Supplementary Material

Twice daily allied health rehabilitation is feasible in acutely hospitalised older people: an observational study

J. E. Kay^A, (BPhysio, MHSM, Physiotherapist), *A. N. D'Souza*^{A,*}, (PhD, BPhysio, Allied Health Knowledge and Research Translation Lead), *M. Klaic*^B (BOT, PhD, Research Fellow Implementation Science), *A. N. Jacob*^C (MBA, BPhysio, Project Manager), *C. Marston*^{A,D} (BAppSc [OT], MPallCare, Occupational Therapy Research Lead, Clinical Lead), *R. Goonan*^A (MOTPrac, BA, Senior Occupational Therapist), *H. Crowley*^{A,E} (MHSM, BPhysio, Project Manager, Senior Physiotherapist) and *C. L. Granger*^A (FACP PhD GCUT BPhysio(Hons), Professor of Physiotherapy)

^AThe Royal Melbourne Hospital, Allied Health, Parkville, Vic, Australia

^BThe University of Melbourne, Medicine, Dentistry and Health Science, Parkville, Vic, Australia

^CThe Royal Melbourne Hospital, Surgical Service, Parkville, Vic, Australia

^DPeter MacCallum Cancer Centre, Allied Health, Parkville, Vic, Australia

^EThe Royal Melbourne Hospital, Redevelopment Team, Parkville, Vic, Australia

*Correspondence to: Email: <u>Aruska.D'Souza@mh.org.au</u>

Supplementary material file S1: Mobility and Functional outcome measures

Outcome measures were selected based on what was frequently being used on the ACE ward at the time. The Short Performance Physical Battery (SPPB), was used to measure mobility and balance. This outcome measure has been extensively evaluated in community-dwelling older adults ¹. A change in one point is considered the minimally important clinical difference. Mobility was also measured by two reliable and valid outcome measures, the Modified Iowa Level of Activity (mILOA) ² and the Functional Ambulation Classification (FAC) ³. A change in seven points in the mILOA has been reported as the minimally important clinical difference ². Function was measured using two valid outcome measures: the Katz Activities of Daily Living (ADL) Index and the Lawton and Brody Instrumental ADL index. The Katz ADL Index measure independence in bathing, dressing, toileting, transferring, continence and feeding; the Lawton and Brody measures domestic and community tasks ⁴⁻⁶. An increase of 0.5 or more indicates a clinically meaningful improvement in community-dwelling older people ⁷.

References

- Perera S, Mody SH, Woodman RC, Studenski SA. 2006 Meaningful change and responsiveness in common physical performance measures in older adults. *J Am Geriatr Soc* 54 (5): 743-49. doi:10.1111/j.1532-5415.2006.00701.x pmid:16696738
- Kimmel LA, Elliott JE, Sayer JM, Holland AE. 2016 Assessing the reliability and validity of a physical therapy functional measurement tool – the modified Iowa Level of Assistance Scale – in acute hospital inpatients. *Phys Ther* 96 (2): 176-82. doi:10.2522/ptj.20140248pmid:26045603
- Mehrholz J, Wagner K, Rutte K, Meissner D, Pohl M. 2007 Predictive validity and responsiveness of the functional ambulation category in hemiparetic patients after stroke. *Arch Phys Med Rehabil* 88 (10): 1314-19. doi:10.1016/j.apmr.2007.06.764 pmid: 17908575
- Katz S, Ford AB, Moskowitz RW, Jackson BA, Jaffe MW. 1963 Studies of illness in the aged: the index of ADL: a standardized measure of biological and psychosocial function. *JAMA*; 185 (12): 914-19. doi: 10.1001/jama.1963.03060120024016
- 5. Brorsson B, Asberg KH. 1984 Katz index of independence in ADL. Reliability and validity in short-term care. *Scand J Rehabil Med*; 16 (3): 125-32. pmid:6494836
- 6. Lawton M, Brody E. 1970. Assessment of Older People: Self-Maintaining and Instrumental Activities of Daily Living. *Gerontologist*; 9 (3): 179-86
- Suijker JJ, van Rijn M, Ter Riet G, van Charante EM, de Rooij SE, Buurman BM. 2017 Minimal important change and minimal detectable change in activities of daily living in community-living older people. J Nutr Health Aging; 21: 165-72. doi: 10.1007/s12603-016-0797-8 pmid:28112771