

Rehabilitation and Online Apps

with Tim Allardyce
30th April 2020

TRANSCRIPT

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Steven:

So today I'm joined by Tim Allardyce from rehab my patient, Tim's a physiotherapist and an osteopath and has normally a very busy clinic, which of course is considerably less busy at the moment. Tim, welcome.

Tim:

Hi, nice to be here.

Steven:

Great to have you with us we are obviously we're going to be talking about rehab my patient, but the focus really is on getting the best out of telehealth appointments, isn't it?

Tim:

Yeah, I mean, we can chat whatever you like. I'm very flexible. I mean, we can talk about rehab. We can talk about building confidence with doing video consultations. I mean, we're doing a lot. I mean, we must be done 50 to a hundred video consultations a week or certainly telephone consultations and a lot of those videos and we can talk about sort of some good ideas on how to get the message across.

Steven:

Oh, no, the only thing that's very helpful because in all the conversations we're having, lots of people are still a little bit hesitant about getting into the telehealth business or doubtful what they can offer good value through them. And you know, your experience would be great to add to the mix of what other or other people have said so far.

Tim:

A little bit. It's a little bit osteopathic in some regards too cause we're so hands on. But actually do you know we've got so much that we can offer with advice and support and being a listening ear and being supportive to our patients by giving them exercises that we actually do have a value to our, to our telephone consultations or video consultations.

Steven:

You said that as the physiotherapists are not hands on?

Tim:

Well it's depends really, I mean I think physios are, are largely sort of exercise prescribers in some areas. Certainly in the NHS where demand is very, very high. And I, there's some national organizations out there as well that are encouraging really exercise prescription because I think there's generally a little bit of a consensus of there may be a possibility of a lack of evidence that supports some manual therapy techniques. So the big organizations tend to prefer exercise only.

Steven:

That's probably a bigger argument that we could get into, isn't it? About whether the lack of evidence means we shouldn't be doing it, it should go to exercise or whether we should actually be doing more getting of evidence rather than just going back to what we've been doing for years on end. Anyway. So let's talk about the telehealth biggest challenges that in health consultations as far as you can see

Tim:

Technology, getting people to cross that line. You know, I mean there's, there's some more spots out there probably be watching this going, Oh, I already do that. And I use clinic management software and I use exercise prescription software and, and I'm really comfortable with it. But then there's osteopaths that don't have a computer in their room. They still write notes on paper pieces of paper. They have a diary book and not an online diary. And they're still drawing Stickman. So, you know, there's one extreme to the other and we've got to try and I think encourage the profession to move into this more technologically focused approach and times like Covid now really encourage that to happen because we can't draw stick men. We can't do paper notes. We've got to almost move online.

Steven:

What's wrong with stick men because you know they do. I mean I see the one on the wall behind you though. You know, they, they, you show what it is you want patients to do, don't they? All right? They're not sophisticated, but it's simple to understand. Simple to draw.

Tim:

There's lots wrong with it. Number one, it doesn't really clearly show what you need to do. Number two, it takes time to do it. So it's a slow process. Number three, there's no proper instructions. You tend just to draw a stick man and a couple of arrows. There's no real instructions on what to do. Number four, be helpful. See a video. Number five, often when we draw stickmen, we don't keep a record and that's a really key factor. You know what the GoSC and the other organizations, GCC are like about record keeping. Record keeping is really, really important. And if we draw a stick man and give them on a piece of paper, okay, yet you can photo copy it, but it's a hassle, you know, usually with draw stick men give it to the patient and then it's gone. We've got no record of it. That's why you need to have the software to keep a record of what you've prescribed.

Steven:

Well I have to say, and this is slightly less to do with health care, but there's, there's another aspect which occurs to me as well. If you want to differentiate yourself, as a business drawing stickmen makes you look a bit caveman, doesn't it? If you've got something which, you know, a patient, a patient nowadays is expecting, high definition graphics, they're expecting full screen technology, all this sort of stuff, you know, they're not expecting a shabby little photocopied stickman. Exercise they're expecting to see, you know, as you've just described, full colour videos, lots of clear instructions. And of course our professional bodies expect us to keep records of those things.

Tim:

Absolutely. You know, they, they are expecting this level of service so it takes it and having this as well, it makes your clinic look just that little bit more, a bit more advanced. I wouldn't say more professional because I'm sure there's many professional clinics out there that you know, that don't

use this. That's fine. But, but it adds something else. And do you know what it's got your branding on it. It's your logo and it's great for exercise prescription, but it's also a very good marketing tool because how many times have you sat there in clinic? Steven and patients come in and they've had NHS physio and they bring their sheet and they go, can you just look at my exercises? And that's what people do. They show their neighbors, they show their massage therapists, they show their osteopaths, they show their physios and they share your exercise program.

