



## **Australian Government**

### **Department of Health**

#### **Allied Health Services in Residential Aged Care Facilities (RACFs) - COVID Allied Health Package**

The allied health group therapy program is a temporary measure aimed at improving physical functioning of RACF residents who are at risk of deconditioning due to COVID-19 lock downs in 2020. Funding is available for twice weekly therapy for up to 26 weeks.

PHNs will soon be undertaking a commissioning process to engage allied health providers to undertake this work. It is anticipated that this will occur in late February or March 2021.

The group therapy program allied health professionals are required to deliver is based on the SUNBEAM<sup>1</sup> program, which has been proven to be effective in preventing falls in the elderly.

Funding will be provided for:

- one initial meeting per professional group with each RACF to discuss the program;
- one face-to-face initial consultation per professional group for each participant;
- two hours of face-to-face group therapy per week per participant, over a minimum of two sessions (Please note, this is not per professional group - a resident cannot participate in two hours per week with one profession and another two hours per week with a second profession); and
- up to 26 weeks of therapy.

#### ***Requirements for the group therapy:***

- Group therapy to be led by a physiotherapist, occupational therapist or exercise physiologist. Allied health assistants, or student and/or RACF staff may also assist with program delivery.
- Before commencing the program, professionals will be expected to visit each RACF they will be working in to discuss logistics of the program with RACF management.
- Group therapy to be delivered twice each week on non-consecutive days. Each session should last approximately 1 hour.
- Group size is a maximum of 4 participants.
- The allied health provider must have an initial one-on-one consultation with each potential participant to determine baseline abilities. If a participant is suitable for group therapy, the provider will develop an individualised therapy plan and take baseline measures.
- Therapy must include:

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1. Hewitt J, et al. Progressive Resistance and Balance Training for Falls Prevention in Long-Term Residential Aged Care: A Cluster Randomized Trial of the Sunbeam Program. JAMDA 2018; 19 (4): 361-369. ISSN 1525-8610, <https://doi.org/10.1016/j.jamda.2017.12.014>.

- Resistance training: 2 to 3 sets of 10 to 15 repetitions that are moderately hard for the participant. Progressively increase repetitions and sets to 3 sets of 15 repetitions. Use weights when participants have progressed as outlined below.
- Balance work: Standing balance exercises that progressively increase in difficulty. Static balance exercises progress in level of difficulty as each level is able to be achieved for 30 seconds. 2 to 3 sets of 10 to 15 repetitions of dynamic balance exercise is prescribed at a level that is moderately hard for the participant. Progressively increase repetitions and sets to 3 sets of 15 repetitions.
- Weekly reviews (for 26 weeks) of intensity and/or repetitions, see example at **Annexure A**.
- This program will be evaluated. To assist with the evaluation, the Australian Government is encouraging professionals to take baseline measurements of participants at the initial consultation and at the conclusion of the program. It would also help if the average scores for participants in each RACF was provided to PHNs for their reporting requirements. Professionals are asked to follow the format recommended at **Annexure A** ensure consistency for the evaluation.
- It is anticipated that some residents will need to have their exercises modified because of functional limitations. Allied health professionals are expected to use their clinical judgement about the appropriateness of the exercises at Annexure A for the individual participant.
- The following link has all RACFs identified with COVID cases up until 23 October 2020. [www.health.gov.au/sites/default/files/documents/2020/10/covid-19-outbreaks-in-australian-residential-aged-care-facilities-23-october-2020\\_0.pdf](http://www.health.gov.au/sites/default/files/documents/2020/10/covid-19-outbreaks-in-australian-residential-aged-care-facilities-23-october-2020_0.pdf)  
Only RACFs on this list are eligible for the program.
- All residents in those 119 RACFs identified can participate, if willing and deemed able to participate by the assessing allied health practitioner.
- For further assistance on locating those RACFs in your region, go to: [www.gen-agedcaredata.gov.au/My-aged-care-region](http://www.gen-agedcaredata.gov.au/My-aged-care-region)

**Eligible PHNs:**

The eleven PHNs who will be commissioning the group therapy measure are:

*New South Wales*

- Nepean Blue Mountains PHN
- Northern Sydney PHN
- South West Sydney PHN
- Hunter New England and Central Coast PHN

*Victoria*

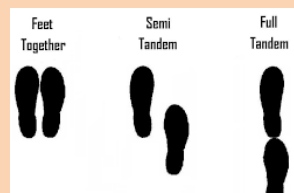
- Murray PHN
- North Western Melbourne PHN
- Eastern Melbourne PHN
- South Eastern Melbourne PHN
- Gippsland PHN
- Western Victoria PHN

*Tasmania*

- Tasmania PHN.

