How to create interdisciplinary home exercise programs/patient resources: A practical How-to Guide

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Course Objectives

• Learn Best Practices for writing Home Exercise Programs
• Be able to identify Exercise Programs that Demonstrate Best Practices
• Break Out Session – Create Sample Home Exercise Program.

Best Practices

• Language/Cognitive Considerations
• Visual Considerations
• Physical/Environmental Considerations
• Format/Media Delivery
• Compliance/Carry Over
• Person Centered Care
• Functional Applications/Relevance
Language/Cognitive Considerations
- Grade Level/Reading Comprehension
- Culture
- Format
  - Narrative vs. Bullet points
- Ability to Recall Information
- Ability to Sequence Information
- Number of Steps that is realistic for patient to complete

Visual Considerations
- Font
- Color of Background
- Neglect

Physical/Environmental Considerations
- Position
- Ambulation
- Balance/Fall Risk
- Access
- Environment
  - Distractions
  - Obstacles
  - Activity level in the environment according to time of day
  - Activities in or around the home that could be barriers to carry over
  - When and where are the exercises supposed to occur.
Format/Media Delivery

- PAPER/Written
- Video
- Audio
- Phone Ap

Compliance

- Non compliance vs Poor Set up
- Assess did you follow best practices and create client centered program
- Exercise is relevant to the patient’s life
- Consult other disciplines on the team (including family/support system) to address following considerations:
  - Cognitive
    - Task management: i.e. do they have a reminder system or calendar that can be utilized
    - Steps required
    - sequencing steps of the exercise
    - Visual
    - Font, Colors vs. black and white, pictures, lighting
    - Attention/Concentration factors

Compliance cont.

- Non compliance vs Poor Set up
  - Reading
    - Reading level, structure of narrative, cultural considerations
    - balance of narrative vs. graphic/picture descriptions
    - Ability to scan and locate information, visuo spatial abilities.
    - Abstract language vs. concrete language
  - Environmental
    - Distractions: i.e. dogs or young children
    - Lack of resources (i.e. no pens, no chair)
    - Behavioral
Person Centered Care

- Make it Meaningful!
- Addressing Internal Motivators
  - Does it Relate to
    - what they enjoy doing (recreational/leisure interests)
    - want to be doing (vocational goals)
    - Where they want to spend their time (i.e. building family relationships)
    - Location (i.e. the lake fishing, outside in the garden, in their "she-shed")
- Consider Cultural Perspectives
- Assessing Effective Environments

Function/Relevance

- Infuse Person Centered Care into functional Activities
  - Working in the Garden
    - PT: Provide them with pictures of steps to kneel. They are to plant X # of plants, which will replace 10 reps of a kneel in a more clinical setting.
    - OT: Client is to pick up plants and tools and put them in a basket and take them out to the garden, which will replace stacking cones and carrying them from one counter to the other.
    - SLP: Client names identifies all the favorite vegetables they want to plant in categories and makes a list of the seeds they should purchase to plant the garden. This replaces a clinical worksheet working on categorization and naming.

Function/Relevance

- Ask yourself: “Does your patient see the correlation between what you are asking the patient to do and their discharge goals.”

“Give Life, Not Exercise!” – Berta Bobath
Team Collaboration

- When there isn't collaboration
  - HEP's focus on isolated skills and could require the patient to perform non-discipline specific tasks that not matched to their ability level
  - PT
    - Provides the posture, pain tolerance, gross motor requirements
  - SLP
    - Provides the language, memory, attention, sequencing requirements
  - OT
    - Provides the posture, fine motor, vision adaptive equipment needs, requirements, organization
  - Counseling
    - Provides emotional cues, environmental stimuli, behavior management, family relationship attributes

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Break Out Sessions

Create Home Exercise Program

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- We should never assume that correlations can be made that facilitate carry Over
- Generalization is the "key to the kingdom"
- Never blame your patients for living in their reality
  - SHOW UP
  - Implement Best Practices
- And .......

Change Peoples Lives!!!
References