

Quick Reference Cards (UK) and Guidance Notes for physiotherapists working with people with Parkinson's Disease (2009)

Based on the Royal Dutch Society for Physical Therapy
Guidelines for Physical Therapy in patients with Parkinson's Disease (2004)

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Introduction

In 2004, the Royal Dutch Society for Physical Therapy (KNGF) published the *Guidelines for Physical Therapy in patients with Parkinson's disease* (Keus et al 2004); these Guidelines provide the best available evidence for use in clinical practice.

An innovative feature of the Dutch Guidelines is the inclusion of four Quick Reference Cards (QRC) designed to directly support clinical practice at any stage of Parkinson's disease—in the clinic, on the ward or in community settings. These are of particular importance as most physiotherapists do not work in specialist centres where they have the opportunity of working with large numbers of patients with Parkinson's disease.

The UK version of the Quick Reference Cards (QRC: UK)

A group of UK clinical, research and academic physiotherapists have worked together to review the four Quick Reference Cards (QRC) developed by the Royal Dutch Society for Physical Therapy. They have adapted them for use in relation to UK physiotherapy practice with Parkinson's disease, in the hope of providing standardised guidance to clinicians. This process has not included a review of tools for use in research.

The initiative was initially driven by the Parkinson's Disease Society in the UK, supported by AGILE (chartered physiotherapists working with older people) and Association of Chartered Physiotherapists in Neurology (ACPIN), clinical interest groups of the Chartered Society of Physiotherapy (CSP). Use of these QRCs will also prepare the ground for the National Audit being planned to review implementation of the NICE Guideline for Parkinson's disease (2006)

Permission to alter the cards in the context of UK practice has been granted by the Royal Dutch Society for Physical Therapy, plus permission for clinicians to print the tools recommended has been agreed by the relevant publishing authors.

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A note to clinicians using the guidance notes

The Quick Reference Cards (QRC) relate to best practice in Parkinson's disease in relation to the diagnostic processes (QRC 1: History-taking; QRC 2: Physical examination), and the therapeutic processes (QRC 3: Specific treatment goals and QRC 4: Treatment strategies).

The cards are so designed that each of the four areas under examination fits on a single page of A4. The individual pages can be printed and laminated, and hence placed in an accessible area for clinicians to use as a guide.

The following guidance notes only expand on those areas specifically altered/added to the UK version of the QRCs. The supplementary items suggested for identification of a specific issue do not provide a comprehensive nor definitive list; clinicians may already be using others in clinical practice, e.g. timed leg stances for balance testing.

The notes should be read in conjunction with the original guidelines found at www.fysionet.nl/dossier_files/uploadFiles/Eng_RichtlijnParkinsonsdisease_251006.pdf or at the www.cebp.nl/?NODE=69 as these provide a full explanation of how to use the original guidelines, a glossary of terms, examples of the measurement tools considered and suggested strategies to aid movement.

Please note that the document has been formatted to remove visibility of page numbers and the words 'Appendix X' from the printed copy; this is to allow the clinician to print and use the pages directly in practice. If you are printing a paper copy to file however, you will have to add page numbers and appendices by hand.

Intellectual property

The work within these guidelines remains the intellectual property of the UK Guideline Group. However, we acknowledge that in clinical practice, organisations may require a recognised (their own or the NHS) logo to be visible on clinical documents. Also a clinician may choose to add part of these Guidelines to an already existing pathway for assessment and intervention in Parkinson's disease.

We request that the content of the tools should remain unaltered, yet agree to the adaptation of any part of this document to permit the addition of information to suit a service need. If this is done, please credit the specific authors for their work and acknowledge permission from this Guideline Group.

References: Keus SHJ, Hendriks HJM, Bloem BR, Bredero-Cohen AB, de Goede CJT, van Haaren M, Jaspers M, Kamsma YPT, Westra J, de Wolff BY, Munneke M (2004). Clinical practice guidelines for physical therapy in patients with Parkinson's disease. *Supplement of the Dutch Journal of Physiotherapy*; 114 (3).

National Institute of Clinical Health and Excellence (2006). CG35: Parkinson's disease: diagnosis and management in primary and secondary care. London, RCP

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Diagnostic process: Quick Reference Card 1: History-taking

Measures of the physical activity

In response to the NICE Guidance 2006 endorsing Brief Interventions for *Physical Activity in Primary Care*, the Department of Health (DH) has now developed a Physical Activity Care Pathway to screen patients for inactivity.

According to the Guidelines, if an individual is identified as less than active, practitioners should offer a brief intervention in physical activity.

The 2004 the DH Public Health White Paper recommended that the British population undertake a **minimum of 30 minutes of activity, at least 5 days a week to maintain physical health.**

The two tools considered in the QRC: UK are questionnaires developed to provide information in clinical practice on whether people are sufficiently physical active.

1. Phone FITT (Gill et al 2008)

The Phone-FITT, a brief physical activity (PA) interview for older adults, was developed to measure the dimensions of PA, i.e. frequency, intensity, time and type, in a population of older people who might have lower levels of PA. In the tool, summary scores are derived for household, recreational, and total PA. As yet, it has only been evaluated for preliminary evidence of its test-retest reliability and validity.

