

# TeleFFIT Study – Home Visit Form (Local Clients)

Participant ID Number      Participant Initials   Site

## CLIENT PRE – INITIAL CONSULTATION REVIEW

Date of visit: \_\_\_/\_\_\_/\_\_\_ (DD / MMM / YYYY) Time of visit: \_\_\_:\_\_\_ (AM / PM) Initials of EP: \_\_\_\_\_  
(HH : MM)

### Client Contact Information

First name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

### Summary notes by the EP based on each client’s health, medical and lifestyle assessment

#### Fracture risk assessment (DXA bone density) – one tick for each skeletal site

	Normal BMD <small>(T-score &gt; -1.0 SD)</small>	Osteopenia <small>(T-score -1.0 to &lt; -2.5 SD)</small>	Osteoporosis <small>(T-score -2.5 to -3.0 SD)</small>	Severe Osteoporosis <small>(T-score &lt; -3.0 SD)</small>
Femoral neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Falls and fracture history and functional status

	Yes	No
Recent fall(s). <span style="float: right;">If yes, number _____</span>	<input type="checkbox"/>	<input type="checkbox"/>
Minimal trauma fracture since the age of 50 <span style="float: right;">Site: _____</span>	<input type="checkbox"/>	<input type="checkbox"/>
Five times Sit to Stand test (cut off > 15 seconds) <span style="float: right;">Score _____</span>	<input type="checkbox"/>	<input type="checkbox"/>
Low muscle (grip) strength (men < 27 kg; women < 16 kg): <span style="float: right;">Score _____</span>	<input type="checkbox"/>	<input type="checkbox"/>
Impaired muscle function (SPPB < 9): <span style="float: right;">Score _____</span>	<input type="checkbox"/>	<input type="checkbox"/>
Slow gait speed (≤ 0.8 m/sec): <span style="float: right;">Score _____</span>	<input type="checkbox"/>	<input type="checkbox"/>
Frailty: Robust = 0   Pre-frail = 1-2   Frail ≥3 <span style="float: right;">Score _____</span>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Notes / Comments:

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Completed by (initials): \_\_\_\_\_

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**Relevant past medical history:**

*This will be auto filled*

**Medications:**

*This will be auto filled*

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**Past physical activity experience:**

*This will be auto filled*

**Reported key motivators for exercise / physical activity:**

*This will be auto filled*

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## Reported key barriers to exercise / physical activity:

*This will be auto filled*

## Reported personal goals:

*This will be auto filled*

**ASSIGN CLIENT'S INITIAL HOME EXERCISE PROGRAM IN TELEHAB**

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## HOME VISIT GUIDE (Part 2) & CHECKLIST

Exercise practitioner initials: \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD / MMM / YYYY)

### 1. INTRODUCTION

*Firstly introduce yourself, provide an overview of the procedures for the appointment today.*

In today's session we will run through how to use the exercise platform to complete your exercise program, check that you have a safe place to exercise and then go through your exercise program.

During our initial Zoom consultation you told me that you'll be exercising at Home / At a gym/facility

### 2. SETTING UP HOME ENVIRONMENT

**It is important that you set up your exercise station safely for this program**

2.1 Can we discuss or you show me where you would like to exercise at home?

- Clear space (at least 3m<sup>2</sup>) clear of any hazards
- Make sure a sturdy chair or tabletop/bench is within arms' reach
- Best to keep your laptop / tablet / smart device at eye level
- Place step / foam on a non-slip surface
- Make sure you have a phone nearby and/or somebody else knows you are exercising
- Wear appropriate loose-fitting clothes OR exercise attire
- Wear training shoes (runners), not barefoot or only socks
- You should not exercise if you're not feeling well due to a cold, flu or other medical condition
- If you experience any of the following symptoms during or after exercise, stop and get medical advice immediately (call 000 if needed): dizziness/light headedness, chest pain, irregular/rapid/fluttery heartbeat, difficulty breathing, nausea, severe leg ache.
- If you have diabetes and experience the following, then stop and get medical advice immediately: shakiness, tingling lips, weakness, irregular or rapid heartbeat, or if developing an ulcer.
- It's normal for your muscles to be sore after exercise, and particularly early on in your program the soreness could last for up to a week, this is called DOMS (Delayed Onset of Muscle Soreness). If the discomfort persists for more than 2 weeks then please let me know.

**Client is ready to exercise at home safely:**

- Yes**
- No, needs further follow up**

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<b>2.2</b>	<b>Equipment provided (briefly explain each):</b>	<input type="checkbox"/> Step <input type="checkbox"/> Balance pad <input type="checkbox"/> Fitness mat <input type="checkbox"/> Dumbbells (set up for client/explain how to adjust weight)	<input type="checkbox"/> Theraband set <input type="checkbox"/> Fabric resistance band set <input type="checkbox"/> Other (specify)
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<b>2.3</b>	<p><b>Do you have issues with your internet connection?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, check participant's internet speed at <a href="https://www.speedtest.net/">https://www.speedtest.net/</a> and advise to contact their provider.</b></p> <p>Download Mbps _____ Upload Mbps _____</p>
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**Comments**

<b>3. EXERCISE PROGRAM / TeleHab</b>				
<b>EP to establish how the participant will complete the main program.</b>				
<b>You will be completing your exercise program using an exercise training platform called TeleHab.</b>				
<b>3.1</b>	What device/s will you use to access your exercise programs on TeleHab? <i>(select all that apply)</i>	<input type="checkbox"/> Phone	<input type="checkbox"/> Tablet	<input type="checkbox"/> Computer
<b>3.2</b>	<b>Have you downloaded the TeleHab exercise app onto all relevant devices (if applicable) OR able to access the TeleHab website? (If no, assist your client to do so)</b> <input type="checkbox"/> Tick when completed			
<b>3.3</b>	<b>EP to assign client their TeleHab exercise program – send email link</b> <input type="checkbox"/> Tick when completed			
<b>3.4</b>	<b>EP to run through the client's personalized exercise program (pre-defined) and adjust any exercises if needed. The focus of the initial program is on correct technique.</b> <input type="checkbox"/> Tick when completed			

