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Retraining Protocol Sprint

François Dubé, Marie-Michèle Côté, Andréanne Juneau et Philippe Nguyen
Institut universitaire de gériatrie de Montréal

AFFILIÉ À
Université de Montréal

Authors of the Sprint Retraining Protocol

Andréanne Juneau
MSc Candidate, Physiotherapy, Université de Montréal

Marie-Michèle Côté
MSc Candidate, Physiotherapy, Université de Montréal

François Dubé
Physiotherapist, MSc, Institut universitaire de gériatrie de Montréal

Philippe Nguyen
Physiotherapist, Institut universitaire de gériatrie de Montréal

Document authors

Marie-Michèle Côté
François Dubé

Authors contact

physiotherapie.iugm@ssss.gouv.qc.ca
514-340-2800, ext. 3518

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4565, chemin Queen-Mary
Montréal, Québec H3W 1W5
514-340-2800
communication.iugm@ssss.gouv.qc.ca

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Preface

This document is the result of the collaboration of two physiotherapists (François Dubé and Philippe Nguyen) and two physiotherapy students (Andréanne Juneau and Marie-Michèle Côté) as part of a clinical project during the summer of 2012 at the Institut universitaire de gériatrie de Montréal (IUGM). This project was directed by François Dubé in collaboration with Philippe Nguyen.

The goal of the project was to conduct a literature review on deconditioning and develop an interdisciplinary protocol to prevent deconditioning or facilitate the retraining of hospitalized patients in collaboration with families and care staff. The project was initially reviewed and approved by the co-administrators of the short-stay geriatric assessment unit (GAU) of the IUGM.

Acknowledgements

The authors thank Christine Kaegi for the English translation and Mary-Grace Paniconi for reviewing the manuscript. We also want to acknowledge the interdisciplinary team of the GAU of the IUGM and the members of the Physiotherapy Department of the IUGM, especially Paola Campana, for the development of the protocol.

Introduction

Deconditioning affects 30% to 50% of older hospitalized patients (Jones et al., 2006). Decreased mobilization and prolonged bed confinement lead to harmful effects. These effects include a loss of muscle strength and a functional decline (Kergoat et al., 2011). Although these effects are generally reversible, there can be a negative impact on the older person's independence.

In a systematic review, Kortebein (2009) reports several definitions of deconditioning in the literature. Some authors define this term as a loss of physical strength due to an incapacity to maintain an optimal level of physical activity. Others define it as multiple changes in the physiology of different organs induced by inactivity and that are reversible by activity. According to Kortebein (2009), deconditioning is used clinically to denote a significant decline in function and is the result of a cumulative multifactorial phenomenon. As mentioned by Buschbacher and Porter (2000), the term deconditioning syndrome should be used since complications due to immobilisation are involved.

Grant, Dall and Kerr (2011) compared the number of sit-to-stand transfers in an older population hospitalized in a rehabilitation unit with that of older adults living in the community. They report a significant decrease in the number of sit-to-stand movements performed during a single day in the rehabilitation units. The use of an exercise program that includes daily sit-to-stand transfers could help people regain independence (Grant et al., 2011).

A study examined factors that motivate older hospitalized adults to exercise. One motivational factor was encouragement from the health care team, which reflects the importance of health promotion among this population. Conversely, the lack of support from health care professionals constitutes a barrier to exercise (So and Pierluissi, 2012).

In a systematic review, de Morton, Keating and Jeffs (2009) report that for older adults hospitalized in a medical ward, a multidisciplinary treatment program that includes an exercise program can increase the percentage of patients who go home. This type of program can also reduce the length of stay and the costs related to hospitalization. In a randomized clinical trial of 180 older adults of 65 years and over hospitalized in acute care, Jones et al. (2006) report a significant improvement in the Timed Up and Go test following two daily 30-minute sessions as part of a mobility and strengthening program.