As the name suggests, the tool can be administered either by telephone interview or through self-administration over the phone, or can be left for the person to fill in themselves. This scale is similar to the LASA Physical Activity Questionnaire (LAPAQ) used in the original Dutch guideline and is appropriate in that it expressly asks for duration of specific activities.

See Appendix 1 for copy on page 10

References: Gill D, Jones G, Zou GY, Speechley M (2008). The Phone-FITT: A Brief Physical Activity Interview for Older Adults. *Journal of Aging and Physical Activity*; 16; 292–315.

2. The General Practice Physical Activity Questionnaire (GPPAQ)

The General Practice Physical Activity Questionnaire (GPPAQ) was commissioned by the DH and developed by the London School of Hygiene & Tropical Medicine as a validated short measure of physical activity.

The GPPAQ was developed to assist Primary Care Trusts meet the National Service Framework recommendations that “*primary care teams assess and record the modifiable risk factors for each of their patients, including physical activity*”.

The GPPAQ is a validated screening tool for use in primary care and is the recommended screening tool of the Physical Activity Care Pathway. It:

- is used to assess adult (16–74 years) physical activity levels
- provides simple, four-level Physical Activity Index (PAI) categorising patients as: Active, Moderately Active, Moderately Inactive, and Inactive
- is used to help inform a practitioner of when a brief intervention to increase physical activity is appropriate

A copy of the printable PDF or Excel version plus guidance document is available at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063812

See Appendix 2 for copy on page 14

Measures for the 'Falls Risk' section

When considering falls, there are two issues to consider:

- 1 A record of fall incidents and near fall incidents – for this, it is recommended that a clinician use the 'History of Falling' questionnaire.
- 2 Fear of falling is reported by one in four older people in the community, with a higher prevalence among those who have fallen and people in institutional care. Fear of falling can lead to distress and reduced quality of life, increased medication use and activity restriction, further decline in physical functioning, greater falling risk, and admission to institutional care. When recording which tasks affect a person's fear of falling, use the International Falls Efficacy Scale (FES-I), but remember, this tool does not record falls risk or near misses.

1 History of falls questionnaire (Stack and Ashburn 1999)

It has been noted that superficial exploration of fall history is likely to provide inaccurate data in any population. According to Stack and Ashburn (1999), for people with Parkinson's, 'near-misses' were familiar experiences, and aspects common to falls and near-misses, particularly turning, suggest a natural progression of activity-related falls. Their research suggests to clinicians that knowing in which circumstances (environmental and behavioural) someone with Parkinson's has fallen allows the situation to be specifically addressed. Falling repeatedly in one place suggests a specific behaviour-environment interaction. The study identified questions to use to help people recount falls and near-misses (fall events) and to identify the surrounding circumstances.

See Appendix 3 for copy on page 15

References: Stack E and Ashburn A (1999). Fall events described by people with Parkinson's disease: Implications for clinical interviewing and the research agenda. *Physiotherapy Research International*; 4(3); 190–199.

2 The Falls Efficacy Scale – International

The Falls Efficacy Scale – International (FES-I) was developed through a series of meetings between members of the Prevention of Falls Network Europe (ProFaNE), an EC funded collaboration co-ordinating research into fall prevention. It is based on the 'Falls Efficacy Scale' (FES), developed to measure confidence in performing (and its later modifications) activities related with balance and gait. It has been used to predict future falls and decline in functional capacity, and most importantly, the FES has proven sensitive to change in fears following clinical interventions.

There are two versions of the FES-I

1. The full 16-item Falls Efficacy Scale-International (FES-I) has been shown to have excellent reliability and construct validity.
2. For practical and clinical purposes, a shortened version of the FES-I has been developed which preserves good psychometric properties of the full version.

Although the full FES-I has slightly better power to discriminate between groups differentiated by age, sex, falls history, and fear falling, the differences are small. This version is recommended for use by researchers or clinicians if interested in the distributions of specific fear of falling-related activities.

Such activities are not included in the Short FES-I. However, in clinical practice where time is limited and paperwork often excessive, most clinicians recommend the use of the short FES-I.

N.B. **Translations available through www.profane.eu.org.** The Short FES-I includes items 2, 4, 6, 7, 9, 15 and 16 of the original FES-I.

See Appendix 4 for copy on page 16

The EQ-5D

The EQ-5D is a standardised instrument for use as a measure of health outcome. It is applicable to a wide range of health conditions and treatments and able to provide a simple descriptive profile and a single index value for health status. The EQ-5D was originally designed to complement other instruments but is now increasingly used as a 'stand alone' measure. It has been shown to correlate well with the PDQ-39.

An EQ-5D health state (or profile) is a set of observations about a person defined by a descriptive system. The health state may be converted to a single summary index by applying a formula that essentially attaches weights to each of the levels in each dimension. This formula is based on the valuation of EQ-5D health states from general population samples.

The EQ-5D was established and subsequently developed by the EuroQol Group, established in 1987. The aim of the group was to test the feasibility of jointly developing a standardised non-disease-specific instrument for describing and valuing health-related quality of life.