Steven:

When I look at those, and it is a shockingly bad photocopy of a centuries old may be a black and white picture or an illustration than a stick man. But you still think, Oh gosh, it doesn't look encouraging, doesn't it? It's not. It doesn't raise patient confidence levels and it doesn't make me feel competent in the practitioner who prescribed it. It looks as though it's been taken out of a box and just hand it over.

Tim:

Yeah, exactly. And this is why clinics need that professional approach and to modernise it.

Steven:

Sure. I've used rehab my patient, we use it in my clinic as you know

Tim:

For about three or four years now.

Steven:

Yeah. For a long time. But how do we use it as part of a telehealth consultation? Because, you know, here we are, you and I on zoom. Doesn't that make it a bit tricky?

Tim:

Nope, it's really, really easy. So I'm you know what technology is like and let's hope this works, but do you want me to try and do a call online with you? Now? So I mean, we can't do it on this computer, so I've got a laptop or an iPad. So, I'll just log in and basically, and let's just share my screen so you can see what I'm going to do. Right. And so I'm logged into a demo clinic here. So let's just bring you up. Can you see my screen okay?

Steven:

Yeah, we can see. That's fine.

Tim:

Perfect. Good. So I've got my patient list here. A lot of made up patient names except I've got you added here, Steven. So let's just say, let's just open you up and let's just go to tele rehab. So I'm going to schedule an appointment time via, I'll send us now one 30, but but that it just gives you a few minutes preparation. If you want to send a reminder and you can send a reminder just before the appointment. And let's just add me as a test patient so I can put this on my iPad or my laptop and save. And now I'm going to send you an invitation. Say you should receive a invitation to a meeting link, which is a secure invitation. Do you have your phone on you?

Steven:

Oh, here it is. It's come through now, so,

Tim:

Okay, perfect. I'm going to join the meeting.

Steven:

Okay. I have clicked on tele rehab, which is the link, the, it says it wants you to use my microphone and camera. I guess.

Tim:

Press allow. Yep. Press accept.

Steven:

Hey, look at that. There's a picture of me.

Tim:

That's it. So, yeah, we're now talking on our thing and let me just re-join that ,

Steven:

So just for, if you stop sharing your screen just for a second.

Tim:

Yep, sure.

Steven:

We'll just show the people watching what I'm seeing. So this is difficult. I can't get very close to my camera because it's a long way from where I'm sitting, but in all my phone I've got a picture of me in the bottom and I've got a lovely blue sky and I'm waiting presumably for you to join and tell me.

Tim:

So I need to join, can you just press leave and re-join for me a sec? Which makes sure I've got the right code.

Steven:

I've left and re-joined.

Tim:

Good. Okay.

Steven:

I've already had somebody for sending a comment saying that they're still working on paper notes in their clinic and their diary, but they use rehab, my patient and the patients absolutely love it. They've had great feedback, I'm told.

Tim:

Yeah, it's, it's, it's a really cool, okay. Sorry about the delay. I've just now joined on my laptop, so if you can show to the people,

Steven:

So now I've got you top and me bottom. I'm doing telehealth consultation by my phone and obviously the audio would come through on my phone, but I've killed it because otherwise it'll duplicate on the microphones so people can hear you.

Tim:

I'm not letting you off the hook. Okay. We're doing some, we're doing some rehab now. Okay. So Steven I want you to take your left. I'm just going to assess you. Can you just look as far over your left shoulder as you can just look as far to your left. All the way around. Yep. Okay. That's good. Range of movement. Just to write for me please. Good. Oh, you little bit stiff on the right than the left, aren't you? Okay. Chin down. Chest all the way down. Lovely and neck all the way back.

Tim:

Yeah, we lit bit stiff on extension. Now that's probably a little bit of degenerative. A little bit of wear and tear going on there in your neck. Should use that term slightly loosely. Okay. Sidebend your neck for me. Good. Oh, you're stiff aren't you and to the side. Yeah, you're stiff. You're stiff going to your right.

Steven:

So painful when I'm out on my bike drop handlebars, they're not designed for old necks like mine.

Tim:

Yeah we need to improve a bit of neck extension I think so you can see we do an assessment online. Let's give some exercises. Say, let's just do a gentle neck stretch. Okay. Okay, good. Okay. Let's just warm it up. Let's just look straight ahead. Look 10 times left and right over your shoulders. Perfect. Okay. Now let's just start doing this. I just want you to tilt your neck back for me. Just tuck your chin slightly. Sorry. Good. And just hold that position and I'm back to normal. You get the idea of like, this is how we can do a, an examination and a treatment obviously would have taken a history we'll do the exercises together. And I'll go back to the live screen. Okay.

Steven:

Okay.

