

moveUP



User manual – Health care platform & Patient app for HCPs

Get insight in the rehabilitation of your patients and provide close follow up

App & Healthcare platform version: 1.31 till current

Manual version: 10

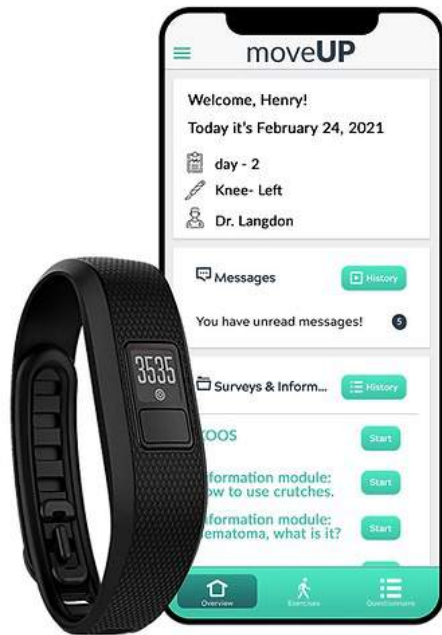
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Link to e-learning: <https://moveup.talentlms.com/index>

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Compatibility



moveUP app & devices

The moveUP app runs on:

- iPhones/iPads (iOS 11.0 or newer)
- Android systems (Android 7.0 and newer).
- moveUP needs an internet connection when is use.
- moveUP is compatible with the following browsers:
 - Chrome/Safari/Firefox

Tablets

In specific cases the following tablets are provided and are supported:

- Lenovo Tab 3 - Android 6.0.1 or Higher
- Huawei MediaPad T3 - Android 7.0.0 or higher

Activity trackers

The following activity trackers are currently supported

- Garmin Vivofit 3 and Vivofit 4
- Nokia Withings Go

Download size

- IOS - 78.4MB - version 1.31.0
- Android - 39MB - version 1.31.0

For your data safety please enable the 2 factor authentication (2FA) and use a safe network.

INSTRUCTIONS



Read carefully this instruction for use. Make sure that you know how to use moveUP, but also understand the limitations of moveUP before you start using our service. If you do have any questions on the use, contact moveUP.



In the final chapter of this document you find our contacts, which you can use during the use of our service, in case you would have technical problems with the application (moveUP dashboard or patient app) or when expertise is required about a care path.



The Healthcare practitioner can't give access to third parties to access the moveUP dashboard. Every other person can, even by accident, send out wrong information or adapt the patient profile, with the result that the advice sent by moveUP no longer corresponds with the needs of the patient.



In case the application is use while moveUP & b.clinic is not asked to do the follow-up of patients, the individual healthcare provider or the health care facility is responsible for the follow-up of the patient and the action that are carried out.



In compliance with the medical device legislation, you are required to report any complaints towards the application, any alteration regarding characteristics / specifications of the application and incidents / complications potentially linked to the use of the application to support@moveup.care. The AFMPS can also be contacted in case of incident via https://www.famhp.be/en/human_use/health_products/medical_devices_accessories/materiovigilance/how_notify



In compliance with the GDPR legislation, please report eventual data leaks linked to the use of moveUP. Please, read the entire privacy policy : <https://www.moveup.care/privacy>

Warnings and precautions



- moveUP is not an emergency tool. In case of emergency please contact your doctor or call 112.
- moveUP is not intended to monitor/treat vital parameters of critical diseases.



- moveUP companion is not a replacement of any treatment you need to follow, but is used as an addition.
- Patients need to be aware if questionnaires are not filled out on frequent basis or not filled out trustworthy, the care team has more difficulty to know their health situation & evolution.



- The moveUP App offers personalized healthcare based on the patient's profile and therefore can not be shared, borrowed or traded between users. The information and advice of the moveUP application do not apply to a patient other than the one whose profile is stored in the application. The patient may not grant access to the moveUP App to third parties. Any other person can, even accidentally, send wrong information or change the profile of the patient, with the result that the moveUP-guided advice no longer corresponds to the needs of the patient.

With software, there is always a residual risk for bugs. If you have the feeling something is wrong or you don't get a response in the app, please reach out to us via support@ or call 0800 88 008.

The moveUP IFU are only supplied in electronic format. If you need a full printed version please contact us at the e-mail address info@moveup.care. This mail is available 24/7

Notification of serious incidents

- **A serious incident** means any incident that directly or indirectly led, might have led or might lead to any of the following:
- (a) the death of a patient, user or another person,
- (b) the temporary or permanent serious deterioration of a patient's, user's or other person's state of health that resulted in any of the following:
 - life-threatening illness or injury,
 - permanent impairment of a body structure or a body function,
 - hospitalisation or prolongation of patient hospitalisation,
 - medical or surgical intervention to prevent life-threatening illness or injury or permanent impairment to a body structure or a body function,
 - chronic disease,
- (c) a serious public health threat;
- If you detect any of these cases, please send an email to info@moveUP.care and;
- Netherlands: meldpunt@igi.nl
- Belgium: meddev@fagg.be
- France: dedim.ugsv@ansm.sante.fr
- Germany: zlg@zlg.nrw.de

INTENDED USE

For healthcare providers, moveUP provides efficient clinical management of pathologies and treatments. With the use of moveUP, valuable insights are given to the HCP/care team of the status of the patient and its evolution.

For patients, moveUP provides personalized information and instructions to help them managing their symptoms and progress in their rehabilitation. The intensity of follow-up is adapted based on patients' needs and timepoint in the patient pathway:

moveUP companion = monitoring and information, no active follow-up

moveUP companion offers targeted information and evolution reports to patients. Their care team takes the evolution reports into account in their further recovery when appropriate.

moveUP coach = active follow-up by healthcare team

moveUP coach offers targeted information and evolution reports to patients. Their care team is more actively involved and takes the evolution reports into account and can provide advice and exercise suggestions through the digital platform.

moveUP therapy = active follow-up by healthcare team, with data driven validated care protocol

moveUP therapy offers a data-driven validated care protocol with certain category and level of exercises and activities, specifically targeted to the individual patient. Their care team can manually adapt the data driven validated protocol when needed. Patients can fully rehabilitation with moveUP without leaving their home environment.

Optional functionality that can be enabled: interoperability with Class IIa continuous passive motion (CPM) medical device. For knee and hip patients who are using a Class IIa CPM medical device, moveUP can interoperate with the Class IIa CPM software. moveUP acts as a facilitator to easy assign a designated CPM exercise protocol chosen by a physician to a patient and to display the performed CPM exercises in the medical dashboard.

Intended users

moveUP

moveUP is intended to be used by patients and healthcare providers. The main user of the mobile app and patient website is the patient.

Inclusion:

- Age: minimum 18 years / maximum no limit
- Health & condition: capable of performing basic activities of daily living
- Language: understanding one of the available languages of the app (Dutch, French, German, English)
- Weight: NA
- Part of body or type of tissue applied to or interacted with: NA

Exclusion:

- Patients who are mentally incompetent or having troubles to express what they are feeling (for instance, mentally diseased people, people staying in elderly care centres, ...) are excluded.
- Patients who are not capable of operating a tablet/smartphone and activity tracker.
- Patients who can't understand one of the available languages of the app (Dutch, French, German, English)

The main user of the medical web interface is a healthcare practitioner (group) or clinical researcher (group), named the care team. The care team is able to operate a web interface via web browser on PC/tablet/smartphone. The healthcare practitioner needs to understand one of the available languages of the web interface (today only available in English).

Contra-indications and potential side effects

There are no contra-indications or known side effects.

Human body contact

No human body contact with patient or user, due to nature of the product (software).

Accessories/products used in combination

There are no accessories. If the patient has no compatible tablet/smartphone or activity tracker, moveUP can lease these devices to the patient. The leased devices are CE marked devices that meets the compatibility criteria outlined in the IFU for the app.

Device lifetime

2-years. Depending of the willingness of the user to update the app. We sent out a notification to recommend to update the app, to make sure the app will keep the performance & recent included features.

Claims

moveUP companion/coach/therapy

The intensity of follow-up is adapted based on the needs of the patient, via the moveUP Symptom & QoL monitoring tool.

moveUP enhances the clinical management of the patients, because early detection & management of complications is possible via the symptom & QoL monitoring tool

More efficient clinical management, such as the number of consultations can be reduced

Enforces therapy compliance / adherence

The correct information is provided at the right time

moveUP therapy

With the use of moveUP therapy knee & hip arthroplasty patients can fully rehabilitate via the in-app care team without leaving their home environment.

- Preparatory handling before the use of the App

- To be able for the patient to use the app the HCP needs to onboard/register the patient using the onboarding platform at <https://patient-onboarding-admin.moveup.care/> (only for admin users)
- If the patient received a code and can access the moveUP app after downloading, then is correctly installed

- Special facilities, training and particular qualifications

- No special facilities are needed but if you are in a crowded room, make sure that no one can see your screen, as health data is sensitive data and should not be exposed to unauthorized persons.
- Only qualified HCP with a diploma or certificate in the healthcare domain or qualified clinical researchers can access the platform.
- All HCP that wants to use the moveUP platform must complete the e-learning trainings

COMPANY DETAILS



Head office Brussel: Cantersteen 47,
B-1000 Brussels, Belgium Office Ghent:
Oktrooiplein 1, B-9000 Ghent, Belgium
Tel: 0800 88 008
Email: info@moveUP.care www.moveUP.care



moveUP

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In case of questions about the App, the tablet or the smart bracelet, you can contact moveUP via the following channels - in order of priority:

- Via the message system of the App. Please preface the message with **“Technical question:”**
- Via email to support@moveup.care
- Via phone during office hours: **0800 88 008**

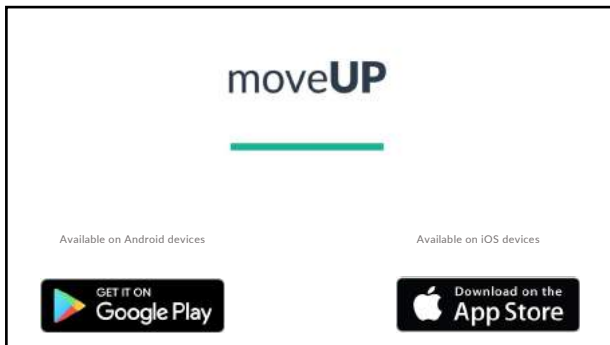


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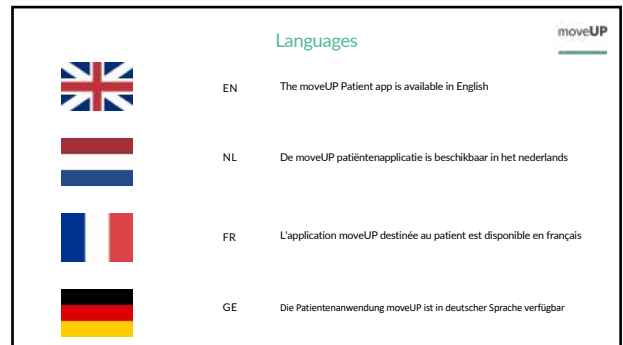


Patient app

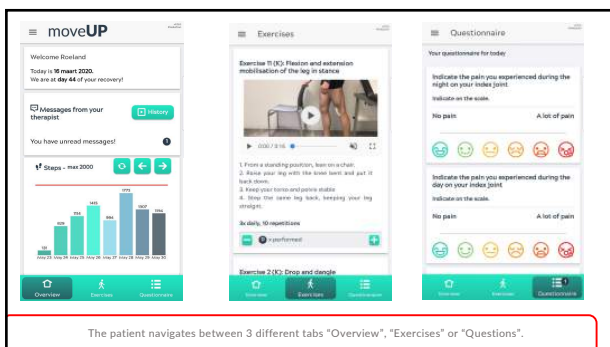
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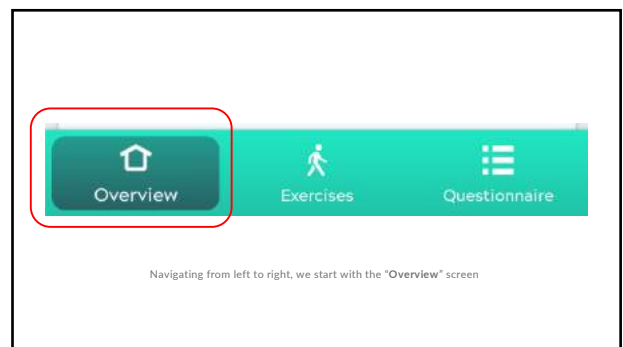


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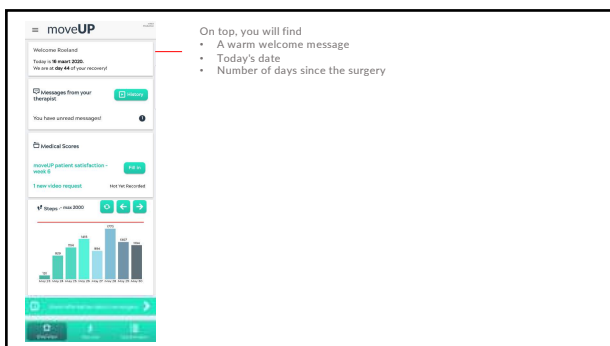


The patient navigates between 3 different tabs "Overview", "Exercises" or "Questions".

3



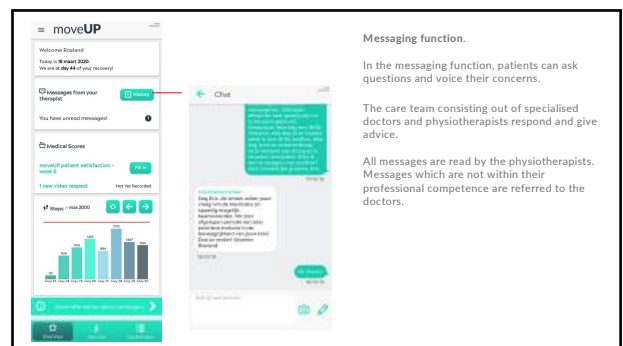
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On top, you will find

- A warm welcome message
- Today's date
- Number of days since the surgery

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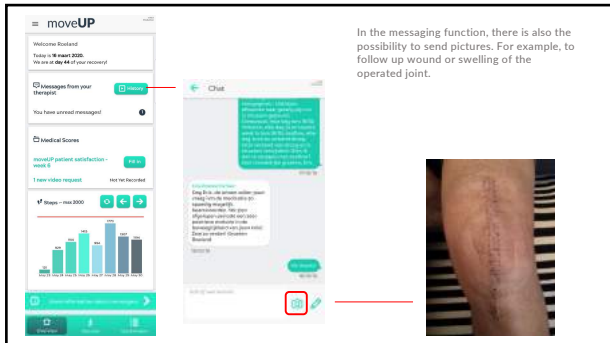
Messaging function.

In the messaging function, patients can ask questions and voice their concerns.