In the "Adapted Health Care Approach for Older Adults in Quebec Hospital Centres," Kergoat et al. (2011) recommend getting patients moving around right away and on a constant basis during hospitalization to prevent the harmful effects of deconditioning. It is therefore important for family members, as well as care staff, to encourage the person to get up and safely move around every day to facilitate retraining.

Goal of the Protocol

The SPRINT (Spécifique au Réentraînement en INTerdisciplinarité) Retraining Protocol was created to prevent deconditioning in older hospitalized adults or to facilitate their retraining. The objective of the protocol is to involve these individuals, their families, and each care staff member. The protocol was developed specifically for the short-stay geriatric assessment unit (GAU) of the IUGM. It can be implemented in other hospital settings or in different types of wards, such as acute care units.

User Guide

Protocol description

The SPRINT Protocol consists of four categories that represent different levels of mobility. Each category is colour coded so as not to discriminate. The mobility classification of Jones et al. (2006) inspired the categories of this protocol. Each category includes an exercise that can be supervised by family members or care staff. Some categories also include a second exercise that must be supervised, for safety reasons, by a qualified staff member (e.g., a doctor, physiotherapist, or occupational therapist) as these exercises involve a greater risk of trauma or falls. Illustrations are used to explain the exercises. Pamphlets are available to explain the protocol to family members and other care staff members. A worksheet posted near the bed is completed by family members and staff and is used to document the exercises done by the hospitalized person. The exercises can be done several times a day depending on the person's endurance.

Roles of the physiotherapist*

The physiotherapist is in charge of the protocol and its implementation in the care unit. The protocol is administered to hospitalized adults who have been selected by the physiotherapist. Following an evaluation, the physiotherapist categorizes patients according to their level of deconditioning. It is also the physiotherapist's role to present the protocol to the members of the interdisciplinary team, the patients and their families. Finally, he or she must regularly compile the exercises that have been done. The physiotherapist ensures that the individuals undergoing this therapy are medically able to tolerate the exercises.

**In Quebec, two professionals can practise physiotherapy: physiotherapists (PT) and physical rehabilitation therapists (PRT). The term "physiotherapist" is used in this text to designate both professions. It is the responsibility of PRT to obtain the information required by current regulations to treat patients.*

Procedure

Patients are put into one of four exercise categories according to their level of physical activity. The assigned SPRINT category is based on a physiotherapy evaluation. It is therefore recommended that up to five of the following elements be evaluated:

1. Lie-to-sit transfer
2. Sit-to-stand transfer, with or without assistance of the upper limbs
3. Sitting and standing balance (static and dynamic)
4. Gait
5. Use of stairs

Before prescribing the SPRINT protocol to a hospitalized person, the physiotherapist must ensure:

1. That the person is medically stable and able to tolerate the exercises in the prescribed category.
2. That the family members and care staff are able to help the person safely perform the prescribed exercises.

This evaluation allows the physiotherapist to assign a person to the appropriate category for optimal retraining. The physiotherapist's clinical judgement is essential to ensure the safety of not only the person but also family members and care staff during the exercises.

All exercises can be done several times a day and are written down on the worksheet beside the person's bed (see Appendices 1 to 4).

The family member or caregiver must complete the worksheet to document the exercises done by the hospitalized person. The worksheet was designed to be used with a clipboard hung on a hook on the wall or a cabinet.

A small coloured sign representing the determined category should be in the person's room. The sign is placed on the wall near the person and must be clearly visible to indicate to care staff and the family that the person is participating in the protocol. Icons on the sign illustrate the exercises to be done. The same icons are found on the clipboard along with the worksheet (see photo on page 8).

The protocol includes four pamphlets that explain each category (see Appendices). The pamphlet should be given to the hospitalized person and the family. This pamphlet explains the protocol, gives a definition of deconditioning, and explains the exercises. The pamphlet contains the same icons found on the coloured signs. The pamphlet can also be used to promote the SPRINT protocol and make care staff aware of the important issue of functional decline.

In summary...

Each category contains one or two specific exercises, a worksheet, a pamphlet and two coloured signs. The worksheets and one of the signs should be fastened to a clipboard and hung on the wall. A pen should also be supplied and attached to the clipboard to make it easier to document the exercises.

