

Digital Tools Case Study

Quick intro to yourself and any contact details you're happy to share ...

I'm James Stanton, I work as a clinical specialist for the Oldham Adult MSK physiotherapy service.

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What physio services do you provide? (e.g. specialty, conditions, location, patient demographics)

We are a community based Adult MSK outpatient service. We accept referrals directly via self-referral (online and paper), GP's, Specialist MSK Community Orthopedic service, out of area orthopedic consultants and midwives.

We accept referral for patients suffering with the following:

- All soft tissue injuries, sprains, strains or sports injuries
- Arthritis – any joint
- Possible problems with muscles, ligaments, tendons or bone, eg tennis elbow, ankle sprain
- Spinal pain including lower back pain, mid-back pain and neck pain
- Spinal-related pain in arms or legs, including nerve symptoms, eg pins and needles or numbness
- Post-orthopedic surgery (if out of area)
- Motion provoked dizziness
- Facial palsy

We are based in Oldham and work from a 3 locations within the borough, Werneth (WPCC), Saddleworth and Oldham Centre (ICC).

What tools are you using to deliver your physio services digitally?

We utilise telephone and video consultation (accuRx) for patients.

We use MS teams for team meetings.

We use Facebook to deliver private groups online. This includes the back in action, shoulder, lower limb, OA groups. Patients who are deemed appropriate get directed to registering for the online facebook group. The admin team then accept ONLY patients who have been referred (physio input names onto an excel spreadsheet). The patient then has access to the online group here they can ask questions and get answers from the physiotherapist who normally runs the F2F class.

We also use Twitter to advertise what our service is offering. We have a website with some online resources (this needs updating- we're awaiting a new trust wide website before we do this).

We use physiotools to electronically send out exercise via videos and images. We have also uploaded all our specific exercises onto the physio tools platform.

Our interpreter service is now available remotely by using either a three way video consultation or the interpreter phone line for a three way phone call.

How have these services replaced face to face contact?

The facebook classes have been used instead of F2F classes during COVID working. We plan to continue to use remote services for patients who find it difficult to attend the clinics we have available. For patients screened as needing minimal intervention we will attempt to use remote consultation to provide advice and education. This further reduces the medicalisation of their problem.

What is the clinician's experience of using the digital tools?

It's a great online resource to have access to when F2F contact isn't available. It will also be a great resource to have for patients waiting to go into the class when F2F appointments resume. Or for patients who can't attend the class due to working or other commitments.

Took a lot of effort/time to develop and edit the videos to look professional, but well worth it in the end.

Physiotools has a wide variety of exercise- but it's a bit prescriptive. We now have videos of all the exercise we may want to use available in video format.

Patients without access to a smartphone / web cam / internet access do miss out on the available online material. So we have found posting out information works well for this group.

Do you have any patient feedback on digital physio service offer?

Survey Monkey feedback report: Currently sample size is low for this but we are pushing responses:

Was the level of exercise suitable for you: yes (100%)

Has the class enabled you to achieve your goals: Yes (80%) No (20%)

Overall how satisfied are you with the Facebook group? 4.6/5 Rating

Any top tips to others exploring using digital tools in physio services?

Invest in time to develop to resources, it will save time for patients in the long run. Share your work so others can benefit from the ideas. I'm sure there are loads of excellent resources everyone has been busy away developing and potentially duplicating them, it would be really helpful if the CSP invested resource to develop online platforms for all physio departments to use and standardize resource material. i.e. Simple back in action classes / OA classes...

There are a number of resources out there- but feel if they were under roof and standardized would be really helpful. The general exercises for LBP, Knee pain the CSP produced were excellent.