The care team consisting out of specialised doctors and physiotherapists respond and give advice.

All messages are read by the physiotherapists. Messages which are not within their professional competence are referred to the doctors.

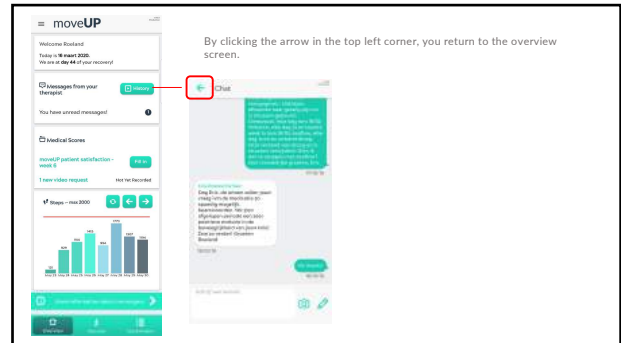
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In the messaging function, there is also the possibility to send pictures. For example, to follow up wound or swelling of the operated joint.

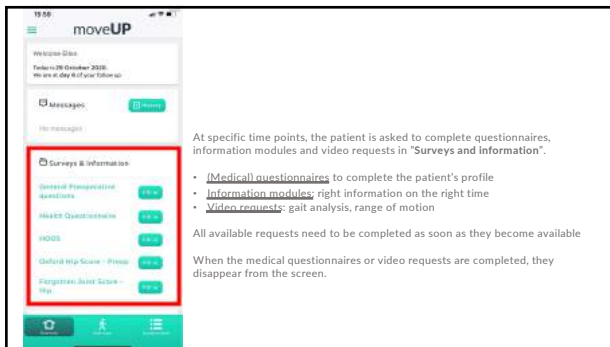


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By clicking the arrow in the top left corner, you return to the overview screen.

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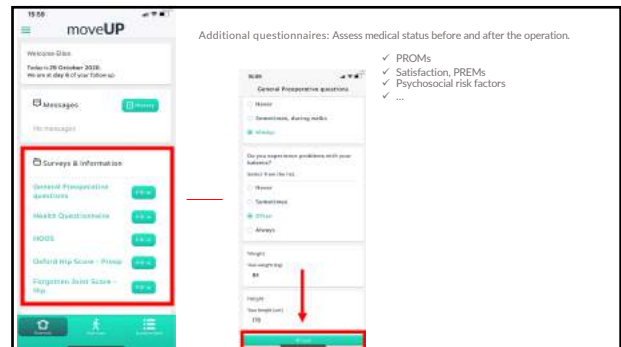
At specific time points, the patient is asked to complete questionnaires, information modules and video requests in "Surveys and Information".

- **Medical questionnaires** to complete the patient's profile
- **Information modules:** right information at the right time
- **Video requests:** gait analysis, range of motion

All available requests need to be completed as soon as they become available

When the medical questionnaires or video requests are completed, they disappear from the screen.

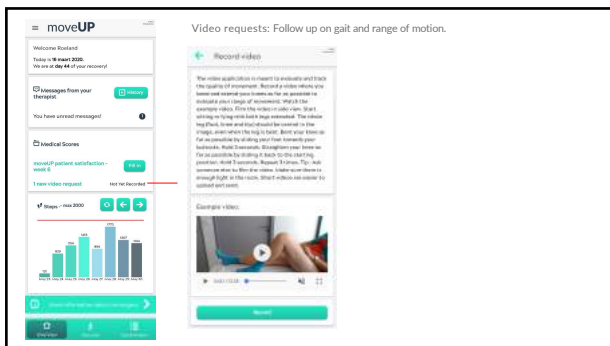
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Additional questionnaires: Assess medical status before and after the operation.

- ✓ PROMs
- ✓ Satisfaction, PREMs
- ✓ Psychosocial risk factors
- ✓ ...

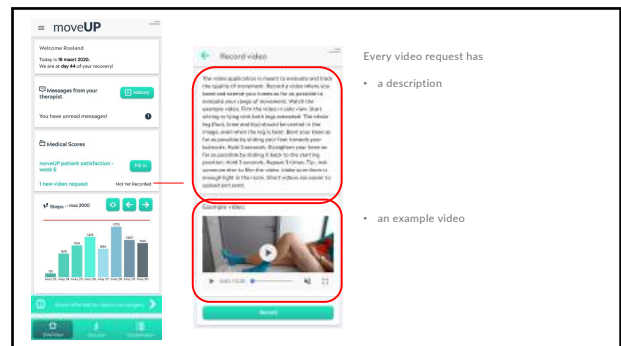
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Video requests: Follow up on gait and range of motion.



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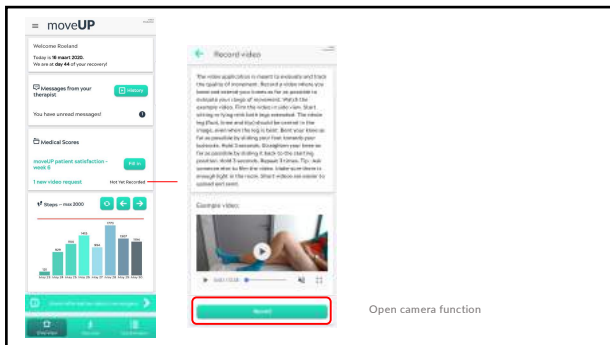