Cost and availability: Free access (fees for commercial/pharmaceutical companies). It is also one of the tools being considered as part of the Patient Related Outcome Measures process under development by the Department of Health.

Administration: Self-reported (observer, proxy and telephone versions are available)

Time to complete: 8 minutes

Number of items: 5 (3 response options per domain), plus a visual analogue scale

Name of categories/domains: Mobility; Self-care; Usual activity; Pain; Anxiety/depression

Scaling of items: Participants are asked to indicate their level of health by checking one of three boxes for each domain. For the visual analogue scale, participants draw a line from a box to the point on the thermometer-like scale corresponding to their health state, 0–100 (100 = Best health state)

Scoring: Weights are used to score the responses to the 5 domains, with scores ranging from -0.59 to 1 (where a score of 1 represents best health state). Scores for the visual analogue scale reflect the position where participant's line crosses the thermometer-like scale.

See Appendix 5 for copy of the tool on page 17

More information including the scoring system can be downloaded at:

www.euroqol.org/fileadmin/user_upload/Documenten/PDF/User_Guide_v2_March_2009.pdf

The Parkinson's Disease Questionnaire – PDQ-39

The PDQ-39 is the most widely used Parkinson's disease specific measure of health status. It contains 39 questions, covering eight aspects of quality of life. The instrument was developed on the basis of interviews with people diagnosed with the condition and is a self completion instrument designed to address aspects of functioning and wellbeing adversely affected by Parkinson's disease.

The questionnaire has been widely validated, and translated into over fifty languages. This official website www.publichealth.ox.ac.uk/units/hsrc/PDQ provides an overview of the PDQ-39, information on publications which use or cite the instrument, translations available and details of how to obtain copies, as well as how to score and interpret PDQ-39 data.

Information is also provided on the shorter form, PDQ-8, which provides a summary measure of quality of life in Parkinson's disease; this shorter eight-item measure of health status is derived from the PDQ-39.

The questionnaire provides scores on eight scales: mobility, activities of daily living, emotions, stigma, social support, cognitions, communication and bodily discomfort. It is of use in studies where a very brief, economical measure of subjective health is needed.

References: Jenkinson C, Fitzpatrick R, Peto V, Harris R, Saunders P (2008). *New user manual for the PDQ-39, PDQ-8 and PDQ index* 2nd Edition. Health Services Research Unit, University of Oxford. ISBN 1 874551 70 7
Price at the time this Guidance was published is £22.50 plus postage and packing (Discounts for NHS, Charities and Students)

Tragus-to-wall measures

The tragus-to-wall distance (TWD) measure was designed as a measurement of spinal mobility in ankylosing spondylitis. It was found to be comparable to the original measure of occiput-to-wall (OWD) (Heuft-Dorenbosch et al 2004) and is often measured in conjunction with a height to record both postural changes vertically and in the sagittal plane as it monitors any increase in head-to-wall distance. The distance has been correlated with radiographic change in the cervical spine (Haywood et al 2004)

In general, the TWD is considered easier to perform compared to the occiput measure as the landmarks are more easily found. However, as the OWD measurement has a value of zero ascribed within the design of the measure, it can easily distinguish people with normal thoracic spine extension from those with a kyphosis.

Instructions for measuring

Equipment: Measured with a tape measure

Instructions: As the TWD measures the horizontal distance between the right tragus and the wall, instruct the person being measured to stand with their heels and buttocks against the wall, knees extended, shoulders back and chin tucked in.

Measure the distance from tragus to wall.

N.B. A larger distance between measures as the condition progresses indicates worse spinal/ upper cervical posture.

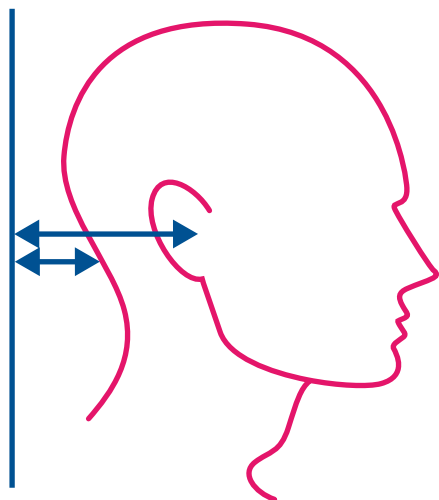


Diagram 1: Illustrates Tragus-to-wall distance (above) and Occiput-to-wall distance (below)

References: Haywood KL, Garratt AM, Jordan K, Dziedzic K, Dawes PT (2004). Spinal mobility in ankylosing spondylitis: Reliability, validity and responsiveness. *Rheumatology*; 43; 750–757. Heuft-dorenbosch L, Vosse Debby, Landewe R, Spoorenberg A, Dougados M, Mielants H, Van der Tempel H, Van der Linden S, Van der Heijde D (20004). *Journal of rheumatology*; 31 (9); 1779–1784

The Phone-FITT

“Now I’d like to ask you about some physical activities and find out how often you do them, for how long, and how out of breath you feel. First, I’d like you to think about activities you did around your home, in a typical week in the last month.”