Collaboration with the family and care staff

It is essential that everyone who visits or sees the hospitalized person (at bedside) is aware of the risks of immobilization and the role that each person can play in preventing deconditioning. The SPRINT protocol's effectiveness relies on the participation of the family and all care staff or anyone else who conducts bedside visits or consultations (patient care attendants, nursing assistants, nurses, doctors and medical residents, pharmacists, social workers, speech therapists, respiratory therapists, dieticians, occupational therapists, physiotherapists, neuropsychologists, students or volunteers). The exercises can be done several times a day depending on the person's endurance.

Warning

The pamphlet clearly specifies that a nurse should be consulted before the exercises are initiated to ensure that the person is medically able to perform them. The family, as well as all care staff who apply the protocol, should be aware of this prerequisite to the exercises.

CATEGORY 1
Red

General characteristics of target population for this category:

- Major limitations with transfers and walking
- Confined to bed daily for prolonged periods

Exercise:

The person takes the seated position.

Instructions to helpers:

- Supervision: family and all care staff
- Frequency/duration: several times a day for a minimum of 3 hours
- Indicate on the worksheet:
  - Date
  - Your initials and role on the team
  - Time the person was transferred to the chair
  - Time the person was transferred to bed
  - Duration of time in the chair

CATEGORY 2
Orange

General characteristics of target population for this category:

- Able to transfer and walk with help or supervision
- Confined to bed or chair daily for prolonged periods

Exercise 1:

The person transfers from sitting to standing using the upper limbs (on the arm rests).

Instructions to helpers:

- Supervision: family and all care staff
- Intensity: two sets of 12 repetitions maximum
- Indicate on the worksheet:
  - Date
  - Your initials and your role on the team
  - Time at which the exercise was done
  - Number of repetitions for each set

Exercise 2:

The person maintains the static standing position.

Instructions to helpers:

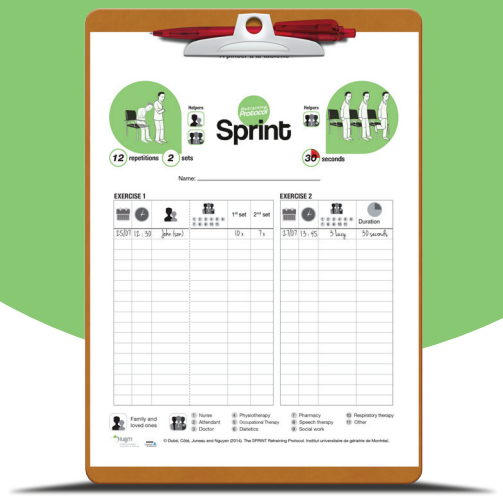
- Supervision: only by qualified care staff (e.g., doctor or physiotherapist)
- Duration: maximum of two minutes
- Indicate on the worksheet:
  - Date
  - Your initials and your role on the team
  - Time at which the exercise was done
  - Length of time in standing position

Advice:

Initially offer physical support and then let the person stand on his or her own (if possible).

Important!

Ensure the person's safety at all times.



CATEGORY 3
Green

General characteristics of target population for this category:

- Able to transfer and walk with supervision or independently
- Confined to bed or chair daily for prolonged periods

Exercise 1:

The person transfers from sitting to standing without using the upper limbs (without the arm rests).

Instructions to helpers:

- Supervision: family and all care staff
- Intensity: two sets of 12 repetitions maximum
- Indicate on the worksheet:
  - Date
  - Your initials and your role on the team
  - Time at which the exercise was done
  - Number of repetitions in each set

Exercise 2:

The person maintains the static standing position (advanced level).

Instructions to helpers:

- Supervision: only by qualified care staff (e.g., doctor or physiotherapist)
- Duration: maximum of 30 seconds for each position
- Indicate on the worksheet:
  - Date
  - Your initials and your role on the team
  - Time at which the exercise was done
  - Duration of the standing position

Advice:

Initially offer physical support and then let the person stand on his or her own. Continue with more exercises according to the person's abilities:

- Movements of the upper limbs and head
- Eyes open / eyes closed
- Standing on one leg, tandem stance
- Reaching forwards and sideways

Important!