Every video request has

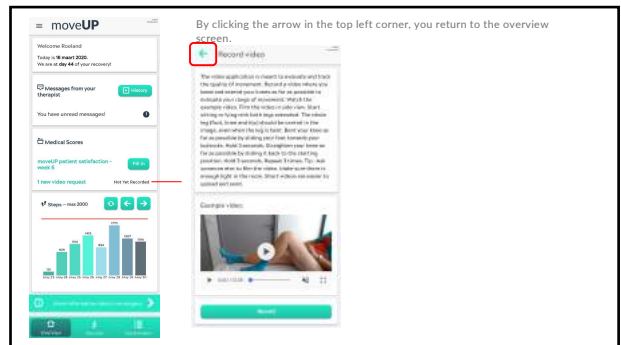
- a description

- an example video

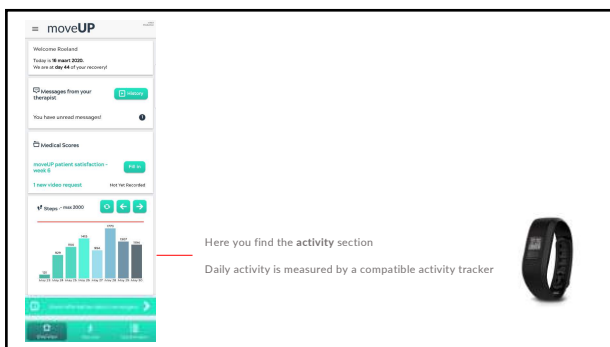
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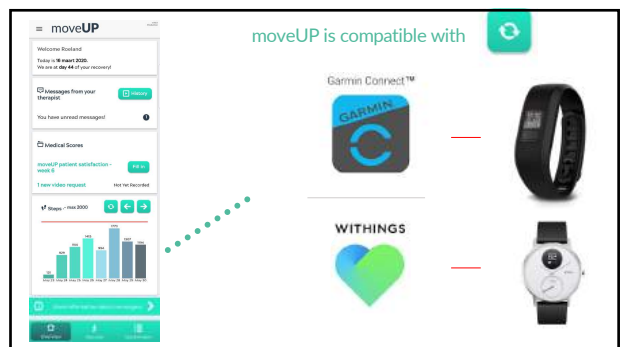
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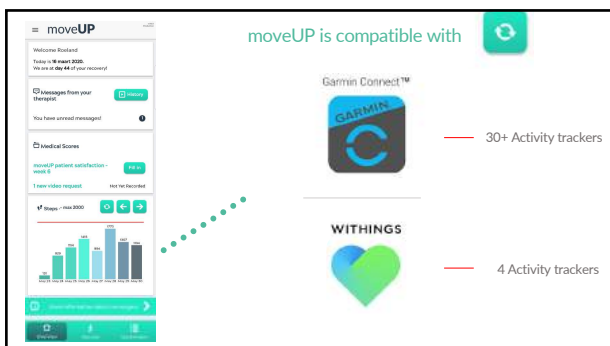
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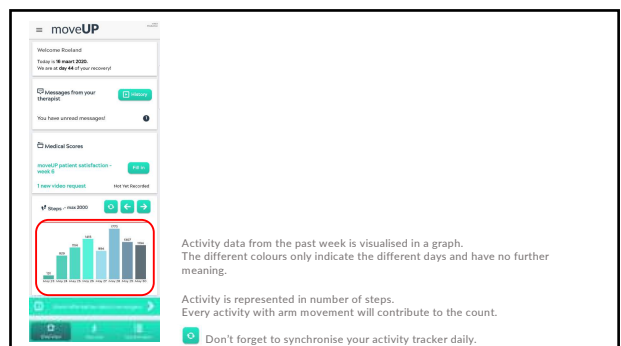
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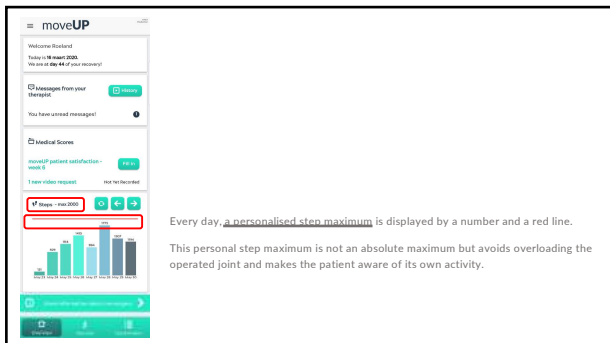
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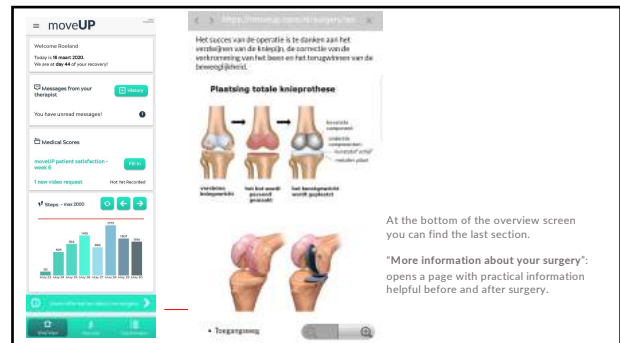
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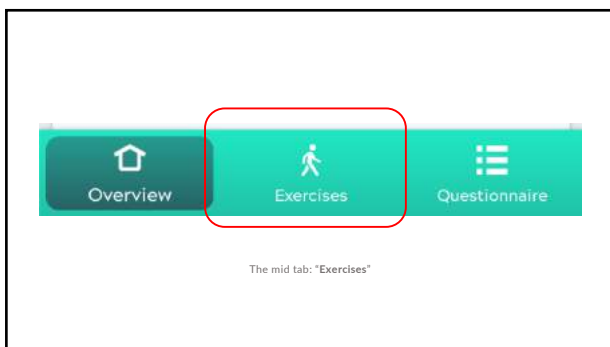
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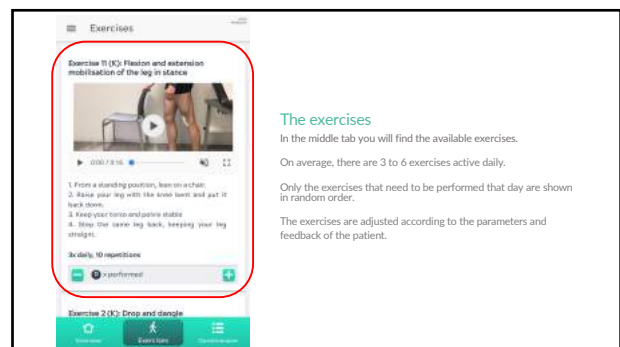
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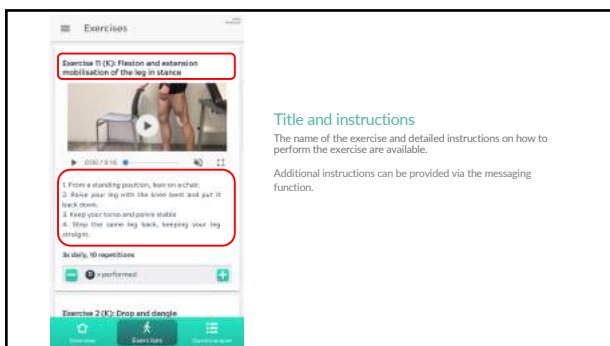
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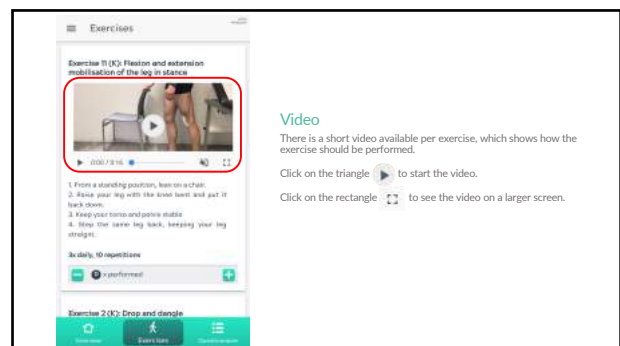
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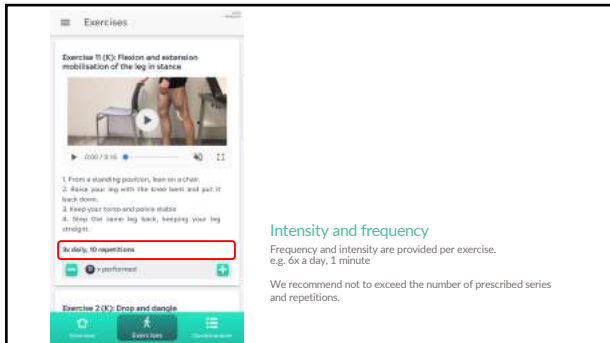
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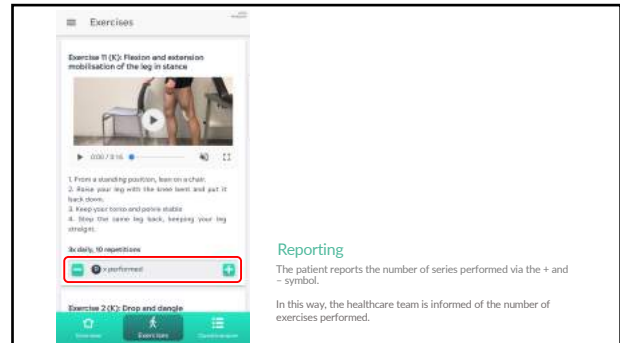
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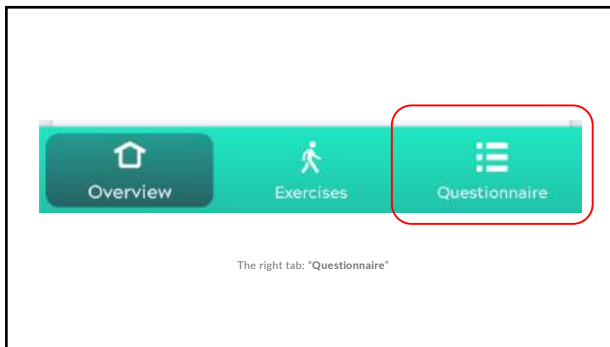
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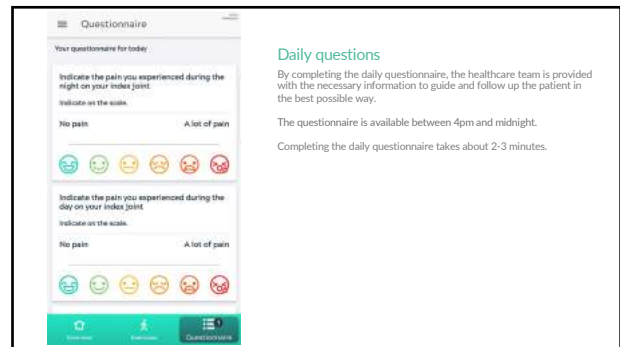
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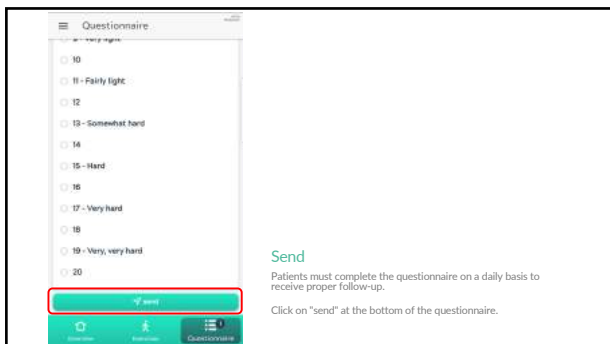
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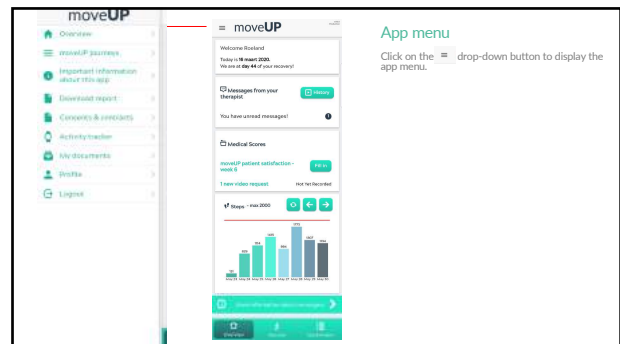
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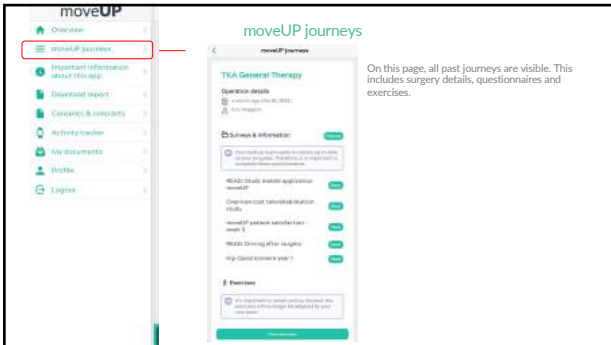
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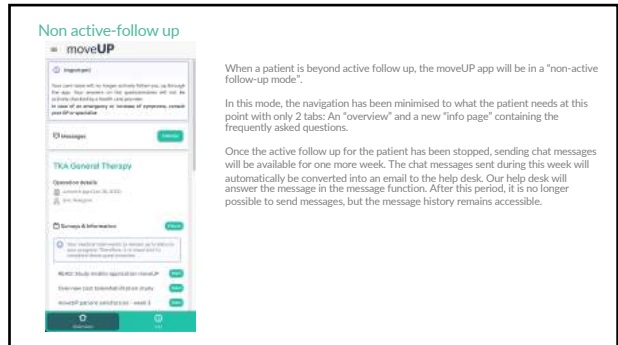
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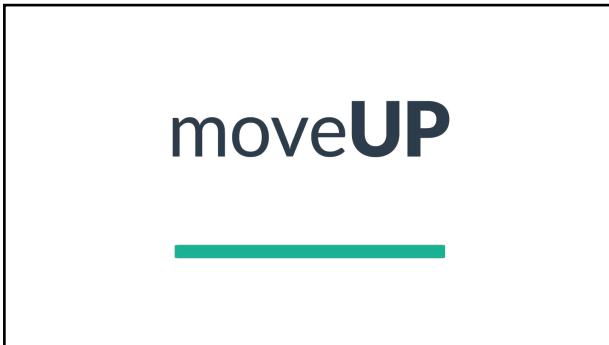
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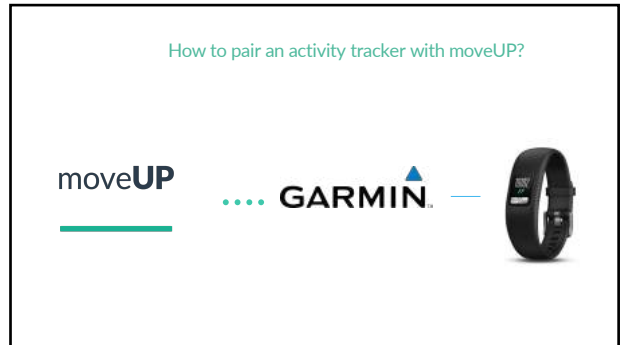
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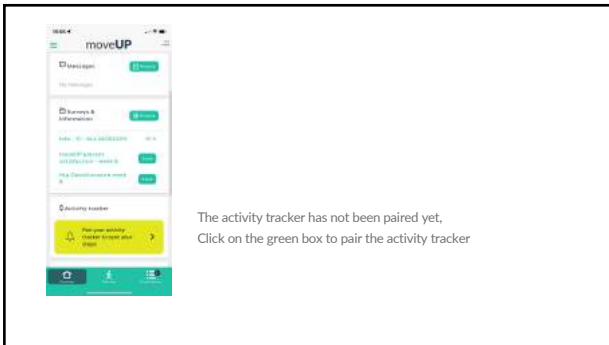
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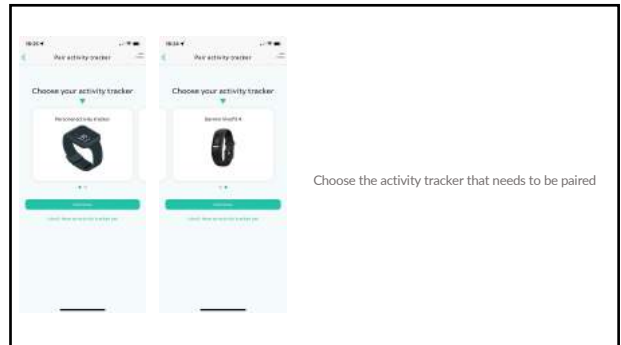
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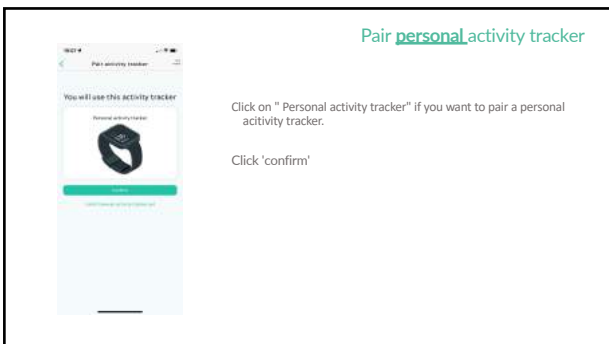
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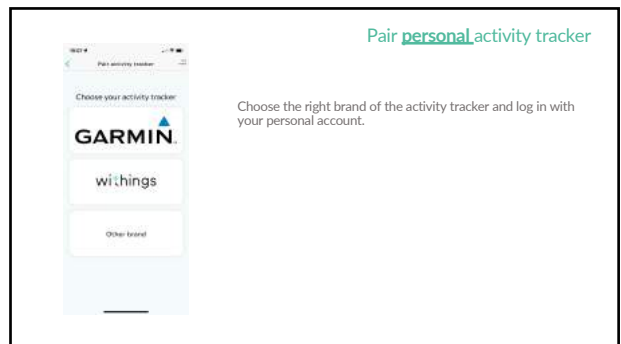
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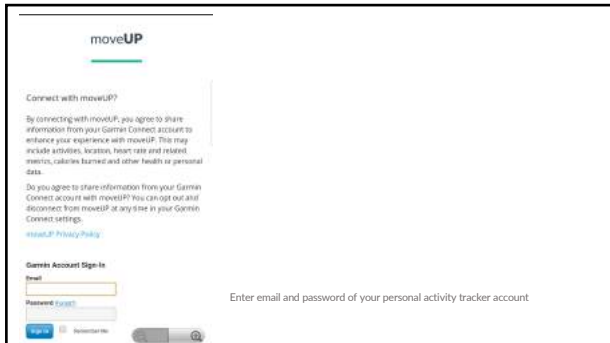
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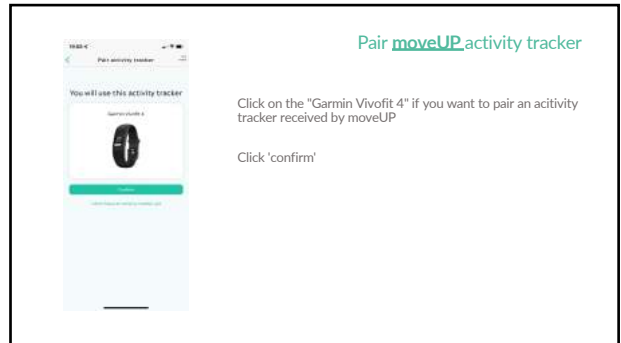
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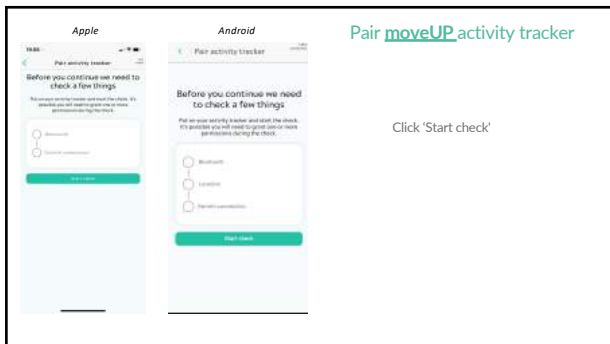
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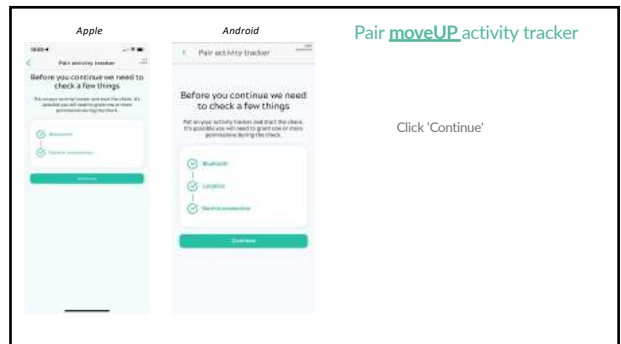
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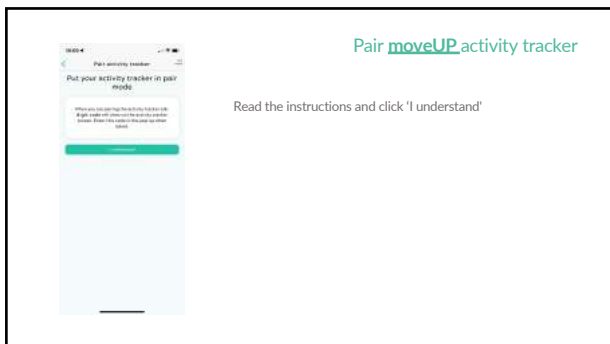
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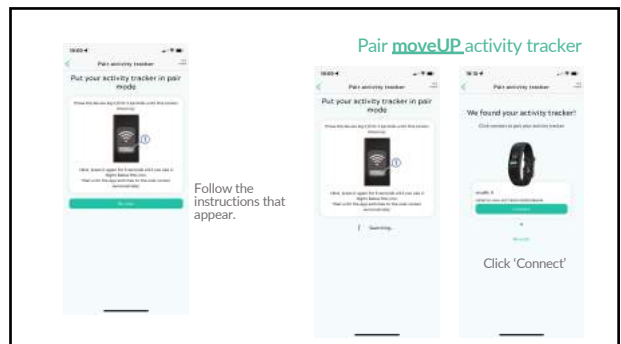
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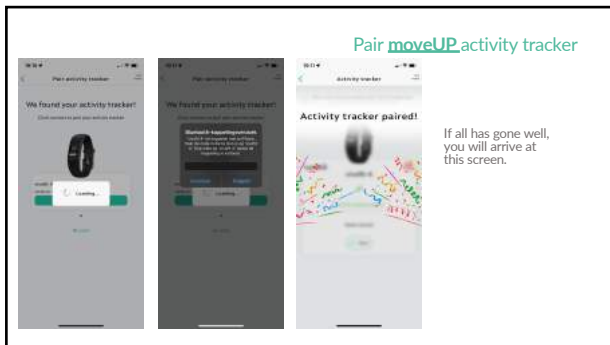
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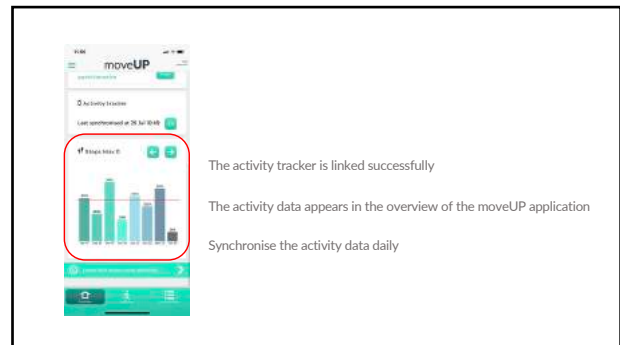
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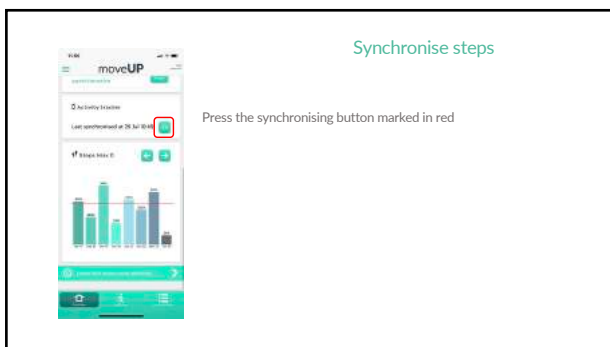
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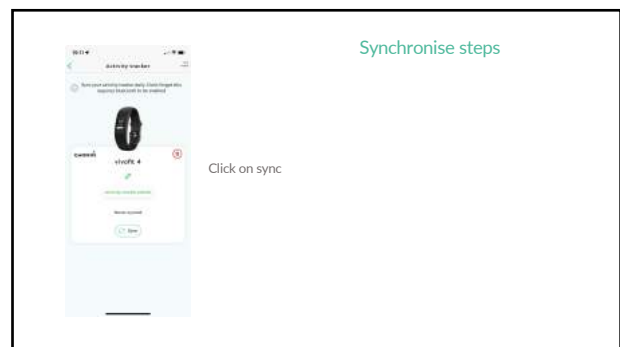
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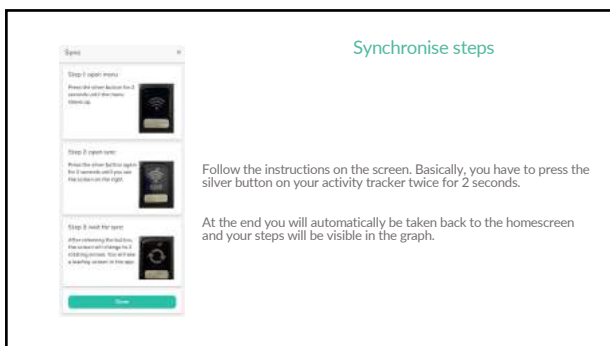
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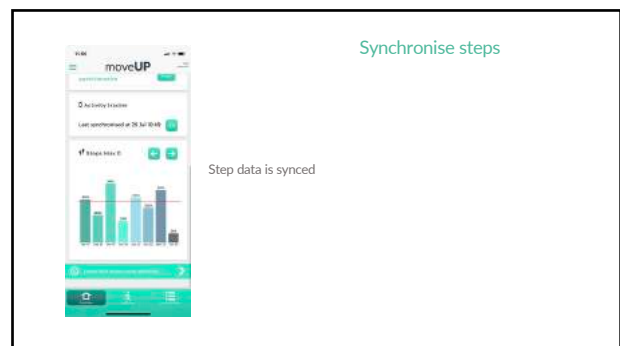
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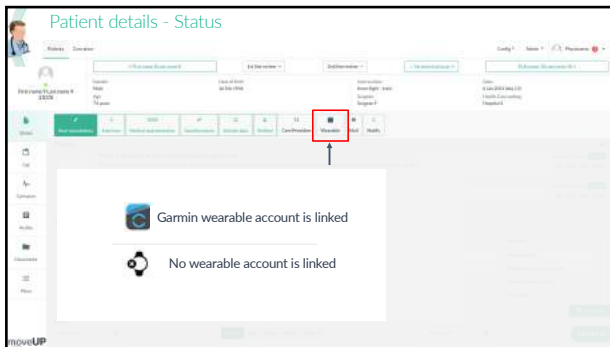
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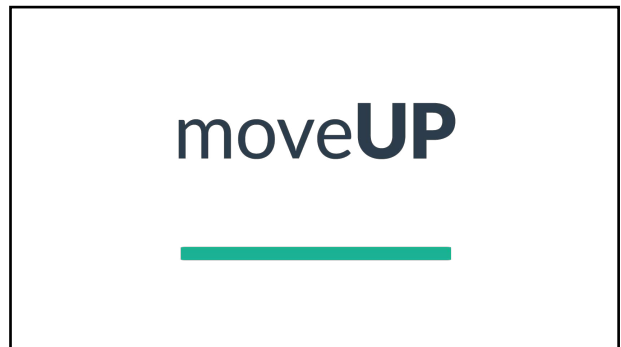
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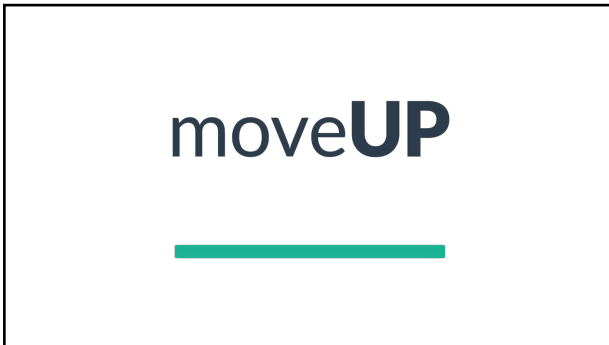
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Healthcare Platform

