



RehabMove 2018: ACTIVITY AND MOBILITY USING TECHNOLOGY (AMOUNT) REHABILITATION TRIAL- DESCRIPTION OF COMMUNITY PHASE INTERVENTION

LM Hassett¹, MEL Van den Berg², H Weber², S Chagpar³, S Wong⁴, A Rabie⁴, K Schurr⁴, MA McCluskey⁵, R Lindley⁶, M Crotty², C Sherrington³

¹School of Public Health/Faculty of Health Sciences, University of Sydney, SYDNEY, Australia

²Department of Rehabilitation, Aged and Extended Care, Flinders University, ADELAIDE, Australia

³School of Public Health, University of Sydney, SYDNEY, Australia

⁴South Western Sydney Local Health District, SYDNEY, Australia

⁵Faculty of Health Sciences, University of Sydney, SYDNEY, Australia

⁶Westmead Clinical School, University of Sydney, SYDNEY, Australia

PURPOSE: To describe technology use and physiotherapy support provided to participants to improve mobility and physical activity in the community phase of the AMOUNT trial.

METHODS: Process evaluation including participants (mean age 70 (SD18)) randomised to the intervention group (n=149). Intervention was additional to standard rehabilitation, prescribed using a protocol which matched games/exercises from eight technologies to the participant's mobility limitations. Technologies included video and computer games/exercises, tablet applications and activity monitors. Participants were taught to use the technologies during inpatient rehabilitation and were then discharged home to use the technologies ≥ 5 days a week for the remainder of the 6-month trial. Trial protocol required the physiotherapist to provide support every 1–2 weeks using a health coaching approach. Intervention datasheets were audited to determine technology use and frequency, duration, mode and type of support provided.

RESULTS: Participants used an average of 2 (SD 1) technologies with 98% participants using an activity monitor. Physiotherapists had contact with participants on average 15 (SD 5) times (approximately every 11 days), consisting of 6 (SD 3) home visits (46 min duration), 8 (SD 4) phone calls (8 min duration) and 1 other (email, video conference, hospital) type of contact. Contact primarily incorporated health coaching (68%) with 8% for technology support. Topics discussed during health coaching included discussing data from prescribed technologies (79%), physical activity and mobility status (70%) and adherence (64%).

CONCLUSIONS: Technologies to support ongoing exercise are likely to become increasingly important as the proportion of older people in the population increases and rehabilitation resources become limited. A health coaching model to support technology use post hospitalisation is feasible. Some support can be provided remotely limiting the need for frequent home visits.