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ning deficit in PD. Visual cues have been shown to improve gait characteristics in PD when used as transverse taped lines to step over when walking straight, however no previous study has examined the use of visual cues to address turning deficits in PD. Therefore, the purpose of this study was to examine whether a visual cueing intervention can influence turning while walking in people with PD with and without FOG, and healthy older adult controls.

Methods: Turning while walking was measured in 43 PD participants (21 with and 22 without FOG) and 20 healthy older adult controls using an inertial sensor placed on a belt at the waist (lumbar 5th vertebrae region). Participants walked straight and performed 180° and 360° turns midway through a 10 m walk, which was done with and without visual cues (a black taped star pattern at the point of turning to step over). Turn duration and velocity response to visual cues were assessed using linear mixed effects models.

Results: At baseline, as expected, 180-degree turns were significantly faster and shorter than 360° turns in all groups (Turn Effect: duration $p < 0.01$, velocity $p < 0.01$), and people who self-reported FOG turned slower and took longer than PD without FOG and controls (Group Effect: $p < 0.01$). More importantly, visual cues did not significantly impact turning during walking in all groups (Cue Effect: duration $p = 0.62$; velocity $p = 0.53$). However, there was a non-significant reduction in turn speed (of ~8–16%) and an increase in turn duration (of ~7–14%) with visual cues compared to without in healthy older adults and PD without FOG, whereas the opposite occurred in those with FOG during 360° turns (~3% decreased duration and ~7% increased velocity).

Conclusion(s): Visual cues may not be a useful strategy to improve turning as they did not significantly influence the speed or duration of turns during walking in healthy older adults and people with PD who do or do not self-report FOG. However, we do not know what improved turning consists of (i.e., whether speeding up or slowing down turns is good). It is possible that longer duration and slower velocity turns may be a safer strategy, and therefore future studies should identify whether such a strategy could help to reduce falls risk within this group.

Impact: Visual cueing interventions have been shown to improve straight walking gait in PD, but our results show that visual cues have no significant effect on turning while walking. Further investigations into different mechanisms of cueing (e.g., auditory, tactile or visual) for turning impairment in PD are required to derive the most effective strategies for this particular mobility deficit. Greater understanding of the influence that cues have on turning performance in PD, particularly freezers, will aid in their therapeutic application.

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P061

What do patients really think about virtual outpatient physiotherapy consultations? – A service evaluation during the Covid-19 pandemic

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Keywords: Virtual; Physiotherapy; Outpatient

Purpose: As a result of the Covid-19 pandemic, between March 2020 and December 2020 there was a 513% increase in the use of virtual consultation (VC) at Nottingham University Hospitals NHS Trust's (NUH) out-patient physiotherapy department. 41% of all consultations were by telephone and 16% by video. Hospital attendances were arranged for those at risk of permanent harm without urgent face-to-face consultations.

The aims of this service evaluation were to:

- Explore patients' perception of VC.
- Gain patient feedback on the estimated time, monetary and travel costs saved as a result of not attending the hospital.
- Make recommendations for the future use of VC.

Methods: The service evaluation was registered with the NUH audit department (21-231C). A patient survey was developed by senior clinicians, adapted from a patient co-design patients' questionnaire to evaluate VC co-designed with patients one year prior. Quantitative and qualitative data was collected using multiple choice, Likert scale and open-ended questions which explored advantage and disadvantages of VC. The JISC online survey was sent to 106 patients, who had received a VC (by telephone or video) between August 2020 and December 2020. Data was then analysed using descriptive statistics and thematic analysis.

Results: Seventy-nine patients responded (56 females; 13 males; age range <16–101 years). 58% accessed musculoskeletal services and 31% pelvic health. 86% of respondents described themselves as "White British". Consultation effectiveness was rated highly with 81.5% of patients scoring their experience 8 or above where 0 was ineffective and 10 highly effective. Satisfaction was high with 84.6% of patients scoring 8 or above where 0 was very dissatisfied and 10 was highly satisfied. Not attending in person for physiotherapy appointments afforded the following patient benefits: financial savings (mean = £10.40; range = £5–£50); time savings (mean = 1.7 h; range = 1–3 h, standard deviation = 0.76) and travel mileage savings for those who would have elected to travel by car (mean = 12 miles; range = 3.2–36.8 miles, standard deviation = 7.7). 44% would prefer a combination of virtual and face to face



physiotherapy in the future, with only 34% wanting solely face-to-face care.