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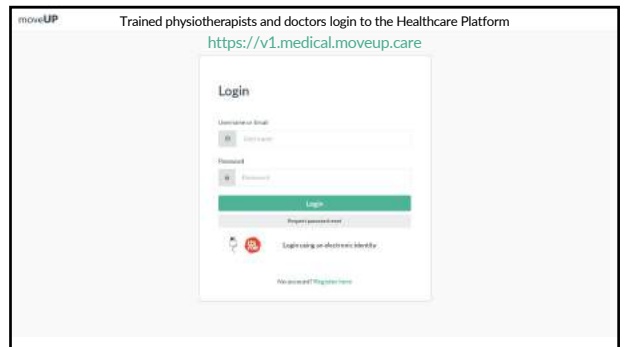
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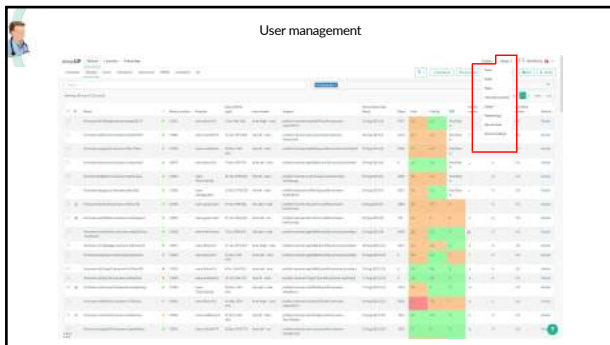
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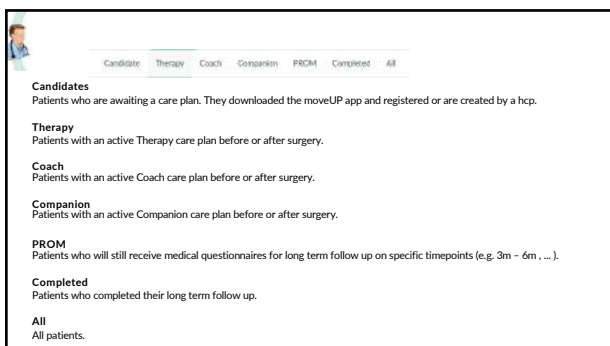
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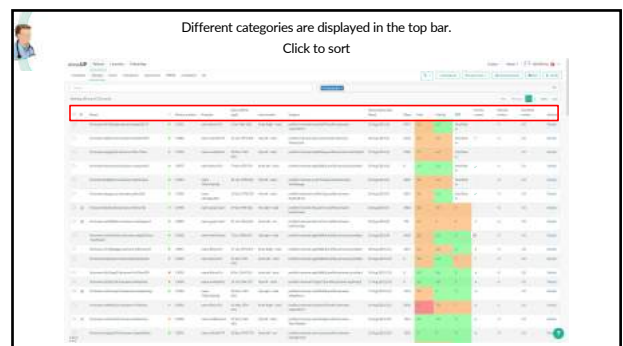
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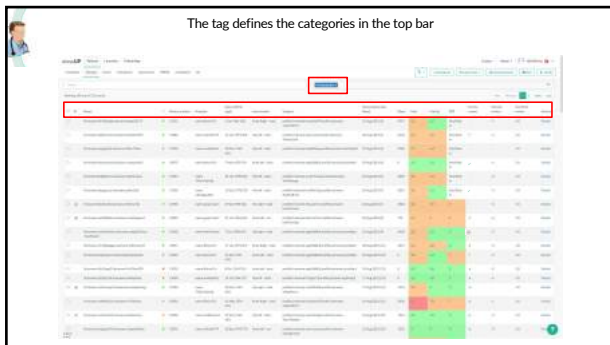
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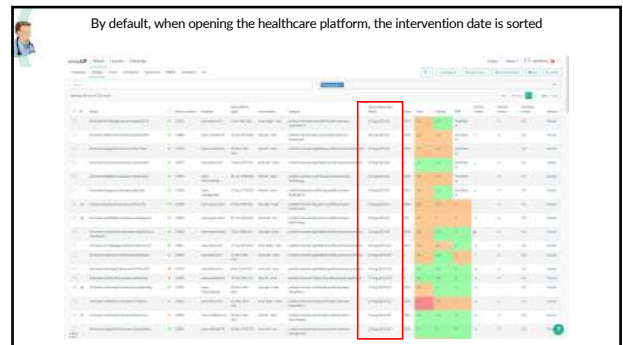
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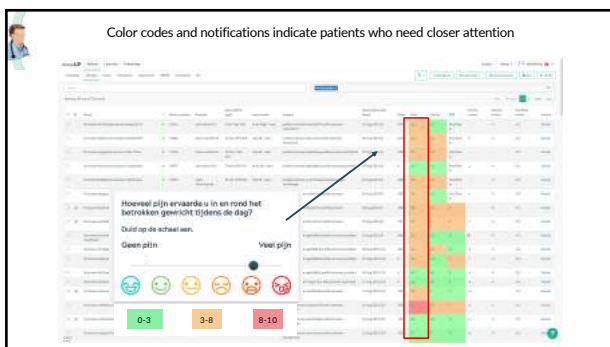
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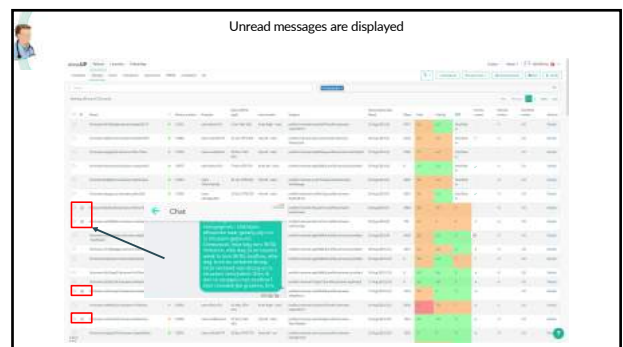
13



14



15



16



17



18



First line review

-1 Patient was checked and validated 1 day ago

✓ Patient was checked and validated today by your discipline

✓ Patient was checked and validated today by other discipline

⚠ Patient was flagged for your discipline

⚠ Patient was flagged for another discipline

19

Patient compliance is visualised in the patient overview

● Compliant for the last 2 days

● Non compliant > 2 days

● Non compliant > 7 days

20

Contact - support@moveup.care

Need support? Do not hesitate to contact moveUP! →

21

Activated can mean 2 things: either the patient registered him/herself with a code through the app or he has been marked as immediately activated in onboarding.

- Non activated: patients who haven't registered themselves through the app yet and haven't been marked as immediately activated.

22

Data can be extracted by exporting to a csv file

23

Mail templates can be sent via email

24



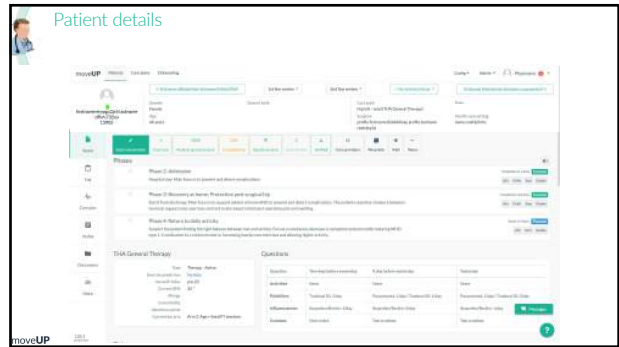
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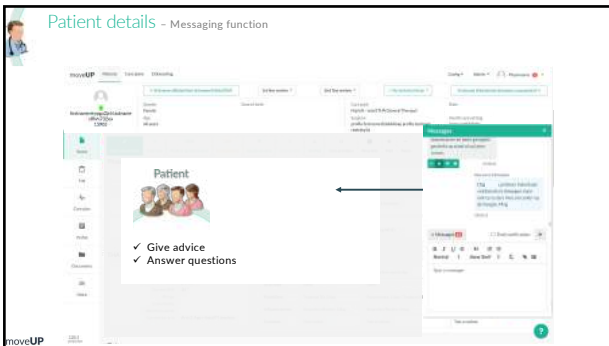
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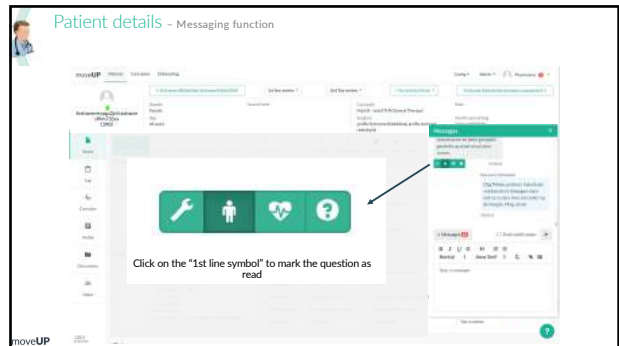
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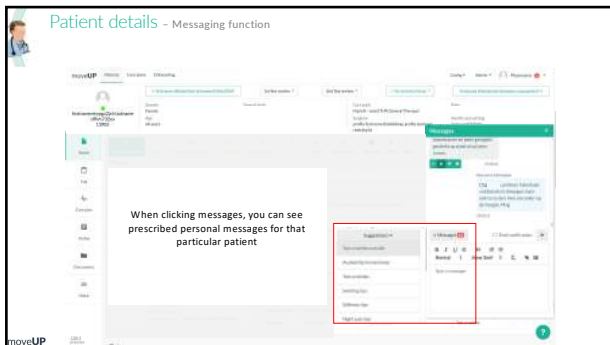
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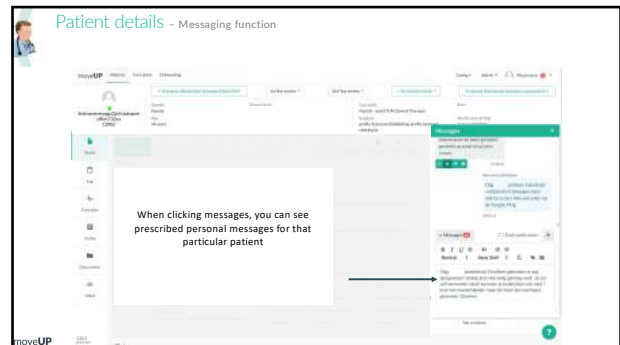
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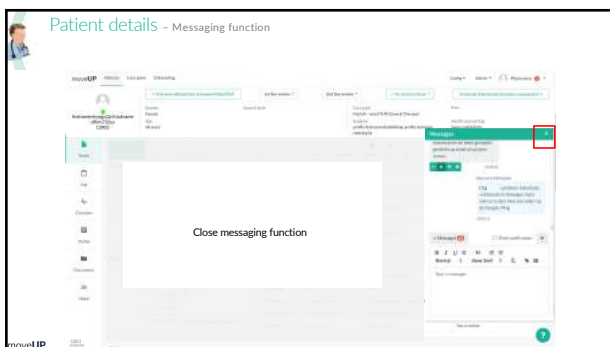
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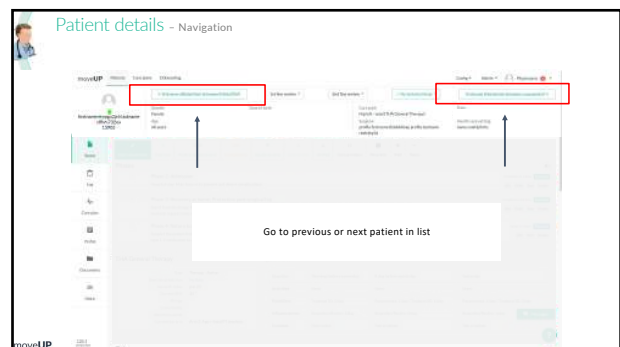
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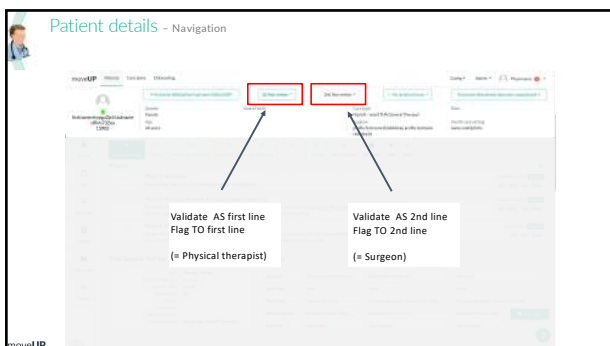
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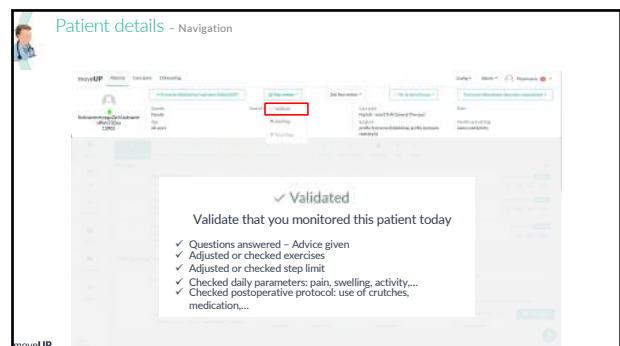
33



