

Home Alone - supporting home-based exercise and guidance for instructors and leaders The Otago Exercise and FaME Programmes

Introduction - Supporting participants to remain active whilst confined at home

Recent events have resulted in significant numbers of older people being restricted in their movements and confined to home. Social and other media have (not surprisingly) focused on the implications of a significant reduction in physical activity patterns and attendances at regular exercise classes and an increase in sedentary time. For those of us working to promote wellbeing, independence and a reduction in falls, the implications for the older population and services over an extended time are clear and worrying.

However, the LLT solution to current events has been with us for some considerable time in that two of our key courses (FaME and OEP) include, within their evidence of effective programming, home-based exercise.

It goes without saying that this is what should be happening anyway? But perhaps the current climate might well remind us about the importance of evidence-based home exercise and how we can continue to use this with our participants.

1. Home based exercise – a reminder

Both of our key programmes focus on falls prevention, but both were also successful in achieving a range of other outcomes (eg, improved habitual physical activity, reduced fear of falling, improved strength and balance, improved cognition).

The programme of strength and balance exercises in classes for FaME were supported by home-based exercise and the original OEP programme was completely home based. Regular contact over time (eg, phone and visits) was provided to support and further motivate participants.

The OEP programme schedule:

Month			1	2	3	4	5	6	< Monthly >	12
Week	1	2	4	8						
Home exercise visits	X	X	X	X				X		X
Telephone follow-up					X	X	X		X	
Monitoring of exercises completed			X	X	X	X	X	X	X	X
Monitoring of any falls			X	X	X	X	X	X	X	X

2. Purpose of Home Alone

- » To improve the use of telephone support with existing classes, groups or individuals (who will already have been assessed)
- » To assist the participant to maintain their exercise programme whilst confined at home by:
 - ✓ reducing sitting time (self-prompt strategies)
 - ✓ promoting circulation (regular movement)
 - ✓ maintaining physical function (strength and balance)
 - ✓ establishing or consolidating a new routine at a time of change

3. Your role – Having telephone conversations

Telephone support was used in further studies where LLT provided guidance on supporting home-based exercise for FaME and Otago (PROAct 65+ and the VIP2UK and VIOLET studies).

Sections 4-6 below provide an outline of the approach that was used with telephone calls and provided some structure that went beyond an informal chat. They were based on the successful CHAMPS programme in the USA where regular support communications were used as an integral part of the programme.

4. What, over time should you include?

- It is best to fix a time (an appointment) so that the participant can make themselves “free” and also be ready to take the call
- Establish initial contact to assess readiness to participate (at least contemplators)
- Reminder of the importance of home-based participation, any previous advice and programme (if this has been given)
- Assist to establish individual motives and consequent goals
- Selection of menu of exercises. Focus on what people can do, can remember and are already able to do (not what they still have to learn)
- Start with 5-6 win-win exercises to build self-efficacy and then build on or change over time
- An exercise diary or the LLT ‘I Can’ Active Calendar (now a free download from the LLT website), can be used to support telephone, text or email discussions (NB. Self-monitoring, is known to re-enforce and aid motivation)
- Anticipate and accommodate lapse and relapse (other things happen, loss of motivation)
- This is habit forming, this is trying to initiate or maintain a new routine at a time of considerable change and confusion

5. Priorities for messaging

Success – make sure that you concentrate on success rather than the challenges and difficulties and don’t get bogged down with technique or instruction by phone. (Video or picture images from LLT OEP/FaME booklets might refresh the memory)

Maintenance and Progress – helping with ideas about best time of day and self-prompts. If you are working with them over time, remember to progress the repetitions or sets and the challenge (progression is all important not just maintenance)

Wellbeing and feeling good - use as a conversation focus, especially if isolation and non-contact is apparent

Additions – if maintaining a programme is proving to be difficult, the breaking sitting /reducing sedentary behaviour habit and moving messages might be an alternative or a starting point

6. Check list of key questions to ask during telephone calls

This is not intended to be prescriptive, you may not need to use these all the time. You will have your own words to use and know your own participants best. But it does offer a way of covering some of the key features related to support and behaviour change.

Introduction and how are you doing?

And how is your OTAGO exercise programme going?

Achievement question

What successes have you had with your programme?

Difficulties question

What difficulties have you had with your programme?

