ACCOMPLISHMENT STATEMENT | 20XX

Please see CPM's CCP webpage for requirements, tips and examples (click here).

20XX Goal:

Increase my knowledge on the most effective ways to get seniors with mild to moderate cognitive decline to exercise regularly/comply with exercise prescriptions.

Service User(s) on 20XX Learning Plan:

Myself, fellow physiotherapists, patients, patient care-givers/family members

Status: Please check one.

- ☒ Completed
- ☐ Ongoing
- ☐ Other – (please explain):

Accomplishment Statement: Provide a summary of the impact of your learning *(TIP: Link your outcome(s) back to your goal and reflect explicitly on **how** your PT practice has been enhanced)*

My physiotherapy practice is comprised mostly of seniors, most of whom are 80 years of age and older and, by nature of being in need of physiotherapy, are obviously compromised in some way when it comes to their health and mobility. Considering this fragility, it should come as no surprise that many of my patients also suffer from at least mild cognitive impairment. This factor highly influences the way I am able to interact with my patients, especially when it comes to exercise prescription. This is why I chose this learning goal this year, I wanted to figure out some effective, practical, creative ways in which I could improve this area of my practice and thus improve the overall outcomes for my patients and their families/care-givers. I also wanted to be able to be a helpful resource in this area for my staff who treat the same clientele as I do.

I undertook several avenues through which to learn about this issue. The first thing I did was review material that I already had been taught. Much of this material I had not reviewed for some time, several years in some cases! It was very beneficial for me to brush up on material that has already been proven as effective vs just trying to find the 'newest and latest' research. Some things are tried-and-true for a reason and can be the quickest way to improve a practice, as I experienced.

The next thing I did involved peer-learning. Throughout the year I was able to interview several colleagues (mostly other physiotherapists, but some trainers, athletic therapists, or other personnel who lead seniors' group exercise classes) either in-person, via email, or over the phone. Here I was able to glean many practical, 'real life' sort of tips and techniques.

The third learning activity I completed was a review of scientific articles, journals, and studies in relation to this topic. Through this I was able to learn some new techniques and ideas that I had not ever considered before, as well as affirm as good practice some techniques I had already been using or that had been suggested to me by colleagues.

My main "take away" list from the above learning activities:

1. Repeat, repeat, repeat.

A) The more times you are able to repeat and review an exercise program, the more likely my patients are to remember and thus comply. This includes repeating the program at least 3 times when

first teaching it, but also repeating the SAME program over several visits. I used to alter, modify, or change the program nearly each visit in an effort to progress my patients as quickly as possible, which is good in intention, however, by introducing different exercises or modifications each time, I didn't give my patients the chance to solidly learn the first exercises. This contributed to more confusion. I learned to progress slower and change things less. Keeping things simple improved patient understanding and, in turn, they were more compliant.

B) This also influenced how I recruited care-givers and family members, I utilized them much more often to help increase the repetition of the program between treatment sessions - this benefited the patients because they not only executed the exercises more frequently, benefiting them physically, but they learned the exercises faster as time between routine review was shorter than if they were just doing it on "treatment days". It also benefited the family members as they typically felt happy to be able to contribute to their love one's care - they were actually able to "do something" which many reported contributed to their sense of usefulness and satisfaction.

2. Write down only a few words and use large, simple pictures.

A) I am a "words person" (perhaps you can tell), thus I use to write down instructions for exercises in words most of the time when prescribing home programs. At suggestion of my colleagues, I switched to using few words and ALWAYS accompanied them with simple pictures. This again cut down on confusion and improved patient understanding and, in turn, compliance.

B) Pictures, instead of paragraphs, also made it more likely that family members or other care-givers were more likely to assist with the program between treatments. Pictures are fast and simple, paragraphs were too long and confusing.

3. Limit the number of exercises.

A) My usual style of treatment is "the more information the better" and I always want to give the most information I possibly can in the time I have allotted to me. After all, the more education the better as someone will understand what I am doing and why and then they will get as excited about it as me, then they'll do what I ask them to do, right?! Through review of my past course information, I was quickly reminded that this is just not accurate when it comes to working with cognitively declined patients. The less the better! A colleague of mine also affirmed this when she shared with me effective techniques that she uses when working with this population. As a result, I began to limit my exercise prescription from my usual 6-8 or even 10 exercises to 2-4 exercises. This definitely improved patient compliance! Routines were less complicated and less overwhelming, and were easier to remember, again improving compliance.

B) And, when a patient is ready to progress, I've learned to add or change one exercise - not 4!

4. Build on exercises or techniques that the patient already does. This was a new idea from a new article I studied.

For example, my patient may already routinely go for short walks, so instead of teaching them a brand new *Theraband* exercise to strengthen their quadriceps, it was more effective to instead prescribe going for one more short walk during the day, or going a bit further or longer than usual to

get quadriceps strengthening. Again, the less change, the better.

5. Positive feedback.

People are more likely to continue an exercise if they are praised in some way with it - positive feedback is effective! I have worked to continually incorporate this into my treatment sessions and, while it is somewhat difficult to directly measure a relationship, I do think it contributes to improved compliance.

6. Education

If people understand WHY they are doing an exercise they are more likely to do it. Typically, I have gone overboard with the education and I've seen myself confuse clients with too much information, which is just as ineffective as no education - so I'm learning to educate in short, simple conversations that I can repeat from session to session. This also influences care-givers, if I educate them as to why an exercise is important for the patient, they are more likely to assist them in completing it in my absence.

7. For group classes, scheduling them for the exact same time, in the exact same location, with the same instructor, using the same exercises improved overall compliance. Again, confusion was decreased and understanding and compliance increased.

8. Building rapport outside of the treatment or class times also increases compliance. This tip I did not learn from any articles or text books - this was a practical tip from a colleague that I found very interesting...I have yet to introduce this into my practice as I'm still thinking about appropriate ways to do it, but I think there is merit to this idea. A colleague suggested something as simple as conversing with patients or telling them how she looked forward to seeing them later that day in class, or sitting down for lunch with them if possible, all improved compliance. Her clients were more likely to come to her class if they had a positive and more personal (though still professional) relationship with her outside of the exercise setting.

I've learned a lot in pursuing this goal over the last year - more than I thought I would, actually. It's made me a better physiotherapist working with cognitively impaired patients. My patients are complying better with their exercise programs through the changes I have implemented and as a result they are getting better faster and maintaining gains with less supervision and less frequent treatment. This improves my overall satisfaction with how I work. It also improves my patient's family members' overall satisfaction with my care. Lastly, I have been able to share some of my findings with my staff who have been grateful as it gave them more ideas to improve their own practices. Also, I have been giving presentations over the last few years in senior's living facilities regarding exercise and physiotherapy in general, and learning what I did this year about this topic has caused me to change and add to my presentation material in some very helpful, concrete ways.

There’s still more to go though. This project has prompted more questions - particularly about how I treat those with severe cognitive decline. I would also like to learn more about how to tailor prescription to patients based on the types of cognitive decline - for example do certain techniques work better for Alzheimer’s patients vs vascular dementia, Parkinson’s, or acquired brain injury patients? Or what’s the best way to manage someone with a delirium vs dementia? And what resource changes do I need to consider based on the environment my patient is in - home, hospital, assisted living, supportive housing, etc? This is certainly an area requiring on-going research and learning which I will continue in the year to come.

Date: MONTH/DAY/YEAR

ID Number: XXXXXX

Please complete and save a copy in your Professional Portfolio. The completed sheet will be requested when your Portfolio is audited.