Ensure the person's safety at all times.

CATEGORY 4
Blue

General characteristics of target population for this category:

- Able to transfer, walk (with or without an assistive device) and go up and down stairs (with or without supervision)
- Requires stimulation or encouragement to walk around the unit

Exercise 1:

Helpers encourage the person to walk around the unit.

Instructions to helpers:

- Supervision: family and all care staff
- Frequency: minimum of three times a day
- Indicate on the worksheet:
  - Date
  - Your initials and your role on the team
  - Time at which the exercise was done
  - Walking time or distance (approximately)

Important!

Ensure that the person uses an assistive device (if necessary).

Exercise 2:

The person goes up and down stairs (using or without using the handrail).

Instructions to helpers:

- Supervision: only by qualified care staff (e.g., occupational therapist or physiotherapist)
- Indicate on the worksheet:
  - Date
  - Your initials and your role on the team
  - Number of steps the person went up or down

Advice:

Suggest using the handrail if needed.

Important!

Ensure that you are aware of the person's condition before recommending the appropriate stair-climbing pattern (alternating or non-alternating).

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Appendices – Printable Documents

The following instructions will help you print the supplementary documents for the SPRINT Retraining Protocol.

We suggest laminating the coloured signs to make them easier to use.

Red Category

Worksheet	Pamphlet	Coloured signs
▪ Pages 15-16	▪ Pages 17-18	▪ Page 19

Orange Category

Worksheet	Pamphlet	Coloured signs
▪ Pages 21-22	▪ Pages 23-24	▪ Page 25

Green Category

Worksheet	Pamphlet	Coloured signs
▪ Pages 27-28	▪ Pages 29-30	▪ Page 31

Blue Category

Worksheet	Pamphlet	Coloured signs
▪ Pages 33-34	▪ Pages 35-36	▪ Page 37

- Attach here -

3 hours a day

Helpers

Retraining Protocol

Sprint

Name: _____

POSITIONED IN CHAIR

			1 2 3 4 5 6 7 8 9 10 11	
25/07	11:45	John (son)		

POSITIONED IN BED

			1 2 3 4 5 6 7 8 9 10 11	Total sitting time
25/07	13:15		2 Mary	90 min

Family and loved ones

1 Nurse
2 Attendant
3 Doctor
4 Physiotherapy
5 Occupational Therapy
6 Dietetics
7 Pharmacy
8 Speech therapy
9 Social work
10 Respiratory therapy
11 Other

- Attach here -

3 hours a day

Helpers

Retraining Protocol

Sprint

Name: _____

POSITIONED IN CHAIR

			1 2 3 4 5 6 7 8 9 10 11	
25/07	11:45	John (son)		

POSITIONED IN BED

			1 2 3 4 5 6 7 8 9 10 11	Total sitting time
25/07	13:15		2 Mary	90 min

Family and loved ones

1 Nurse
2 Attendant
3 Doctor
4 Physiotherapy
5 Occupational Therapy
6 Dietetics
7 Pharmacy
8 Speech therapy
9 Social work
10 Respiratory therapy
11 Other

DECONDITIONING

Deconditioning affects 30% to 50% of older hospitalized patients and causes harmful effects from decreased mobilization and prolonged bed confinement.

This results in a loss of muscle strength and a functional decline, which have a negative impact on the older person's independence. These effects are generally reversible.

EACH WEEK OF IMMOBILIZATION REQUIRES THREE WEEKS OF RECUPERATION.

The SPRINT Retraining Protocol was designed to prevent the deconditioning of hospitalized patients with the help of family members, loved ones, and care staff.

YOUR ROLE IN RETRAINING WITH THE SPRINT PROTOCOL

Encourage the person to do the activity described in this pamphlet every day to facilitate retraining.