Interviewer: Ask about each activity listed in the following two charts. If respondent answers ‘yes’ to engaging in activity (Q1), ask Q2–4 for that activity; otherwise, skip to the next activity. Record answers in charts.

- 1 In a typical week in the last month, did you engage in?
- 2 How many times a week did you do this?
- 3 About how much time did you spend on each occasion? **(Read categories)**
- 4 On average, when doing this activity, how did you feel? Were you... **(Read categories)**

Household activities

Activity	(Q1) Participated?	(Q2) Frequency (x/wk)	(Q3) Duration Mark one only	(Q4) Intensity Mark one only
A Light housework such as tidying, dusting, laundry or ironing	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
B Making meals, setting and clearing the table, and washing dishes	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
C Shopping (for groceries or clothes for example)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
D Heavy housework such as vacuuming, scrubbing floors, mopping, washing windows or carrying rubbish bags	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
E Home maintenance such as painting, raking leaves or shoveling snow	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
F Caring for another person (such as pushing a wheelchair, or helping person in/ out of a chair/bed).	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation

Next, I’d like you to think about activities you did for recreation or conditioning in a typical week in the last month.

Gill DP, Jones GR, Zou GY & Speechley M (July 2008). The Phone-FITT: A brief physical activity interview for older adults. *Journal of Aging and Physical Activity*, 16(3).

Recreational and conditioning activities

Activity	(Q1) Participated?	(Q2) Frequency (x/wk)	(Q3) Duration Mark one only	(Q4) Intensity Mark one only
G Lifting weights to strengthen your legs	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
H Other exercises designed to strengthen your legs (such as standing up/sitting down several times in a chair or climbing stairs)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
I Lifting weights or other exercises to strengthen your arms (such as wall push-ups)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
J Other home exercises not already mentioned, such as stretching or balance exercises	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
K Walking for exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
L Dancing	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
M Swimming	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
N Cycling	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation

Now I would like to ask you about two specific activities that are seasonal and about any other activities that you do.

Interviewer: Ask about each activity listed in the following chart. If the respondent answers ‘yes’ to engaging in activity (Q5), ask Q6–8 for that activity; otherwise skip to the next activity. Record answers in chart.

Gill DP, Jones GR, Zou GY & Speechley M (July 2008). The Phone-FITT: A brief physical activity interview for older adults. *Journal of Aging and Physical Activity*, 16(3).

- 5 Do you?
- 6 (a) When you do this activity, how many times in a typical week do you do it?
 (b) How many months in this past year did you do this activity?
- 7 About how much time did you spend on each occasion? **(Read categories)**
- 8 On average when doing this activity, how did you feel? Were you... **(Read categories)**

Seasonal Recreational Activities

Activity	(Q5) Participated?	(Q6) Frequency	(Q7) Duration Read categories. Mark one only.	(Q8) Intensity Read categories. Mark one only.
O Golf Tick: <input type="checkbox"/> use cart <input type="checkbox"/> do not use cart	<input type="checkbox"/> Yes <input type="checkbox"/> No	A. (no. times a week) B. (no. months a year)	<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
P Garden	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation

- 9 Do you participate in any other regular physical activities that we haven't asked you about?
 Yes
 No (go to closing remarks)

Interviewer: if respondent answers “yes” to Q9, ask what the activity is, followed by Q6–8 (listed above). Repeat this process for up to three ‘other’ activities. Record answers in chart.

Other Physical Activities

Activity	(Q6) Frequency	(Q7) Duration Read categories. Mark one only.	(Q8) Intensity Read categories. Mark one only.
O Other:	A. (no. times a week) B. (no. months a year)	<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
R Other:	A. (no. times a week) B. (no. months a year)	<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation
S Other:	A. (no. times a week) B. (no. months a year)	<input type="checkbox"/> 1–15 min <input type="checkbox"/> 16–30 min <input type="checkbox"/> 31–60 min <input type="checkbox"/> 1 hr +	<input type="checkbox"/> Breathing <i>normally</i> and able to carry on a conversation <input type="checkbox"/> <i>Slightly</i> out of breath <i>but</i> still able to carry on a conversation <input type="checkbox"/> <i>Too</i> out of breath to carry on a conversation

Closing remarks: thank you very much for taking the time to complete this interview.

Gill, DP, Jones GR, Zou, GY, & Speechley M (July 2008). The Phone-FITT: A brief physical activity interview for older adults. *Journal of Aging and Physical Activity*, 16(3).

