

The impact of daily exercise classes on a rehab ward

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Introduction

When in hospital, elderly patients are at risk of both physical and cognitive deconditioning related to prolonged bed rest and inactivity, The World Health Organisation (WHO) recommends that, to improve health outcomes, older adults should complete 150-300 minutes of moderate intensity exercise per week– something that is difficult to meet within the hospital environment.



Methods

- 15 minute seated exercise classes were introduced on Tuesday to Friday mornings on Ford Ward at Fordingbridge Hospital.
- Classes were completed in the 4-bed bays. And 1:1 in the isolated side rooms.
- The classes focused on posture, range of movement and resistance training – with the class tailored to each patient, including potential for progression.
- Patients were excluded from the class if they were medically unwell, declined to take part, or were unavailable.

Exercise Bite Tracker Sheet

Week commencing:

Exercise	Tuesday	Wednesday	Thursday	Friday
Warm Up				
1. Neck rotations				
2. Neck retractions				
3. Trunk rotations				
4. Shoulder circles				
5. Ankle movements				
6. Seated marching with arm swing				
Main Exercises				
1. Knee extensions (3 second hold)				
2. Hip abductions				
3. Resisted knee extensions				
4. Resisted hip abduction				
5. Upper back straightener				
6. Sit to stand				
Stretches/Cool down				
1. Chest Stretch				
2. Back of thigh stretch				
	Date: Time: Sign:	Date: Time: Sign:	Date: Time: Sign:	Date: Time: Sign:

Data Collection

- The minutes of moderate intensity exercise for each patient that received face-to-face therapy input were counted. (Only data for patients who had spent Monday-Friday on the ward was included. No weekend data was included).
- The Elderly Mobility Scale (EMS) was used as an assessment of function.
- Satisfaction survey for feedback.



ELDERLY MOBILITY SCALE SCORE



Patient details:

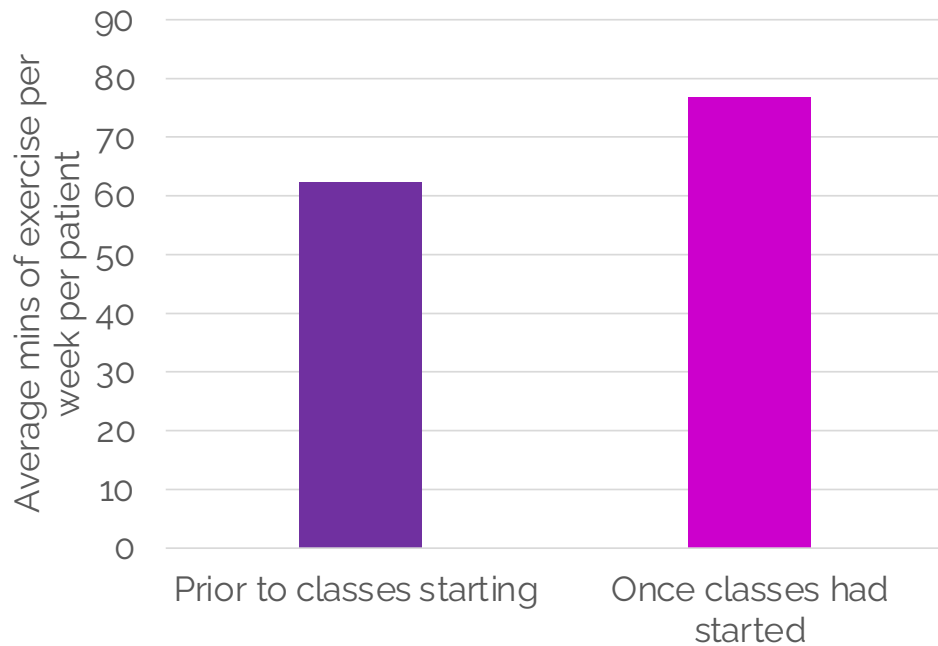
TASK	Date			
Lying to Sitting	2 Independent 1 Needs help of 1 person 0 Needs help of 2+ people			
Sitting to Lying	2 Independent 1 Needs help of 1 person 0 Needs help of 2+ people			
Sitting to Standing	3 Independent in under 3 seconds 2 Independent in over 3 seconds 1 Needs help of 1 person 0 Needs help of 2+ people			
Standing	3 Stands without support and able to reach 2 Stands without support but needs support to reach 1 Stands but needs support 0 Stands only with physical support of another person			
Gait	3 Independent (+ / - stick) 2 Independent with frame 1 Mobile with walking aid but erratic / unsafe 0 Needs physical help to walk or constant supervision			
Timed Walk (6 metres)	3 Under 15 seconds 2 16 - 30 seconds 1 Over 30 seconds 0 Unable to cover 6 metres	Recorded time in seconds.		
Functional Reach	4 Over 20 cm. 2 10 - 20 cm. 0 Under 10 cm.	Actual reach		
SCORES			/ 20	/ 20 / 20
Staff Initials				