A worksheet next to the person's bed serves as a reminder of the activity that you can suggest. You are encouraged to make note of the results.

Retraining Protocol

Sprint

PREVENTING THE DECONDITIONING OF HOSPITALIZED PATIENTS...

YOU HAVE A ROLE TO PLAY!

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SOME PRECAUTIONS BEFORE BEGINNING

Remember that the person must be able to tolerate the exercises. Encourage without forcing.

When transferring the person, be particularly careful of the risk of falling. Ask for help if needed.

Even though physical activity is recommended, it does pose certain risks. Before encouraging physical effort, ask the nurse about the person's medical condition.

BY WHOM?

Can be supervised by the family, loved ones, and care staff.

HOW?

Encourage the person to sit in a chair. If the person is unable to move on his or her own, help with the transfer or ask for help from staff.

WHERE?

The person can sit in an armchair, wheel-chair or chair.

INDICATE ON THE WORKSHEET:

- Date
- Your initials and your role on the team
- Time at which the person was transferred to the chair
- Time at which the person was transferred to bed
- Length of time sitting

HOW MANY TIMES?

The goal of this exercise is to have the person sit for at least 3 hours a day.

ADVICE

If possible, have the person sit in a chair for meals. This will make it easier to reach a total of 3 hours a day.

- Attach here -

3 hours a day

Helpers

Retraining Protocol

Sprint

- Attach here -

3 hours a day

Helpers

Retraining Protocol

Sprint

- Attach here -

3 hours a day

Helpers

Retraining Protocol

Sprint

- Attach here -

Helpers

Retraining Protocol

Sprint

Helpers

12 repetitions **2** sets

2 minutes

Name: _____

EXERCISE 1

				1st set	2nd set
			1 2 3 4 5 6 7 8 9 10 11		
25/07	12:30	John (son)		10 x	7 x

EXERCISE 2

			Duration
		1 2 3 4 5 6 7 8 9 10 11	
27/07	13:45	5 Mary	30 seconds

Family and loved ones

1 Nurse
2 Attendant
3 Doctor
4 Physiotherapy
5 Occupational Therapy
6 Dietetics
7 Pharmacy
8 Speech therapy
9 Social work
10 Respiratory therapy
11 Other

- Attach here -

Helpers

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YOUR ROLE IN RETRAINING WITH THE SPRINT PROTOCOL

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A worksheet next to the person's bed serves as a reminder of the activity that you can suggest. You are encouraged to make note of the results.

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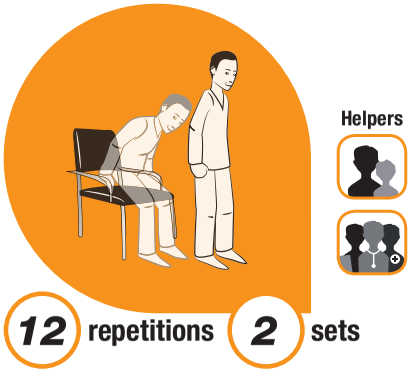
Remember that the person must be able to tolerate the exercises. Encourage without forcing.

Be particularly careful of the risk of falling when you do this exercise. Ask for help if needed.

Even though physical activity is recommended, it does pose certain risks. Before encouraging physical effort, ask the nurse about the person's medical condition.



BY WHOM?
Can be supervised by the family, loved ones, and care staff.

HOW?
The person must sit in a chair with armrests. Ask the person to stand and then sit as many times as possible, up to a maximum of 12 repetitions. Take a break and then do the second set.

Encourage the person to place his or her hands on the armrests to stand up and sit down.

WHERE?
The exercise can be done in the hospital room, dining room or corridor.

INDICATE ON THE WORKSHEET:
- Date
- Your initials and your role on the team
- Time at which the exercise was done
- Number of repetitions in each set

BY WHOM?
For safety reasons, exercise 2 should be supervised by a qualified health professional (e.g., doctor or physiotherapist).

HOW?
Ask the person to stand, without support, for as long as possible and up to a maximum of two minutes.