34



35



36



Patient details - Navigation

Add flag
Flag someone from first line

- ✓ Patient needs to be checked by someone from first line (f.e. a physical therapist)
- ✓ Give a reason for flag
- ✓ Select the discipline to flag
- ✓ Optional: add an e-mail notification to flag. Flagged discipline will receive an email about the flag
- ✓ A flag will add a new line in the patient log with the reason for flagging (see further)

37

Patient details - Navigation

Add flag
Flag someone from second line

- ✓ Patient needs to be checked by someone from second line (f.e. a surgeon)
- ✓ Give a reason for flag
- ✓ Select the discipline to flag
- ✓ Optional: add an e-mail notification to flag. Flagged discipline will receive an email about the flag

38

Patient details - Navigation

Technical issue
Report technical issue

39

Patient details - Status

40

Patient details - Status

See details of the patient and his intervention

41

Patient details - Status

Therapy compliance

- Compliance OK for today or yesterday
- Non compliant > 2 days
- Non compliant > 7 days

42



Patient details - Status

Therapy compliance

- ✓ Patient reported doing the exercises
- ✓ Patient answered the daily questions
- ✓ Patient completed all available questionnaires
- ✓ Activity data is up-to-date

43

Patient details - Status

See the current and planned rehabilitation phases

- Finish: patient completed the phase
- Stop: the phase is stopped but not completed
- Disable: not applicable on patient

44

Patient details - Status

Important information related to the intervention

Type	Name	Status
...

45

Patient details - Status

Table overview last 3 days: activities, medication and crutches

Compliance on the prescribed medication
Questions about medication are escalated to the doctors

Compliance on the use of crutches

Activity	Medication	Crutches
...

46

Patient details - Status

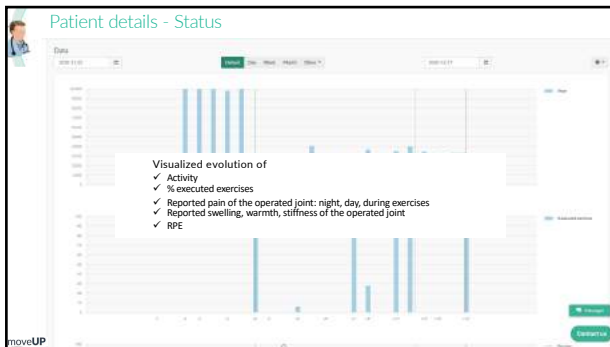
Click, to see all answers on the daily questionnaire

47

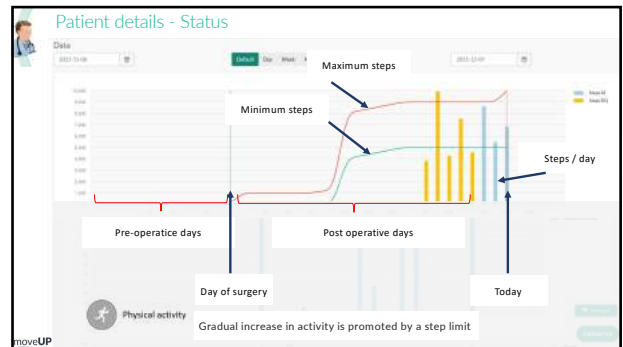
Patient details - Status

Scroll down

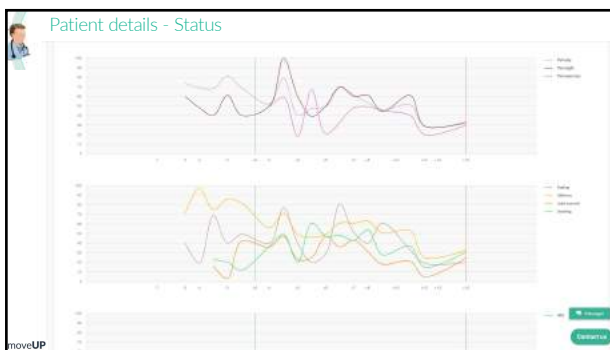
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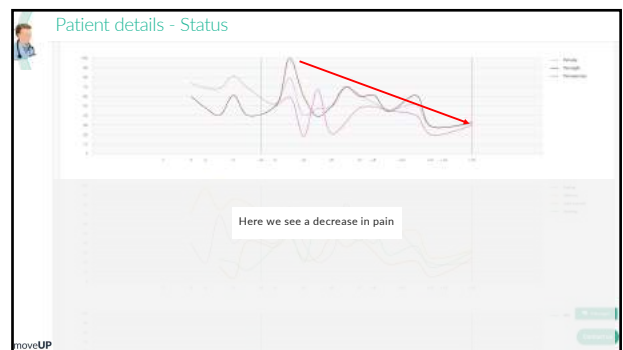
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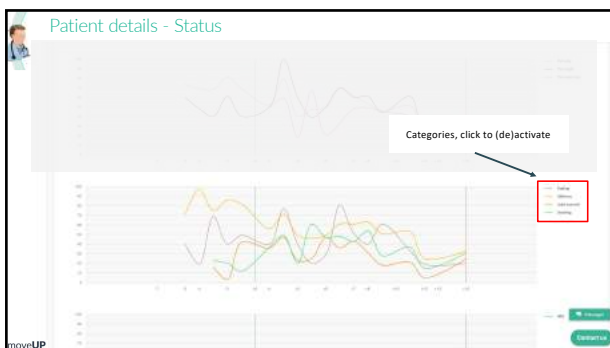
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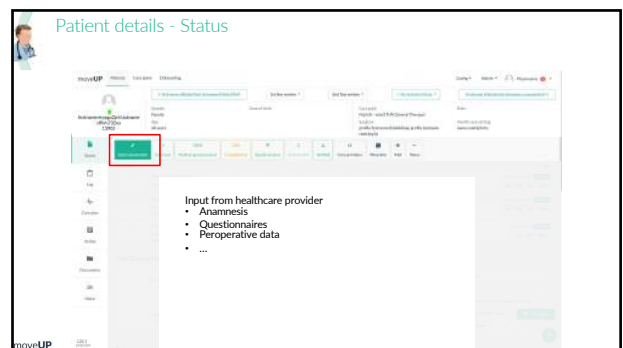
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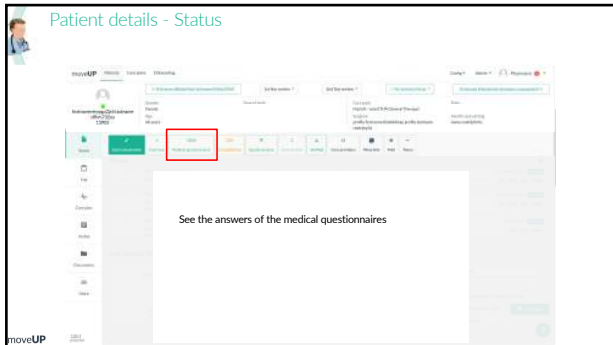
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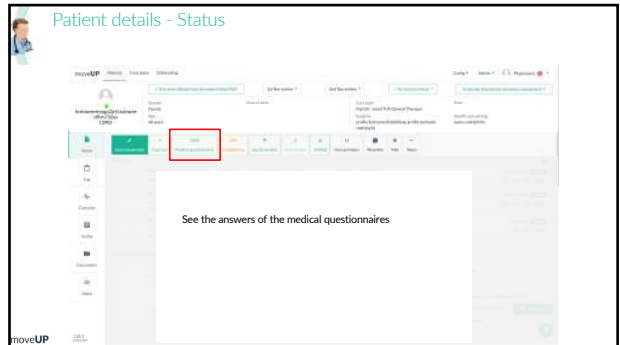
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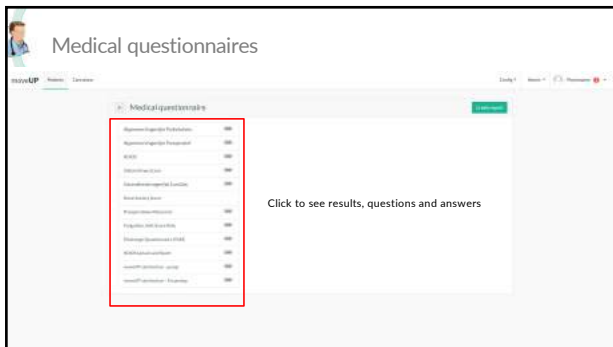
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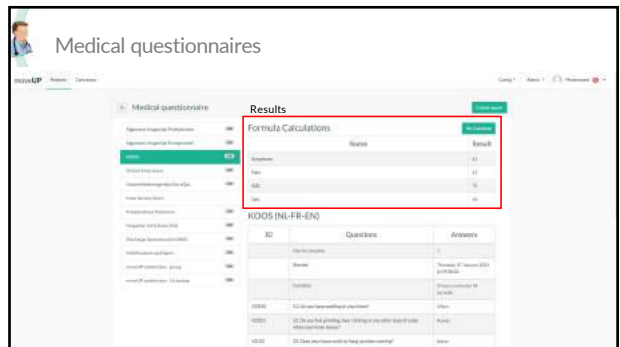
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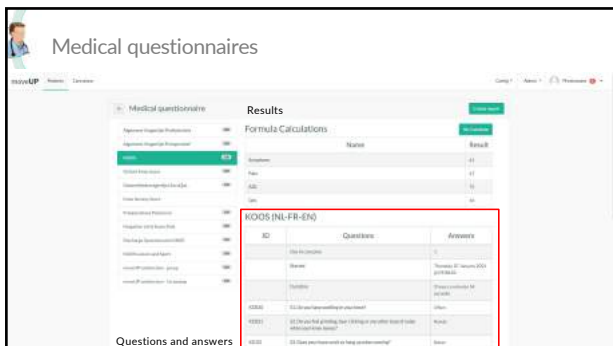
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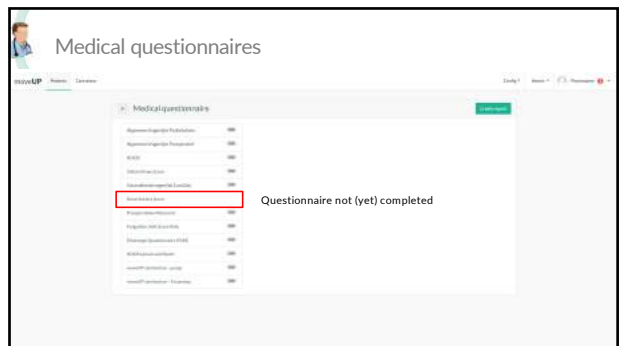
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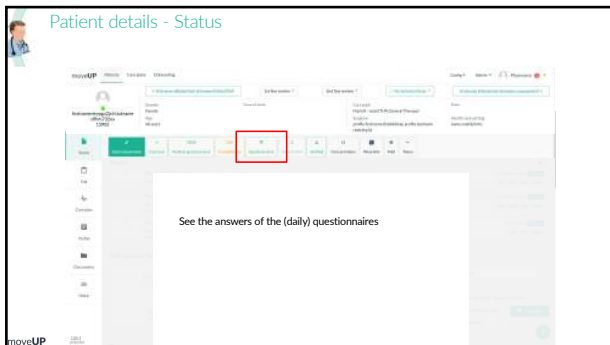
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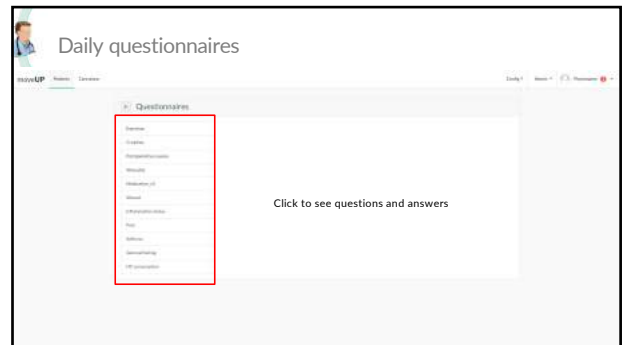
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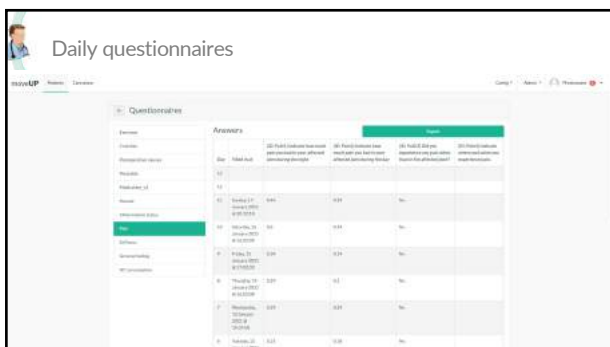
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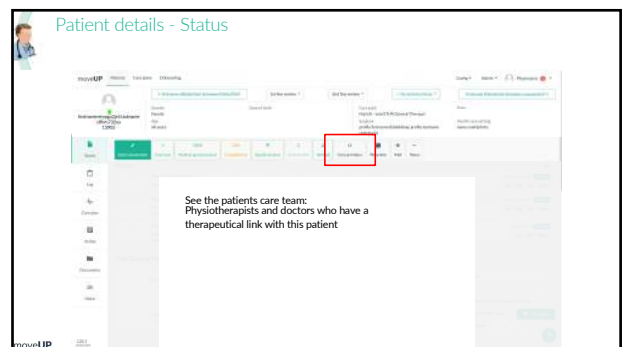
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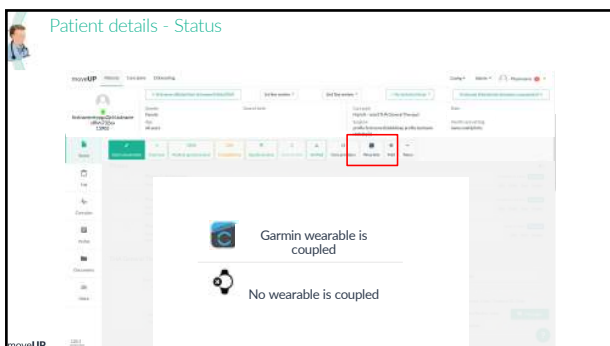
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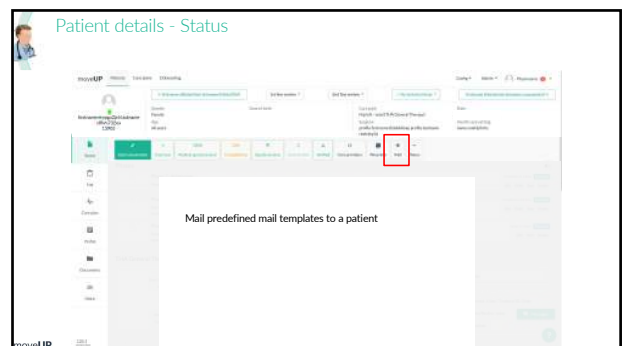
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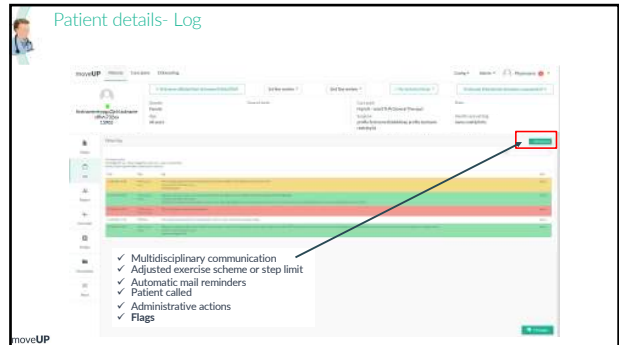


