



**Service Priorities and Programmes**  
**Electronic Presentations**

**Convention ID:** 795

**Submitting author:** Miss Holly King Ho LEUNG

**Post title:** Physiotherapist II, Prince of Wales Hospital, NTEC

**Auditing on risk stratification and monitoring for exercise therapy**

*Leung KHH(1), Chan SMM(1), Tai HYV(1), Lau SYJ(1), Wong I(1)*

*(1) Physiotherapy Department, Prince of Wales Hospital*

**Keywords:**

Auditing

Risk

Exercise Training

Stratification

Monitoring

**Introduction**

Exercise therapy prescribed at various intensity levels is essential and fundamental in physiotherapy management. A screening tool for evaluating patients' risk in performing exercise training was developed in 2010. To incorporate this in enhancing preparedness for emergency and risk control, regular audits on its use and an extension to exercise prescription were logical and necessary.

**Objectives**

1.To understand barriers for screening and monitoring risk in prescribing exercise 2.To re-structure the workflow for exercise design and prescription 3.To clarify types of exercise at different exercise intensities matched for patients with different risk levels – low risk group in safe zone and high risk group in alert zone 4.To audit on staff practice

**Methodology**

Individual staff interviews were done to identify barriers for using the tool and gap in prescribing appropriate exercises, with subsequent actions followed: 1)uncertainty about the intensity level of the exercise modalities and 2)high risk group of patients to be grouped together for care. All exercise machines were labelled with dots conspicuously to represent different levels of intensity for easy reference. Practice guidelines were set up according to the recommendations from American College of Sports Medicine, plus red dots on patients' folders and red tags in front of patients' chest during exercise training. Training programme was done to physiotherapists and supporting staff in May 2013. An audit was done for all patients receiving exercise therapy on four consecutive days in August, 2013.

**Result**

A total of 269 patients were audited. 91% (245) of patients were stratified for risk levels. There were 202 (82%) patients received cardiopulmonary training in the safe zone while 43 (18%) in alert zone. Further subgrouping of patients in alert zone showed with musculoskeletal (MSK) affect 20 (8% of total MSK cases), 9 with

neurological (85%), 4 for pulmonary rehabilitation (100% of total) and 10 for weight management (100%). Overall compliance for "Red dot" system in exercise prescription was 75% with individual subgroup: musculoskeletal 50%, neurological 89%, pulmonary rehabilitation and weight management 100%. The latter three groups were put in classes. Clinical impact: Labelling of equipment for the level of exercise intensity and "Red dot" system help to reduce exercise training risk for high risk patients and facilitate preparedness for emergency. Subgrouping of patients will help in monitoring exercise safety.