



Service Priorities and Programmes Electronic Presentations

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Patient empowerment program – Free Exercise 365

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Introduction

Clients with needs for physiotherapy service in out-patient setting would usually require continuing exercise and self-care from few weeks to months for optimal therapeutic effect which might have limitation in frequency, duration and environmental motivation. Exercise in community would provide a more flexible and joyful platform for clients to boost motivation for exercise. Clients might also encounter difficulties in carrying out home exercise and self-care management that require specific purchasable equipment. The cost and availability of equipment might affect compliance of exercise and the outcome of therapeutic effect. As one of the strategy promoted by the WHO on integrated people-centered service, patient empowerment would improve access of care, increase ability to self-manage and control long-term health conditions, promote independence and have better satisfaction with care among clients. Therefore, a comprehensive community-based exercise and self-care program, 'Free Exercise 365', was formulated to tackle these problems

Objectives

To conduct a community-based patient empowerment program.

Methodology

In the program, outdoor fitness equipment in the park in Sha Tin District was categorized. Clients were encouraged to prepare homemade equipment instead of purchasing exercise equipment in the market. Education material was prepared for explanation and prescription of exercise following FITT principle. Descriptive data including number of participant, type of exercise, body part involvement, common homemade equipment and estimation of money saved by this project in the client perspective were studied.

Result

Data was collected in the last quarter of 2017, 1176 clients in PWH Physiotherapy Department participated in this program. Types of exercise included limbs mobilization (51%), limbs strengthening exercise (27%), limbs stretching exercise (1%), walking/balance exercise (2%), low intensity cardiovascular exercise (4%), self -soft tissue massage technique (7%) and home ice therapy (8%). Body type of exercise included upper limb (47%), lower limb (31%) and others (22%). Common homemade

equipment was made to replace dumbbell, Theraband, pulley, static bike and ice pad which purchase in the market was required. Over 80% of suggested home exercise equipment was available domestically. Instead of purchase in the market, replacement by homemade equipment was estimated to save \$33520 in client's perspective. The program was able to extend client's practice of exercise from clinic to community. Education of home exercise and self-care management with homemade equipment were integrated. The equipment was readily available at home which covered all types of exercise commonly prescribed in physiotherapy department and potentially it is cost-saving in client's perspective.