Calculating Phone-FITT summary scores:

Duration codes

0 = 0 minutes
 1 = 1–15 minutes
 3 = 16–30 minutes
 4 = 1 hour+

Summary codes

0 = Does not apply (did not do the activity)
 1 = Breathing normally and able to carry on a conversation
 2 = Slightly out of breath but still able to carry on a conversation

Frequency + duration (FD) Summary scores

Household = Sum of frequency (number of times per week) and duration code (0–4) for each household activity, summed across all household activities (A–F)

Recreational = Sum of frequency (number of times per week) and duration code (0–4) for each recreational activity, summed across all recreational activities (G–S)

Total = Sum of household and recreational FD scores

Frequency + duration + intensity (FDI) summary scores

Household = Sum of frequency (no. of times per week), duration code (0–4) and intensity codes (0–3) for each household activity, summed across all household activities (A–F)

Recreational = Sum of frequency (no. of times per week), duration code (0–4) and intensity codes (0–3) for each recreational activity, summed across all recreational activities (G–S)

Total = Sum of household and recreational FDI scores

Note: For activities O–S, 1 frequency score (number of times per week on average within the past year) is obtained by multiplying [A: No. of times per week] by [B: No. of months per year divided by 12]. If participant reports they golf, ask if they use a cart. If the answer is ‘yes’, their golf sub-scores remain unchanged; if the answer is ‘no’, multiply their golf sub-score by 2; if they report ‘sometimes’, multiply their golf sub-scores by 1.5.

Example

Activity	Y / N	F	D	I	F=D (FD)	F+D+I (FDI)
A Light housework	Y	3	2	2	5	7
B Meal preparation / clean-up	Y	7	3	1	10	11
C Shopping	Y	0.5	4	2	4.5	6.5
D Heavy housework	N	0	0	0	0	0
E Home maintenance	N	0	0	0	0	0
F Caregiving	N	0	0	0	0	0
Household summary score					Σ = 19.5	Σ = 24.5
G Leg strength (weights)	N	0	0	0	0	0
H Leg strength (other)	Y	2	1	1	3	4
I Arm strength	Y	2	1	1	3	4
J Stretching and / or balance	Y	7	2	1	9	10
K Walking for exercise	Y	3	2	3	5	8
L Dancing	N	0	0	0	0	0
M Swimming	N	0	0	0	0	0
N Cycling	N	0	0	0	0	0
O Golf	N	A:0; B:0	0	0	0	0
P Gardening	Y	A:3; B:5*	4	2	5.25	7.25
Q Other	Y	A:1; B:12**	4	1	5	6
R Other	N	A:0; B:0	0	0	0	0
S Other	N	A:0; B:0	0	0	0	0
Recreational summary score					Σ = 30.25	Σ = 39.25
Total summary score					Σ = 49.75	Σ = 63.75

* A:3; B:5 = 3 x (5/12) = 1.25 **A:1; B:12 = 1 x (12/12) = 1

General practice physical activity questionnaire

- 1 Please tell us the type and amount of physical activity involved in your work. Please tick one box that is closest to your present work from the following five possibilities:

		Please mark one box only
a	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc)	
b	I spend most of my time at work sitting (such as in an office)	
c	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc)	
d	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc)	
e	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc)	

- 2 During the *last week*, how many hours did you spend on each of the following activities?
(Please answer whether you are in employment or not)

Please mark one box only on each row

		None	Some but less than 1 hour	1 hour or more but less than 3	3 hours or more
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc				
b	Cycling, including cycling to work and during leisure time				
c	Walking, including walking to work, shopping, for pleasure etc				
d	Housework/childcare				
e	Gardening/DIY				

- 3 How would you describe your usual walking pace? Please mark one box only.

Slow pace (i.e. less than 3mph)

Brisk pace

Steady average pace

Fast pace (i.e. over 4mph)

For actions to take, see NICE Guideline – PH12 Four commonly used methods to increase Physical activity: Implementation advice (2006)

www.nice.org.uk/guidance/index.jsp?action=download&r=true&o=31846

History of falls questionnaire

An initial unspecific question is posed:

Have you fallen or ended up on the ground for any reason?

If a positive response is received, this is followed by this ten-question checklist:

- 1 How many times have you fallen in the last 12 months? (or other period of time, as required)
Prompt (as above) to clarify then, for each fall, ask:
- 2 Where were you when you fell?
- 3 What were you doing or trying to do at the time?
- 4 What do you think caused you to fall?
- 5 Do you remember how you landed?
- 6 Have you had any near misses in the last 12 months? (or other period of time, as required)
- 7 How often would you say you have near misses?
- 8 What sort of things were you doing when you nearly fell?
- 9 Why do you think you nearly fell?
- 10 How did you save yourself from falling?

Reference: Stack E and Ashburn A (1999) 'Fall events described by people with Parkinson's disease: Implications for clinical interviewing and the research agenda' *Physiotherapy Research International*; **4**(3); 190–199

Short FES-I

Introduction:

Now we would like to ask some questions about how concerned you are about the possibility of falling. Please reply thinking about how you usually do the activity. If you currently do not do the activity, please say whether you think you would be concerned about falling **IF** you did the activity.

For each of the following activities, please tick the box which is closest to your own opinion to show how concerned you are that you might fall if you did this activity.

