

## **Digital Tools Case Study**

### **Quick intro to yourself and any contact details you're happy to share ...**

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I founded SP Therapy Services in 1998, having identified the need for specialist acquired brain & spinal cord injury rehabilitation services for adults and children living in our communities.

We provide bespoke packages of rehabilitation to adults and children living with complex needs in our communities. We are instructed and funded by the individuals case managers and solicitors via a litigation claim to whom we report our SMART goals and progress via 3 monthly updated treatment plans

### **What physio services do you provide? (e.g. specialty, conditions, location, patient demographics)**

Our physiotherapists specialize in complex and catastrophic injuries. As most brain injuries result from trauma this can mean physical neurological deficits can be compounded by amputation and orthopedic injury, cognitive and behavioural problems and speech problems. Our patients vary in physical ability from full time wheelchair users to fully ambulant with cognitive problems. They all live in our communities and may live alone or be supported by 24 hour packages of care.

We have physiotherapists providing rehabilitation to patients in Greater Manchester, Lancashire, Cheshire South and West Yorkshire. We also have a well-equipped Clinic in Bury, Lancashire.

Whilst we specialise in adults and children with brain injury, we also treat Parkinson's disease, multiple sclerosis, and other neurological conditions which usually refer to us on a self-funded basis.

### **What tools are you using to deliver your physio services digitally?**

I am supported by a passionate and experienced team of Chartered Physiotherapists and Occupational Therapists who strive to provide bespoke packages of rehab to meet the individual need. They thrive on challenging and unpredictable situations and are used to providing novel solutions to complex problems. But by mine and their own admission as a team we would not have described ourselves pre- lockdown as digitally confident or competent.

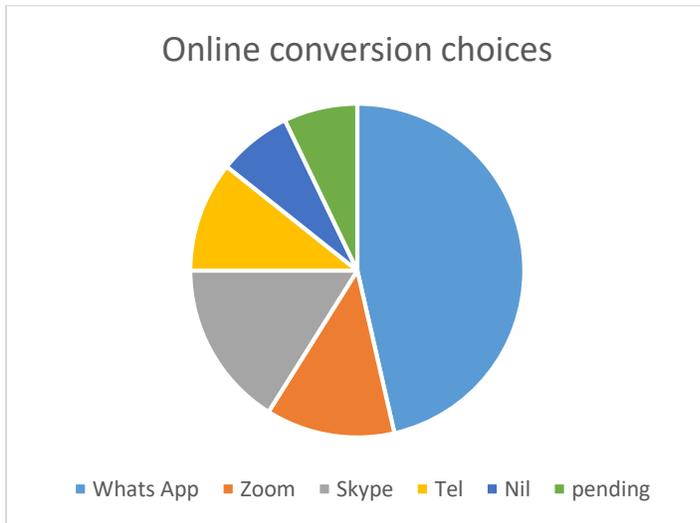
Prior to lockdown we did not provide remote sessions, but all our therapist worked from home and had access to a Surface Pro and Huawei phone, our clinical data base was accessible remotely via One Drive however our day to day record was paper.

On the announcement of lockdown and the instruction from the CSP that the only way for Private Practice to continue was virtual, we organized our very first virtual Team meeting via Microsoft Teams. We decided our patients were physically, emotionally, and socially vulnerable in lockdown and despite having no guidelines evidence or experience decided to attempt remote therapy via video link. We organized peer support teams who immediately started to problem solve what was possible using Microsoft Teams.

Key was the need to divide therapy from technology set up. The therapist contacted every patient explained our plan and gained their willingness to engage and potential platforms available to them. Our

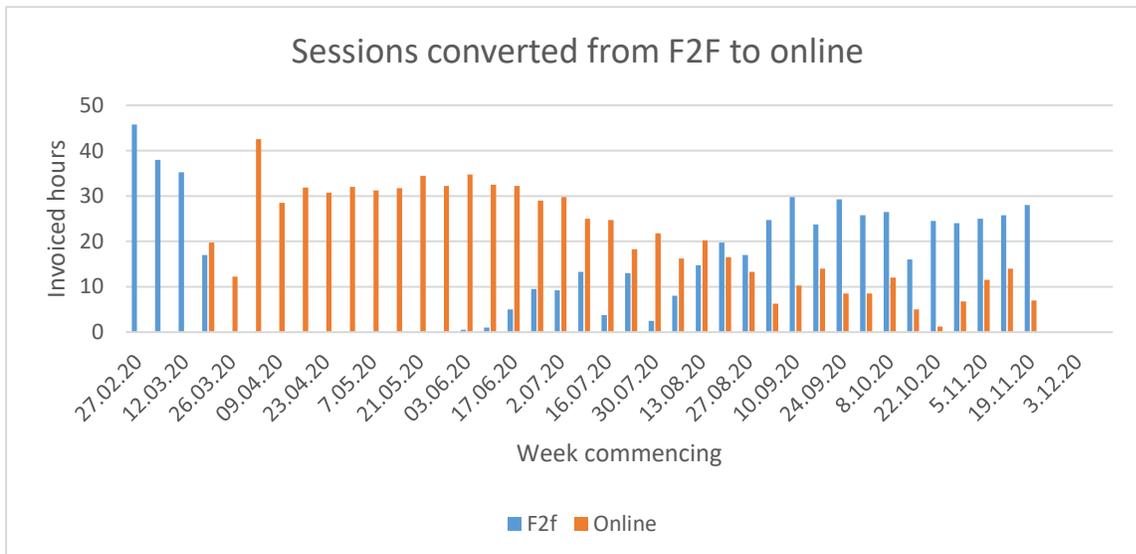
Practice Administrator then followed up and contacted every patient and supported them to set up and road test their platform of choice. He also went through with the patient and their support “house rules” for remote sessions. Within 3 days we had converted 85% of our existing sessions to remote therapy via video link and were beginning to develop strategies and protocols to ensure therapy was safe, meaningful and realistic. Our first session were used to establish a baseline of a safe place to work, viewing angles, support and equipment required.

