Norfolk and Norwich University Hospitals NHS
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Implementing Physiotherapy exercise groups in a large acute Neurosciences Unit.

Rebecca Rayner, Sophie Stone, Rekha Srinivasan, Sam Hodgson

Physiotherapy Department, Norfolk and Norwich University NHS Trust, Norwich, United Kingdom, GB-NR4 7UY

Background: Exercise groups may provide opportunity for greater intensity of physiotherapy. The latest National Stroke Guidelines (2023) recommend “a minimum 3 hours of multidisciplinary therapy per day” and suggest a variety of approaches to target this, including group therapy. Groups can be challenging to implement, particularly in the acute in-patient setting, with competing multi-disciplinary demands and medical instability.

AIM: To implement a twice-weekly Physiotherapy Assistant led exercise group and explore effectiveness in relation to staffing: patient ratios and also patient and staff feedback on the group.

Methods: Between November 2022-April 2023, additional twice-weekly exercise groups were implemented on an acute Neurosciences Unit. Data on number of participants to therapy assistant ratio, timing of the session including associated administration work, and subjective thoughts on the classes from participants and staff were analysed retrospectively.

Results: Data was available from 32 exercise classes.

Mean participants was five, and sessions averaged 45-minutes, with an extra 20-minutes associated preparation and administration. Ratio was always >2 patients: 1 Physiotherapy Assistant.

Feedback was gained from over half of the patients attending the group. Over 90% was positive, with examples of “boosting morale” and “helps show my progress”.

The negatives identified were around “not personalised”, and exercises being “too hard” or “too easy”.

Five Physiotherapy Assistants were asked for their reflections, where similar themes arose. They also reported that groups helped “distract participants from factors that limit them” when seen individually, such as pain, anxiety or low mood.

Impact: This in-patient exercise group was feasible in the acute neurosciences and hyper-acute stroke setting, and did increase Physiotherapy provision to the group of patients identified as suitable for group work in this unit. This likely enhanced our Physiotherapy intensity SSNAP results (total minutes therapy and days per week) as more patients were seen in the available time due to higher patient to staff ratio.

Trends in feedback from staff and patients were positive, although the feeling of a lack of “individualization” of the group physiotherapy warrants further consideration and research.

Additional exercise groups should be considered throughout the Stroke pathway, including the hyper-acute and acute setting, reinforcing new Stroke Guideline (2023) recommendations and enhancing intensity of rehabilitation.

Opinions of the MDT on the impact of the groups would also be of interest.

Key References: 1. National Clinical Guideline for Stroke for the UK and Ireland (2023) strokeguideline.org

2. English, C., Hillier, S., and Lynch, E. (2017) Circuit class therapy for improving mobility after stroke, Stroke;48:e275-e276. DOI: 10.1161/STROKEAHA.117.018601.