Scores under 10 - generally these patients are dependent in mobility manoeuvres; require help with basic ADL, such as transfers, toileting and dressing.
 Scores between 10 - 13 - generally these patients are borderline in terms of safe mobility and independence in ADL i.e. they require some help with some mobility manoeuvres.
 Scores over 14 - Generally these patients are able to perform mobility manoeuvres alone and safety and are independent in basic ADL.

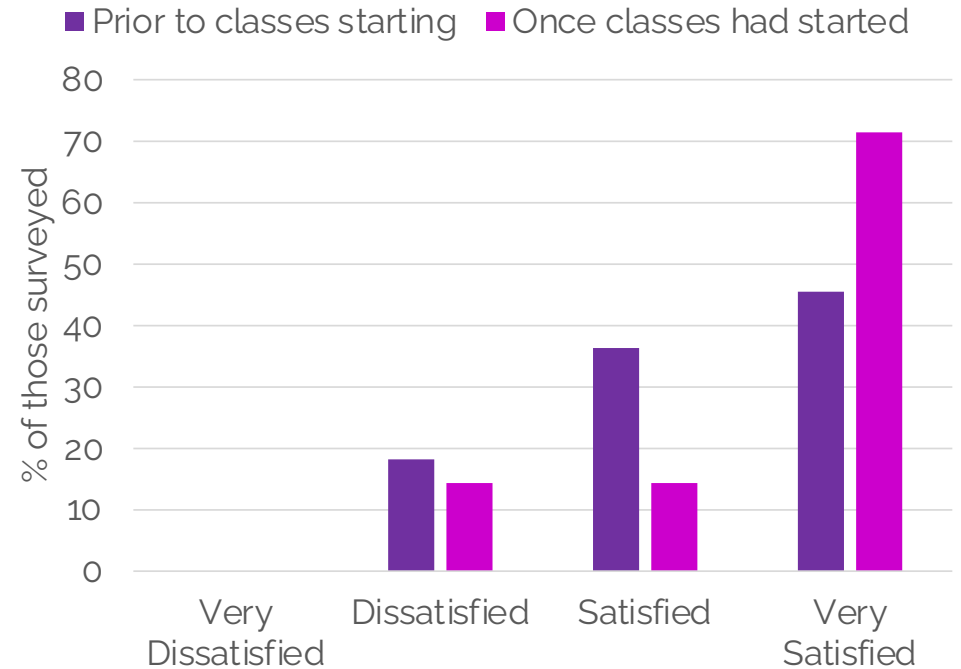
Version 2

Results

The average minutes of exercise completed per week per patient, before and after the exercise classes started



Patient satisfaction with amount of therapy received whilst on Ford Ward



Key Findings

1. The introduction of daily exercises classes resulted in:
 - a) A 23% average increase in moderate intensity exercise completed by patients per week.
 - b) An increase from 1 to 3 patients achieving at least 150 minutes of moderate intensity exercise per week, as recommended by the WHO.
 - c) An improvement in patient satisfaction with the amount of therapy received.
 - d) Positive feedback from patients about the classes themselves.
 - e) An average increase of 1.75 points on the EMS scale.
 - f) Increased face-to-face exercise contact time received by patients in relation to the number of therapy staff working on the ward.
2. Despite patients experiencing an increase in face-to-face therapy input through the exercise classes, the patients still requested 'more' therapy intervention.
3. Further research is needed to understand the wider impact of daily exercises classes on the patients.

Conclusions

The introduction of daily exercise classes has, on average, increased patient activity on Ford Ward.

However, as this was only a small feasibility study, it is unclear if this increase will result in a functional impact for our patients, reduce their risk of falls or address hospital associated deconditioning.

But as the WHO Guidelines say:

Something is better than nothing!

References

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Thank you for listening!

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