delegating health professional.

Environment

- Generally, the recommended telehealth starting position to commence this task is an anterior view in sitting i.e. with the client and telehealth camera facing each other. This allows for eye contact to be made during introductions and the observation of sitting in the anterior plane. If the delegation instruction is unclear or the starting position is unsuitable due to client or environment restrictions, liaise with the delegating health professional.
- As each work environment will differ in size and layout refer to the local workplace instructions for set-up requirements including the placement of the videoconferencing unit, microphone, chairs and floor markers. Instructions should include information on distances between objects. For example, to be able to observe the gait cycle from an anterior, posterior and lateral view, a space that allows 3-5 cycles of stance and swing is required. This is approximately 5 metres. For the observation of sitting, camera placement should allow the head and feet to be visualised in the frame. This needs the camera to be approximately 3 metres from the client. Equipment placement must not block access to emergency exits or call buttons. Leads and cords should be positioned to not pose a trip hazard.
- Ensure the task area is free of trip hazards and obstacles with minimal distractions to allow the client to concentrate during the task e.g. environment free of pedestrian traffic and ward demands. If markers are being placed on the floor ensure they do not become a hazard e.g. slip, trip or infection control.
- Good lighting is required to optimise telehealth picture quality - turn on lights. Position the camera so that a light source such as a window is not behind the client, or close blinds/curtains.
- Background noises will interfere with microphone transmission - turn off radios and close doors.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional.

Note: the delegation instruction for the commencement of this task may be provided directly from a health professional or as part of a local work instruction or clinical protocol and may be provided concurrently with the instruction for additional screening or standardised testing tasks.

- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
  - based on information provided from the patient handling assessment the delegating health professional may request the AHA to perform additional screening tasks e.g. trunk bridging, rolling in bed, knee extension in sitting. Results of these tasks may influence the decision to perform the telehealth transfer and walking assessment.
  - restrictions or special requirements including hip precautions, weight bearing status, range of motion and handling requirements.
  - location for the placement of markers in the room and on the client.
  - equipment requirements including seating and walking aids planned for use e.g. 4 wheeled walker, crutches, single point stick.
  - factors impacting the assessment process such as hearing or sight problems, English as a second language or neurological conditions impacting communication.

2. Preparation

- These activities need to have been completed in preparation for this task:
  - confirm the outcome of the patient handling assessment are available.
  - arrange videoconference link/equipment and set up clinical space/room.
  - use patient handling assessment recommendation/s to transport the client to the telehealth area.

3. Introduce task and seek consent

- The AHA introduces themself to the client.
- The AHA checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The AHA describes the task to the client. For example:
  - "I have been asked by the (delegating health professional) to assist while he/she is assessing your sitting, standing and walking using telehealth. Telehealth allows the (delegating health professional) to see and hear you while you perform the movements. I will be with you in the room to make sure you are safe and understand what you are asked to do. If you have any questions during the assessment you can ask me."
- The AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

4. Positioning

- The client's position during the task should be:
  - initially sitting comfortably on a chair or plinth with feet flat on the floor.
- The AHA's position during the task should be:
  - standing in a position that allows stand-by assistance of the task for safety and observation.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
    1. If part of the delegation instruction, complete additional screening tasks, fit the client with a walk belt and/or place marker/s on bony prominences.
    2. Check the telehealth view and adjust the environment and camera to improve visualisation.
    3. Connect with the delegating health professional at the agreed appointment time.
    4. Once a connection is established confirm with the delegating health professional the picture and audio quality, adjust as required.
    5. Introduce the client and the clinician and advise the client that further instructions will be provided by the delegating health professional.
    6. The delegating health professional will direct when the client will sit, stand or walk. The AHA should stand on the affected side in a position to support safety and assist with transfers and walking for each of the requested views i.e. anterior, posterior and lateral views - see Safety and quality section.
    7. During the task observe the client and provide real time feedback on client performance to the delegating health professional - refer to the Learning resource.
- During the task:
    - a short transmission delay may be evident between sites. To improve communication and reduce confusion allow a pause for the other site to comment prior to speaking.
    - it may be necessary to increase the volume on the telehealth equipment or repeat instructions that the client did not hear. When repeating the delegating health professional instructions, do not paraphrase. Repeat instructions using the same wording, pause between sentences to confirm understanding. If the client continues to be unable to follow instructions, ask the client to stop and guide them to sit down on a chair, and inform the delegating health professional of the safety concern.
    - clients may become distracted by the images on the telehealth monitor. This may be due to being self-conscious or problems with concentration and/or perception. Change the monitor setting to remove the self-view or turn the monitor off. Confirm the delegating health professional can still see the client. If problems continue ask the client to stop, guide them to sit down on a chair, and inform the delegating health professional.
    - if during the session the connection is interrupted, guide the client to sit on a chair. Implement local workplace processes to re-establish a connection with the delegating health professional. If re-connection does not occur contact the delegating health professional via the telephone and if required re-schedule the appointment.
    - provide feedback to augment information collection by the delegating health professional. For example:
        - the camera microphone may not adequately transmit sound, such as crepitus on standing up, shuffling or scraping foot noises during walking or shortness of breath during the task. The AHA should monitor and report noises made by the client and/or equipment during the session to the delegating health professional.
        - observations that may be difficult to see on camera such as facial expressions.

