

# REMOTE THERAPY

A THERAPY APPROACH DURING THE COVID-19 PANDEMIC

## BACKGROUND

- Physiotherapy; 31 years of practice working with my hands and very physically to create a dynamic environment for a client to learn or relearn movement
- Complete change to our practice and our hands and presence are redefined as a vehicle of death and disease
- Deep breaths advised for patients, staff and self
- Patient need became obvious and so we sought out ways to provide help for that need
- We saw a way of using our skills and experience to build new skills and make rehabilitation gains

## RISK ASSESSMENT

- A risk assessment was devised to identify clients as high, medium and low risk regarding possible deterioration from not having input
- This was based on physical need, preventing hospital admission and psychological need

## NOVEL WAYS TO IMPROVE PHYSICAL CONDITION AND PROVIDE REHABILITATION

- Physiotherapy support via Zoom/Microsoft Teams/Skype for business/Skype/ WhatsApp/Facetime to guide activity, train support staff and/or family
- Provide video sessions that clients can watch anytime to work on specific issues such as myofascial release using members of our household.
- Providing training courses such as Manual Handling to remotely to certify support staff to be able to work with new clients.



## CONTINUED..

- Linking in with any of our connections to get equipment out to patients houses such as;
- ❖ a Easystand which is a type of cross trainer that a client with paraplegia can use and then we linked this up with some functional electrical stimulation. This meant that a high risk client could continue with physical activity without risking injury to their support staff
- ❖ Finding a tracking gantry hoist, and having to put it together as no staff due to COVID-19, so a client who was high risk could come home from hospital and have only one member of support staff instead of two.

## CHALLENGES

---

- Technology frustrations, environment considerations Wi-Fi, additional noises
- Security
- Management of pain
- Management of emotional problems
- Safety of client/support staff/family
- Depth of field and visual field
- Safety of my staff; eye strain/anxiety/exhaustion/home environment

## CHALLENGES

- New skill set; presenting videos, clarifying instructions, working from home
- Deterioration of mental health of our clients
- Deterioration of physical health of our clients
- No time for reflective practice
- Timeline and uncertainty
- Skype flips right and left sides
- Intimidating for staff and clients
- Disinhibition of staff, clients, support workers and colleagues

## QUALITATIVE FEEDBACK; QUESTIONNAIRE

1. How would you rate the level of support you/ your client is receiving from Summerseat Physiotherapy Clinic?

8, 10, 10, 10, 10, 10, 7, 10, 8, 10, 5, 7, 5	8.5
--	-----

•In Summary –

•Clients and Case Managers are really happy with the level of support we are offering to their clients.

•Continuing therapy and making regular contact is reassuring and helps maintain normality/ structure.

•It is difficult to see where our level of support can be improved considering the current restrictions.

•One thing we could do, is offer access to Technology for patients who don't usually have access. Could be loaning a laptop or computer with Zoom loaded. Or video sessions sent out on DVD.

## HANDS ON VS REMOTE THERAPY

<sup>4</sup> When compared to hands on sessions, how effective do you feel therapy has been for you/ your client?

5, 10, 5, 2, 6, 7, 4, 8, 7, 3, 5, 4	Average -5.5
--	--------------

- In Summary –
- Video sessions are good and an effective alternative but they can never compare to hands on therapy.
- Lots of our patients cannot complete exercises without help. Effectiveness of therapy then depends on handling techniques of carers/support workers which can be variable.
- We are asking staff to lead therapy when they wouldn't usually.
- Remote sessions can be hindered by environment/ space available or equipment.
- Perhaps we could look at getting more equipment out to people to assist with therapy

## POSITIVES

- Some clients benefit from seeing themselves and understand now how they move and what we are looking for as they can see it too i.e. works as biofeedback
- Its novel and some clients have revelled in that; its like being on TV!
- Multi disciplinary Team meetings are often more succinct, focussed and regular so actions are being completed faster. As time is going on the extra quality that usually happens by professional meeting face to face and being more challenging and creative on a one to one basis is being lost.
- Some associated support is more accessible such as fracture clinic advice, social workers contactable as working from home, getting repairs or orders for equipment etc.

## POSITIVES 2

---

- It is a benefit to seeing a client in their home environment and creating ways to progress rehabilitation with the household members being more involved
- Cobra meeting; all small business owners meeting and supporting each other and sharing strategies
- Increased communication within my physiotherapy business as we are all more easily available
- Being able to complete training and support without travelling
- Being able to support our clients and use our skills during this unprecedented time

## CONCLUSION

- Its been a steep learning curve; initially sitting on our hands and learning about technology and creative rehabilitation and now trying to manage our cognitive ability to continue to support our clients
- We want to keep improved and regular communication between our own team and the MDT's
- We cannot be as effective for our clients without hands on therapy. We cannot do pain management, effective new assessments, progression of treatment and management of complex issues such as support staff who are incompetent/ emotional management of physical issues/ personal physical issues.

“The gem cannot be polished without friction, nor man perfected without trials.”– **Chinese Proverb**