Item	Question	Answer option
1	Getting dressed or undressed	1 Not at all concerned 2 Somewhat concerned 3 Fairly concerned 4 Very concerned
2	Taking a bath or shower	1 Not at all concerned 2 Somewhat concerned 3 Fairly concerned 4 Very concerned
3	Getting in or out of a chair	1 Not at all concerned 2 Somewhat concerned 3 Fairly concerned 4 Very concerned
4	Going up or down stairs	1 Not at all concerned 2 Somewhat concerned 3 Fairly concerned 4 Very concerned
5	Reaching for something above your head or on the ground	1 Not at all concerned 2 Somewhat concerned 3 Fairly concerned 4 Very concerned
6	Walking up or down a slope	1 Not at all concerned 2 Somewhat concerned 3 Fairly concerned 4 Very concerned
7	Going out to a social event (e.g. religious service, family gathering or club meeting)	1 Not at all concerned 2 Somewhat concerned 3 Fairly concerned 4 Very concerned

Handling Short FES-I sum scores:

To obtain a total score for the Short FES-I simply add the scores on all the items together, to give a total that will range from 7 (no concern about falling) to 28 (severe concern about falling).

Handling Short FES-I missing data:

If data is missing on more than one item then that questionnaire cannot be used. If data is missing on no more than one of the seven items then calculate the sum score of the six items that have been completed (i.e. add together the responses to each item on the scale), divide by six, and multiply by seven. The new sum score should be rounded up to the nearest whole number to give the score for an individual.

EQ-5D

Introduction:

By placing a tick in one box in each group below, please indicate which statements best describe your own health today.

Mobility

- I have no problems in walking
- I have some problems in walking
- I am confined to bed

Self-care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

Usual activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

Pain/discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

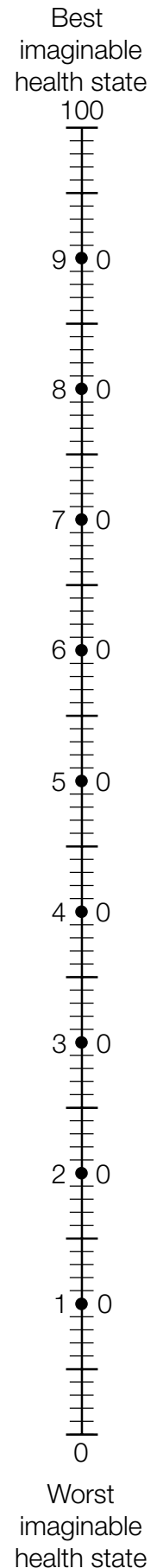
Anxiety/depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**Your own
health state
today**



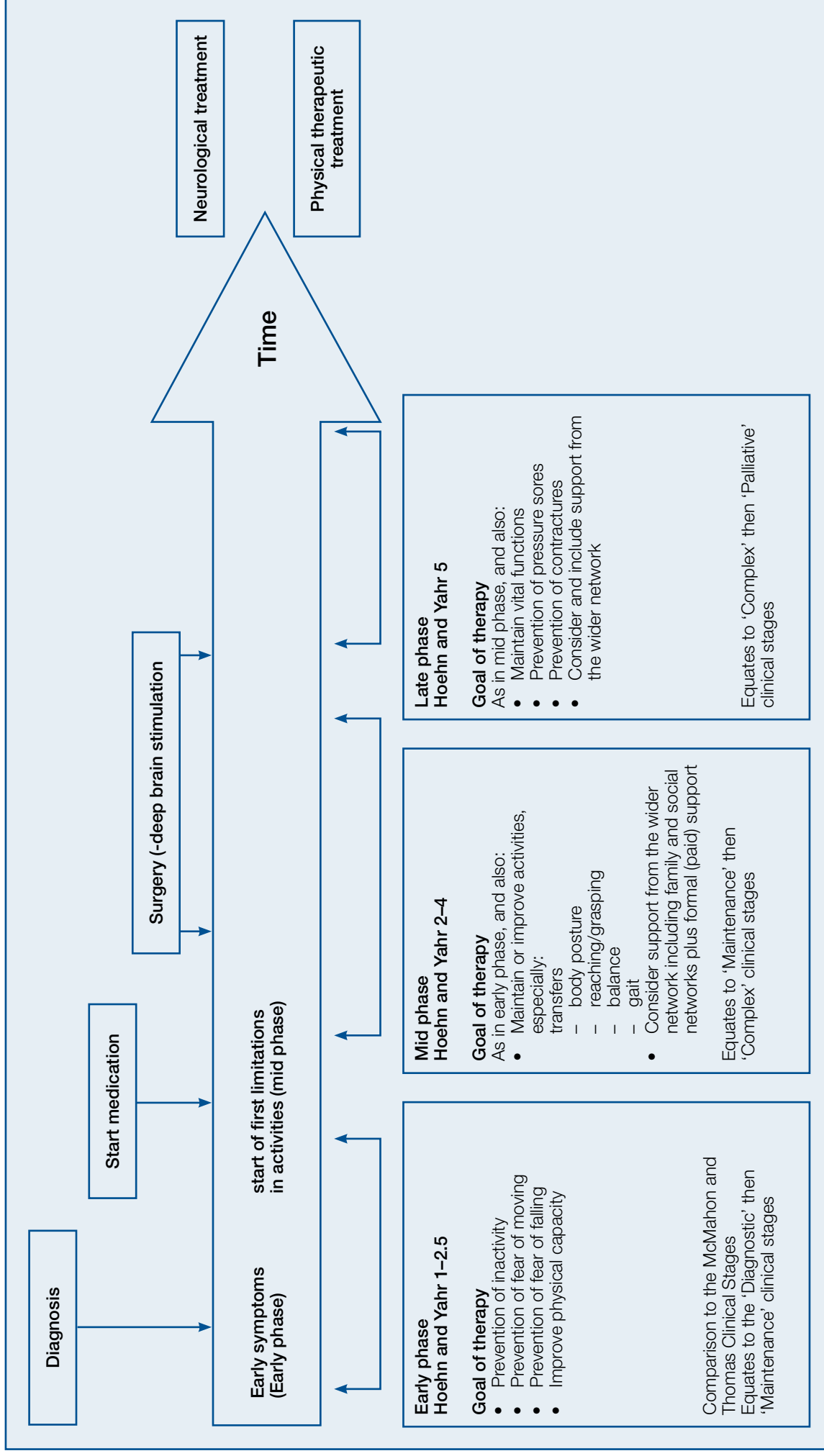
Diagnostic process Quick Reference Card 1: History-taking