INDICATE ON THE WORKSHEET:
- Date
- Your initials and your role on the team
- Time at which the exercise was done
- Length of time standing

- Attach here -

Helpers

Retraining Protocol

Sprint

Helpers

12 repetitions **2** sets

2 minutes

- Attach here -

Helpers

Retraining Protocol

Sprint

Helpers

12 repetitions **2** sets

2 minutes

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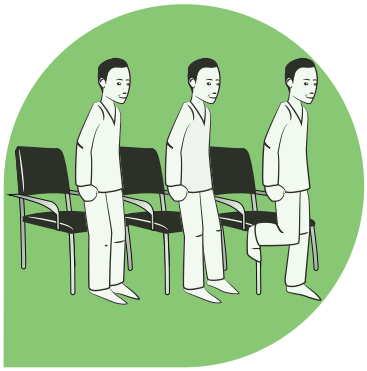

12 repetitions **2** sets

30 seconds

Name: _____

EXERCISE 1

				1st set	2nd set
			1 2 3 4 5 6 7 8 9 10 11		
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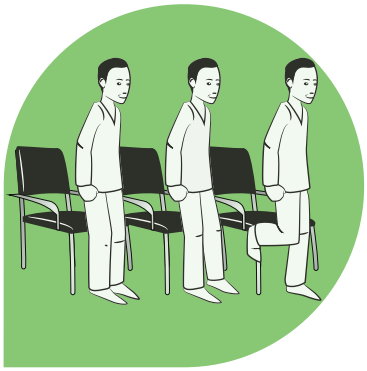

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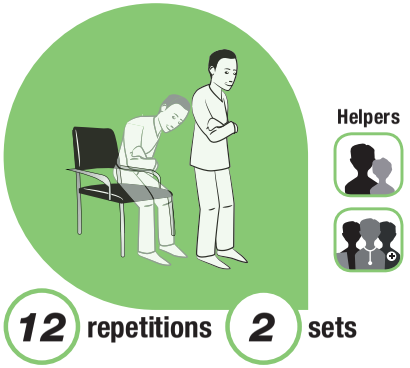


BY WHOM?

Can be supervised by the family, loved ones, and care staff.

HOW?

The person must sit in a chair. Ask the person to stand and then sit as many times as possible, up to a maximum of 12 repetitions. Take a break and then do the second set.

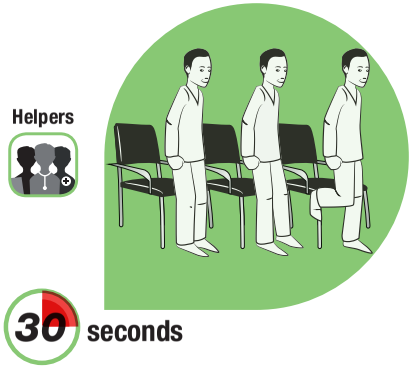
Encourage the person to cross their arms or place their hands on their knees to avoid using the armrests of the chair to stand or sit.

WHERE?

The exercise can be done in the hospital room, dining room or corridor.

INDICATE ON THE WORKSHEET:

- Date
- Your initials and your role on the team
- Time at which the exercise was done
- Number of repetitions in each set



BY WHOM?

For safety reasons, exercise 2 should be supervised by a qualified health professional (e.g., doctor or physiotherapist).

How?

Ask the person to stand without support for as long as possible and up to a maximum of 30 seconds for each position. Several repetitions can be done by increasing the difficulty of the exercise (movements of the upper limbs and the head; eyes open and eyes closed; standing on one leg; standing tandem; and reaching forwards and sideways).