    - the support or assistance provided to the client to ensure safety and optimal client participation. The level of support provided is reported to the delegating health professional in real time.
  - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.
- At the conclusion of the task:
  - encourage feedback from the client on the task.
  - ensure the client is comfortable and safe e.g. return to their bed on the ward or if an outpatient, the clinic waiting area.
  - complete local workplace instructions for returning equipment, room set-up requirements, process to support the integration of the delegating health professional's documentation into the client chart etc.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task, the following specific information should be presented:
  - the location of the telehealth site and names and position/s of staff involved.
  - summary of recommendations from the task as dictated by the delegating health professional.

  Note: Local processes will determine how the delegating health professional's documentation including observations will be integrated into the medical record, including any additional responsibilities by the AHA to support this.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Carr JH, Shepherd RB (1987). A motor relearning programme for stroke. 2nd Ed. Rockville, Md: Aspen Systems Corporation; London: Heinemann Physiotherapy.
- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. Available at: https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). Available at: https://www.health.qld.gov.au/__data/assets/pdf_file/0019/143074/ic-guide.pdf
- Queensland Health (2021). Telehealth Strategy (2021-2026). Telehealth Support Unit, Clinical Excellence Queensland. Available at: https://www.health.qld.gov.au/__data/assets/pdf_file/0023/1123853/telehealth-strategy-2021-2026.pdf

Assessment: performance criteria checklist

D-MT03: Support transfer and walking assessment via telehealth

Name: **Position:** **Work Unit:**

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	*Date and initials of supervising AHP*	*Date and initials of supervising AHP*
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including confirming the local patient handling assessment is available, arranging videoconference link/equipment and setting up the clinical space/room and safely transporting the client to the telehealth area.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Clearly explains the task, checking the client's understanding. b) If required completes additional screening tasks, fits the client with a walk belt or places markers. c) Checks the telehealth view and adjusts the environment and camera as required. d) Connects with the delegating health professional at the agreed appointment time. e) Establishes the connection. f) Checks picture and audio quality and adjusts if required. g) Introduces the client and the clinician. h) Supports safety and assists with transfers and walking. i) Observes the client and provides real time feedback on client performance. j) During the task, maintains a safe clinical environment and manages risks appropriately.			

k) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

Additional resources or training used to support the service model:

For example: workplace instructions for telehealth bookings, contextualised learning modules and competence in walking aids (D-MT08), outcomes measures e.g. TUG etc.

Comments:

Record of assessment competence:					
Assessor name:		Assessor position:		Competence achieved:	/ /
Scheduled review:					
Review date:	/ /				

Support transfer and walking assessment via telehealth: Learning resource

Background

The integration of telehealth into service delivery models to promote equitable and timely access to care is part of a number of Queensland Health strategies (Queensland Health, 2021). Telehealth has been used by clinicians for a range of clinical consultations and clients, in the home, hospital and outpatient environments and is reliant on appropriate client selection and governance structures to ensure safety.

Required reading

- Physiopedia®. Available at: https://www.physio-pedia.com/home/
  - Gait
  - Types of sounds experienced in the knee. Knee Crepitus.
  - SAFEMOB. Safe prescription of mobilising patients in acute care settings. When to consider not mobilising.
- Local telehealth guides and instructions for use. For example:
  - telehealth booking processes and documentation requirements.
  - room set up workplace instruction and emergency procedures.
- Local falls risk assessment processes and procedures for example:
  - Individual falls risk assessments – stay on your feet. Available at: https://www.health.qld.gov.au/stayonyourfeet/for-professionals/assessments-indiv.

