

TeleFFIT Study – Remote (via Zoom) Consultation & Home Visit

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 > -1.0 SD)</small>	Osteopenia <small>(T-score -1.0 to < -2.5 SD)</small>	Osteoporosis <small>(T-score -2.5 to -3.0 SD)</small>	Severe Osteoporosis <small>(T-score < -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).	If yes, number _____	<input type="checkbox"/>	<input type="checkbox"/>
Minimal trauma fracture since the age of 50	Site: _____	<input type="checkbox"/>	<input type="checkbox"/>
Single leg standing balance	Held for (secs): _____	<input type="checkbox"/>	<input type="checkbox"/>
Timed Up and Go test (cut off ≥ 12 sec)	Score _____	<input type="checkbox"/>	<input type="checkbox"/>
Frailty: Robust = 0 Pre-frail = 1-2 Frail ≥3	Score _____	<input type="checkbox"/>	<input type="checkbox"/>
30-Second Sit to Stand test (“below average” scores below)	Score _____	<input type="checkbox"/>	<input type="checkbox"/>
Women Aged 60-64: <12 65-69: <11 70-79: <10 80-84: <9 85-89: <8 90 – 94: <4 Men Aged 60-64: <14 65-74: <12 75-79: <11 80-84: <10 85-89: <8 90 – 94: <7			

Additional Notes /Comments:

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Relevant past medical history:

This will be auto filled

Medications:

This will be auto filled

Completed by (initials): _____

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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



COMPLETE CLIENT'S INITIAL HOME EXERCISE PROGRAM IN TELEHAB

Completed by (initials): _____

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INITIAL CONSULTATION GUIDE (Part 1 & 2) & CHECKLIST

Exercise practitioner initials: ____	Date: ____ / ____ / ____ <small>(DD / MMM / YYYY)</small>		
1. INTRODUCTION			
<p><i>Firstly introduce yourself, provide an overview of the procedures for the appointment today.</i></p> <p>Hi my name is _____ and I will be the Exercise Physiologist/Physiotherapist looking after you through the 12-month TeleFFIT study. As you would have read, we will be in regular contact with one another throughout the study via the exercise app and email/phone. We will also meet via Zoom on 10 occasions over the next 12 months to discuss how you're going with the program, but you can contact me via the app/email/phone at any time.</p> <p>In today's session we will run through what's required for TeleFFIT, collaboratively discuss and set some goals you'd like to achieve by taking part in this study, create a plan that will help you achieve your goals and lead to a stronger, steadier and healthier body, and then we'll run through how to use the exercise app to complete your exercise program, check that you have a safe place to exercise and then undertake some of your exercises.</p>			
1.2	If needed/requested by client: Provide an overview of the TeleFFIT exercise program requirements and/or answer any client questions. <i>[NB. Participants are asked to watch 8 instructional videos (available on their website) prior to meeting with you, which explain each component of the TeleFFIT exercise program (i.e. Strong, Steady, Straight & Activity snack exercises)]</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.3	Discuss your client's health, medical and lifestyle history with them where relevant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical history/injury notes:			
1.4	Where do you plan to complete your exercise program?	<input type="checkbox"/> At home	<input type="checkbox"/> At a gym/facility

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2. SETTING GOALS

I would now like to discuss your main goals for participating in the TeleFFIT program. We have noted that you set some goals when completing the online questionnaire. I would now like us to discuss these goals, including short-term goals (for the next 2-4 weeks), medium term goals (for the next 3 months) and your long-term goals (for the 12-month program) NB. Client goals should be SMART (Specific, Measurable, Achievable, Relevant, Time-bound) and include behaviour related goals and not just outcome focused where possible.

2.1 What are your **short-term goals** for the next 2-4 weeks?

How do you expect to achieve these goals (e.g., list specific days or times you might exercise)?

2.2 What are your **medium-term goals** (e.g., for the next 3 months) with regards to the TeleFFIT exercise program? How do you expect to achieve these goals?

2.3 What are your **long-term goals** (e.g., for the 12 months) with regards to the TeleFFIT exercise program? How do you expect to achieve these goals?

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4. SETTING UP HOME ENVIRONMENT

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

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

- Clear space (at least 3m²) clear of any hazards
- Make sure a sturdy chair or tabletop/bench is within arms' reach
- Best to keep your 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

4.2 **Equipment provided (briefly explain each):**

<input type="checkbox"/> Step	<input type="checkbox"/> Theraband set
<input type="checkbox"/> Balance pad	<input type="checkbox"/> Fabric resistance band set
<input type="checkbox"/> Fitness mat	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Dumbbells (explain how to adjust weights)	

4.3 **Do you have issues with your internet connection?** Yes No

If yes, check participant's internet speed at <https://www.speedtest.net/> and advise to contact their provider. Download Mbps _____ Upload Mbps _____

Comments

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5. EXERCISE PROGRAM / TeleHab			
EP to establish how the participant will complete the main program.			
You will be completing your exercise program using an exercise training app called TeleHab.			
5.1	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
5.2	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) <input type="checkbox"/> Tick when completed		
5.3	EP to assign client their TeleHab exercise program – send email link <input type="checkbox"/> Tick when completed		
5.4	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. <input type="checkbox"/> Tick when completed		
5.5	EP to instruct client on how to use the TeleFFIT app and access their exercise program <input type="checkbox"/> How to access and complete their exercise program <input type="checkbox"/> Using the pain and rating of perceived exertion scales (EXPLAIN POSTER) <input type="checkbox"/> How to send feedback/comments to EP <input type="checkbox"/> How to use the video recording option <input type="checkbox"/> How to track progress over time <input type="checkbox"/> Instruct on other functions of TeleHab		
5.6	EP to discuss with clients if they would like a paper-based copy of the exercise program (only if ABSOLUTELY necessary, exercise app preferred). <input type="checkbox"/> Yes <input type="checkbox"/> No		
5.7	For your main exercise program, you have the option to personalize how you would like to complete it (in terms of what days each week). How would you like to structure your exercise program and what time of the day are you planning to complete your exercise sessions? ----- ----- ----- ----- ----- -----		

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6.3	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:

7. 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.	
7.1	Preferred aerobic activities:

Completed by (initials): _____

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8. 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.

8.1	<p>Week 2 consultation: Date _____ / _____ / 20_____</p> <p>Time _____ : _____ AM / PM via Zoom / Phone / _____</p>
8.2	<p>Week 4 consultation: Date _____ / _____ / 20_____</p> <p>Time _____ : _____ AM / PM via Zoom / Phone / _____</p>
8.3	<p>Run participant through using Email/Zoom/Phone/App to:</p> <p><input type="checkbox"/> Contact their EP throughout program</p> <p><input type="checkbox"/> Video calls with their EP/Dietitian</p>

9. 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

Comments (if needed):

Completed by (initials): _____

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10. Final Checklist for EPs (Tick when completed)

- Collaboratively define your clients short and long-term exercise goals using SMART principles.
- Review potential barriers & facilitators to exercise participation & discuss strategies to overcome them.
- Review home environment to ensure it is safe to exercise
- Explain the exercise equipment pack
- Show how to adjust weights on dumbbell
- 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 two follow-up consultations (week 2 and 4)
- Complete and sign TeleFFIT activity agreement (and give copy to client)

Completed by (initials): _____

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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): _____