INDICATE ON THE WORKSHEET:

- Date
- Your initials and your role on the team
- Time at which the exercise was done
- Length of time standing

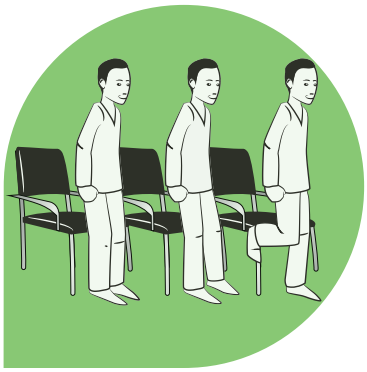
- Attach here -

Helpers

Retraining Protocol

Sprint

Helpers



12 repetitions 2 sets

30 seconds

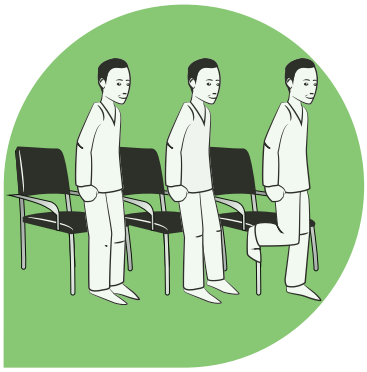
- Attach here -

Helpers

Retraining Protocol

Sprint

Helpers



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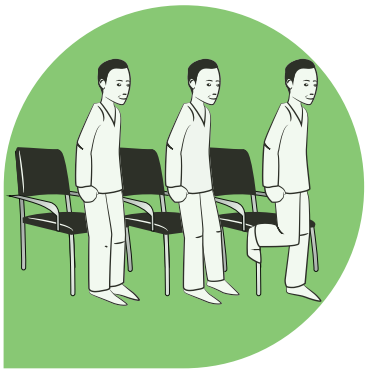

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30 seconds

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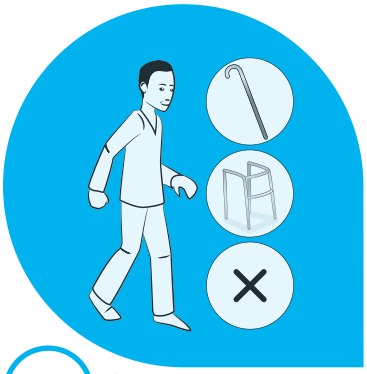


3 times a day

Helpers

Retraining Protocol

Sprint

Helpers

Name: _____

EXERCISE 1

			1 2 3 4 5 6 7 8 9 10 11	Walking time or distance
25/07	14:30	John (son)		5 minutes

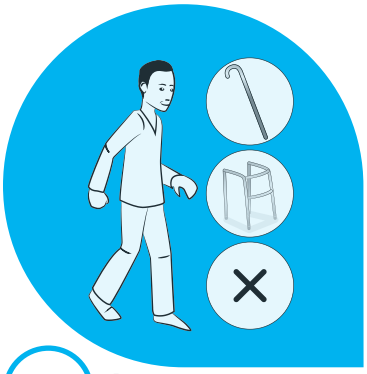
EXERCISE 2

			1 2 3 4 5 6 7 8 9 10 11	Number of steps ↑ ↓
27/07	13:45	4 Christine		12

Family and loved ones

1 Nurse
2 Attendant
3 Doctor
4 Physiotherapy
5 Occupational Therapy
6 Dietetics
7 Pharmacy
8 Speech therapy
9 Social work
10 Respiratory therapy
11 Other

- Attach here -



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DECONDITIONING

Deconditioning affects 30% to 50% of older hospitalized patients and causes harmful effects from decreased mobilization and prolonged bed confinement.

This results in a loss of muscle strength and a functional decline, which have a negative impact on the older person's independence. These effects are generally reversible.

EACH WEEK OF IMMOBILIZATION REQUIRES THREE WEEKS OF RECUPERATION.

The SPRINT Retraining Protocol was designed to prevent the deconditioning of hospitalized patients with the help of family members, loved ones, and care staff.

YOUR ROLE IN RETRAINING WITH THE SPRINT PROTOCOL

Encourage the person to do the activity described in this pamphlet every day to facilitate retraining.

A worksheet next to the person's bed serves as a reminder of the activity that you can suggest. You are encouraged to make note of the results.

Retraining Protocol Sprint

PREVENTING THE DECONDITIONING OF HOSPITALIZED PATIENTS...