Tim:

Next time I'm going to need to get you in your, in your exercise gear.

Steven:

Well, somebody yesterday threatened that they would, at the end of this coronavirus crisis, they're going to get me in my Lycra. Chris, I could do some yoga in front of the cameras. Yeah. I'm using as an excuse that I'm surrounded by equipment here and I've got just enough room for my feet and nothing else.

Tim:

Yeah, yeah.

Steven:

Right. So in terms of what rehab my patient brings to this, I mean, yes, you can do the telehealth consultation through rehab. My patient. Yes. What about the exercises that we can get from it?

Tim:

Well, and I guess we should do an example. So I, what I'd say is I'd open this up to, to the users and the APM people watching at the moment and ask them any exercise rehab plans they'd like me to do a demo of. Is there anything they particularly struggling with or wants some advice about Yeah.

Steven:

Lee sent in a question. He says he's asking about exercise prescription and saying he was always told that you need to fully examine a patient before prescribing exercises. Is it sufficient to do this over a telehealth consultation? And I guess, is it, are we taking into account patient safety and all those other things?

Tim:

So my, my feeling is, is a hundred percent. Yes. And I don't think there's any real risk. I mean, we would do an examination and we would take a history. We would screen for red flags and we then would prescribe an exercise program. And I always looked at it's much better that we do that. Then they go onto YouTube and just find exercises or Instagram and just find crazy exercises. It's you know, at least we've done some sort of examination taking a history and had a chat and we know our patient. So we've got a much better idea of what's probably going to work for them. Then they just go online and find their own exercise and did them themselves. So I think that you can do it online. I think it's, it's totally safe. I think it's very much accepted. And yeah, it's, it's, it's, it's fine.

Steven:

We might eventually have confused some people. Miraz sends a comment. Maraz is easily confused. I never asked. He's asked if we're doing this telehealth consultation through rehab, my patient, do we have to use zoom as well?

Tim:

No, we could have done the whole thing today on rehab my patient but, but zoom gives us more flexibility. And so we've seen, you know, you, you and you, you're already set up on zoom so it makes sense. I've got a zoom account as well.

Steven:

So Miraz from your point of view, no, you do not need to use zoom. We're doing it purely for the benefit of the viewers watching this broadcast that were watching me on zoom, doing a telehealth consultation on rehab. My patient, you wouldn't need both for the real thing. Alexandra has asked if you could show at some point how on a video consultation with a patient you would access your exercise templates at the same time.

Tim:

Yeah, sure. So if you to do this, you need to be using a laptop or desktop and you can share your screen and there's a button on the top. I'm happy to demo again, but, but a few seconds shared a screen and you can show them the videos, the exercises you can, you can create the exercise plan with them watching your screen. So I'll see a screen and then they'll see themselves and they can watch the screen. You can't do that from a phone, but that's the same with pretty much any device. Even on zoom. I don't think you can share your screen on a phone. So there's limit to it you wouldn't really want to share a phone screen.

Steven:

When you say that you mean you, the practitioner can't share your screen on a phone, but they can still be watching you on a phone.

Tim:

Correct. You need to be on a laptop or a desktop to share your screen. And so on a phone you can just do face to face on a, on a laptop or desktop. You can actually share your exercise plan as you do it and then you can talk to them through the process. So you can describe the exercise, you can show them a video, you can show them the picture. So just get a bit more involved in it. Personally, I actually not just to do the exercise, so I do the exercises with my patient. So I've been rehabilitating a young lady, she's early thirties she's had a hip arthroscopy, she's hyper mobile, she's very into keep fit. She had a hip arthroscopy about eight weeks ago right before Covid. I had my first live session with her before Covid and then every session thereafter has been video and I do the rehab with her and we're now on functional stage.

Tim:

So we've done, we've improved her range of movement back to normal. We've done some stability work, we've built up the strength and a hip. We're now doing some functional stuff. So our next session is going to be dynamic exercises. It's going to be some single leg, gentle single leg squats. It's going to be a little bit of hopping. It's going to be some VMO activation and adductor activation. So we're going to start, she's desperate, start running again. She's two months postop around about, it's been brilliant. She said she goes in the front room, she uses her phone and it just works.

Steven:

So you're, you're on a computer so you presumably got a fairly good image of what she's actually doing so you can fault check.

Tim:

Yeah, absolutely. So first thing I do, I mean we have a chat and I get her to lie side on. Okay. So when she can lie side on, I then ask her to flex her hip. So I want to see how much, and that's a key sort of finding after a hip operation you want to see how much flexion you've got back. And I don't want it to get too mobile cause I know she's hyper mobile so I'm really restricting how much stretching she does. So I check every time, really carefully how much flexion, internal and external rotation she's got. And then I ask her, is any of these movements causing pain? So I want to know what her pain levels are. Like when I know she's at 120 degrees, I stopped her from any stretching. So I don't want to go past 120 degrees cause I don't want her getting hyper mobile and starting to press on that labrum again.

