



# PUTTING ACTIVITY BACK INTO LIFE:

## The Inception of a Wellbeing Group



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### Background

There is a growing body of robust evidence that supports the rehabilitative approach within palliative care as being both acceptable and effective for patients living with a life limiting illness.<sup>1</sup>

The Day Hospice team at St Vincent’s Hospice (SVH) has been developing an approach which integrates rehabilitation, enablement, self-management and self-care into the holistic model of palliative care. In doing so, the team have been one of the first to deliver a ‘Wellbeing Group’ in a hospice setting.

This model of care/rehabilitation reflects the well-established and highly effective format of cardiac and pulmonary rehabilitation<sup>2</sup> and combines exercise and education for palliative care patients.

### Aims of the Wellbeing Group

To allow patients with a life limiting illness to:

- Maintain or increase their functional fitness levels
- To be more active within their daily lives and reduce sedentary behaviour
- Improve their knowledge about their condition therefore encouraging self-management of their illness

### Methods

Six palliative care patients (3m, 3f) attended an eight week, two hour, outpatient programme at SVH Day Hospice.

Prior to the group starting all six patients had an assessment carried out by the hospice physiotherapist. 5 functional fitness tests below<sup>3</sup> were carried out, and these were repeated after 8 weeks:

- 8 foot up and go
- 30 second chair stand
- Single leg stance
- Chair sit and reach
- Back scratch

The exercise programme consisted of:

- Seated warm up exercises
- Circuit exercises – combining aerobic, strengthening and balance exercises increasing in intensity (using RPE) and duration over the eight weeks.
- Upper and lower limb stretches
- Relaxation session

Patients were given home exercises that replicated the circuit exercises to carry out at least twice a week.

Educational talks were delivered by a number of the Hospice clinical team and external speakers.

### Results

Exercise	% of patients who showed improvement	Mean Improvement
30 second chair stand	83%	↑ no. of stands by 9
Single leg stance	60%	↑ time by 21 seconds
8 foot up and go	50%	↓ time by 2 seconds
Chair sit and reach	50%	Improvement of 7.6cm
Back scratch	50%	Improvement of 4cm

Table 1: 30 second chair sit to stand showed the most noticeable improvement

**References**  
1. ‘Rehabilitative Palliative Care: Enabling people to live fully until they die’. Hospice UK, 2015  
2. Church T S and Blair SN (2009)  
‘When will we treat physical activity as a legitimate medical therapy....even although it does not come in a pill?’. Br J Sports Med February Vol 43 No 2.  
3. Skelton D (2014) Functional fitness tests GCU

*‘I am managing to go out and about and do things. I can get going a lot quicker – which is a huge improvement. And I have now done a bit of gardening.’*

*‘It really set me on the road to regaining some level of fitness’*

*‘I am taking less pain medication as I feel less pain and I am more active’*

*‘I am exercising everyday now and for the first time in years attended an exercise class at the local leisure facility’*

*‘My balance has improved and the stand up from the chair has helped to develop my thigh muscles again’*

*‘It has given me the confidence to exercise. I feel more able to do things and I feel happier’*

### Discussion

The results show that all patients increased in at least one aspect of fitness. The most striking result was improvement in 30-second chair sit to stand test (Table 1), which shows an increase in lower limb power. This has the potential to improve mobility and balance.

By the end of the 8 weeks, 3 out of the 6 patients had taken on an activity out with the group such as Tai Chi, Pilates and a fitness class. This suggests that confidence in being active was improved in 50% of the patients which could be attributed to the patients feeling fitter, knowing what exercises are safe and manageable despite a life limiting illness.

The impact of the educational talks was not specifically measured in this group except for gaining patient subjective feedback.

### Conclusion

This initial Wellbeing group showed improvements in the patients’ functional fitness levels and there was evidence that some patients were being more active. However, it was difficult to say whether the educational talks helped patients improve their ability to self-manage their illness.

### Future Developments

Future groups should include, strategies to measure and improve compliance with the home exercise component of the group, this could be in the form of patient exercise diaries. Furthermore, the impact of the educational talks requires to be measured to establish if it can improve self-management for patients with a life limiting illness.