



Frailty Collaborative: Seated Activity Groups

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Our Aim

One hour face to face, group activity classes for frail patients with a focus on patients with a CFS of 5 and 6





*Don't worry – we
haven't tried to
reinvent the wheel...*

GIRFT Report

“People scoring 5 and 6 on the Clinical Frailty Scale (CFS) face the greatest immediate risk of deconditioning, and should be regularly monitored during their admission. If these patients progress to a CFS score of 7 or 8, they are becoming severely frail and may need high levels of resource and often have extended stays in hospital.”





GIRFT (2021), page 51



Clinical Frailty Scale

- A score that ranges from 1-9
- Requires thorough MDT assessment to accurately score
- Has been found to be a reliable predictor of outcomes

CLINICAL FRAILITY SCALE

	1	VERY FIT	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
	2	FIT	People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g., seasonally.
	3	MANAGING WELL	People whose medical problems are well controlled, even if occasionally symptomatic, but often are not regularly active beyond routine walking.
	4	LIVING WITH VERY MILD FRAILITY	Previously "vulnerable," this category marks early transition from complete independence. While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up" and/or being tired during the day.
	5	LIVING WITH MILD FRAILITY	People who often have more evident slowing, and need help with high order instrumental activities of daily living (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.



6

LIVING WITH MODERATE FRAILITY

People who need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.



7

LIVING WITH SEVERE FRAILITY

Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).



8

LIVING WITH VERY SEVERE FRAILITY

Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness.



9

TERMINALLY ILL

Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise living with severe frailty. (Many terminally ill people can still exercise until very close to death.)

SCORING FRAILITY IN PEOPLE WITH DEMENTIA

The degree of frailty generally corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting. In severe dementia, they cannot do personal care without help. In very severe dementia they are often bedfast. Many are virtually mute.



DALHOUSIE UNIVERSITY

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Clinical Frailty Scale ©2005-2020 Rockwood, Version 2.0 (EN). All rights reserved. For permission: www.geriatricmedicine.ca
Rockwood K et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

Seated Activity Group

- We currently have groups that run on a Tuesday and a Friday
- The groups run from 11am-12pm
- Should be scoring less than 3 on their NEWS
- We identify any nutritional requirements
- The groups include transferring from the wards, a seated exercise session and social interaction with tea and biscuits
- We take ask for the patients mood before and after
- We have started to take the patients grip strength on admission and discharge from the ward

The Exercises

Warm up: (warm up stretches with CV element to raise HR slightly)

Stretches:

Reaching up to the ceiling

Reaching down towards your feet

Reaching down to either side of chair

Shoulder taps (bicep curls)

Shoulder shrugs

Shoulder rolls forwards and backwards

Wrist rotations

Ankle Rotations

CV seated march (approx. 2 minutes) can include arms too in either forwards / backwards motion (as though marching) or clapping hands or reaching up to the ceiling in a shoulder press fashion.

Main session: (advanced with brackets too)

- Toe taps x10 (+ with arm pointing at toes)
- Heel raises x10 (+ with arm raises to the ceiling)
- Seated knee extensions x10 (+ with 3-5 seconds holds)
- Seated hip abduction x10 (+ with single arm shoulder abduction too)
- Seated arm raises x10
- Seated lateral arm raises x10 (one at a time or two together)
- Pelvic tilts x10
- Glute squeeze x 10
- Arm circles smaller/ bigger x10
- Punching arm to the ceiling with opposite leg extension x10

Cool Down:

Neck stretches: side flexion/ rotation/ extension/ flexion

Shoulder rolls forwards and backwards

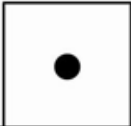
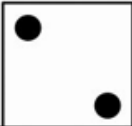

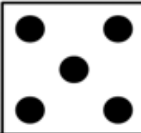
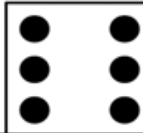
Reaching forwards towards feet

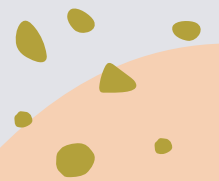
Reaching down either side of the chair to the floor

