Frailty Intervention Trail

Protocol: Intervention targeting mobility-related participation

Standard program

- 1. At baseline assessment, a goal targeting mobility-related participation was established by the participant and a physiotherapist. The measurable goal was documented using the Goal Attainment Scale.
 - a. Review participation goal.
 - b. Assess and negotiate whether goal is appropriate.
 - c. Participant and treating physiotherapist modify goal if necessary.
- 2. Practise the component activities of the goal, eg. walking down step, bending to ground, getting in/out of car.
- 3. Practise the activity in the physical environment of the goal.
- Progress level of support, e.g. accompany the individual → as confidence increases, organise family/friend to accompany and support individual → progress to independence.
- 5. Establish how individual will meet their participation goal on a regular basis.

Tailor to standard program to the individual

- 1. Assess barriers to meeting participation goals, using *Barriers to reaching* participation goals. Assessment tool. (Overleaf).
- 2. Structure intervention to account for barriers identified in assessment.

Barriers to reaching participation goals. Assessment tool

Assessment	-	Intervention
Barrier to participation	Tick box if barrier is present	Tick box if intervention is appropriate to individual
Health reasons, e.g. pain, cardiac condition, shortness of breath		Aim: Provide with information to facilitate informed consent: ☐ Ask if individual would like information about their health condition. ☐ Offer basic reading material about their health condition ☐ Offer extended reading material about their health condition ☐ Discuss impact of individual's health conditions on goals
Balance Strength Flexibility Endurance		 Discuss cause of impairment For problems that can be changed, offer / provide education regarding intervention For problems that cannot be changed, provide equipment and offer / provide education regarding compensatory strategies
Safety		 Discuss cause of perceived lack of safety (e.g. balance, environment, crime, weather) Discuss and implement strategies to increase safety (e.g. training, aids, environmental modifications, social support)
Environmental barriers: home		 □ Training in existing environment, using existing aids □ Offer / provide aids/assistive devices □ Training in proper use of assistive devices □ Basic modification of home environment, by Physiotherapist □ Discuss at case conference re: referral for extended modifications or additional aids
Environmental barriers: community (e.g. uneven ground, steep slopes near home, no car)		 ☐ Modify community environment ☐ Discuss alternate / safer environments ☐ Facilitate access to community services ☐ Offer / provide information describing local mobility services, local transport

options, resuming driving
☐ Practise planning and using transport (refer to protocols in <i>Increasing outdoor</i>
journeys after stroke: Protocols for use by Rehabilitation professionals,
McCluskey, 2007).
☐ Offer / facilitate involvement of support person(s) in training and/or regular
participation
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participation
☐ Discuss at case conference
☐ Discuss at case conference
☐ Discuss management at case conference.
☐ Physiotherapy interventions as appropriate to individual