Patient's perceived problems	Use any stated problems plus the patient 'expectations' box from below to agree realistic goals that will form a primary person-specific outcome measure
Course of the disease and current status	Onset of complaints; how long since the diagnosis; result of earlier diagnostics; severity and nature of the condition
Participation problems	Problems with relationships; profession and work; social life including leisure activities
Impairments in functions and limitations in activities	<p>Transfers : Sit down; rise from floor or chair; get in or out of bed; roll over in bed (sleeping problems); get in or out of a car</p> <p>Body posture : Ability to actively correct posture; pain due to postural problems; problems with reaching, grasping and moving objects</p> <p>Balance : Feeling of impaired balance while standing and during activities; orthostatic hypotension; difficulty with dual tasking (motor activity, cognitive)</p> <p>Reaching and grasping : Household activities (small repairs, clean, cook, slice food, hold a glass or cup without spilling); personal care (bath, get dressed/undressed, button up, lace up shoes)</p> <p>Gait : Use of aids; walk in the house; climb the stairs, walk short distances outside (100m); walk long distances outside (>1 km); start; stop; turn; speed; onset of festination; onset of freezing (use the Freezing of Gait Questionnaire); relation to falls and the use of cues</p>
Physical activity	Influence of tiredness, the time of the day and medication on the performance of activities; influence of tremor on the performance of activities
Falls risk	Frequency and duration per week compared to the Department of Health's recommendation of at least 30 min/day for five days a week; if unsure, use Phone FITT or General Practice Physical Activity Questionnaire (GPPAQ) depending on your patient
Co-morbidity	For recording fall incidents and near fall incidents, use the questionnaire 'History of Falling' For fear of falling, if patients has had near misses this past year, use the International Falls Efficacy Scale (I - FES)
Treatment	Pressure sores; osteoporosis and mobility-limiting disorders such as arthritis, rheumatoid arthritis, heart failure and COPD
Other factors	Current treatment (e.g. medication and outcome) and earlier medical and allied health treatment type and outcome
	Mental factors : Ability to concentrate; memory; depression; feeling isolated and lonely; being tearful; anger; concern for the future
	Personal factors : Insight into the disease; socio-cultural background; attitude (e.g. with regard to work); coping (e.g. the perception of the limitations and possibilities, the patient's solutions with regard to the limitations)
	External factors : Attitudes, support and relations (e.g. with partner, primary care physician, employer); accommodation (e.g. interior, kind of home); work (content, circumstances, conditions, and relations)
Expectations	Expectations of the patient with regard to prognosis; goal and course of the treatment; treatment outcome; need for information, advice and coaching