Tim:

Okay. Stopped at 120 degrees of flexion. I did the examination, I check back to my examination done and then we did a rehab and we have five phases of rehab. So postoperatively we'll often, first of all, we'll want to reduce a pain and inflammation. So we always go through this pain and inflammation stage and that's the bit that really hurts. Let's try and reduce the pain. Number two, let's improve range of movement. Then let's stabilize the area. Stability is more about building a joint stability four, let's start to strengthen the area and five, let's make it functional. Let's get them to going back to doing what they used to do. And there's, there's no clear line between those stages. It's about blending those stages together and working out where, I mean, for example, she reached stage two really, really quickly. She got full range back really quickly so straightway stopped off the stretching and we worked much more on stability and strengthening.

Steven:

Okay. Do you record these? I know the, I think I know the answer to this question, but if you were doing a telehealth consultation through rehab, my patient, is it recorded so that you can upload it with the notes?

Tim:

Currently it's not recorded and we have the functionality to record it. We're just working out how we're going to save it on the server. So it's going to be big data on the server. So at the moment we've given away re we're using this for free. Telly we have now is free. Anyone can actually subscribe now and use it for free. And that's, you know, my zoom account costs 16 pounds a month, so I could save that cost and, but what we don't know is how are we going to charge for the extra server space when we have video calls. So we have the ability to record video and audio, but we haven't activated it yet because we don't know how we're going to charge for it because it's going to be expensive on a service base.

Steven:

Yeah. And I guess poets of my, the, the, the reason for the question was about the ethics of saving video of a consultation. And we've had we have one previous lunchtime broadcast where the mood was very definitely against recording telehealth consultations and the guidance from, I think the IO. I don't know if the chiropractic organizations have said the same as don't record them again because of all sorts of concerns about patient data protection. So I almost, I'm probably, I'm not saying I would record all the consultations, but I'm, I'm very often less worried about data protection than other people. And not that I don't take it into account, but I don't think that the fears people had have a well-founded in all cases, clearly if the patients are taking their clothes. So if you don't want to

record that because they'd be very concerned about where those videos might end up, but you presumably have to reassure us that your servers will be satisfactory as far as the UK data protection act is concerned. And you'll have to reassure people through your privacy notice that you're not going to share their information and just not worth taking.

Tim:

I think that we would definitely launch it. So we will give people the choice and some people will say, absolutely not. I have no intention of video recording my patient's consultations. And some will say actually I might just record the audio. So we have the ability just to record audio, not the video. I'm very pro recording audio recordings. And I think that at some point in the future, probably a few years down the line, I think all consultations probably will be recorded as standard because you've all, we've all had those occasions when we've given advice to a patient and we know what we've said to the patient and we've put it down and our notes and the patients come back and said that we've said something different and we say, this is mad. I, I never said that. You know, I, I, I didn't say that. And, you know, I just wonder whether with litigation as it is, whether at some point we are just getting we may just have to record all of our conversations in the future and with things like Alexas and these Amazon devices coming out that do record things, I wonder whether we'll see that. So I don't have a problem with recordings, but I think it's a personal choice.

Steven:

Yeah. Robin's been looking at your website and he says it mentions group sessions being available. Are we able to do group sessions under our qualification as osteos and in with the insurance implications? The same question he's had with previous broadcasts that we've done where were being, it's being suggested we could run sessions for different therapies.

Tim:

I think the thing is it's always check with your own insurance because I think different insurance policies change. I'm insured through the IO, so that's arranged by ASCO and I think it's, they've just switched companies are grey wood or grey brick. And I'm fairly sure that that does include it. I generally speaking, if it's within your scope of practice, it's usually allowed. Okay. If you've been trained to do it, you've got some knowledge of it. You've been on a course that's usually in your scope of practice. It's usually fine.

Steven:

And we had the discussion previously, I'm not sure whether we did it during one of the broadcasts. One of the problems I think people have is if somebody is told that this is a yoga exercise or this is a Pilates exercise, they think, well, I'm not qualified to do that. But actually exercise is exercise and because we are body mechanics we're experts in body mechanics as long as it's, it's exercise that we understand, we understand the principles behind it. There is no, in my view, and I did check with Balens that there is no view. There's no problem with the insurance for that. Damien's asked about rehab. My patient, he says he tried it briefly himself, but he might be a bit stupid. He says, I doubt that Damien he said he was struggling with finding the exact exercise from the massive volume that you have available. He has to say it was five or six years ago. And the indexing and searching might be easier. Now, osteopaths don't always know the names of the exercises. How easy is it to find them by description now?

