

Norrbottnen, Sweden: Shoulder rehabilitation via distance technology

Part 1: General Information

Publication on EIP on AHA Portal	Yes
Copyright	Yes
Verification of the Good Practice	No
Evaluation of the Good Practice	Yes
Type of the Good Practice	Good practice

Part 2: Description of the Good Practice

Name of the Good Practice	Shoulder rehabilitation via distance technology
Short name (Acronym)	SRD
URL of the Good Practice	www.nll.se
Geographical scope	Regional level
Country	Sweden
Region(s) involved	Norrbottnen
Status of the Good Practice	On-going
Stakeholders involved	<ul style="list-style-type: none"> • Hospitals • Primary care centres • Specialised physicians • Other (Patients at home)
Size of population covered	100-249
Targeted audience	Irrelevant
Summary of the Good Practice	
<p>In our part of the country some people live far away from a physiotherapist, and may not have the ability to travel far. In those cases we use distance technique, after for example shoulder surgery, in order to give equal rehabilitation to every patient. We have used this method for some years.</p> <p>The patient is at home with a computer or an iPad and meet the PT at the hospital via distance technique. The PT and patient can see and talk to each other while exercising.</p> <p>The communication programme is safe and the secrecy is maintained.</p>	
Key words: shoulder, rehabilitation, distance	
Good practice being part of the larger programme	
No.	

<p>Challenges / problems addressed by the good practice</p> <p>Long distance between patient and physiotherapist, or disability for the patient to leave home (caused by other diseases).</p>
<p>Importance of the challenges / problems before starting to implement good practice</p> <p>The technology does not always work as desired but problems related to the interaction between the patient and physiotherapist in hospital can often be solved by IT-professionals.</p>
<p>Environment before the good practice was implemented</p> <p>The patient previously had to visit his/her primary care centre. They often had a long journey to visit the primary care centre, sometimes up to 10 Swedish miles, one way.</p>
<p>Key innovative elements of the good practice and how the good practice improved situation compared to previous practice</p> <p>An improvement for the patient due to journey, and postoperative problems come to light in and can fast be treated after feedback to the operator. The first passage of the rehabilitation is conducted with the orthopaedic clinic's physiotherapist.</p>

Part 3: Transferability of the Good Practice

<p>Cost-effectiveness of the good practice (including all kind of costs and outcomes such as better health, quality of life or other resources)</p>	<p>Equal costs, improved outcomes</p>
<p>Resources required for the deployment of the good practice (personnel, equipment, facilities, ICT and other resources required).</p> <p>Ordinary personnel, internet connection, motivated patient, distance technique equipment.</p>	
<p>Total budget of the Good Practice</p>	<p>Not available</p>
<p>Source of funding</p>	<p>Other (Ordinary budget for the clinic)</p>
<p>The main actions that have to be done to deploy the Good Practice</p> <p>Often other planning is required, the selection of patients is started in connection with pre-operative visit to the health care. Contact with IT is taken in connection with the surgery, so that the IT- professionals can make their technical preparation.</p>	
<p>Issues during the implementation of the Good Practice</p> <p>Finding right patient, planning and collaboration with IT-personnel, just right in time.</p>	
<p>Additional resources required to scale up Good Practice</p> <p>No.</p>	

Basis to support sustainability of the Good Practice

The method is grounded at the work place, following a research project: "Effects and patients' experiences of interactive video-based physiotherapy at home after shoulder joint replacement", by Lisbeth Eriksson. Support from the management.

Evidence to observe the Good Practice

Visit to an implementation site.

Several articles about the improvement work with use of distance technology to support shoulder rehabilitation at home, following surgery.

Part 4: Viability assessment of the Good Practice

Time needed to deploy the Good Practice

Less than a year.

The method is used as a complement to conventional interventions, when the patients need follow-up interventions and when it's technically possible to conduct the distance training at home.

Investment per citizens / patient / client in terms of financial resources

No available calculation.

Evidence behind the Good Practice

Documented evidence. Evidence is based on systematic qualitative and quantitative studies.

The thesis: "Effects and patients' experiences of interactive video based physiotherapy at home after shoulder joint replacement", by Lisbeth Eriksson.

Maturity of the Good Practice

The practice is "on the market" and integrated in routine use. There is proven market impact, in terms of job creation, spin-off creation or other company growth.

Estimated time of impact of the Good Practice

Long term and sustainable impact - e.g. a long time after the pilot project ended and routine day-to-day operation began.

Impact observed

Increased sense of security (societal).

Better health and quality of life, increased sense of security with training with distance technology at home and better care integration.

Transferability of the Good Practice

Transferability has not been considered. The innovative practice has been developed on local/regional/national level and transferability has not been considered in a systematic way.

Part 5: Your organisation

Name of the organisation	Orthopaedic clinic, Sunderby Hospital, Norrbottens Län
Address of the organisation	NLL Ortopedkliniken Sunderby Sjukhus 971 80 Luleå
Type of organisation	Hospitals
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