

Report on the outcomes of a Virtual Mobility¹

Action number: 12345

Grantee name: Michael Davies

Virtual Mobility Details

Title: Mr

Start and end date: 01/07/2025 to 01/08/2025

Description of the work carried out during the VM

Description of the virtual collaboration and activities carried out during the VM, with focus on the work carried out by the grantee. Any deviations from the initial working plan shall also be described in this section.

(max. 500 words)

This report summarises the collaboration between the specialist physio team, the primary care physician (GP), and the patient's primary caregiver (Iwan) over the last six months to address severe mobility limitations and associated pain management. Initial working plans focused on a daily resistance band training regime and progressive standing frame use.

Key Assessment Findings: The clinical **mobility score**, assessed using the Modified Barthel Index (MBI) adjusted for specialised aid requirements, remains consistently 4/10 (1 being worst). This score indicates severe mobility limitation, requiring maximum assistance or full dependence for ambulation and transfers, consistent with the patient's condition progression.

Virtual Collaboration & Activity: Due to the patient's limited transfer capability, collaboration primarily took place via secure video link (virtual collaboration) with the caregiver, Iwan, who executed all prescribed movements. Iwan documented the patient's daily responses using a shared digital log. Key activities included:

- **Transfer Practice:** Focus on two-person transfers using a specialist hoist to maintain muscle tone and reduce skin shear risk.
- **Range of Motion (ROM):** Passive ROM exercises performed twice daily to prevent contractures in the knees and hips.

¹ This report is submitted by the grantee to the Action MC for approval and for claiming payment of the awarded grant. The Grant Awarding Coordinator coordinates the evaluation of this report on behalf of the Action MC and instructs the GH for payment of the Grant.

- **Pain Monitoring:** Weekly video check-ins to adjust positioning aids and monitor reported pain levels.

Deviations from Plan: The primary deviation was the inability to use the progressive standing frame. The patient's psychological distress and acute anxiety when unsecured, which requires constant supervision, made the standing regime unfeasible despite the caregiver's best efforts. We therefore pivoted the plan to focus entirely on maintaining seated posture strength and safe, assisted transfers. The objective remains to seek external funding for a custom, specialised powered mobility aid, as standard NHS procurement routes cannot meet the complexity of the patient's specific needs (e.g., custom seating and head support). The current manual wheelchair is wholly inadequate for both safety and patient comfort.

Description of the VM main achievements and planned follow-up activities

Description and assessment of whether the VM achieved its planned goals and expected outcomes, including specific contribution to Action objective and deliverables, or publications resulting from the VM. Agreed plans for future follow-up collaborations shall also be described in this section.

(max. 500 words)

Assessment of Goals and Outcomes: The planned goal of improving independent mobility was not achieved, which was anticipated given the progressive nature of the condition. However, the revised objective of **maintaining current baseline mobility and halting rapid functional decline** has been successfully met. The mobility score of 4/10 has remained stable over the last four weeks, indicating successful contribution to the primary objective of status quo maintenance. The patient's seated posture stability has slightly improved, which is a positive outcome.

Specific Contribution and Deliverables: The key deliverable was the creation of a **comprehensive home-based transfer protocol**, which ensures the patient's safety and educates the caregiver on best practice. This protocol is now fully implemented. The primary contribution to the case objective is the **professional justification** for a high-cost specialised mobility aid, necessitated by the patient's MBI score of 4 and severe communication needs. Current equipment is causing pressure points and failing to support the patient's head and neck adequately, increasing the risk of secondary health complications.

Future Follow-up Collaborations: Future action is dependent on securing the specialised equipment.

- **Primary Plan:** The physio team will formally submit documentation supporting the application for the Specialised Mobility Aid Request.
- **Ongoing Support:** Continued virtual collaboration with the caregiver will maintain the current transfer and ROM protocol.
- **Review Date:** A full re-assessment and follow-up collaboration are scheduled for three months from the date of the submission of the specialised aid application to assess the functional impact of the new equipment, should it be approved. This review will specifically track the patient's pain levels and comfort metrics.