## Example routine and exercise record - SUNBEAM<sup>1</sup> II – Strength and balance exercise in aged care

<p><b>Principles:</b></p> <p><i>HINT:</i> These exercises form the basis for the group sessions using best evidence on dosage and exercise type.</p> <p><i>Incorporating music, themes, opportunity for fun and social participation may also improve the residents' enjoyment and attendance.</i></p>	<ol style="list-style-type: none"> <li>The allied health professional (AHP) must assess each resident and prescribe an individualised exercise dosage to accommodate his/her preferences, co-morbidities and abilities. Any exercise contra-indicated for an individual resident must be identified on initial assessment and omitted from the program.</li> <li>This program lists the key components of an exercise program with demonstrable results in Australian Residential Aged Care<sup>1</sup>. Each session should implement all components at the assessed level, but additional activities may also be included to increase variety and improve residents' enjoyment (determined by the AHP at each facility).</li> <li>All resistance training exercises are set at an individually assessed load where the resident starts with 2 sets of 10 repetitions (reps) at a moderate intensity (resident reports 12-14/20 on the Borg Scale of perceived exertion<sup>2</sup>). Once this load is reported as "easy" (&lt;12/20) the AHP should either increase the load or progress sets and reps up to 3 sets of 15 reps. Load, sets and/ or reps should be increased at regular intervals to ensure that the program is progressive.</li> <li>Balance exercises must be challenging to result in improvements, but safety is paramount. It is recommended that a chair/table is placed in front of each resident and another behind. Standby assistance is required for those with poor balance (individually assessed by the AHP)</li> <li>Progressing balance exercises may be performed by: (i) reducing the base of support (feet apart/together/semi-tandem or tandem) and/or (ii) reducing hand support (holding on with two hands, one hand or no hands) and/or (iii) performing with eyes closed.</li> <li>A warm-up and cool down may be added to the program and designed by the AHP to suit the preferences, and abilities of the group.</li> <li>Residents should be advised to expect some delayed onset muscle soreness (a normal response to unaccustomed exercise), but any other post exercise symptoms should be assessed individually by the treating AHP and the program modified accordingly.</li> </ol>																																																		
<p><b>Exercise</b></p>	<p><b>Instruction</b></p>																																																		
<p>Seated knee extensors (band, weight or gym)</p>	<p>Place a resistance band or free weight around the ankle, extend the knee against the resistance. Spread band wide (or use padding) to reduce risk of skin tear. [WITH GYM: Knee extension]</p>																																																		
<p>Knee flexors (band, weight or gym)</p>	<p>Seated - Place a resistance band or weight around the ankle, flex the knee against the resistance. Spread band wide (or use padding) to reduce risk of skin tear. Standing: use free weight with support</p>																																																		
<p>Sit to stand/Leg Press</p>	<p>Resident stands up fully then lowers to sit back on chair. [WITH GYM: Leg Press]</p>																																																		
<p>Seated Hip abduction (band)</p>	<p>Place resistance band around both knees (tie knees together). Abduct the hips against the resistance (use hip precautions for residents with a Total Hip Replacement). [WITH GYM: Hip Abduction/Adduction]</p>																																																		