Knee extension with foot in dorsiflexed position

Relaxed breathing

Social Interaction

					
What is your favourite song/ singer	Tell us about your best holiday	Tell us about school	What did you enjoy watching?	What did you enjoy at school?	Name a favourite thing
Tell us about a special memory	What did you enjoy eating?	Tell us about a book you read	Who was/is your best friend?	What is your favourite film?	Something I appreciate is.....
Tell us about your family	Where did you grow up?	Do you have any siblings?	What is your favourite pet and why?	What makes you happy?	What shops do you like?
Ask the person next to you a question	What jobs have you had?	Do you have any beliefs?	What did you spend your first wages on?	Name something good about getting older	What makes you sad?
What hobbies have you enjoyed?	What is a childhood game you played?	Name something you dislike	Sing a song	A person's best quality is.....	Something you wish you had done



The Process



Feedback

Patient was keen to attend but was worried he would miss his wife visiting, reassured patient and ensured his wife would be told and directed to where he was.

Patient's wife joined the group at the end, **she commented that since coming into hospital her husband hasn't spoken all that much but was pleased patient was joining in with the conversations and even initiating them.**

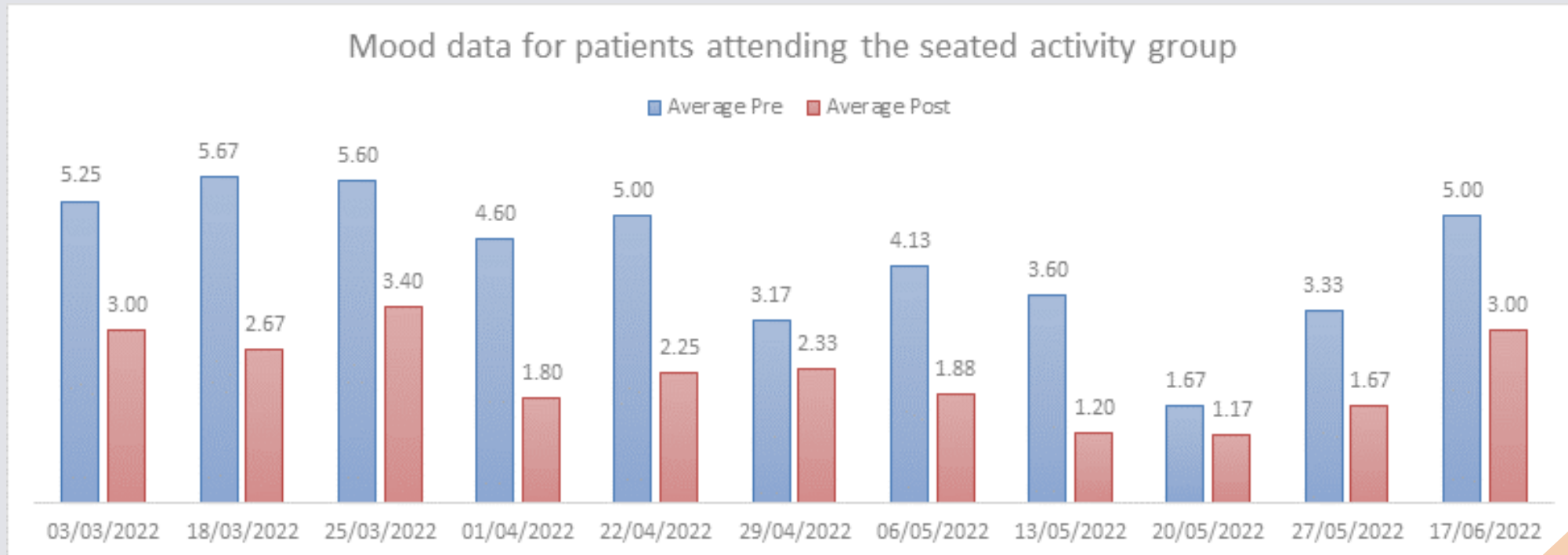
On returning to the ward, **patient was very chatty** and complementary of the exercise class.