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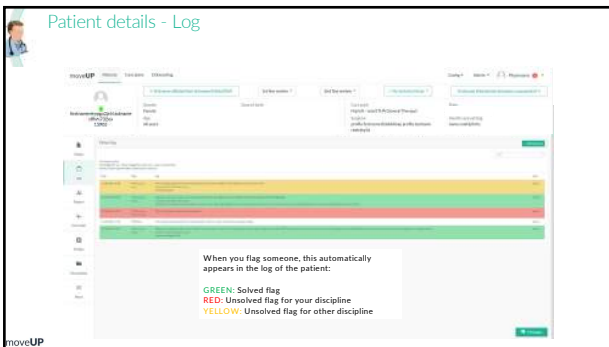


Patient details - Log

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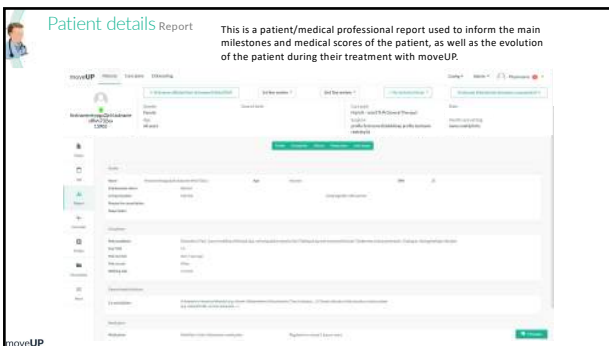
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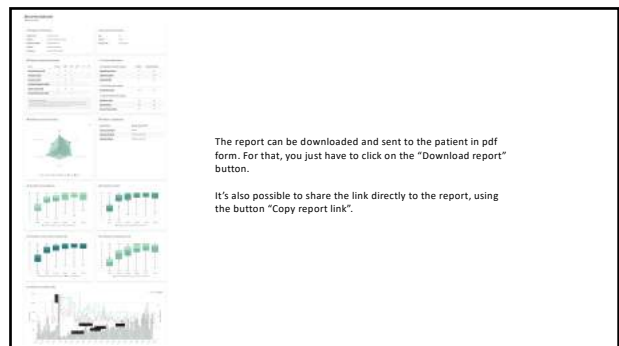
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Patient details - Report

70



71

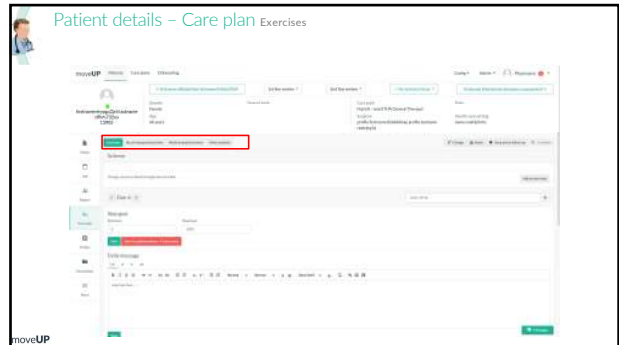


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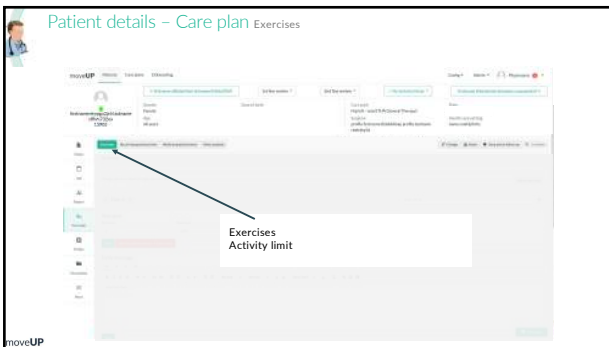


Patient details - Careplan adapt treatment of a patient

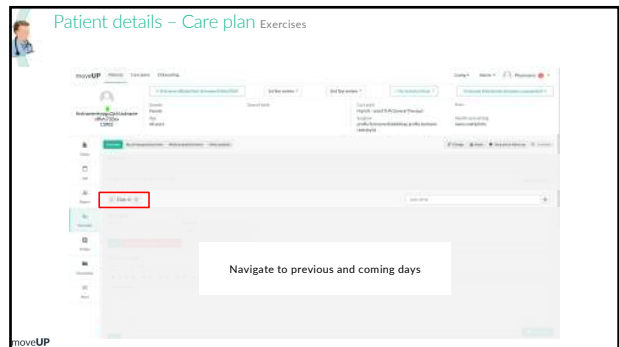
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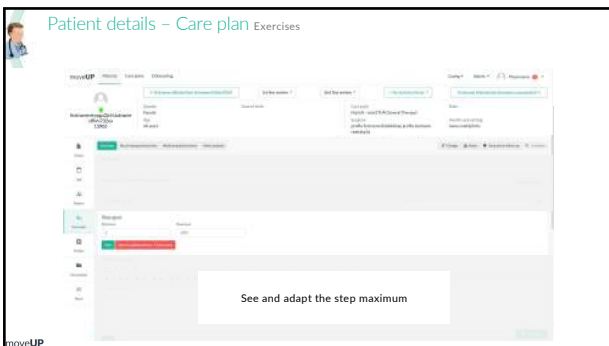
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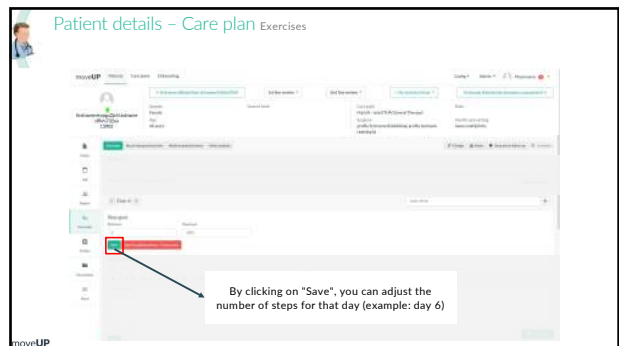
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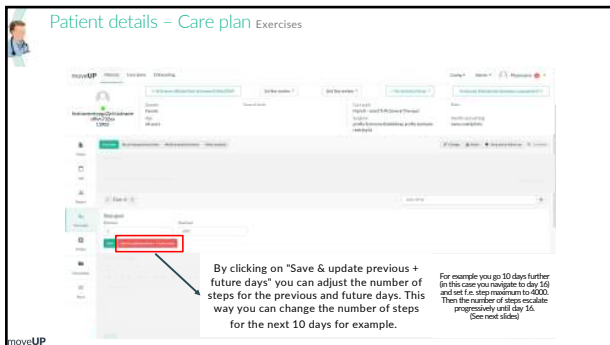
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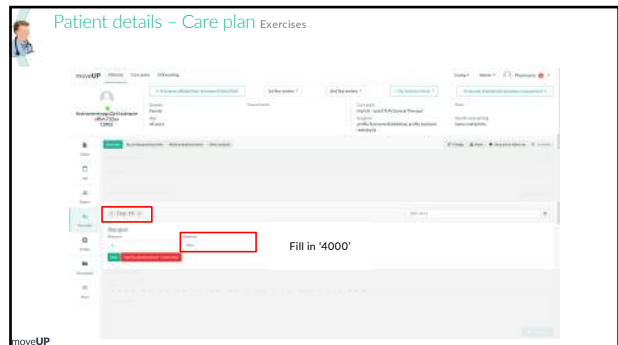
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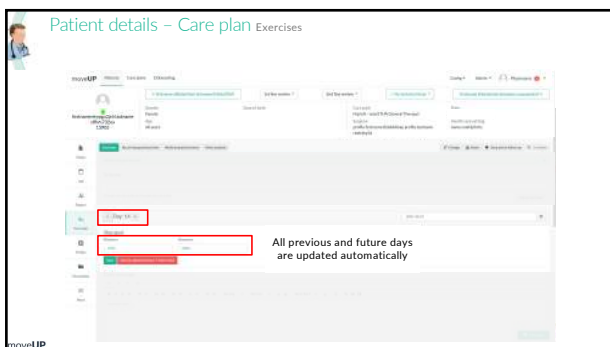
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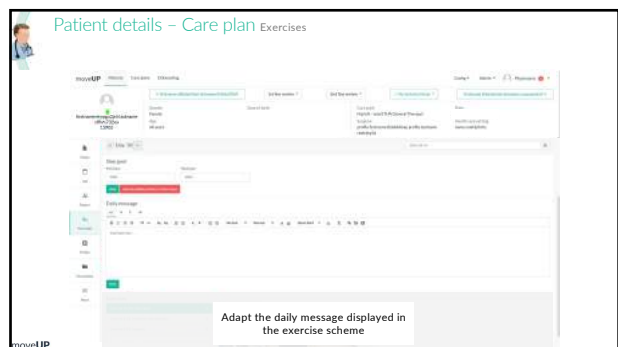
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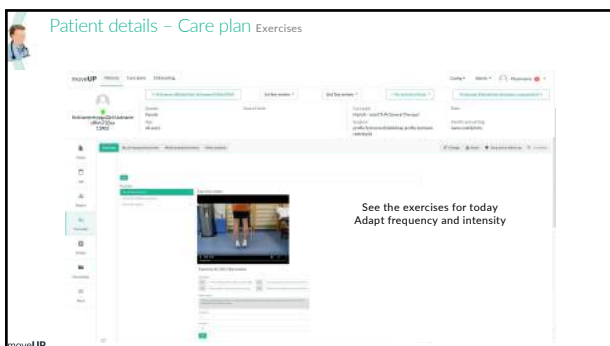
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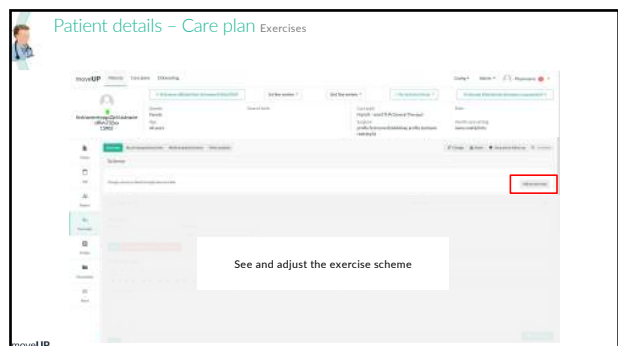
81



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84



Patient details – Care plan

A standardized exercise scheme is personalized based on the patient's need

Blue check marks means that the exercise has been activated

Gray check marks means that the exercise has not been activated

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Patient details – Care plan

A standardized exercise scheme is personalized based on the patient's need

There is a planning feature to schedule exercises over a longer period of time (click on *Advanced settings*)

- Start day/End day:
 - Start day = the day of the cell you clicked on
 - End day= Fill in the day you want this exercise to end
- Repeat input field:
 - Choose how the exercise will repeat till the end day
- Intensity/ Frequency START:
 - This is the value where the patient will start on
- Intensity/Frequency TARGET:
 - This is the value where the patient will end on.
E.g. Start day=10, End day=20, Intensity start= 1, Intensity target=10 => On day 15 the intensity will be automatically calculated and in this case will be set to 5.