<p>Seated Hip adduction</p>	<p>Place a balloon/ball/the resident's fist between the knees, squeeze knees together. [WITH GYM: as above]</p>																																																		
<p>Seated triceps (body weight) [WITH GYM: Triceps Dip]</p>	<p>Resident places both hands on the arms of their chair and pushes through the hands to raise their weight up, then lower back down. Feet remain on the ground throughout. (AHP to assess shoulders, elbows and wrists to determine suitability of this exercise, can be simplified by using legs to assist raise and lower).</p>																																																		
<p>Standing calf raise</p>	<p>Resident stands with chair in front and behind, raises up to tip toes then lowers. Can use 2,1 or no hands for support.</p>																																																		
<p>Static Balance: Standing</p>	<p>Feet apart/together/semi-tandem/tandem. Hand support – two/one/no hands on chair in front. Eyes open or closed. Aim to maintain for 45 seconds</p>																																																		
<p>Standing: Reaching outside base</p>	<p>Stand with feet hip distance apart. Reach outside base of support to the right, while transferring weight onto the right leg. Repeat all sets and reps on left side</p>																																																		
<p>Recovery steps</p>	<p>Exercise designed to train a quick recovery if falling. INSTRUCTION: "Step out quickly as if catching yourself from falling, slowly step back to neutral". This exercise is practiced stepping to each side, behind and in front. PROVIDE STAND BY ASSISTANCE</p>																																																		
<p><b>Abbreviations:</b></p>																																																			
<p>Standing/seated</p>	<p>Standing (ST) Seated (seated)</p>																																																		
<p>Support</p>	<p>Two hands (2H); One hand (1H); No hands (0H)</p>																																																		
<p>Foot position</p>	<p>Apart (A); Together (T); Semi-tandem (ST); Tandem (T)</p>																																																		
<p>Eyes</p>	<p>Eyes Open (EO); Eyes Closed (EC)</p>																																																		
<p><b>Recording</b></p>																																																			
<p>To reduce administration time exercise dosage can charted in this way:</p>	<table border="1"> <thead> <tr> <th></th> <th>LOAD</th> <th>Red band</th> <th>Red band</th> <th>Red band</th> <th>Red band</th> <th>Red band</th> <th>Red band</th> <th>Blue band</th> <th>Blue band</th> </tr> </thead> <tbody> <tr> <td>Standing bicep curl</td> <td></td> <td>A/T/ST/T</td> <td>A/T/ST/T</td> <td>A/T/ST/T</td> <td>A/T/ST/T</td> <td>A/T/ST/T</td> <td>A/T/ST/T</td> <td>A/T/ST/T</td> <td>A/T/ST/T</td> </tr> <tr> <td>Load – band *R</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bilateral</td> <td></td> <td>2</td> <td>2</td> <td>2/3</td> <td>2/3</td> <td>2/3</td> <td>2/3</td> <td>2/3</td> <td>2/3</td> </tr> <tr> <td></td> <td></td> <td>10</td> <td>10</td> <td>10/15</td> <td>10/15</td> <td>10/15</td> <td>10/15</td> <td>10/15</td> <td>10/15</td> </tr> </tbody> </table>		LOAD	Red band	Red band	Red band	Red band	Red band	Red band	Blue band	Blue band	Standing bicep curl		A/T/ST/T	A/T/ST/T	A/T/ST/T	A/T/ST/T	A/T/ST/T	A/T/ST/T	A/T/ST/T	A/T/ST/T	Load – band *R										Bilateral		2	2	2/3	2/3	2/3	2/3	2/3	2/3			10	10	10/15	10/15	10/15	10/15	10/15	10/15
	LOAD	Red band	Red band	Red band	Red band	Red band	Red band	Blue band	Blue band																																										
Standing bicep curl		A/T/ST/T	A/T/ST/T	A/T/ST/T	A/T/ST/T	A/T/ST/T	A/T/ST/T	A/T/ST/T	A/T/ST/T																																										
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Bilateral		2	2	2/3	2/3	2/3	2/3	2/3	2/3																																										
		10	10	10/15	10/15	10/15	10/15	10/15	10/15																																										