Tim:

Can I show you?

Steven:

Yeah, go on.

Tim:

Okay. And make sure that you can see my screen and let's just good OK. Can you see my screen? Yeah. Perfect. Okay. So we're create exercise plan. So yes. Now the first thing is is, is exercises and osteopaths, not, sometimes it isn't easy to know the names of the exercises and we don't have any real good undergraduate training in this level, so we almost have to pick this stuff up after we qualify. And the first thing you can use is the live search at the top. So if I want to do a squat exercise, I can just live search it. If I know the name, it's easy. But you know, we know a lot of generic names. I mean, we know squats and lunges and split squats and deadlifts and, and bicep curls, you know, we know those names.

Tim:

So we probably know a lot more exercise names than we give credit for, so here's all our squat lunges and we've got, you know, young fit guys doing squats and we've got my wonderful wife Kay, who's an osteopath doing antenatal Pilates exercises, doing squats, carrying our little baby George. And we've got Rita, 84 year old model doing squats. So you can find any exercise that you like just by typing the name and lunch. And then you've got your laundry exercises. And if not, you can go, you know, go to the category. Let's say they've got an acute back pain. Let's go to lumbar spine and you know, gave out a lot of exercises in this category. But I know I want to give a rotation exercise. Say I want to mobilize the lower back. I like this lumbar rotation exercise and I'm going to favourite it.

Tim:

I liked the chair rotation exercise. I'm going to favourite it. And I love the side flexion exercise. They're all really easy, they're really easy to do an acute back pain. Patients understand them. I don't need to go through much detail to describe them. Now, once I favoured the exercises and as soon as I reload the page, they will now appear at the top. So here are my exercise at the top. Now we all like prescribing what we like prescribing. We all tend to go back to the similar sort of exercises because we know they work for us and then they're exercise we might like to do ourselves. So when you favourite it, then the exercises are up there and you can search by diagnosis as well and or by muscle. So if you know a particular muscle, then you can find the muscle or the diagnosis or the category or just use the live search. It's actually a lot quicker and a lot easier. And the key is getting familiar with the exercises and favouriting them once you favourite them you can also search the new favourite exercise category and it shows all of our favourite exercises.

Steven:

When you you bring up those exercises does it show you what faults you should be looking for in the patient or what they should be checking for themselves? Or does it emphasise the key points of the, that they must get right for it to be effective?

Tim:

We don't look at faults and exercises and, and the main reason is there's so many variations of how to do an exercise. So we give the basic variation and if you want to modify it, then you can edit the description. And really with a patient, it's best to do the exercises with them. I mean, the classic example is the pendulum exercise. Like the swing in your shoulder when you've got an acute impingement, you know, you know, we want a passive, a passive shoulder exercise. So we prescribed this to our patient that unless we talk them through it, you can bet your bottom dollar they're going to stand up and they're going to do this sort of thing. Okay. And we don't want an active exercise. We want a passive exercise. So you really need to show them how to do the exercise. And let them relax.

Tim:

So some exercises need explanation. I mean the Pilates group, they're complicated. They're much more complicated exercises. We've just shot a yoga session which has shot a hundred yoga exercises and they're really complicated. And so those sort of exercises I think you need to really work with your patient and do them with them. And the simple ones like let's improve your thoracic rotation and lumbar rotation by just twisting and touching the back of the chair doesn't really need much explanation, but I always recommend to it with your patient once.

Steven:

Yeah. Steve Sandler sends a question and you probably know Steve he said this all sounds like great physio therapy, but where's the osteopathic content and thought processes? And I imagine a chiropractor might argue or ask the same.

Tim:

Yeah, I mean, you know, there are a lot of osteopaths are still stuck in this mode of manual osteopathic view. And and, and Steven is, is, is just a wonderful, wonderful lecturer and thanks for sharing. So much of your amazing knowledge with me when I was at uni 20 years ago. Fantastic. So I think the thing is is as osteopaths we are becoming a little bit more exercise prescribers which is not a bad thing because we can still do manual therapy. My view is, is that there's more evidence that backs up exercises than manual therapy. And I believe there's a lot more evidence that backup backs up exercises compared to other osteopathic techniques. So my view is, is why don't we do both? Let's do our manual treatment and let's prescribe an exercise plan at the end of the session.

Tim:

Because so much of our consultation, it's not just about the manual therapy, it's not just about the exercises, it's about the package that we give to our patients. It's the listening, it's the advice we give the workplace. We've got the advice sections on here, we've got advice sheets. It's the, it's the exercises. It might be the ultrasound, it might be the manual therapy that we give, but if you give those things to your patient, then I think one of them will hopefully help. Maybe it's the exercise. Maybe it was advice, maybe it was just me sitting down and listening to my patient for 20 minutes.

