

HCA Client Case Study

This case will potentially be posted on the HCA website to share with other clinicians in a health behaviour change support role. Please ensure that any client data is de-identified. Use as much space as you need to enter the required details below.

1. Clinician details	
Profession: Exercise Physiologist Role: Exercise physiologist Type of program/practice context: Chronic Disease – Healthy Lifestyle Behaviour Change Group Program Type of organisation: State Government Health	
2. Client demographic details (de-identified)	
Fictitious name: Morris Major Age group (5 year range): 55-60 Gender: Male Other: Artist	
3. Presenting issues & relevant lifestyle and treatment categories	
Referral issues: Weight, Blood pressure, High Lipids, Ongoing lower back pain – Spinal fusion L5/S1 1995, Respiratory - smoker Client-identified issues: Weight loss, Shortness of breath (SOB) with activity, Mood Relevant lifestyle and treatment categories: Exercise, Diet, Stress	
4. Initial lifestyle or treatment category selected to work on	
Selected lifestyle or treatment category: Exercise	Decisional balance conducted? No Education provided in regard to improved flexibility, core strength and some moderate intensity walking could well assist in reducing his back pain and neural symptoms.
Initial RICK® scores/ descriptions: R: 7 I: 9 C: 4 k: 2	Subsequent RICK scores/ descriptions: R: 8 I: 9 C: 5 k: 5
5. Client or other barriers to health behaviour change identified in consultation (BEST)	
Main barrier/s: Back pain & neural pain radiating down leg into foot, SOB Secondary barrier/s: Stress	
6. Client facilitators for health behaviour change identified in consultation (BEST)	
Intrinsic motivators identified: Provides support for grand children- wanting to participate more in their lives and be able to assist in their care. Finding it difficult to play and interact with current health issues. Client facilitators identified to address barriers: Situations & Thinking – Client felt that his physical symptoms of his back and related neural pain were stopping his ability to be active. In a sense this was true due to increased weight and poor core strength and flexibility. However his lack of knowledge in regard to this played a role. As the client was unaware that by adding some simple daily exercises he could reduce these symptoms considerably, he believed that the surgery he had received 16 years previous was all that could be done and had been told that he needed to reduce his activity and change jobs.	

HCA Client Case Study

7. Techniques used by clinician to identify and address barriers and improve RICK
<p><u>Above the line techniques:</u> Morris had high levels of Readiness and Importance; he really wanted to make some changes in his life. What was holding him back was his knowledge, he did not know how he could walk his grandson to school without increasing his pain. School was at least a 30 minute walk from home which meant an hour round trip. After discussing some options the client reported that there was a park 10 minutes from school and that he could park and walk from there.</p> <p><u>Below the line techniques:</u> Clients confidence was still low after deciding that 10 minute walk to and from school may be too much for him due to his physical constraints and pain. Completed a six minute walk test as part of the assessment, demonstrated and instructed hamstring, piriformis and hip flexor stretches during cool down that provided some temporary relief and improved confidence that he could achieve a 10 minute walk without increasing pain.</p>
8. Outcome from initial consultation
<p><u>Specific personal health goal/s:</u> Be able to walk grandson to school.</p> <p><u>Personal action plan/s:</u> Scan and attach action plan if desired. Will park 2 blocks from school at park and walk grandson to and from school on school days. Complete lower limb stretches in park before driving home. Complete core strength exercises most days before getting up</p> <p><u>RICK scores/descriptions:</u> R= 7 I= 9 C= 6</p>
9. Number, frequency and timeframe of consultations
<p><u>Number and frequency of consultations with client:</u> Initial consult with Service Co-Ordinator, referral to Exercise physiologist and Dietician initial consults only with goal setting for program and exercise instruction of flexibility and core strength exercises. Morris did not attend group program due to hospitalisation of mother.</p> <p>Reconnected with service 5 months post initial contact and had achieved and progressed all initial plans and goals. A further 4 consults each with Exercise Physiologist, Dietitian and Social worker over 4 months and 12 month review.</p> <p><u>Timeframe from 1st to last consultation:</u> 12 months</p> <p><u>Future follow-up:</u> 24 months</p>
10. Additional issues and personal health goals and/or lifestyle and treatment categories addressed in review consultation/s
<p>Commenced resistance training program when back pain had reduced due to weight loss, improved core strength and flexibility.</p> <p>Planning and preparing meals, label reading and portion size</p>
11. Results over time
<p><u>Behavioural:</u> Change from skipping meals and limited veg intake to 5 small meals and at least 5 serves of veg.</p> <p>Reduced fruit intake from 8+ daily now 2-3 serves per day</p> <p>Reduced fruit juice intake 4 litres per week now not drinking juice.</p> <p>No longer having sugar in tea from 2 tea spoons up to 15 cups per day</p> <p>High CHO low protein diet, now more balanced lean protein source at all main meals and reduced refined CHO.</p> <p>Sedentary to Walking 60-80 minutes daily combined with flexibility and core strength program and resistance training 3 days per week.</p>

HCA Client Case Study

Physiological: Weight reduction 107kg to 78kg, Waist 121cm to 93cm, BMI 35 to 26. Reduction in blood pressure and pain medication

Motivational: His improved physical state allows Morris to be more active with his young grandchildren and has improved the quality of their time together. This has kept his motivation going to continue an overall healthy lifestyle.

Psychological: identified stress at initial consult however reported to Social worker he was no longer “blowing his fuse” since changing his lifestyle he felt his patience had improved with his children and grandchildren. Feeling very positive and enjoying his grandparenting role due to increased energy and movement. Discussing his thoughts and feelings freely with family members.

12. Spontaneous changes (behaviour changes not planned in consultations, but enacted by client)

Reduction in alcohol consumption – No longer drinks, was binge drinking due to stress.

Given up smoking

Increase in walking time from planned 2 x 10 minutes to 1.5 hours daily.

13. Describe how you have adapted your professional practice to include health behaviour change principles and techniques

Before completing HCA training in 2009 I would often have a clients exercise plan in my head before even finishing the initial consult as the referral and physical assessment process was the main drivers for me in the consult. Now I spend more time listening to the client and often the client has written their own prescription for exercise based on what they know about their body and abilities before I even consider if a full physical assessment is required. I now tend to fill in the gaps with some specific exercises that will assist in clients goals, always asking then offering expert advice.

14. Please provide a one paragraph summary of your case – to be used as a description for posting on the HCA website for viewing by other clinicians

Morris wanted to be a part of his grandchildren’s care yet due to back and neural pain combined with shortness of breath with activity felt he was unable to do this. His Readiness and Importance were High, though his Confidence and knowledge was very low. By working with Morris and assisting him break his goal down to something that was achievable to start and he noticed results while fulfilling his motivating factor. This lifted his confidence considerably in regard to physical activity. Dietary goals of reducing sugar in tea, serves of fruit per day and drinking soda water in place of fruit juice combined with the increased activity assisted in weight loss.

Thank you for contributing to the collective knowledge of health professionals!

Note:

1. Scan and attach any worksheets or other behaviour change-related documents that you used in your consultations.