**Example routine and exercise record - SUNBEAM<sup>1</sup> II – Strength and balance exercise in aged care**

Name:		Address:							
Pre-program SPPB scores <sup>2</sup>	3m walk (s)	Score	5x sit-stand (s)	Score	Balance	Score	TOTAL	Score	
	Week 1		Week 2		Week 3		Week 4		
Exercise	DATE								
Seated knee extensors RIGHT	LOAD								
	SETS	2	2	2/3	2/3	2/3	2/3	2/3	
	REPS	10	10	10/15	10/15	10/15	10/15	10/15	
Seated knee extensors LEFT	LOAD								
	SETS	2	2	2/3	2/3	2/3	2/3	2/3	
	REPS	10	10	10/15	10/15	10/15	10/15	10/15	
Seated/standing knee flexors RIGHT	LOAD								
	SETS	2	2	2/3	2/3	2/3	2/3	2/3	
	REPS	10	10	10/15	10/15	10/15	10/15	10/15	
	ST/seated	ST/seated	ST/seated	ST/seated	ST/seated	ST/seated	ST/seated	ST/seated	
Seated/standing knee flexors LEFT	LOAD								
	SETS	2	2	2/3	2/3	2/3	2/3	2/3	
	REPS	10	10	10/15	10/15	10/15	10/15	10/15	
	ST/seated	ST/seated	ST/seated	ST/seated	ST/seated	ST/seated	ST/seated	ST/seated	
Sit to stand (or leg press)	LOAD								
	SETS	2	2	2/3	2/3	2/3	2/3	2/3	
	REPS	10	10	10/15	10/15	10/15	10/15	10/15	
Hip abduction, bilateral	LOAD								
	SETS	2	2	2/3	2/3	2/3	2/3	2/3	
	REPS	10	10	10/15	10/15	10/15	10/15	10/15	
Hip adduction, bilateral	LOAD								
	SETS	2	2	2/3	2/3	2/3	2/3	2/3	
	REPS	10	10	10/15	10/15	10/15	10/15	10/15	
Seated triceps, bilateral	SETS	2	2	2/3	2/3	2/3	2/3	2/3	
	REPS	10	10	10/15	10/15	10/15	10/15	10/15	
Standing calf raise, bilateral	Support	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	
	SETS	2	2	2/3	2/3	2/3	2/3	2/3	
	REPS	10	10	10/15	10/15	10/15	10/15	10/15	
Static Balance: Standing	Feet	A/T/ST/T	A/T/ST/T	A/T/ST/T	A/T/ST/T	A/T/ST/T	A/T/ST/T	A/T/ST/T	
	Eyes	EO/EC	EO/EC	EO/EC	EO/EC	EO/EC	EO/EC	EO/EC	
	Support	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	
	Time (s)								
Standing: Reaching outside base - RIGHT	Support	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	
	Sets	2/3	2/3	2/3	2/3	2/3	2/3	2/3	
	Reps	10/15	10/15	10/15	10/15	10/15	10/15	10/15	
Standing: Reaching outside base- LEFT	Support	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	
	Sets	2/3	2/3	2/3	2/3	2/3	2/3	2/3	
	Reps	10/15	10/15	10/15	10/15	10/15	10/15	10/15	
Recovery steps: RIGHT	Support	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	
	Sets	2/3	2/3	2/3	2/3	2/3	2/3	2/3	
	Reps	10/15	10/15	10/15	10/15	10/15	10/15	10/15	
Recovery steps: LEFT	Support	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	
	Sets	2/3	2/3	2/3	2/3	2/3	2/3	2/3	
	Reps	10/15	10/15	10/15	10/15	10/15	10/15	10/15	
Recovery steps: BACK	Support	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	
	Sets	2/3	2/3	2/3	2/3	2/3	2/3	2/3	
	Reps	10/15	10/15	10/15	10/15	10/15	10/15	10/15	
Recovery steps: FORWARD	Support	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	2H/1H/0H	
	Sets	2/3	2/3	2/3	2/3	2/3	2/3	2/3	
	Reps	10/15	10/15	10/15	10/15	10/15	10/15	10/15	

**NOTES:**

- Equipment: Light and moderate resistance bands, cuff style weights (0.5kg, 1.0kg, 2.0kg) or gym equipment.
- Class style/duration: Exercises can be performed in any order, you may run through the whole list then repeat x 2 OR set up a circuit. If finished early, other exercises may be added to this base list of key exercises.
- Record cancelled sessions as CXL with the Date on this sheet in the relevant column (Week 1,2,3,4)