Steven:

So I guess my instinct in answer to Steven's question is that, you know, the osteopathic or the chiropractic philosophy and so on comes beforehand, doesn't it? This is what you're doing for the patients to take away, which we've always done to back up what you've done in the clinic or in this

case by telehealth. And it's, as you say, it's evidence-based, so it's, it's likely to be useful for that reason alone. But it doesn't detract from using ones osteopathic chiropractic or other physiotherapy skills.

Tim:

Yeah, in a very vast majority of people watching this video, they'll use it as an add on. They won't use it as a replacement when we're not going to be exercise prescribers. We're manual therapists and we use our hands. But actually at the moment we can't. So what are our options? Well, we can either do nothing and just sit still and go, I can't help my patients or we can use some expertise that we've got and send them an exercise program to do. And it's not just about helping our patients as well its about keeping in contact. It's giving them that level of support. It's about when we reopen, they'll probably remember that we were there for them trying to support them and now come back to us.

Steven:

Yeah. I'm a number of people the most about whether rehab my patient links up with clinic diary systems like Cliniko or Jane or whatever the other ones might be.

Tim:

Yeah, we do. So we've got some integrations with Cliniko and it works really, really well. So we can, you can put a rehab my patient button on Cliniko. Yeah. So you can click through and you can show your patient data. And we also link up with PPS as well. So you can use use PPS with, rehab my patient and shares patient information. Our next integration is with Nukal. We integrate with physio diary.Co.Uk and we integrate with Plato. So we're going to work on the Nukal integration in the next couple of weeks.

Steven:

I need to put in a word for Jane. We use Jane.

Tim:

Okay. Yep. So I've approached Jane a few times. Is it? Yeah. Yeah.

Steven:

We'll put pressure on them from our end to say hook-up with rehab my patient

Tim:

That'd be really, really good. Yeah. And if anyone out there has their own practice management system and so what we need is a practice management system that has their own API. That API allows our software to talk to their software and then they connect and they talk to each other. And do you know what this technology, it makes life so good. It makes it work so, so quickly. And so, so we, if, if we've got APIs then we just talk to each other.

Steven:

Okay. Well I don't know who asked this question, but someone wants to know whether their associates can upload and use his own exercises on the principles. Rehab my patient, I'm guessing that the associate also has an account with you.

Tim:

So you need to get a clinic license on a clinic license. You can add up to six practitioners, then they can log in and upload their own exercises.

Steven:

Right. Okay. So it's fairly straightforward,

Tim:

That easy. It takes like 2 minutes,

Steven:

Quite a few people asked stuff about technology. Can I throw that at you as well?

Tim:

Yeah, sure.

Steven:

Someone says, do you have to purchase video minutes and texts separately? We didn't really talk about video, did we? You said there was video, but we just saw some static pictures earlier on.

Tim:

Yeah. So there's videos and you don't have to purchase any additional minutes. So what happens with some telehealth providers is you actually pay as well. If you do a video consultation, you pay per minute. And it's just not a model I wanted to go down. We I, I want to try and I just don't, I don't think it really works with our profession to pay per minute. I just think it's going to put people off using it. Some providers do do that. And that's up to them. Our model is we're just going to let people use it if they want to use it for 40 minutes, so use it for 40 minutes. They want to use it for 10 minutes. Fine. Right. It all hits our server and our bandwidth. So we just, that's what we've been doing. We've actually been doing server updates this week.

Steven:

I misunderstood that question. Yeah. When she's talking about, or whoever it was just talking about the video consults there, what about the videos that back up the pictures of the exercise you've got, how many of those are there? Does every exercise have a video as well? About 98% of them. Some we can't physically shoot. But, but very vast majority have videos to back them up so you can watch the video and your patients. So when your patient receives the email, they click, they can go from the email to click, they can open a PDF, click the video link and watch the video from their phone. And it's very cool. In fact, you do want me to show you now, I'll send you an exercise plan now. So let's, let's make one. Let's do one, a test one with our patient now. So I just share my screen with you. And let's say that our patients come in with an acute shoulder pain. Yep. They've got acute shoulder

impingements we do, we've done a history. We find out that they have trouble reaching behind their back. So they've got restricted internal rotation.

Tim:

They're having trouble lifting their arm above their head, so they're quite limited with movements and they've got good external range, but they're limited with their internal range of movement. So we're thinking probably it could be a subacromial pain syndrome or an impingement, right? Similar sort of thing. So let's go to create an exercise plan and let's go to our shoulder. And now I'm in, sorry, my site is slightly slow because my zoom is streaming a lot of the bandwidth. Normally this would be lightning fast. And so let's look at the exercise that you want. I favourited some of my favourite impingement exercises, but we'll add the pendulum. We'll add the passive arm lift and I really like rock the baby, so let's, it's a passive abduction exercise, mobilizes the shoulder, compliments what we do with our treatment. I want to do some ice on a shoulder.