Diagnostic process Quick Reference Card 2: Physical examination

	Physical capacity	Transfers	Body posture/reaching and grasping	Balance	Gait
Physical examination Include any reported or detected sensory alterations plus description	Expressing itself in reduced: mobility of joints <input type="checkbox"/> thoracic spinal column <input type="checkbox"/> cervical spinal column <input type="checkbox"/> other joints, namely: muscle length <input type="checkbox"/> calf muscles <input type="checkbox"/> hamstrings <input type="checkbox"/> other muscles, namely: muscle strength <input type="checkbox"/> trunk extensors <input type="checkbox"/> knee extensors <input type="checkbox"/> knee flexors <input type="checkbox"/> plantar flexors of the ankle <input type="checkbox"/> other muscles, namely: <input type="checkbox"/> control of respiration <input type="checkbox"/> physical condition	Problems with: <input type="checkbox"/> sitting down (chair) <input type="checkbox"/> rising from a chair <input type="checkbox"/> rising from the floor <input type="checkbox"/> getting in and out of bed <input type="checkbox"/> rolling over in bed <input type="checkbox"/> getting in or out of a car	Expressing itself in: <input type="checkbox"/> increased flexion while sitting <input type="checkbox"/> increased flexion while standing <input type="checkbox"/> increased flexion while walking <input type="checkbox"/> increased flexion while lying <input type="checkbox"/> inability to actively correct posture <input type="checkbox"/> pain (especially in neck, back, with an idea of the origin of the pain e.g. musculo-skeletal, dystonic, central etc)	During: <input type="checkbox"/> standing (eyes open/closed) <input type="checkbox"/> rising from a chair <input type="checkbox"/> turning while standing <input type="checkbox"/> walking <input type="checkbox"/> bending forward <input type="checkbox"/> dual tasking with two motor activities e.g. walking and carrying an object <input type="checkbox"/> multi tasking with a cognitive + motor activity e.g. walking and talking <input type="checkbox"/> freezing <input type="checkbox"/> reaching and grasping	Expressing itself in: <input type="checkbox"/> problems with starting <input type="checkbox"/> problems with stopping <input type="checkbox"/> shortened stride length <input type="checkbox"/> increased stride width <input type="checkbox"/> decreased stride width <input type="checkbox"/> decreased speed <input type="checkbox"/> decreased trunk rotation <input type="checkbox"/> decreased arm swing <input type="checkbox"/> freezing <input type="checkbox"/> festination Can freezing be provoked: <input type="checkbox"/> by starting to walk <input type="checkbox"/> during walking Is the cause of freezing: <input type="checkbox"/> dual- or multi-tasking: cognitive + motor activity <input type="checkbox"/> doorway <input type="checkbox"/> obstacles (e.g. chairs) <input type="checkbox"/> other, namely
Measures for identification and evaluation	<input type="checkbox"/> Patient specific complaints	<input type="checkbox"/> Global perceived effect	<input type="checkbox"/> PDQ-39	<input type="checkbox"/> Health perception tool such as EQ5D	
Supplementary measures for identification of specific issues	<input type="checkbox"/> Phone FITT <input type="checkbox"/> General Practice Physical Activity Questionnaire <input type="checkbox"/> Six-minute walk test	<input type="checkbox"/> Parkinson Activity Scale <input type="checkbox"/> Timed Up and Go test	Tragus-to-wall measures either side combined with height	<input type="checkbox"/> Timed Up and Go test <input type="checkbox"/> Retropulsion test <input type="checkbox"/> Falls Efficacy Scale <input type="checkbox"/> Falls diary <input type="checkbox"/> History of Falling questionnaire	<input type="checkbox"/> Parkinson Activity Scale <input type="checkbox"/> Timed Up and Go test <input type="checkbox"/> Freezing of Gait questionnaire <input type="checkbox"/> Ten-meter walk test <input type="checkbox"/> Dual task e.g. walk and carry

Therapeutic process Quick Reference Card 3: Specific treatment goals



Therapeutic process Quick Reference Card 4: Treatment strategies

Stimulation of activities	
	Goal
Transfers	Perform transfers (more) independently
Body posture	Conscious normalisation of body posture
Reaching and grasping	Improve reaching and grasping, and manipulating and moving objects
Balance	Improve balance during activities
Gait	Improve walking (independently); the objective is to increase the (comfortable) walking speed; however, safety comes first
	Strategy
	Practice transfers by using cognitive movement strategies and cues for movement initiation in on and off phases
	Practice relaxed and co-ordinated moving; providing feedback and advice
	Practice reaching and grasping by using cues and cognitive movement strategies
	Practice tasks appropriate to identified balance loss, train muscle strength (see prevention of falls)
	Practice walking by using cues for initiation and continuation of walking, give instruction and train muscle strength and trunk mobility

Prevention	
	Goal
Inactivity	Preserve or improve physical condition
Pressure sores	Prevention of pressure sores
Falls	Decrease or prevent falls
	Strategy
	Provide information on the importance of keeping active and playing sports, training of physical capacity: muscle strength (with the emphasis on trunk and leg muscles); aerobic capacity; and joint mobility (among others thoracic kyphosis, axial rotation, and length of muscles of calf and hamstrings)
	Give advice and adjust the patient's body posture in bed or wheelchair (possibly in consultation with an occupational therapist); (supervised) active exercises to improve cardiovascular condition and prevention of contractures
	List possible causes of falls by means of falls diary; provide information and advice; train strength, body posture, co-ordination and balance, linked to the cause of problems with maintaining balance and the increased falls risk; decrease the fear of falling, (if necessary) provide hip protectors

Acknowledgements:

The UK Guidelines Group would like to thank the following people for their contribution to this publication:

Samyra Keus in her role as lead for the Royal Dutch Society for Guidelines development and KNGF liaison

Janet Thomas in her role as National Secretary acting as the liaison for AGILE (Chartered physiotherapists working with older people)

Jo Tuckey and Cherry Kilbride in their role as joint Chair acting as the liaison for ACPIN (Association of Chartered Physiotherapists in Neurology)

Daiga Heisters in her role as National Education Advisor for the Parkinson's Disease Society

To the relevant publishing authors who granted permission to the UK Guideline Group for their material to be made freely available to UK clinicians.

Reference: Ramaswamy B, Jones D, Goodwin V, Lindop F, Ashburn A, Keus S, Rochester L, Durrant K (2009). Quick Reference Cards (UK) and Guidance Notes for physiotherapists working with people with Parkinson's disease. Parkinson's Disease Society, London

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CHARTERED PHYSIOTHERAPISTS WORKING WITH OLDER PEOPLE



PARKINSON'S^{UK}
CHANGE ATTITUDES.
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