Four themes were identified from the qualitative data:

1. Convenience described how many of respondents felt it was easier in terms of time and access to receive their treatment virtually.
2. Trust highlighted a dichotomy, with some respondents feeling their VC was “*more personal*” and private, while others felt they could not be assessed as well virtually.
3. Technical Issues detailed the technical difficulties with VC, which “*stilted the flow of the consultation*” and made communication arduous.
4. Safety highlighted the reduced risk of catching and spreading Covid-19 and other “*diseases*” through VC.

Conclusion(s): Levels of satisfaction and perceived effectiveness during VC were high. Further investigation to establish if outcomes are the same through virtual, face-to-face and a combination of both would be pragmatic. Consideration should be given to ways to capture the views of a wider demographic.

Impact: These findings may be useful when planning service provision and in discussions with healthcare leaders and commissioners around resource utilisation to maximise patient outcomes and experiences.

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P062

What is the past, present and future of virtual physiotherapy consultations? A UK survey of physiotherapists



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Keywords: Virtual consultation; Physiotherapy; Survey

Purpose: The use of digital and remote technologies features highly within the NHS Long Term Plan, which sets out a vision for the future of the NHS. The COVID-19 pandemic created an immediate need to implement the use of remote physiotherapy. The purpose of this survey of UK based physiotherapists was to understand how virtual consultations (VCs) have been used by practising physiotherapists across the UK during the pandemic and to seek views on the future of VCs.

Methods: This mixed methods survey was developed in SurveyMonkey and circulated to five physiotherapists to pilot data collection and check for coherence. Descriptive statistics were employed for quantitative and thematic analysis were used for the qualitative data analysis. The survey was circu-

lated via iCSP and across the DIPG, ATOCP and ACPRC groups.

Results: No changes were made following the pilot. Fifty-six participants with complete responses were included for data analysis. Participants were working across primary care (30%), community care (25%), secondary care (24%) and tertiary care (16%). Most participants worked in musculoskeletal (MSK) outpatients (64%), with a small proportion (7%) from both respiratory and paediatrics and 4% from neurology settings. Prior to the pandemic, 29% were using phone and 9% using video consultations. However, during the pandemic 88% adopted phone and 72% adopted video consultations. MS teams was the most used platform (36%) followed by Zoom and Attend Anywhere (both 16%). Thirteen different platforms were used across the sample. Seventy-two percent used these platforms for 1:1 session, 27% for group classes, 21% for group and education sessions and 14% used for joint sessions. In most cases, (55%) the decision about which virtual platforms to use was made at board level, with 25% at individual level and 23% at team level. Thirty-six percent were not evaluating patient or clinician experience and 43% were not evaluating clinical effectiveness. Beyond COVID-19, 80% believe they will use phone consultations and 71% video consultations. On average, participants believed 36% of patients would continue to be seen virtually. Qualitative data provided insight into the quantitative data.

Conclusion(s): There was a high proportion of adoption of both video and phone consultations due to COVID-19. There is a large variation in software being used and in type of session offered. It was anticipated that these types of consultations would be sustained post COVID. Many participants are not evaluating patient or clinical experience or effectiveness. The limitations of the study are a low sample size combined with most of the sample coming from an MSK background. Consequentially, these results may not be representative. The study does, however, give insight into some key policy considerations, including design, evaluation, and scope of services.

Impact: The findings from this project raise important issues such as how we design services to include VCs, what software should be used and how we can evaluate these services. There is a need to share practice, to establish an evidence-based consensus on appropriate use of VCs and to implement appropriate and effective use of VC in physiotherapy.

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