YOU HAVE A ROLE TO PLAY!

iugm
Institut universitaire de gériatrie de Montréal

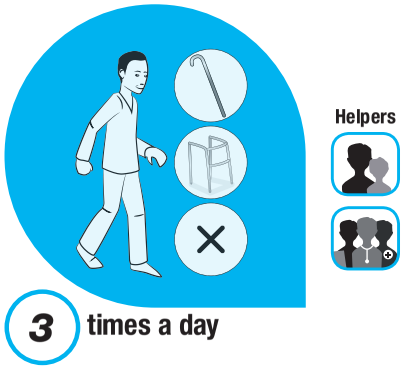
AFFILIÉ À
Université de Montréal

SOME PRECAUTIONS BEFORE BEGINNING

Remember that the person must be able to tolerate the exercises. Encourage without forcing.

Be particularly careful of the risk of falling when you do this exercise. Ask for help if needed.

Even though physical activity is recommended, it does pose certain risks. Before encouraging physical effort, ask the nurse about the person's medical condition.



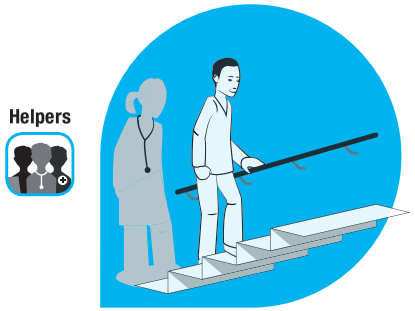
BY WHOM?
Can be supervised by the family, loved ones, and care staff.

HOW?
Encourage the person to walk at least three times a day.

WHERE?
Walking can be done in the hospital room or the hallway, on the way to the dining room, to the bathroom, etc.

INDICATE ON THE WORKSHEET:
- Date
- Your initials and your role on the team
- Time at which the exercise was done
- Walking time or distance (approximately)

IMPORTANT!
Ensure that the person uses an assistive device (if necessary).



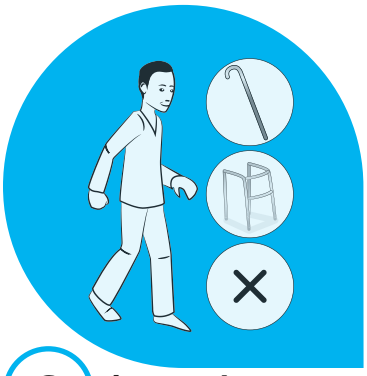
BY WHOM?
For safety reasons, exercise 2 should be supervised by a qualified health professional (e.g., occupational therapist or physiotherapist).

HOW?
Help the person go up and down the stairs.

INDICATE ON THE WORKSHEET:
- Date
- Your initials and your role on the team
- Number of steps the person goes up and down

IMPORTANT!
Ensure that you are aware of the person's condition before recommending the appropriate stair-climbing pattern (alternating or non-alternating).

- Attach here -



3 times a day

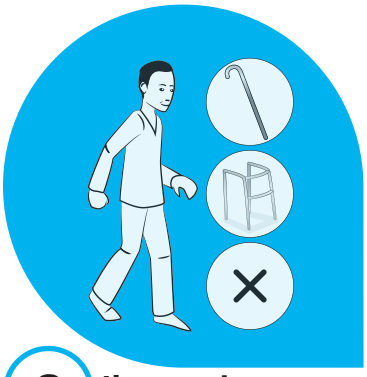
Helpers

Retraining Protocol

Sprint

Helpers

- Attach here -



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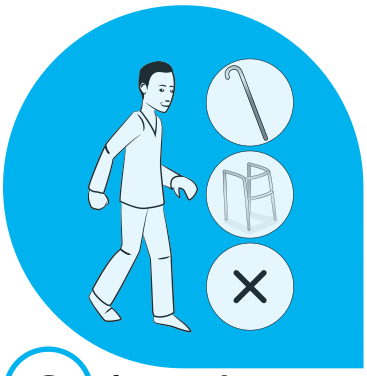

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