Required viewing

- Leary D (2015). Biomechanics ideal walking video. Available at: https://www.youtube.com/watch?v=73pLODfIRUY.
- Physical Function Assessment Tools (2015). Case study: patient 1. Including questions 1-6. Available at: http://www.rehabtools.org/embracing-technology-in-clinical-practice.html.

Set up requirements for a telehealth consult

Telehealth consultation set up requirements for a local service will vary and should be documented via workplace procedures and instruction. The common elements that need to be considered include the client, clinician, telehealth equipment, environment and documentation.

Guides and tools to assist are available at: https://www.health.qld.gov.au/ahwac/html/telehealth-tools

Queensland Health staff should access the telehealth portal, including guides at: https://qheps.health.qld.gov.au/caru/telehealth/resources

Balanced sitting (Carr and Shepherd, 1987)

- The essential components of upright sitting alignment are:
  - feet and knees close together
  - weight evenly distributed across the base of support i.e. feet and buttocks
  - hips flexed to ~90°, trunk straight/extended (i.e. shoulders over hips)
  - shoulders level with head balanced.
- The ability to make:
  - postural adjustments in preparation/anticipation of movement.
  - ongoing postural adjustments whilst performing a task.

Balanced standing (Carr and Shepherd, 1987)

- The essential components of upright standing alignment are:
  - feet a few inches apart
  - legs straight with hips in front of ankles
  - shoulders over hips
  - shoulders level with head balanced
  - trunk erect.
- The ability to make:
  - postural adjustments in preparation/anticipation of movement.
  - ongoing postural adjustments whilst performing a task.

Marker placement

- Markers may be useful to improve the visibility of body parts on telehealth. Markers may be placed on the client on bony prominences or in the environment. Commonly used bony landmarks include the following:
  - posterior superior iliac crest
  - anterior superior iliac crest
  - greater trochanter
  - posterior crease of the knee
  - head of fibula
  - lateral malleolus
  - tip of acromion
  - patella (inferior pole) and/or tibial tubercle
  - middle of the Achilles tendon at the subtalar joint
  - base of the 5th metatarsal.
- The delegating health professional should demonstrate palpating each required bony prominence as part of the AHA's training. Diagrams and pictures can be useful local training resources. Each bony prominence that the AHA is competent at locating can be listed in the Performance Criteria Checklist.
- Routine marker placement for the client and environment can be included in a local workplace instruction, with the client variances noted in the delegation instruction. Skin markers should be of contrasting colours to the client's skin and are usually approximately 1-2 centimetres in diameter. Removable stickers are mostly commonly used.

AHA Feedback requirements for standing transfer and walking assessment via telehealth

The purpose of observation by the AHA is to alert the delegating health professional to movements that cannot be observed easily during telehealth. This supports the delegating health professional to confirm observations made in the current view and/or prioritise which views to observe next. See Table 1 for common observations and feedback requirements.

Table 1: AHA observations and feedback requirements for standing transfer and walking assessment via telehealth

Criteria	Observation	Check	Action
Sitting	Poor sitting balance	Check foot placement and weight bearing through the feet. Problems may include a wide base of support i.e. feet and/or knees apart, use of arms for support and/or feet that are shuffling instead of the client making postural adjustments (Carr and Shepherd 1987).	Confirm feet are firmly placed on the floor. i.e. weight bearing. This may include verbal prompting or by manually placing the fingers under the clients heel or using a set of scales to determine/improve weight bearing. Observe and inform the delegating health professional of changes to the base of support, including use of the feet or hands.
		Check if the client appears stiff, holding their breath or seeks hand support e.g. grabbing.	Inform the delegating health professional if the client is voluntarily restricting movement for balance. Note: their postural sway may increase if they are asked to relax or remove hand support.
		Observe the muscle shape of the legs – are both sides similar?	If leg musculature does not appear to be firm or is uneven report observations.
	Posture	Anterior/posterior plane – observe for symmetry prior to and during the movement. Does the client appear to lean to one side or be uneven? This may include feet, knees or shoulder translation or trunk posture. Report which side and when this occurs. Lateral plane - observe position and movement range prior to and during the movement. This includes feet, knees and shoulders, head and pelvis including leaning forwards or backwards.	As the delegating health professional can only visualise one plane it is important that real time feedback is provided in the other plane. Client performance may change during the task with repetition, fatigue and/or effort. Whilst the delegating health professional views the anterior plane, observe the lateral plane and report observations. Whilst the delegating health professional views the lateral plane observe the anterior/posterior plane and report observations.
	Manual assistance	When manual guidance is provided the amount of force, including direction should be reported. This includes support for safety.	Standby assistance should always be provided for safety throughout the task. Use of the walk belt will be dependent upon client performance. The purpose of assessment is to determine the amount of assistance required to support