Tim:

So let's ice it, let's favourite that as well. And I also want to give them an advice sheet on subacromial pain syndrome. Okay, here's my advice sheet. So this gives them an idea of what's going on. I.

Steven:

Is that editable?

Tim:

No, it's not. It's fixed, but you can upload your own advice sheets. So if you had ones that you preferred, you can upload them and gives you some information on it. Obviously recommends the use of physical and manual therapy. And we'll add that. So select my patient say, Let's start typing you. Here you go. There's you, let's call this, shoulder rehab and let's press continue put in my sets and reps. So you've got your own logo of, this is just a demo, demo logo. And let's do this. Good, super-fast. Let's do ice for 10 minutes, twice a day. And let's save and email. Right. So I've just sent you your shoulder rehab program. Steven, can you check your phone and let's see what you see. You're going to have to demonstrate it as well.

Steven:

Our video consult still running, I never left the building. Demo clinic exercises. Right. I've got the exercises, I've got two PDFs

Tim:

Good that would be the advice sheet

Steven:

One, which is all the exercises on it there I think. And then the other one I think is the advice sheets, isn't it? Yeah. So if I click on, if I press on one of those exercises, I'm sorry, can I get video from these?

Tim:

Yes. Click the link.

Steven:

It's got to turn it sideways so I can read the damn thing. Right, pendulum exercise

Tim:

And Oh, by the way, I should have made the layout bigger for people with if you've got a bit difficulty with your eyesight, we can change the layout.

Steven:

Sure. Okay. Should I go on the video there? Yeah. And that's immediately going.

Steven:

I'm going to stop that cause we're already at five to two, so but you still have instantaneous, that was immediately I got the exercises and immediately I was able to get to the video. Admittedly we've got good internet here but most people have got internet these days and anybody who's watching this will obviously have good internet. So yeah. Any other questions? Let's have a look. Katie has said for me, these are very physio type exercises. Are they're also fascial stretching or met techniques in there

Tim:

Well met. Yes, there are say but they often require somebody else to do with you and fascial stretching. Well we've got foam roller exercises which are good for fascia. There are some fascial stretching stuff in there as well. And, but there's also some traditional osteopathic exercises, you know, things we all learned at university, like your classic figure of eight rotations and things like that where you don't tend to see them outside of osteopathic circles. We just try and put as many exercises as we can that are relevant. But we also take suggestions. So if anybody wants a particular we had, we had a request actually to do some scoliosis, a scoliosis category, and we shot the scoliosis category last week. So we're going to be putting on a category on scoliosis which would be pretty cool.

Tim:

And we're going to do paediatrics soon as well. And we've got yoga coming on. We've just shot 200 more elderly exercises by the way, elderly is my favourite section of the site. So if I just get great exercise plan, let's go down to our elderly section that's going to be renamed to senior soon. And here we've got all the, we've got audio falls prevention and simple exercises that patients can do in their chair, you know, or standing next to a table and we can prescribe those. And we've got things like sit to stands and gentle neck bends and, and let's go to the sit to stands at the bottom. You know, if we just got these to our older patients, it works so well. When we prescribe the exercise plan, we can, we can have line art as well. So we'll just switch to line art. If you want line art pictures, select our patients. So let's find our, OAPS. There we go. Steven Bruce. So senior rehab, press continue and I'm just going to press save and then I can change my layout if I want to make it bigger. So let's say I want to make text bigger and the font. Bigger, easy to read,

Steven:

Even I can read it the distance I am from it. Yep. Okay. And we're going to have to stop doing this fairly shortly cause we've come to the end of our scheduled time. I'm struck by a question, which actually is, has not been forwarded to me, but I've seen it in one of the columns, which is that we're just doing a sales pitch here for rehab. My patient. Now, yes, this is to some extent of product review and I'm answering this question for you. Uit is to some extensive profit product review and there are other systems out there. I've seen the name Practice Pal on somebody's message. And it's entirely up to practitioners what they use. I think the benefit from this is seeing how the quality of the graphics, the ability to deliver video, the ability to deliver a telehealth consultation like this can actually help us and our patients at this particular, during this crisis, but also after the crisis is over because delivering high quality information to people, communicating to them. I think if I remember the words of the osteopathic practice standards, communicating to them in a way that they find acceptable and that they need,uis very important. And so I don't think there's, it's not entirely about sales. This is about how we best deliver our content, especially when we can't get hands on patients. So I've answered that question for you. Somebody else says, does the split screen work on an iPad as well as on a phone?

