



# Effectiveness of a Partnered Exercise Telehealth Intervention for Individuals with Parkinson's Disease

Ana Bormann, OTS, McKenzie Meyer, OTS, Emily Noldin, OTS



# Introduction

- **Parkinson's Disease (PD)**
  - Both motor and nonmotor symptoms impact on daily life by contributing to declined participation in meaningful occupations and overall quality of life (Duchesne et al., 2015; Jankovic, 2007; Nimwegen et al., 2011; Radder et al., 2017).
- **Exercise**
  - Research supports aerobic exercise as an effective complementary intervention to manage symptoms and increase quality of life in individuals with PD.
  - Financial and geographical barriers reduce the possibility that individuals will see benefits on their symptoms, while social components of exercise increase adherence (Zhou, Grady, & Chen 2017; Afshari, Yang, & Bega, 2017; Crizzle & Newhouse 2012)..
  - Telehealth interventions can improve access to health services and partner-based exercise programs (Dorsey et al., 2013).
- **Study Aim**
  - To examine changes in self-perceived performance and satisfaction of daily activities, as measured by the COPM, following a telehealth partnered cycling program for individuals with PD.



# Research and Design Methods

- **Participants**
  - 8 individuals with PD, living in a rural location or experiencing barriers to community based exercise.
- **Procedures**
  - **Pretest-posttest design**
    - Participants self-identified 5 most important occupational performance problems (OPPs) in areas of self-care, productivity, and leisure.
    - Participants ranked each OPP on a scale of 1-10 for perceived levels of performance and satisfaction.
  - **Intervention:** Participants cycled on a stationary bicycle, while simultaneously video chatting a research team member who was also cycling.
    - 3x/week for 6 months



# Research and Design Methods



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- Primary Outcome Measure: Canadian Occupational Performance Measure (COPM):

**Canadian Occupational Performance Measure (COPM)**  
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Client Name: \_\_\_\_\_  
 Respondent (if not client): \_\_\_\_\_  
 DOB: \_\_\_\_\_ ID#: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Date of Assessment: \_\_\_\_\_ Planned Date of Reassessment: \_\_\_\_\_ Actual Date of Reassessment: \_\_\_\_\_  
 Therapist: \_\_\_\_\_  
 Facility/Agency: \_\_\_\_\_  
 Program: \_\_\_\_\_

**STEP 1: IDENTIFICATION OF OCCUPATIONAL PERFORMANCE ISSUES**  
 To identify occupational performance problems, ask clients to identify daily activities which they want to do, need to do or are expected to do but can't do, don't do, or aren't satisfied with how they do.

**STEP 1A: Self-Care**  
 Personal Care (e.g., dressing, bathing, feeding, hygiene) \_\_\_\_\_  
 Functional Mobility (e.g., transfers, indoor, outdoor) \_\_\_\_\_  
 Community Management (e.g., transportation, shopping, finances) \_\_\_\_\_

**STEP 1B: Productivity**  
 Paid/Unpaid Work (e.g., finding/keeping a job, volunteering) \_\_\_\_\_  
 Household Management (e.g., cleaning, laundry, cooking) \_\_\_\_\_  
 Play/School (e.g., play skills, homework) \_\_\_\_\_

**STEP 2: RATING IMPORTANCE** Using scoring card provided, ask client to rate, on a scale of 1 to 10, the importance of each activity

Importance
10
9
8
7
6
5
4
3
2
1

DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

**STEP 1C: Leisure**

Activity	Importance
Outlet Recreation (e.g., hobbies, crafts, reading)	
Active Recreation (e.g., sports, outings, travel)	
Socialization (e.g., visiting, phone calls, parties, correspondence)	

**STEP 3: SCORING**  
 Confirm with the client the 5 most important problems and record them below. Using the scoring cards, ask the client to rate each problem on performance and satisfaction, then calculate the total scores. Total scores are calculated by adding together the performance or satisfaction scores for all problems and dividing by the number of problems.

**STEP 4: RE-ASSESSMENT**  
 At an appropriate interval for re-assessment, the client again scores each of the problems selected for performance and satisfaction.

Initial Assessment: Occupational Performance Problems:	PERFORMANCE 1		SATISFACTION 1		Reassessment: PERFORMANCE 2		SATISFACTION 2	
	1	2	3	4	5	6	7	8
1.								
2.								
3.								
4.								
5.								

**SCORING:**

Total score =	PERFORMANCE SCORE 1	SATISFACTION SCORE 1	PERFORMANCE SCORE 2	SATISFACTION SCORE 2
$\frac{\text{Total performance or satisfaction scores}}{\text{Number of problems (N)}} =$	$\frac{\quad}{\quad} =$	$\frac{\quad}{\quad} =$	$\frac{\quad}{\quad} =$	$\frac{\quad}{\quad} =$

**STEP 5: COMPUTING CHANGE SCORES**  
 CHANGE IN PERFORMANCE = Performance Score 2 - Performance Score 1 = \_\_\_\_\_  
 CHANGE IN SATISFACTION = Satisfaction Score 2 - Satisfaction Score 1 = \_\_\_\_\_

**ADDITIONAL NOTES AND OBSERVATION:**  
 Initial Assessment: \_\_\_\_\_  
 Reassessment: \_\_\_\_\_

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- Data Analysis:** T-test was used to determine whether significant differences in top 3 COPM performance/satisfaction scores existed following the telehealth partnered-cycling intervention.



# Results

**Table 1.**  
*Paired Samples Statistics for Performance Scores*

	OPP 1 Posttest - Pretest	OPP 2 Posttest- Pretest	OPP 3 Posttest- Pretest
Z	-2.226 <sup>b</sup>	-2.041 <sup>b</sup>	-1.604 <sup>b</sup>
Asymp. Sig. (2-tailed)	.026	0.041	0.109

- a. Wilcoxon Signed Ranks Test
- b. Based on Negative Ranks

**Table 2.**  
*Paired Samples Statistics for Satisfaction Scores*

	OPP 1 Posttest - Pretest	OPP 2 Posttest- Pretest	OPP 3 Posttest- Pretest
Z	-1.897 <sup>b</sup>	-2.032 <sup>b</sup>	-1.604 <sup>b</sup>
Asymp. Sig. (2-tailed)	.058	0.042	0.109

- a. Wilcoxon Signed Ranks Test
- b. Based on Negative Ranks

\*OPP = Occupational Performance Problem



# Conclusions and Implications for Practice



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- **Limitations**
  - Small participant sample size
  - Lack of random sampling
  - Threats to internal validity: maturation, history, testing
- **Considerations**
  - Use of COPM to identify occupational performance problems
  - Participants were reminded of pretest performance/satisfaction ratings prior to giving posttest ratings
- **Implications**
  - Strengthens research on benefits of incorporating socialization into physical activity
  - Our study will encourage more telehealth interventions of the same capacity
  - Increase physical health/telehealth interventions to rural populations



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