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Patient details – Care plan

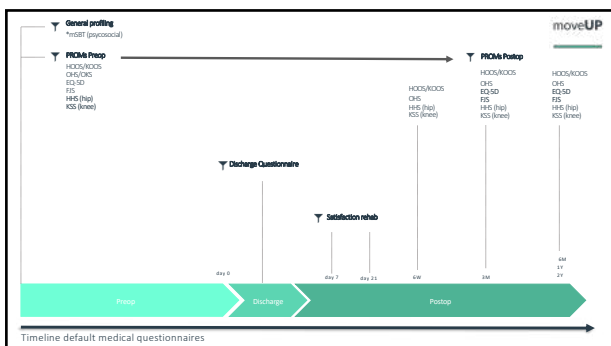
Recurring questionnaires

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Patient details – Care plan

Medical questionnaires

88

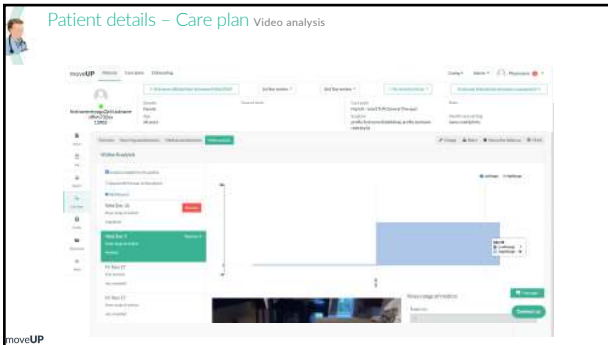


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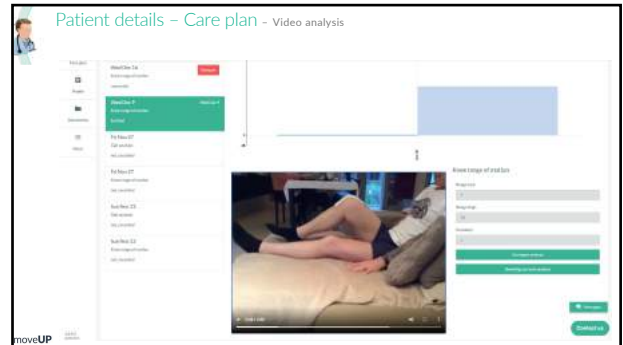
Patient details – Care plan

Video analysis

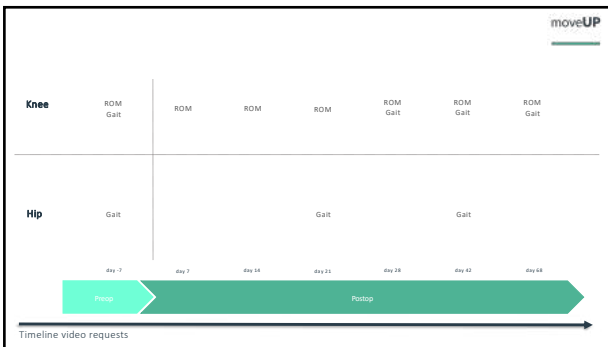
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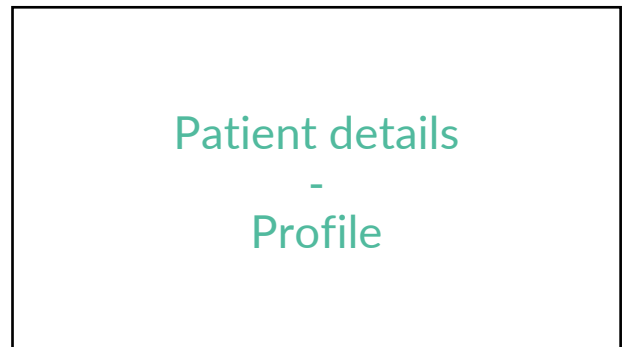
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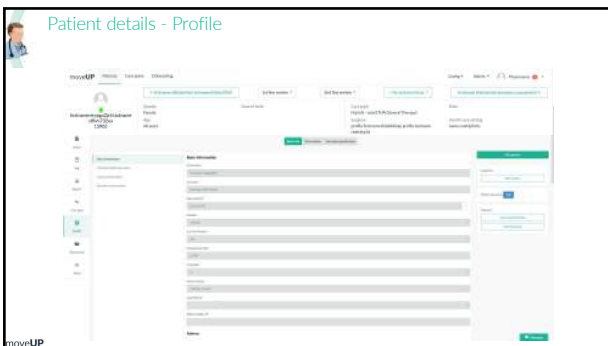
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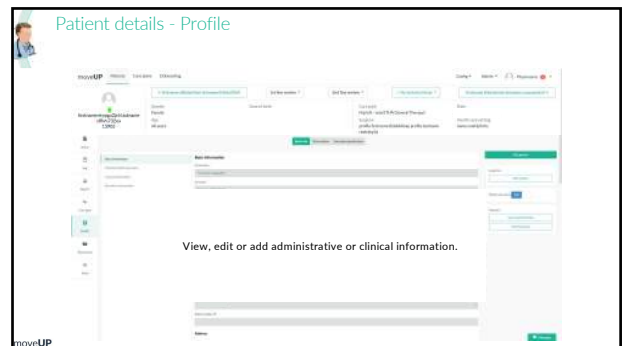
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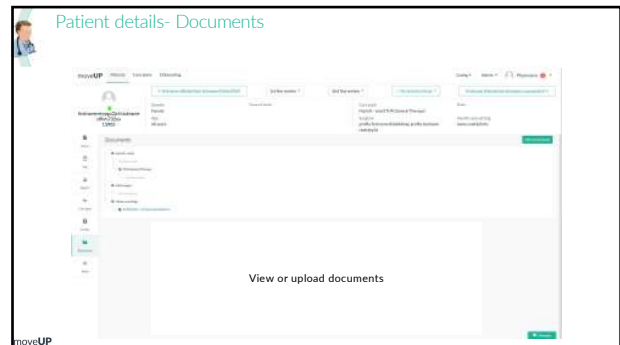


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Patient details - Documents

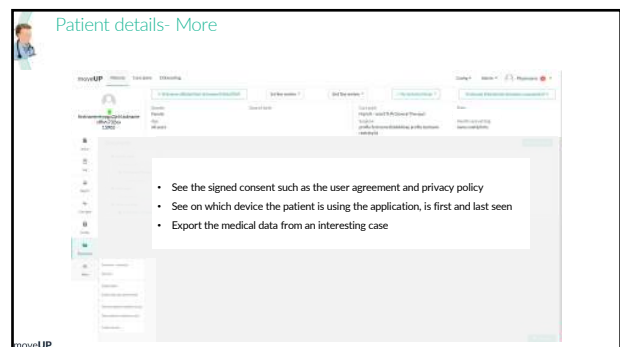
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Patient details - More

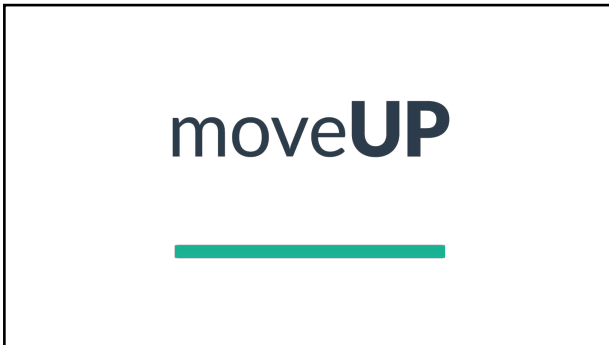
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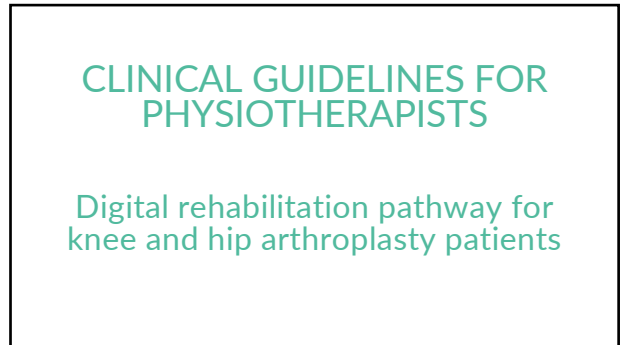
100

moveUP

101



1



2



3

The following document is a clinical guideline for physiotherapists to get familiar with digital rehabilitation of patients following knee- and hip arthroplasty. With moveUP, we put forward pain free exercises and symptom-based progressive increase of daily activities during the whole rehabilitation track with the aim to prevent chronic pain, complications and to achieve the best possible outcome. Different rehabilitation phases are structurally presented within the table below. Next to the representation of the phases, you will also find back recommended exercises and other contributing factors in more detailed tables. Some guidelines can be surgeon and/or hospital specific.

Table phases

Phase
Estimated time
Events
Goal
Actions (See tables)
Criteria → next phase

The end criteria indicate when the next phase can start.
Take into account that the phases are not absolute, which means there can be overlap and/or end criteria are not fully achieved.

4

Using a digital pathway, moveUP captures relevant information with the aim to improve data driven, evidence-based rehabilitation and outcome. Currently, moveUP captures over 400 datapoints per patient. This data collection results in both long-term (direct) gains in protocol development and patient pathway optimization.

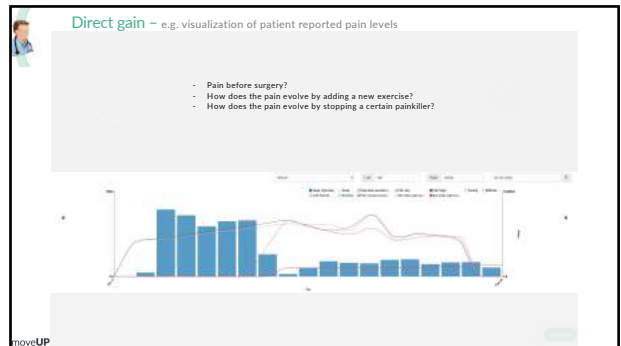
Long-term gains/benefits of digital monitoring
= continuous improvement of protocols via big data analysis (e.g. nearest neighbour)
Long-term gains will improve quality of care when the information is captured and thoroughly analyzed for thousands and thousands of patients. This will lead to new benchmarking values. In some cases, they can also contribute on short term.

Direct gains/benefits of digital monitoring
= optimizing of standard of care
One of the direct gains of digital monitoring and care are the possibilities in objectifying and visualizing information and data that is missing in the standard of care. New clinical data points can improve your quality of care the moment you make use of them, the moment you start taking them into account.

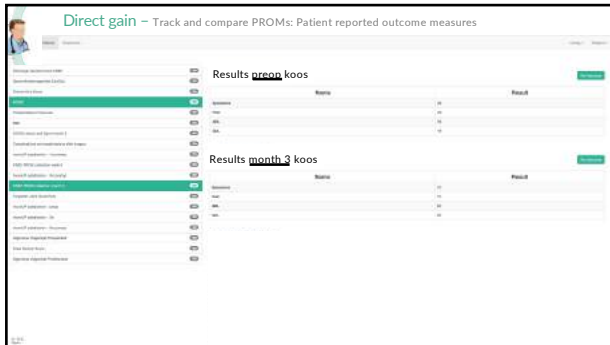
In a previous module, you learned how the numerous datapoints are captured and how to retrieve it in the health care platform. In this module, you will go deeper on the clinical recommendations that comes with moveUP's digital rehabilitation.

Before we start, here is a short recap on what is precisely meant with the direct gains:

5



6



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14



15

	Preparation	Hospitalisation Protection post surgical knee	Return to daily activity	Return to active lifestyle
Estimated time	Day 0 - 21	Day 7 - 60	Day 35 - ...	
Events	Surgery Hospital stay Discharge First week home Removal of staples	First postoperative consult Week 6 PROMs evaluation	Second postoperative consult Month 3 PROMs evaluation Back to work Driving car	
Goal	Protection post surgical knee Prevent complications Pain & symptoms control Regain proprioception Knee movement within pain limits	Gradually decrease in pain <2/10 Gradual stop of medication Gain in pain free basic strength ROM 0-90° week 4 Normalised gait pattern Basic balance / coordination	ROM 0 - 110° week 8 Reach full ROM 0 crutches Regain functional strength	
Actions (See tables)	Educate & support patient Supervise use of crutches Supervise medication intake Provide pain free exercises Control activity level Check wound Check mobility	Educate & support patient Support transfer 5 crutches -> 1/0 crutches Adapt exercise scheme Add pictures of swelling/wound Add non default exercises	Adapt exercise scheme Reassure normal progression Add non default exercises Finalize rehabilitation	
Criteria -> next phase	Protection & education Pain & symptom control	A minimum of / no pain A minimum feeling of warmth of the knee Painkilling medication stopped or limited to occasional intake of WHO type 1 medication No more NSAIDs	For some / or exercises surgeon approval is advised e.g. driving, biking, lunges...	

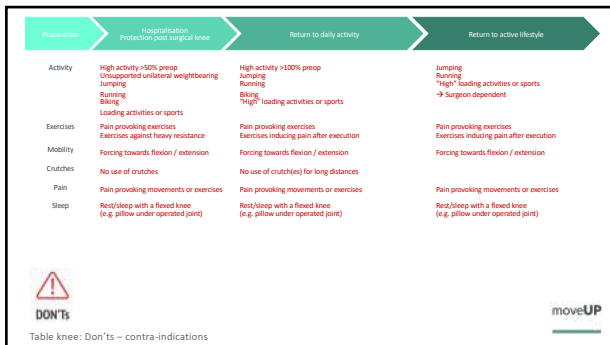
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	Preparation	Hospitalisation Protection post surgical knee	Return to daily activity	Return to active lifestyle
Isometric quadriceps setting -> 3 x 10	10" - 1 x 15 min Clonus - 1 x 2 min Heel sit - 1 x 10	Isometric quadriceps setting - 3 x 10 Pendling - 1 x 2 min + 2 variations Knee extension posture 3 x 3 min Tight brace - 3 x 10	Hip/Knee flexion/extension standing - 3 x 15 Half squats/homotrainer - 3 x 5 min Hip/Knee flexion to hip/knee extension - 3 x 10 Hip flexion and knee extension mobility exercise on the chair - 3 x 15 Mini squat - 3 x 10 Standing march - 3 x 1 min	Homotrainer - 3 x 10 min Squat - 3 x 15 Hip abduction standing - 3 x 15 Step up - 3 x 10 Single leg stance - 3 x 10 Local step - 3 x 10 Forward lunge - 3 x 10 Side lunge - 3 x 10 Bridging - 3 x 10

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	Preparation	Hospitalisation Protection post surgical knee	Return to daily activity	Return to active lifestyle
Activity	1. Preop avg < 4000 + Max steps 1000/day 2. Preop avg 4000 - 8000 + Max steps 1500/day 3. Preop avg > 8000 + Max steps 2000/day From day 5: + 100 steps/day	Gradual increase until 50-100% preop steps	Gradual increase until 75% - 100% or > preop steps Positive evaluation +100-200 steps / day Negative evaluation - Max steps on floor b. Decrease in Max steps	
Medication	PK WHO 1 - 2 NSAID 2/day - 2 weeks Blood thinning medication	PK WHO 1 NSAID 1/day - 2 weeks	PK WHO 1 No NSAID	
Mobility	Pain free mobility exercises without forcing	ROM 0° - 90° week 4 Focus on full extension	ROM 0 - 130° week 8 Full ROM	
Crutches	2 crutches	2 or 1 crutch	No crutches	
Homotrainer	No homotrainer	Homotrainer with resistance	Homotrainer with resistance	
Biking		No biking	Biking after surgeon approval	
Car		Driving (when feeling safe to do so) *Check the need for surgeon or car insurance approval		

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Hospitalisation & Protection post surgical knee

is a first postoperative phase.

