

**Case Study:** Telehealth for older adult woman with recent ORIF from fracture-related fall

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About the author: Ann has 42 years of experience as a Physical Therapist and owns her own clinic in Helotes, Texas. She focuses on balance and vestibular rehabilitation for aging adults in the local community.

**History:** CW is a 78 yo female with history of Breast cancer (bilateral mastectomy 2011); renal cell carcinoma (0.5") active surveillance 3-6 month per her physician. She has a Total Shoulder on her right, OA of her left shoulder and OA of her right knee. Mrs. CW had a fall 3 months ago with subsequent fracture of her right femoral neck with pinning and WBAT when she had walked out of a local eatery and stepped off a curb. She lives alone in a one-story house. Her husband passed away a few months ago. Her son lives nearby and is available to assist her however keeps his distance because of Covid-19 and his position as a golf pro. She stays at home and spends most of her day sewing and cooking.

**Examination and Outcomes:** CW was evaluated and treated in physical therapy for one month prior to the Covid-19 shut down (2/12/2020). Outcome measures were analyzed based on her initial evaluation (2/12/20), re-evaluation prior to covid-19 (3/18/20), at return to physical therapy 5/20/20, and at discharge (6/1/2020). See Figure 1. Initially she was unable to complete five sit to stands (STS). By discharge she was able to complete 9 repetitions of STS in 30-seconds (norm for age = 13). She needs a total knee replacement and indicates she is not ready to proceed secondary to life events and elective surgeries are on hold. Mrs. CW had some regression of her functional measures during the telehealth visits as noted in a decline in TUG speed, longer time to complete five time sit to stand and fewer repetitions on the 30-s STS (20 May).

Telehealth  
Visit with



Face to face  
Visit with

**Telehealth EOC:** CW was seen for telehealth synchronously weekly or biweekly during months of late March – mid May using [doxy.me](https://doxy.me) because she was immunocompromised. She would ask questions about her program using text messages, asynchronously. Some of her concerns were her arm pain that was difficult for her to manage and right hip and knee strength along with balance exercise progression. She had a brief orientation to [doxy.me](https://doxy.me) prior to sequestering. We had a few challenges and overall she was able to handle telehealth visits well. The main challenges were hearing (she wears aids) and understanding the recommended exercises and posture (needed repetition and demonstration). Going through each exercise and posture slowly and ensuring understanding was essential. Her program consisted of education, pain management, strength, flexibility, balance and gait retraining.

**Face-to-face EOC:** CW restarted face-to-face physical therapy in late May with some regression in muscle strength and balance confidence. Upon her return she wore a face mask and temperature checks and PO2 measures were performed upon entry into the clinic. Standard cleaning procedures were used including hand washing and disinfecting all surfaces.

**Conclusions:** CW lost some functional abilities during the Telehealth EOC however regained most of her function and her outcome measures surpassed her initial examination to allow her to return to her previous level of functioning.

**Fig 1. Outcome Measures  
Feb-June 2020**