Do not ask about - but listen out for references to:

- *Using weights (unlikely)*
- *Seated activity*
- *Pain*
- *After effects e.g. stiffness*
- *Standing activity*
- *Walking activities*

and

- *Dizziness, chest pain, shortness of breath*
NB Advise to call their doctor or NHS 24.

Specifics regarding programme exercises?

- » *Circulation Booster*
- » *Strength*
- » *Flexibility*
- » *Balance*
- » *Walking*

Progress

Expectations - Tell me about the progress are you making? (NB. May be about just establishing or maintaining a new routine in the current strange world they are living in with so many new concerns, worries, distractions)

Results - Have you noticed any changes since you started the programme?

Self-monitoring - Have you been able to keep your diary/calendar up to-date?

Planning for the future

Do you foresee any obstacles for the next 2 weeks that may make exercise difficult?

If YES, what is the obstacle?

Anticipating lapse/relapse - Do you think it will prevent you from exercising?

If YES, for how long?

Do you feel an additional phone call would be helpful 1 to 2 days after you restart your programme? (When...?)

To conclude telephone call

Is there anything else about your programme you would like to discuss with me at this time?

Are you happy that I call you again in two weeks' time? (When...?)

Finally have you checked/prompted they have...

- ✓ Appropriate chair and surrounding space?
- ✓ Water?
- ✓ Fixed hand-held support (presumably covered in classes prior to setting “homework”)?
- ✓ Remembered when it is right to stop exercising immediately if feeling unwell and contact doctor or NHS 24 eg:
 - » Dizziness, pain and or shortness of breath occurs while exercising
 - » They have muscle pain that does not ease in 48 hours
 - » They have a fall

NB If they are worried about anything related to COVID-19, advise they call 111.

7. Use of additional underpinning evidence related to support

Recognise the challenge

Motivation towards home-based exercise is hard. Being by yourself without social support makes it harder. Feeling isolated and lonely will make it even harder.

Key point - OEP was originally delivered as a home based programme with support

Evidence on behaviour change includes:

- Goal setting (behavioural and then outcome goals)
- Self-monitoring progress
- Improved self-efficacy (recognition of progress)
- Support via home visits as well as telephone calls over time

Common features of motivation include

- The importance of the programme to the individual as key to motivation (“why would I bother?”)
- Personal beliefs influencing goals (“what I will get from this?”)
- Access and convenience of activity (will lives be “empty” whilst confined at home, what behaviours will be “replaced”, what routines need to be established?)
- Encouragement, reinforcement and support
- A supportive (safe) environment including (absence or presence of) social support from partners and/or family

Other evidence

- Offer a choice of tailored support strategies for participation:
 - » Social media support options not available at time of FaME and OEP, but personalized/tailored/choice known to be most effective
 - » Messages via texts, emails and apps (eg. What’s App) now in common use with all age groups (eg. as reminders for GP, Dentist and other appointments)
 - » Tailoring of appropriate support strategies will also be determined by cognitive functioning of individual participants
- Increased frequency leads to greater gains (1 x pw is good, 2 x pw is better, 3 x pw will over time lead to increased reduction in falls)
- 25-30 mins is likely to be the maximum time people commit to for a home based programme (and was used in OEP)
- Target strength, balance and breaking up of long periods of sitting

Later Life Training and other resources

For more details on the Otago support strategies, refer back to the OEP Leadership manual (page 125 and onwards). Also the LLT online portal for video clips and other advice and keep an eye on the LLT Community Forum.

- LLT 2020 'I Can' Active Calendar - visit <http://bit.ly/LLTcalendar>
- LLT range of Home Exercise Booklets (on LLT's Community Forum)
- LLT OEP exercise videos (LLT Tutor led videos available on most post-course portals)
- LLT Facebook site Make Movement Your Mission – with daily 10 min videos of movements in and around the home at 8am, noon and 4pm – visit <https://www.facebook.com/groups/MakeMovementYourMission>. The pre-recorded videos also available via our YouTube channel - visit <https://bit.ly/MMYMplaylist>
- Previous home-based materials distributed eg.
 - » Scotland AHP Super Six card
 - » CSP video, Get Up and Go booklet

Produced by Later Life Training as supplementary information to support home based exercise programmes for members of LLT programmes

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