Health Literacy - Included Documents

1. Fall Risk Flyer
    a. Produced in the fall of 2019 for the quality improvement study "Falls Prevention in Primary Care: An interdisciplinary approach to reducing risk of falls in older adults," reviewed and delivered to the Family Medicine Center in early 2020.
    b. CMAs at UNC's Family Medicine Center (FMC) were given laminated copies of these flyers (1/2 page) to hand to patients as they screen them for fall risk using the TUG. If the patient requires greater than 12 seconds to complete the test, the flyer ultimately recommends that patients initiate a conversation with their provider regarding fall risk reduction interventions like "exercise and physical therapy." The flyer uses several factors considered in the Suitability Assessment of Materials (SAM), a systematic scoring instrument evaluating the appropriateness of written materials. While not scored with this criteria, the flyer presumably aligns with the factors of "content," "literacy demand," and "layout and typography."[1] The *content* of the flyer is clear and focused in scope, limiting the reader to considering two specific fall risk interventions.[1] The flyer features reasonable literacy demand, using common words and limiting the use of medical jargon.[1] Finally, the *layout* of the flyer is not cluttered, featuring adequate white space and font size.[1]

2. Timed Up and Go Instructions
    a. Produced for this capstone project in the spring of 2020.
    b. Distributed to CMAs at the FMC to serve as a reference for completing the TUG and in training new CMAs during their orientation period.
    c. This document was presented with the express purpose of use with CMAs, therefore it is assumed that the intended audience possesses a baseline health literacy appropriate for TUG instructions. Considerations include providing context for specific wording, including adding feet equivalent for meters and specifying that time be taken in seconds. The instructions are presented in a bulleted list to "chunk" content and ease the process of reading and following the sequential tasks.[1]

Note about items 1 and 2: Each of these documents received minor corrections to match current guidelines and ensure clarity of their content following midterm feedback from this capstone project's committee in March 2020. Due to the Coronavirus' spread and the resulting preventative measures put in place by UNC Health, the updated, laminated versions of the materials included here were not delivered to the FMC. Instead, electronic copies will be emailed, and follow-up conducted at a more appropriate time.

3. OEP Instructions Summary Document for UNC UPT Clinicians
    a. This capstone project incorporated information from UNC UPT clinicians regarding their experiences with the Otago Exercise Program (OEP): their opinions of it, how they've used it in their clinics, and what improvements to its implementation that they would recommend.

b. One common point of feedback given by these clinicians was that the current infrequent use of the OEP produces a degree of unfamiliarity with how to implement the program, which then further decreases the likelihood of using the OEP in favor of a more familiar intervention.
c. One PT suggested producing a succinct list of "how-to" items as a reminder for the basic process of using the OEP, which could be laminated and posted at UNC outpatient PT clinics alongside the patient binders, ankle weights, and exercise handouts used in the program.
d. This document was created using the CDC's *Tools to Implement the Otago Exercise Program: A Program to Reduce Falls* and the UNC Carolina Geriatric Education Center's FAQ page for physical therapists; and was written with familiar clinical language used in both resources.[2,3]

References

1. Mostrom, E. Patient Education and Health Literacy. In: Jensen GM, Mostrom E, eds. *Teaching and Learning for Physical Therapists*. 3rd ed. Elsevier; 2013.
2. Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. Tools to Implement the Otago Exercise Program: A Program to Reduce Falls. First Edition. Available at: https://www.med.unc.edu/aging/cgec/exercise-program/tools-for-practice/
3. UNC School of Medicine Site. Center for Aging and Health, Carolina Geriatric Education Center. Otago FAQs – Program Implementation. Available at: https://www.med.unc.edu/aging/cgec/files/2018/09/OtagoFAQs42713.pdf

Document 1: "Fall Risk Flyer"

Are you at risk for falls?

Results of today's falls risk assessment indicate that you are at a *moderate or high risk for falls*.

The U.S. Preventive Services Task Force recommends **exercise and physical therapy to prevent falls** in adults aged 65 years or older who are at increased risk for falls.[1]

Talk with your provider today about exercise and physical therapy to help you
Stay Safe, Stay Strong, and Stay Active!

1. Moyer VA. Prevention of Falls in Community-Dwelling Older Adults: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med.* 2012;157:197-204.

Timed Up and Go Instructions

(derived from Podsiadlo and Richardson, 1991 and the CDC)

- The patient should sit on a standard armchair, placing his/her back against the chair and resting his/her arms on the chair’s arms. Any assistive device used for walking should be nearby.
- Regular footwear and customary walking aids should be used.
- When the patient is ready, say “Go”
- The patient should walk to a line that is 3 meters (9.8 feet) away, turn around at the line, walk back to the chair, and sit down.
- The test ends when the patient’s buttocks touch the seat. Patients should be instructed to use a comfortable and safe walking speed.
- A stopwatch should be used to time the test (in seconds).
- An older adult who takes ≥12 seconds to complete the TUG is at risk for falling

Document 3: “OEP Instructions Reminder”

Otago Exercise Program Instructions Summary

1. Program Outline:
    a. An outpatient PT-delivered, home-based exercise program to improve balance, strength, and reduce fall risk in older adults
    b. Patients are assessed at their initial evaluation, and are typically scheduled at weeks 2, 4, 8, and at 5 months to progress OEP exercises
    c. Assess patient performance at the following benchmarks
        i. 1 Month (Week 4, or Visit #3)
        ii. 2 Month (Week 8, or Visit #4)
        iii. 5 Month – Discharge as appropriate, continue with phone call check-ins
    d. Phone calls may also take the place of in-person visits at months 3 and 4
    e. When completing the initial evaluation, you can use the SmartPhrase “.otagoevalupdated” to make documentation easier
2. Outcome Measures:
    a. 30 sec Chair Stand Test
    b. Four Stage Balance Test
    c. Timed Up & Go
3. Exercises:
    a. LE strengthening, balance retraining exercises, walking program
        i. Assigned based on each individual patients’ balance deficits
        ii. Recommended use 3x/week for about 30 total minutes, with a day of rest between each day of exercise
        iii. Recommended performance of walking program at least 2x/week
    b. 5 LE strengthening exercises
        i. Progressed with increased sets, repetitions, and with ankle weights – which can be issued to patients as appropriate
    c. 12 balance retraining exercises
    d. Walking program should target 30 total minutes for each day that the patient chooses to walk
4. Patient Binder:
    a. Add exercise handouts of the patient’s exercises to their personal binder as a reminder for how and how frequently to complete each exercise
    b. Exercise Calendar
        i. Included in the patient binder, highlight the utility of these documents for the patient to track their completion of their exercises and their progress in the program
        ii. Patients may also use this space to document any falls they experience during the program