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<b>3.5</b>	<p><b>EP to instruct client on how to use the TeleFFIT app and access their exercise program</b></p> <p><input type="checkbox"/> How to access and complete their exercise program</p> <p><input type="checkbox"/> Using the pain and rating of perceived exertion scales (EXPLAIN POSTER)</p> <p><input type="checkbox"/> How to send feedback/comments to EP</p> <p><input type="checkbox"/> How to use the video recording option</p> <p><input type="checkbox"/> How to track progress over time</p> <p><input type="checkbox"/> Instruct on other functions of TeleHab</p>
<b>3.6</b>	<p><b>EP to discuss with clients if they would like a paper-based copy of the exercise program (only if ABSOLUTELY NECESSARY, online preferred)</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<b>3.7</b>	<p>For your main exercise program, you have the option to personalise how you would like to complete it. Which 3 days would you like to train AND what time of the day? -----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
<b>3.8</b>	<p><b>Show participant how to set reminders to exercise on phone</b>      <input type="checkbox"/> Tick when completed</p>
<p><b>EP to include comments/concerns after prescribing the program (and if a follow up required).</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>	

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## 4. Integrate weight-bearing activities (activity snacks) in everyday life

In addition to your specified exercise program, an important component of this study involves integrating a couple of stepping and weight-bearing activities into your everyday daily life. This could include stomping on the spot while waiting for the kettle to boil while making a coffee, rapid stepping for 1 minute during a TV commercial break or mini jumps whilst going for your daily walk.

I would like to discuss with you some simple strategies that you can incorporate into your daily life to complete 2-3 minutes of exercise every day.

4.1	Instruct participant on how to perform the first prescribed weight-bearing exercise snacking activity. Include safety considerations (knee flexion on landing, not to perform on slippery/uneven surfaces). <input type="checkbox"/> Tick when completed
4.2	Instruct participant on how to complete the Activity Snack calendar. <input type="checkbox"/> Tick when completed
4.3	List and agree upon 2-3 strategies that the client will use to complete the daily weight-bearing activities (1-3 sets of 10-20 reps for 1 - 2 exercises) every day.
	Strategy 1:
	Strategy 2:
	Strategy 3:

Completed by (initials): \_\_\_\_\_



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## 5. Aerobic Activities

From week 17 we encourage you to incorporate 1-2 bouts of aerobic activity into your weekly schedule. Aim for 15 minutes to begin with and increase up to 45 minutes, as able. Activities may include walking, swimming, cycling, jogging or sports such as squash or basketball.

5.1 Preferred aerobic activities:

## 6. Schedule / Confirm Video Health Coaching Consultations

Together we will have 10 video consultations throughout the study using Zoom. Let's schedule / confirm the date and time of your first 2 consultations.

6.1	Week 2 consultation: Date _____ / _____ / 20_____ Time _____ : _____ AM / PM via Zoom / Phone / _____
6.2	Week 4 consultation: Date _____ / _____ / 20_____ Time _____ : _____ AM / PM via Zoom / Phone / _____

## 7. Complete Activity Agreement

What plans will be put in place to help the client adhere to the TeleFFIT program and achieve their goals? (*Plan in terms of context, frequency, time of day, days per week*)

**ACTION PLAN:** EP to summarize action plan for the daily activity snacks and 'Strong, Steady & Straight' program. This will form the basis for the exercise agreement with the client.

Photo taken (and sent to research team following session)

Copy given to client

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Comments (if needed):

## 8. Final Checklist for EPs (Tick when completed)

- Review home environment to ensure it is safe to exercise
- Explain the exercise equipment pack
- Set up adjustable dumbbells for client (and show how to adjust weights)
- Ensure that the TeleHab exercise app is installed and operating properly for your client, OR client can access program on website
- Instruct your client on how to use TeleHab and its other features.
- Check or ask if your client's internet speed/access is reliable.
- Assign your client their first exercise program and run through their program focusing on correct technique and safety.
- Discuss days / times your client plans to exercise (and set up the reminder notifications).
- Discuss with your client how they will integrate the weight-bearing 'activity snacking' activities into their daily routine and instruct them how to perform the activity.
- Explain to your client how to complete the Activity snack calendar
- Discuss with your client the importance of trying to incorporate some additional (1-2 sessions) aerobic activities (e.g., brisk walking) into their weekly schedule. Highlight that this will be encouraged from week 17 of the study.
- Schedule/confirm the 2 follow-up consultations (week 2 and 4) – if not already done
- Complete and sign TeleFFIT activity agreement (and send copy to client)

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## YOUR TELEFFIT AGREEMENT

The goals and action plan in this contract will be discussed / re-evaluated at each consultation

I, \_\_\_\_\_, commit to the TeleFFIT goals and action plan described below which were developed in consultation with my exercise practitioner. I realize that I will experience various life events which may conflict with my exercise schedule at times, but I pledge to do my best to stick to my plan.

**Goals and Action Plan:**

**Goal reached (reward):**

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**Barriers:**

**Goal supporting activities:**

\_\_\_\_\_  
Signature of EP

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature of participant

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Completed by (initials): \_\_\_\_\_

