



HEALTHSOUTH[®] focus

October 2012

Special Fall Risk Reduction Issue

A New IM Program Aimed at Decreasing Fall Risk

Every day at HealthSouth, we work with patients that are admitted due to medical conditions related to a fall. Additionally, many of our patients are at a higher fall risk due to their overall, compromised medical status. The CDC reports that adults over 65 years of age have the highest rate of fall-related hospitalizations.

Interactive Metronome (IM) recognized a need for a comprehensive approach in addressing the issue of fall risk. An interdisciplinary team at IM developed the Fall Risk Reduction Program (FRRP) based on findings from research which shows that movement (i.e., gait) is impacted by variables including balance, motor response/timing, posture, cognitive resources, etc. Five major systems are targeted in the program: musculoskeletal, proprioceptive, oculomotor, vestibular, and cognition/communication. Each system has specific exercises that can be incorporated during IM training or the clinician can incorporate their own exercises based on the patient's abilities and needs.

The Largo and Sunrise HealthSouth facilities recently participated in a pilot program that incorporated the FRRP into their inpatient rehabilitation program. The target population included patients with diagnoses such as hip fracture, Parkinson's, CVA, and history of fall. Specific motor and cognitive measures were used to determine functional skills pre- and post-IM FRRP training (see table). The outcome for one of the participants is presented below.



Case Study: CW

CW is an 87 y.o. male admitted due to altered mental status, s/p ground level fall and Parkinson's Disease. His medical history was significant for dementia, anxiety, and depression. His medications included Sinemet, Aricept, and Cymbalta. CT and MRI scans of the brain indicated no changes since his last examination. He resided at an ALF prior to admission.

Based on his initial assessment by OT, PT, and ST, the following 7 exercises were selected for the FRRP training: 1) clapping both hands, 2) right toe taps, 3) left toe taps, 4) right lateral toe taps, 5) left lateral toe taps, 6) alternating toe taps, and 7) alternating heel taps. The sessions lasted approximately 30 minutes including set-up time, rest breaks, and documentation. All the activities were first attempted in standing position and then seated when fatigued. He was also allowed to do the movements every other beat when fatigued. Guide sounds were utilized for certain tasks based on the complexity of the task. One discipline was responsible for providing the IM

FRRP training. He also received standard OT, PT, and ST services while at HealthSouth. He was at HealthSouth for a total of 17 days and received 6 sessions of the IM FRRP training with 2 additional days needed for pre- and post-testing (see table).

| Measures | Pre-IM FRRP | Post-IM FRRP |
|------------------------------------------------------------------|--------------------|-------------------|
| Functional Reach Test (combined scores for sitting and standing) | 20.5 inches | 30.75 inches |
| Modified Stroop Test | 69 sec w/ 0 errors | 47 sec w/ 1 error |
| Trailmaking Test - Part A - Part B | 226 sec unable | 152 sec Unable |
| Motor FIMs (combined scores) | 23 | 57 |
| Cognitive FIMs (combined scores) | 10 | 21 |

Based on the above testing results, CW made gains in all areas. His motor & cognitive FIM scores improved by 34 points and 11 points, respectively. More specifically, he made gains in the FIM areas of self-care, transfers, mobility, communication, and cognition. At admission, he ambulated with a rolling walker up to 35 feet with moderate assistance. At discharge, he ambulated with a rolling walker up to 150 feet at supervision level. Due to successful inpatient rehabilitation, he was able to return to his ALF at his prior level of function.

This case study highlights the benefits of incorporating the FRRP training into current therapy practices. In addition to inpatient rehabilitation, the Fall Risk Reduction Program has clinical value for a variety of settings. To learn more about this program in greater detail, Interactive Metronome is offering a free webinar on their website at www.interactivemetronome.com.

Nikki Smith, MS, CCC-SLP, HealthSouth Rehabilitation Hospital in Largo, FL



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UNIVERSITY

Upcoming Course Schedule




October Courses


- 10/6 Tampa, FL
-  10/6 Long Island, NY
-  10/13 Charlotte, NC
-  10/13 Colorado Springs, CO
- 10/13 Scranton, PA
-  10/20 Atlanta, GA
-  10/20 Chicago, IL
-  10/20 Chattanooga, TN
- 10/20 Long Beach, CA


November Courses

- 11/3 Cedar Rapids, IA
-  11/3 Newark, NJ
- 11/3 Seattle, WA
- 11/3 Las Vegas, NV
-  11/10 Huntington, WV
-  11/10 Pittsburgh, PA
-  11/10 Dallas, TX
- 11/10 Cleveland, OH
-  11/17 Huntsville, AL
- 11/17 McAllen, TX

December Courses

-  12/1 Richmond, VA
-  12/1 Phoenix, AZ
- 12/2 New York City, NY
-  12/8 Southeast Florida
- 12/8 San Francisco, CA
- 12/8 Topeka, KS
- 12/8 Cincinnati, OH
-  12/8 Philadelphia, PA
- 12/15 Austin, TX

 *This symbol indicates an Advanced Pediatric Course following the scheduled IM Certification Course.