Criteria	Observation	Check	Action
		The delegating health professional may request no support be provided when standing up to determine if the client can perform the task and then adjust the environment to improve performance. In this instance the AHA should position to ensure safety and only provide support to avoid harm e.g. prevent loss of balance.	performance. Provide real time feedback of force requirements.
	General	Note any noises associated with sitting down (thud onto the seating surface or shifting of the chair backwards), joint crepitus, breath holding or straining noises. Joint crepitus sounds include pop, click, clunk, creak, crack, snap or a grating sound. (Physiopedia required viewing above)	Provide feedback in real time. The delegating health professional may adjust the seating height.
Standing	Posture	Observe for symmetry prior to and during the movement. Anterior/posterior plane – observe for symmetry prior to and during the movement. Does the client appear to lean to one side or be uneven? This may include feet, knees or shoulder translation or trunk posture. E.g. moving arms out sideways to counterbalance. Report which side and when this occurs. Lateral plane - observe position and movement range prior to and during the movement. This includes feet, knees and shoulders, head and pelvis including leaning forwards or backwards, poking bottom out or flexing knees.	As the delegating health professional can only visualise one plane it is important that real time feedback is provided in the other plane. Client performance may change during the task with repetition, fatigue and/or effort. Whilst the delegating health professional views the anterior plane, observe the lateral plane and report observations. Whilst the delegating health professional views the lateral plane, observe the anterior/posterior plane and report observations.
		Check foot and hand placement. Feet that are far apart or turned out, stepping prematurely or grabbing for hand support may be attempts to increase the base of support.	Observe and inform the delegating health professional of changes to the base of support including use of feet or hands.
		Check if the client appears stiff, holding their breath or seeks hand support e.g. grabbing.	Inform the delegating health professional if the client is voluntarily restricting movement for balance. Their postural sway may increase if they are asked to relax or remove hand support.
	General	Does the client appear to sway or shake or have more weight on one side? Report direction and/or which side.	Provide feedback in real time. Shaking may be voluntary or involuntary. The level of support should always be focused on client safety.

Criteria	Observation	Check	Action
Walking	Stance	Anterior/posterior plane – observe for posture during the movement. Does the client appear uneven? This may include foot placement (wide/narrow/crossing over), knee, hip, trunk, shoulder and hip alignment. Report which side and when this occurs. In the lateral plane observe posture and movement range during the movement. This includes feet, knees, hips, trunk/shoulders and head.	As the delegating health professional can only visualise one plane it is important that real time feedback is provided in the other plane. Client performance may change during the task with repetition, fatigue and/or effort. Whilst the delegating health professional views the anterior plane, observe the lateral plane and report observations. Whilst the delegating health professional views the lateral plane observe the anterior/posterior plane and report observations. Hands on the pelvis/walk belt can provide additional feedback of pelvic shift during stance or ataxia and tremors. If observed provide feedback in real time.
	Swing	Anterior/posterior plane – observe for symmetry during the movement. Does the client appear to lean to one side, or be uneven? This may be to the swing side or away from it. It may also include movements in a caudal or cranial direction. Report which side, where and when this occurs. E.g. pelvis elevates at the beginning of swing. In the lateral plane observe posture and movement range during the movement. This includes foot placement for step length, knee range, hip, trunk, shoulder and head alignment. Is there a scuffing noise at the beginning of swing or a slapping noise with foot placement? This may indicate poor dorsiflexion control.	As the delegating health professional can only visualise one plane it is important that real time feedback is provided in the other plane. Client performance may change during the task with repetition, fatigue and/or effort. Whilst the delegating health professional views the anterior plane, observe the lateral plane and report observations. Whilst the delegating health professional views the lateral plane observe the anterior/posterior plane and report observations. Report any sounds heard during performance.
	Turns	These are only easily visualised by the delegating health professional at the far end i.e. away from the camera. It is useful to have the client turn towards and away from the camera so both sides can be visualised. Observe foot placement and trunk sway during turns as falls risk is higher on turning. Deficits may also become more apparent when turning to the affected side.	Provide standby assistance and feedback on performance. Assistance should always be provided for safety throughout the task. Generally, positioning should be on the affected side. Use of the walk belt will be dependent upon client performance. The purpose of assessment is to determine the amount of assistance required to support performance. Provide real time feedback of force requirements. Implement When to stop and advise the delegating health professional.
	Walking aids	If using a walking aid observe the hand posture and tension in the client hands. Clients who are more heavily reliant on the walking aid will have increased tension/ tendon appearance with a firm grip. Clients who are less reliant on the walking aid may have a relaxed/loose hand posture.	Provide feedback to the delegating health professional.