Tim:

No, it needs to be on a desktop, laptop or PC. And going back to the sales thing yeah, I mean we, when we spoke before you asked me to come on, you know, I definitely don't, I'm glad that question wasn't actually asked. I know you said you'd kind of seen it previously. And I, I definitely don't want this to come across as a sales pitch and it actually, there's a genuine offer. If you want to use it during covid register, drop us an email, please use it, help your patients. I'm not bothered. If you don't subscribe, it's not a problem. Just, you know, help yourself to it. And if it helps people out there, then that's brilliant. And I'm happy to, to, to, you know, to just to extend your license to use it if you need it.

Steven:

Okay. And also the questions about security and I guess people worried again about data protection hacking of software and things like that. How can, how much reassurance can you offer

Tim:

Anything can be hacked. Okay. If the right people have the right intent to hack it. Okay. So nothing in the world is secure and even Facebook has, has been hacked. The Pentagon gets hacked. Now, fortunately we haven't had anybody that's really intent on hacking our website, but we have got a double layer security mechanism in place to prevent it. So we use a third party software that acts as a very, very strong firewall. It's very well known. It's very, very secure. Many big companies use the same software to prevent hacking. And I'd say touch wood, we've never had any vulnerability, any hacking issue. It may happen at some point, but we've put in a significant number of measures to prevent that happening.

Steven:

Yeah. And I think people need to be reassured that most breaches occur because of user errors. So in the same way that you might leave your back door open and end up getting your television nicked if you don't use sensible security on your computers and things like that and sensible passwords,

then you are making yourself vulnerable. But equally the data protection act, the general osteopathic council, they only expect us to take sensible measures. They don't expect us to guarantee immunity from burglary or hacking. And I would recommend to people, we did a broadcast , it must be a year ago now with a security consultant on cyber security and it's a really useful one to look at. I think we made it free to everybody. So it should be available on the website for anyone who wants to look at it. Some really good tips on keeping electronic data secure so you can be reassured about electronic notes and things like that. Perhaps the last question does this run on every web browser and for those who don't know what that is, I mean, does it run on Chrome Safari, Firefox, Mozilla? There's another free one out there, isn't there?

Tim:

Yeah. this site runs by miles best on chrome and Firefox. Yeah, it's glitchy on internet Explorer. Internet Explorer is now outdated, so they've replaced it with Microsoft edge and we don't recommend you use it in Microsoft edge. And if you use it on an iPad or iPhone, it's best used in Safari

Steven:

Really? And we've always had problems with Safari and with our users. And Chrome is the one we recommend to everybody, but I think on Ipad you have little choice

Tim:

On and Ipad you kind of, it kind of pushes you on Safari, which is actually great because our website works really well on Safari. And so when you did the telehealth consultation, that was on Safari for your phone, I guess. Yep.

Steven:

And erm the fashion consultant Isla here says what headset and camera you're using to get such good quality audio and video.

Tim:

Who? Me or you? Well, I'll tell you a whole process. The first thing I did was I put my anti-wrinkle cream on and then I did my makeup. How to shave. I use a logitech HD 1080P. It's actually a it looks very much like this. I'll have you tell you it's a Logitech HD 10 80P, brilliant camera. It's about 50 pounds, 55 pounds, something like that. And these are just some cheap 15 pounds headset that I use usually to block out noise of the kids.

Steven:

I'll tell you what my advice to people doing tele health or any other sort of Zoom type calls is that the biggest, the biggest improvement you will get to any of these things is good lighting. It's great to have a background that you've prepared and all the rest of it. But most computer cameras are reasonably good these days. But lighting will destroy the picture and it will destroy the quality of the picture and what the quality of what the patient sees. And somebody else has asked, what is the backend technology doing the video call, that may be beyond the scope of our call here, but so you've, you've reassured us that it's, it's safe. It's sound.

Tim:

Yeah. It's, it's called web RTC, which is a standard, it gets complicated if you say any more than that.

Steven:

Thank you for that. That's really, really useful. And I'd love to say that I was fully familiar with rehab, my patient, but I spend so little time in my own clinic, these and I haven't used it for quite some time and I'm amazed at how much it's come on since I last saw it. It looks fantastic. We're not trying to drive people down the rehab, my patient route, but as you said, if they want to use it during the coronavirus crisis then they can and you're not charging them for that, is that right?

Tim:

Yeah, that's correct. There's other softwares out as well. You can have a look at physio tools is the leading player in physiotherapy. So that's another option. Physiotec is another option, which is another big player in physio. So I mean, feel free to have a look around

Steven:

Yeah, and I think the, the key is here that this is a great, this sort of technology is a great support, a great adjunct to what we do in the clinic. It's never going to take over from it completely. But it's worth exploring them. Thank you for your time and we'll make sure that all your details are available so people can pester you with more questions later.