

The effect of educating patients and their support group about the value of mobility

Site: University of California, San Francisco	
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<p>Need and Industrial Relevance:</p> <p>The positive effect achieved by spine surgery may be masked by the sedentary lifestyles of our patients. Many patients after their surgery may experience improved exercise tolerance but are not exercising because they have either not been instructed to do so, or have become conditioned by their pre-surgery disability. By educating patients more thoroughly about the value of rehabilitation beyond their surgical intervention, we expect to improve the durability of their outcomes. Improving our ability to demonstrate an effect size of surgery will be useful in supporting ongoing funding of surgery, especially in our elderly population.</p>	
<p>Project Aims:</p> <ol style="list-style-type: none"> 1. To evaluate whether educating patients and their support group about the value of mobility is an effective intervention. 2. To quantify the correlation between activity and outcomes 3. To determine the effect of pre-surgery disability/health status, behavioral conditioning, and sedentary culture on surgical outcomes 4. To evaluate different techniques and technologies to measure mobility and activity. 	
<p>Methods:</p> <ol style="list-style-type: none"> 1. Randomly assign a minimum of 50 patients to either a test or control group. Half of the patients will be educated about the positive effect pre and post surgical mobilization may have on their outcomes 2. All patients will receive the wearable device at their pre-operative clinic visit to establish baseline activity levels and to make sure they are comfortable using the device 3. We will receive mobility/activity data remotely to encourage ease of patient cooperation 4. We will look at data as 1 weeks worth of data from the following time points: 1 wk Pre-operatively, 0-1 week post discharge, 5-6 wks post discharge, 3 months post discharge, 6 months post discharge. 5. After data have been collected we will analyze both the effect education had on activity level and the effect of early mobilization has on outcomes. We will also look to compare activity data with HRQL data and complications/reoperation rates. 	

Milestones (must include):

- Obtain IRB Approval – Nov 15, 2015
- Finish enrolling patients– Dec 31, 2015
- Finish collecting all data – July 31, 2016
- Finish data analysis –August 15, 2016

Deliverables (must include):

Quarterly presentation updates:

- *December 2015 – conference call*
- *Spring 2016 – Spring Symposium @ UT (conference call option for UCSF teams)*
- *June 2016 – conference call*
- *September 2016 – Fall Symposium @ UCSF (conference call option for UT teams)*
- *October 31, 2016 – Final written report including results*

General Budget Outline:

Example:

Personnel	\$	25,500
Wearable Devices	\$	5,000
Educational Materials	\$	500
Data Analysis	\$	5,000
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Total Direct	\$	36,000
Indirects (10%)	\$	3,600
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Total	\$	39,600

Start Date:

October 1, 2015

End Date:

September 30, 2016