From the graph below the platform of choice/availability for our patients was Whats App.



**How have these services replaced face to face contact?**

During lockdown remote via video link was our only safe mode of delivery, however particularly the North West has never really come out of the lockdown restrictions and whilst we have resumed Face to Face remote therapy via video link has remained a treatment option for some of our patients.



### **What is the clinician's experience of using the digital tools?**

Surprised at what could be achieved

- Surprised as neuro physios removing our hands would have been unthinkable pre lockdown and not something we would have done by choice!
- Surprised at the diversity of patients and abilities that were willing to attempt to engage in this way
- Surprised as our confidence grew and our patients confidence grew what could be achieved

It made us focus on the other skills physiotherapist have other than their hands eg: our skill as motivators, movement analysts, educators, problem solvers, facilitators. It also made us appreciate how much of a our skill set our hands were and not having your hands improved our communication skills by not being able to demonstrate and having to verbally explain. It has been key to our development to record not only what could be achieved but also what could not be achieved. It did not replace F2f as once able to return some problems had just built up and had not been able to resolve or be identified over video. It is a tool in our box, there were for some patients and situation this style of delivery was a real asset and some where it was not, we are beginning to identify the who the where and the when.

Remote therapy via video link is often cited as more cost effective. Whilst there was a time saving on travel, travel time was often used to problem solve or clinically reason complex situations in which we were involved and so we have had to adjust our fee structure to ensure this very important component of physiotherapy is not lost.

We also found F2f treatment session time were not convertible from F2F to remote and a large amount of preparation time and resources had to be developed to ensure sessions were safe meaningful and realistic.

Our conclusion is whilst remote therapy via video is possible it is not always preferrable and it is a clinical decision as to how these two approaches are blended to the benefit of the patient to optimize their outcomes. We now understand that it is not a replacement for F2F therapy but an entirely new skill set to be learned.

### **Do you have any patient feedback on digital physio service offer?**

As we provide bespoke packages of rehab we design SMART goals for each patient and each patients progress was evaluated relative to their individual SMART goal, our primary objective was to maintain a person's physical abilities and engagement over lockdown.

We did not formally evaluate what we were doing, however we measured our success by the sustained engagement of our patients over lockdown and beyond and the willingness of some patients to continue and by asking our patients for a comment about their experience to include in their treatment plans and a sample is attached which I have permission to share.

*"Our daughter (Amelia) has been receiving physiotherapy from Susan at SP Therapy for just over 12 months and usually has a weekly 1 hour session.*

*Having seen the improvement it has made to Amelia's health over the last 12 months we were keen to maintain input from Susan during lockdown.*

*This has been a new way for us all to work but we are really pleased with how the sessions have gone and that Amelia has been able to maintain the input from Susan.*

*We are sure that following lockdown Amelia will enjoy having face to face sessions again but maintaining some form of online service would also be of benefit for either additional training sessions (ie for the night staff), for occasions when face to face visits are not possible or if assistance is required between face to face visits.*

*The support given by Susan and her team at SP Therapy during lockdown has been fantastic not only for Amelia in maintaining her sessions but also for ourselves and the nursing team caring for Amelia to build upon our knowledge.*

*We would highly recommend Susan and SP Therapy for both face to face and video/online sessions.”*

*Martin Kennedy*

SP Therapy Services invoices are paid by a third party funder and authorized by a case manager to whom we report. Therefore our services pre and post lockdown are effectively “externally verified” and majority were very positive in supporting us during this time as they were satisfied the service we were providing was the best possible under the restrictions but all are keen for f2f to return as soon as was safe to do so.

### **Any top tips to others exploring using digital tools in physio services?**

## SP Therapy Services Top 10 Tips for Remote Therapy via Video Link

- 1. Accept this is different to F2F.**  
There is no guidebook & be realistic in your expectations of yourself & your patient.
- 2. Separate tech from therapy.**  
Road test the technology before you start with therapy. If possible, identify a member of the admin team to support to prevent technical frustrations impeding a therapeutic relationship.
- 3. Sort out your space.**  
This is not a desk task, what does your patient need to see? What equipment or position do you need to be in?
- 4. Plan, prepare & practice.**  
Know the limitations & abilities of the platform & work around them. For example, video yourself in advance, share your screen, talk through the video in the same way you would demonstrate on a live face 2 face.
- 5. Safety first.**  
Plan a virtual tour of your patient's home, agree a safe treatment space, enlist the help of other household members for support but don't forget to check in that everyone is ok, back pain, posture, arm ache from holding the camera angle.
- 6. Observe, observe, observe.**  
Don't forget what you can't see - change the position of the camera in the room or the person to observe from a different angle. You will be surprised what you learn & use record function to enable you to review again after the session.
- 7. Don't talk all the time.**  
Give your patient time to process & respond during the session. Check in with them at the end of the session as to what worked. Listen to your patient this is tough for them too!
- 8. Record keeping.**  
Identify your clinical reasoning and any compromises you made relative to a F2F session.
- 9. Diary management.**  
Work in 30 minute screen. Essas, but give yourself an hour. Schedule yourself break - you thought a Zoom meeting was long - this is exhausting!
- 10. Share your successes.**  
Win your colleagues & learn from them, there are some fantastic blogs online!