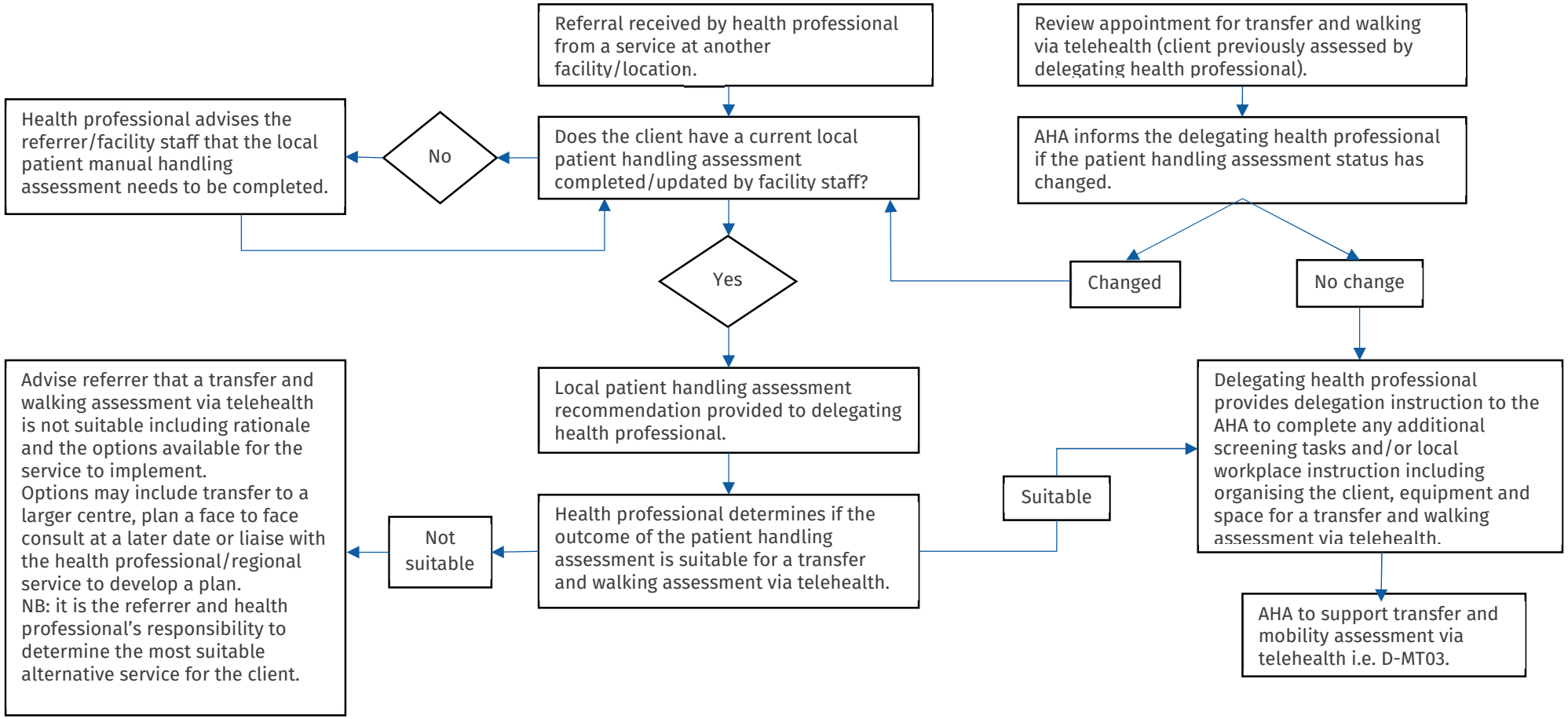
Criteria	Observation	Check	Action
	General	Shortness of breath, wheezing, panting or groaning sounds, reports of pain, discomfort or fear of movement.	Implement When to stop.
		Clients may report apprehension, weakness or a lack of confidence during movements. Clients may also have increased concentration requirements whilst balancing in sitting or standing or whilst standing up/sitting down and walking. This may include changes in walking speed or conversing, talking to themselves, clenching fists, focusing intently/staring at an object or having a look of concentration.	Inform the delegating health professional of observations.