 *This symbol indicates an Advanced Adult Course following the scheduled IM Certification Course.

Register at www.InteractiveMetronome.com/index.php/education-vivo.html



IM v8.3 Upgrade Status

Interactive Metronome is excited to announce that as of September 17th, 2012 we have upgraded 46 HealthSouth facilities (86 total stations) to the new v8.3 IM hardware/software. We expect to have the remaining 20 facilities upgraded by November 1st (26 stations). As you know, v8.3 is a major redesign of the IM as it offers a:

- Smaller, lighter MCU
- Sleek new design
- Tactile wireless switches
- Light touch triggers
- Broader Tap Mat
- Stronger Wireless signal
- Compatibility to v9.0 software

IM is invested into making the implementation of the new system as seamless as possible. To date, we have received excellent feedback regarding the ease of installation as well as the organization and support of the upgrade.

IM certified therapists in many facilities have expressed how excited they are about the new wireless triggers and how much they like integrating the new station into their treatment sessions.

"The Speech Pathology Department at HealthSouth Rehabilitation in Columbia SC finds Interactive Metronome to be a useful tool in therapeutic rehabilitation of the Stroke and Brain Injured population. We often introduce it as part of the initial therapy for the inpatient and then continue as the patient moves to the outpatient or day treatment programs. Interactive Metronome provides the unique opportunity for true rehabilitation team treatment as we are often consulting or co-treating with occupational and physical therapists."

The IM v8.3 upgrade with the wireless triggers is a vast improvement over the tangle of wires that we were constantly battling. The new wireless system is much easier and quicker to store, retrieve, and setup within hospital regulations. The equipment is easier to clean and responds well to patients wearing gloves for protection."

Thank you for the organized upgrade and the ease of installation. The company feedback has been quick and helpful."

Henri D. Sandifer, Ph.D. SLP
HealthSouth of Columbia

Upcoming Webinar Schedule

| Date & Time | Title | CEUs |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 10/10 12:30 pm EST | Adult Cognitive-Linguistic Group Treatment With IM | 0.1 ASHA, 0.1 AOTA |
| 10/24 12:30 pm EST | Backtracking Golf Shot Outcome Measures: Investigating Golf Swing Performance Measures To Gain A Better Understanding Of The Effects Of IM-Training. | 0.1 AOTA, 1.0 BOC |
| 11/14 12:30 pm EST | IM In Home Health Care | 0.1 AOTA, 1.0 BOC |
| 12/14 12:30 pm EST | Combining Speech And Motor Milestones During IM | 0.1 ASHA, 0.1 AOTA, 1.0 BOC |

Use these Promo Codes when registering to get your courses for FREE!

Live Courses:

Certification Course - HSFreetLive2012
Pediatric Course - HSFreetPedLive2012
Adult Course - HSFreetAdultLive2012
Live Webinar - HS2012

Self Study Courses:

Certification Course - HSFreetSS2012
Pediatric Course - HSFreetPedSS2012
Adult Motor Course - HSFreetMotorSS2012
Adult Cognitive Course - HSFreetCogSS2012
OnDemand Webinar - FreeSSWeb2012



"The new wireless triggers are fantastic! I don't have to deal with the messy wires, which makes setting my client up for IM treatment, so much faster."

Stacy Williams, OTR/L
HealthSouth Sunrise

"We all love the new wireless features and can't wait to use it with our patients."

Stephanie Boyer, M.S. CCC-SLP
IM Program Champion, HealthSouth Rehabilitation of North Alabama

"The new wireless version of the IM is a much improved version. It provides me with greater freedom to work with my patients and provide a more challenging and safe environment for them to work in."

Allison Eagen, PT
IM Champion, HealthSouth of Tallahassee



Interactive Metronome Technical Support: Frequently Asked Questions

I cannot create a new/open an existing file.

- ✓ You must make sure to install "Step 1: DAO 3.5" for this feature to function properly.

My triggers are not registering at all.

- ✓ The battery life for the Interactive Metronome Button Trigger and Tap Mat Transmitter is approximately four weeks.
- ✓ Please make sure to remove and discard the current battery, and install a new battery into the IM Sensors.
- ✓ The Battery size is CR2032.
- ✓ Please use provided battery instructions for proper removal and insertion of the batteries.

How do I make sure the batteries last as long as possible?

- ✓ Unplug the USB cable from the computer when the MCU is no longer in use. This will ensure you get the optimum battery life from your batteries.

Have a Question?
Call 877-994-6776 Opt. 5



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IM Professional Conference ★ October 26 - 28, 2012 ★ San Antonio, TX



Get ready for IM to Launch into the Gamification Platform!

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