Data Collection

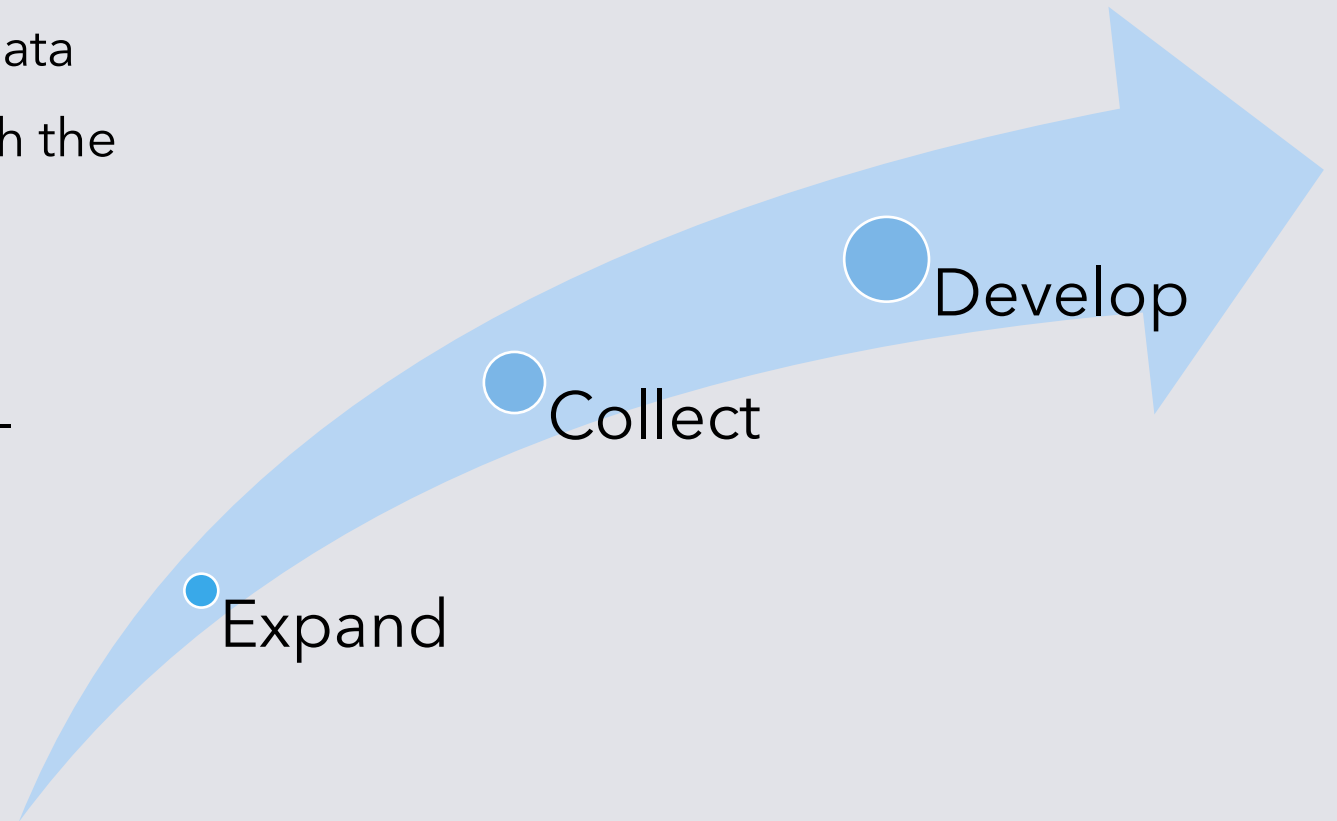
- 89% of patients would like to attend similar classes in the community
- There has been a very small correlation with improved grip strength on discharge and patients who attend the group
- Patients who attended the group reported an average improvement in mood of 2 (when using the scale of 1-10)

	Relaxed					Anxious				
Pre	1	2	3	4	5	6	7	8	9	10
<u>Post</u>	1	2	3	4	5	6	7	8	9	10



Ongoing Efforts

- Expanding to other ACM wards
- Continue to gain grip strength data
- Developing community links with the Health Improvement Officer to continue participation in the community
- Identify a consistent and easy-to-complete outcome measure to support the service



Any Questions?



Thank you