Example local resources

The following resources have been developed by sites trialling the implementation of this task. The resources will require local contextualisation and review as part of developing the service model prior to implementing.

Flowchart

Example local referral process. This local process was developed for a trial of transfer and walking assessment via telehealth in the inpatient setting for new and review clients.



Example local criteria decision-making table. This table was developed to support the referrer and health professional to determine if a client is suitable for a telehealth-supported assessment of transfers and walking in a rural hospital inpatient setting.

Table 2: Example local criteria decision-making table for a telehealth transfer and walking assessment

Relevant information	Progress to assessment	Liaise with health professional as part of planning the assessment	Unsuitable for telehealth implement local processes for consultation
Medical status Past and current medical/surgical history including investigations and results. If the client has experienced falls in the previous 12 months frequency and injuries sustained e.g. slip, trip, hypotension, dizziness, visual disturbances, medications etc.	Medically stable, not acutely unwell, asymptomatic e.g. living in the community or inpatient for rehabilitation.	Recent trauma, surgery or investigation e.g. head CT scan, abdominal scan, upper limb x-ray. Clinical observations are outside normative value e.g. hyper/hypotensive, tachycardia. Observed shortness of breath at rest or reports of shortness of breath on exertion. Recent reported episodes of hypotension, dizziness, syncope/ fainting, chest pain or shortness of breath.	Medically unstable e.g. cardiac monitoring, acute delirium, respiratory distress. Pending investigation for lower limb or head or spine conditions. Current history of uncontrolled or unexpected episodes of hypotension, dizziness, syncope/fainting, chest pain or shortness of breath.
Pain management	Client has no pain or has an effective self-managed pain regime.	Client has pain and requires PRN medication or advice on pain strategies.	Unidentified or uncontrolled pain.
Cognitive status	Able to follow commands for safety i.e. the client must at a minimum be able to follow single step instructions appropriately with some repetition if required, and when given adequate time.	Intermittently follows commands, may require additional cueing e.g. Verbal promoting or manual guidance.	Acutely confused or disorientated.
Vision	No visual problems (with or without glasses).	Has a known or suspected perceptual problem including neglect.	Severe perceptual problems. Legally blind.
Communication	Able to understand and follow commands for safety.	Has a communication problem including aphasia, hearing problems, or requires the use of an interpreter.	Severe expressive aphasia. Hearing problems that impact on communication for safety.

			Non-English speaking background and an interpreter is not available.
Restrictions Restrictions to movement and monitoring requirements.	No restrictions to weight bearing or range of motion i.e. client can mobilise full weight bearing and has full range of motion to lower limbs as determined through the local screening process.	Client has partial weight bearing orders or limits to active range of motion in the limb/s (upper and/or lower).	Client has non-weight bearing surgical restrictions to the upper and/or lower limb/s.
Walking and transfers Current status and usual level of function e.g. sports, hobbies, stairs. Including use of compensatory strategies including manual guidance, verbal cueing or physical assistance.	Client walks independently with or without a walking aid and has a functional goal related to transfers and/or walking.	Requires stand-by assist or light assist x1. Confirm amount and frequency.	Client walks at their previous level of function and does not have a transfer or walking goal. Client requires greater than light assist x1.
Walking aid Current use of walking aid/s including type and how long they have required to use an aid.	Client has been prescribed a new walking aid and has a functional goal related to transfers and/or walking.	Client has trialled a new walking aid and safety concerns are present.	Client walks at their previous level of function with their walking aid. Client is a hoist transfer, uses a wheelchair or a walking aid that the AHA has not been trained to use.
Medications Current medication history.	Client does not take any medications or there has been no change to their medications.	Client has had a recent change to medications.	Client is on a medication review due to unstable medical observations e.g. hypotension/hypertension, fatigue, pain, hypoglycaemia.

An example training tool to support client screening processes (QH Employees only).

- Queensland Government (2013) Think smart – Patent mobility screening flowchart. Available at: https://qheps.health.qld.gov.au/__data/assets/pdf_file/0027/433647/ph-post-pt-mob-scrn.pdf