- Focus on protection of the post-surgical knee and education of the patient on how to do so: the patient should take their prescribed medication, use crutches, put ice and forearm rest and elevation of the operated leg.
- Symptom control: Aim to get pain, warmth and swelling under control as soon as possible. Preventing swelling, pain and warmth will prohibit a smooth rehab. Ice, control and prevention of these parameters is key.
- Low load mobility: Motivate the patient to execute low load mobilising exercises frequently. Changing position regularly will reduce stiffness.

How?

Exercises: See the exercises in the table. The priority are circulatory and light mobilising exercises. Circulatory exercises help drain postoperative blood and swelling and prevent thrombosis. Quadriceps setting stimulates proprioception and measurement of muscle force. These exercises are automatically active in the exercise scheme. Exercises against resistance or those which provoke pain, swelling, stiffness and warmth have to be avoided, including those during a full-to-flow session!

Activity: Guidance in activity is provided by a daily, personalized step maximum. (see table for reference)

The dual: is used to educate, motivate the patient, address concerns, answer questions and clarify therapeutic actions.

The use of crutches: should be explained. Crutches are important to prevent falling and to support the load on the knee so soft tissue get time to heal.

Gait pattern: Check on heel-to-toe gait pattern and on neutral foot positioning during gait analysis.

Key stage of rehab: is considered to be weekly video requests. The first mobility check is done at day 7, this first check is a reference point to track improvement. During RCM analysis, also look for movement fluency (e.g. signs of fear of movement), early off knee symptoms and compensation. Reaching full extension without overpressure, has high priority in the beginning of the rehabilitation.

What if...

- If a patient doesn't manage to get his pain under control? 2nd line doctors can be flagged to give advice on medication. Most TKA patients are advised to start with WHO step 3 painkillers. Step 2 painkillers can temporarily slow down pain relieving actions.
- A patient reports a "red flag" Always flag 2nd line doctors in case of a bleeding wound, picture of wounds, genetic problems, reports of fever, purple rashes, visit to general practitioner, medication advice or any other sign of complication.

Flagging the wound care: a picture of the wound after removal of dressings/vegs should be saved. Most wounds are treated. The staples are removed starting from 14 days to 21 days postoperatively. Initial staples are removed 2 weeks should cover the wound. In most cases the graft should be changed after 20-25 days (specifically stated in surgery).

20

Common actions Hospitalisation & Protection post surgical knee

Exercises (see table)	Messages	Check
Default scheme	<p>Questions</p> <ul style="list-style-type: none"> How did surgery go? Message when home How are the exercises going? 	<p>Therapy Compliance</p>
High activity >no more need for circulatory exercises	<p>Feedback</p> <ul style="list-style-type: none"> Pain is under control You have difficulties at night Warmth, stiffness, swelling Schedule removal staples <p>Stimulate</p> <ul style="list-style-type: none"> To move Adherence of step limit Adherence of use of crutches Long & elevation To not provoke pain To take medication as prescribed 	<p>Return Video RCM Early RCM/progression (if not necessary) Swelling Warmth</p> <p>Use of crutches Medication intake Daily activity and step max.</p>

Actions Hospitalisation & protection post surgical knee

moveUP

21

Protection post surgical knee → **Protection & education**
Pain & symptom control → Return to daily activity

CRITERIA

- The patient is compliant to the postoperative rehabilitation guidelines.
- The patient found a balance between low load, regular, basic exercises and rest to decrease/control post-operative pain and swelling.
- Transition to the next phase is advised when the patient has control over the postoperative complaints.

Transition phase protection post surgical knee → Return to daily activity

22

Return to daily activity:

is a second postoperative phase.

- Focus on a continuous decrease in symptoms and pain while reducing WHO type 2 medication to a minimum level to increasing load by new exercises and allowing higher activity.
- Support the patient finding the right balance between rest and activity.

How?

Exercises: End back the exercises in the table. Personalize (advise or delay) them in the exercise scheme based on the daily parameters. A maximum of 4 exercises / day is advised. With moveUP, we believe in controlled and painfree exercise during the whole rehabilitation. Therefore, when continuing exercises from previous phase and/or adding new exercises, a positive evolution should still be noticeable. Performing any of the exercises should not provoke pain, induce warmth and/or swelling, rising and extension of the operated leg is still advised to get these parameters fully under control.

Activity: Guidance in activity is provided by a daily, personalized step maximum.

- During a positive evolution, the patient is allowed to increase activity by 100-200 steps/day.
- During a negative evolution, the patient should remain on its activity level or have more rest (decrease in activity).
- avoid pain activity during the whole rehabilitation (see table for reference).

The message feedback: is still continuously used to motivate the patient, address concerns, answer questions and clarify therapeutic actions.

Gait pattern: Check on heel-to-toe gait pattern and on neutral foot positioning during gait analysis. Check on compensation.

The use of crutches: Transition from 2 to 1 and 1 to no crutches should be motivated when painfree and safe.

Key range of motion: It is very important to see continuous improvement in the active ROM. A minimum of 90° active flexion should be achieved before the end of week 4. If not, contact the treating surgeon and provide him/her with this information. Full knee extension is stimulated daily by knee extension posture added with instructions to also focus on full extension while walking and standing. During knee or passive flexion mobilizations, it is not advised to force end-range to gain the parameters.

Besides daily data collection and visualization, during this phase, patient's evolution is tracked by postoperative RCM collection. Compare the pre- to postoperative results and give feedback to the patient. In most cases re-assessment of normal progression is sufficient. At the end of this phase, the biggest gains have been made but naturally, patients should still experience improvement. Most patients generate improvement until one year post-op.

23

Common actions Return to daily activity

Exercises (see table)	Messages	Check
Adapt exercise scheme: advance or delay phase 2 exercises	<p>Questions</p> <ul style="list-style-type: none"> How was first postoperative consult? 	<ul style="list-style-type: none"> Reaction on adaptations in the exercise scheme wound
Basic strength Proprioception Mobilization	<p>Feedback</p> <ul style="list-style-type: none"> Critical increase in exercises and activity Pain/medication lowered to occasional use of WHO type 1 medication Resistance and supporting when there are ups and downs PRIMA results Timing 2-1-1 / 0 crutches Heading towards excellent result 	<p>PRIMA: prep vs week 6</p>
Delay exercises which increase pain, warmth, swelling	<p>Stimulate</p> <ul style="list-style-type: none"> Critical built-up basic strength and ACL without pain Moderate RCM in ACL 	<ul style="list-style-type: none"> Knee ROM (90° before week 4) Gait pattern

Actions Return to daily activity

moveUP

24



Return to daily activity → **Minimum of pain**
Painkilling stopped or limited use → Return to active lifestyle

CRITERIA

- ✓ A minimum of / no pain
- ✓ A minimum feeling of warmth of the knee
- ✓ Painkilling medication stopped or limited to occasional intake of WHO type 1 medication
- ✓ No more NSAIDs
- ✓ for some /a/ or exercises surgeon approval e.g. driving, biking, lunges,..

Transition Return to daily activity -> Return to active lifestyle

25

Return to active lifestyle

in a 3rd postoperative phase.

- Focus on functional strengthening exercises.

Overload: First back the exercises in the table gradually and the exercises one by one, while clearly following the patient's parameters in the graph or table. Do not forget to increase exercises from previous phase. A maximum of 6 exercises/ day is advised.

Before starting the functional strengthening exercises: pain, warmth and swelling are stable and at a low level. Medication is limited or stopped. During and after the functional strengthening exercises, these parameters should stay stable and/or at a minimum. There should be no need to increase medication intake.

During this phase, icing can still be useful at the end of a busy day.

Activity: Stimulate a gradual increase in activity. Give recommendations about physical activity in general.

The evening function: During this phase, reassurance of normal progression is often needed. Point out the fact that most patients notice a positive evolution up to 1 year after surgery.

Gait pattern: Check on training how gait pattern was an overall non-ambulating during video analysis. Check on compensation.

Range of motion: While swelling and pain are reduced to a minimum, mobility should have evolved to 0°-130° at around week 8-10. Consider that the achievable ROM greatly depends on the patient's gait stability.

Finalize rehabilitation by checking if all expectations are met. You can check patient's satisfaction and outcome at the month 3 PROM collection.

26

Common actions Return to active lifestyle

Exercises	Messages	Check
Adapt exercise scheme: advance or delay certain exercises	Questions <ul style="list-style-type: none"> How was the 3m consult? How far from your goals/expectations? Any movements/activities which are still difficult/painful? 	Evaluate response on higher load
Functional strength	Feedback <ul style="list-style-type: none"> Right timing 1- > 0 crutches PROMs 3 month Stimulate <ul style="list-style-type: none"> Back to work Full ADL update 	Video ROM Video gait Patient satisfaction
		<ul style="list-style-type: none"> Functional ROM (130° + full extension) Normal gait pattern

Actions Return to active lifestyle

27

APPROACH knee arthroplasty

Prep (Day 0-1)

Surgery - hospital stay: day 0 to day 5
 Functional goals: Abduction, adduction setting, isometric glutes, hamstring, knee extension posture
 Adapted on demand and patient profile
 Protocol: Regular gait training
 Elevation and circulation

Symptom control, proprioception and mobility: day 0 to day 21
 Reduction swelling and pain, full extension, 90° flexion
 ADL: Circulatory, heel and regular (cushion) movement
 Proprioception: Quadriceps setting

Basic strength and mobility: day 7 to day 30
 Prevention of over/underloading and build up of ACL
 Basic mobility: Prone/lying, single flexion, extension posture
 Basic strength: Side toe taps, mini squat...

Functional strength: from day 25
 Low load to higher load
 Functional strength: Single leg stance, squats, lunges, bridging

Return to daily activity (Day 10-15)
Return to active lifestyle (Day 35)

28

Hip arthroplasty

Anterior protocol
 • DAA
 • ALA
 Posterior protocol

29

Phases hip

	Preparation	Hospitalisation Protection post surgical hip	Return to daily activity	Return to active lifestyle
Estimated time	Day 0 - 21		Day 10 - 60	Day 35 - ...
Events	Surgery Hospital stay Discharge		First postoperative consult ...	Second postoperative consult Back to work Driving car ...
Goal	Protection post surgical hip Prevent complications Pain & symptoms control Proprioception		Gradually have no more pain c2/10 Gradual stop medication Basic strength Normalized gait pattern Prevent/normalize groin pain Basic balance / coordination	Full ROM 0 crutches Functional strength
Actions (See tables)	Educate & support patient Supervise use of crutches Supervise medication intake Provide pain free exercises Control activity level Check wound Gait check		Educate & support patient Advise 2 crutches -> 10 crutches Adapt exercise scheme	
Criteria -> next phase	Pain & symptom control Protection & education		A minimum of / no pain Painkilling medication stopped or limited to occasional intake of WHO type 1 medication No more NSAIDs	For some /a/ or exercises surgeon approval is advised e.g. driving, biking, lunges...

30



Prep	Hospitalisation Protection post surgical hip	Return to daily activity	Return to active lifestyle
<ul style="list-style-type: none"> Ice - 4 x 15 min. Circulation - 4 x 2 min. Heel raises - 3x10 Neurotic gluteal settings - 3 x 15 Neurotic quadriceps setting - 3 x 10 Side toe taps - 3 x 10 Triple flexion lying - 3 x 10 	<ul style="list-style-type: none"> Self rounds/hometrainer - 2 x 15 min External rotation - 3 x 15 Hip abduction standing - 3 x 10 Hip flexion to hip extension - 3 x 10 Knee curl in standing - 3 x 10 Hip extension - 3 x 10 Hip flexion and knee extension mobility exercises in the chair - 3 x 10 Mini squat - 3 x 10 Balancing - Single leg stance - 3 x 10 Standing march - 3 x 2 min. 	<ul style="list-style-type: none"> Hometrainer - 3 x 10 min Squat - 3 x 10 Single leg stance - knee lift - 3 x 10 Small lunge - 3 x 10 Forward lunge - 3 x 10 Side lunge - 3 x 10 Bringing - 3 x 10 Heel sit - 3 x 10 	

Table hip APPROACH: See differences Anterior - Posterior

31

Differences surgical approach

Anterior protocol	Posterior protocol
<p>1 More prone for hip flexor irritation</p> <ul style="list-style-type: none"> Avoid extension past 20 degrees Avoid external rotation past 50 degrees 	<p>1 More prone for abductor weakness and/or irritation</p> <ul style="list-style-type: none"> Avoid hip flexion past 90 degrees Avoid internal rotation past neutral Avoid adduction past neutral
<p>Anterior approach in daily exercise scheme:</p> <p>Less focus on hip flexor exercises in acute phase, e.g.:</p> <ul style="list-style-type: none"> Triple flexion (with assistance) 3x8: d7-d11-d15-d19 - ... Hip flexion to extension 3x8: d9-d13-d17-d21 - ... <p>More focus on abductor and glute exercises, e.g.:</p> <ul style="list-style-type: none"> Side toe taps (3x15): d5-d7-d9 Abduction (3x15): d11-d13-d15-... Mini squat (3x10): d10-d12-d14-... 	<p>Posterior approach in daily exercise scheme:</p> <p>More focus on hip flexor exercises, e.g.:</p> <ul style="list-style-type: none"> Triple flexion (without assistance) 3x10: d5-d7-d9-d11 - ... Hip flexion to extension 3x10: d6-d8-d10-d12 - ... <p>Less focus on abductor and glute exercises in acute phase, e.g.:</p> <ul style="list-style-type: none"> Side toe taps (3x10): d7-d11-d13 Abduction (3x10): d15-d17-d19-... Mini squat (3x10): d14-d16-d18-...

32

Preparation	Hospitalisation Protection post surgical hip	Return to daily activity	Return to active lifestyle
<p>Activity</p> <ol style="list-style-type: none"> Preop: ing < 4000 Max steps 1000/day Preop: ing 4000 - 9000 + Max steps 1500/day Preop: ing > 9000 + Max steps 2000/day <p>From day 5: + 100 steps/day</p>	<p>Gradual increase until 50-100% preop steps +100-200 steps / day</p> <p>Positive evolution +100-200 steps / day</p> <p>Negative evolution a. Max steps ON HOLD b. Decrease in Max steps</p>	<p>Gradual increase until 70%-100% of preop steps +100-200 steps / day</p> <p>Positive evolution +100-200 steps / day</p> <p>Negative evolution a. Max steps ON HOLD b. Decrease in Max steps</p>	
<p>Medication</p> <p>PK WHO 1 - 2 NSAID 2/day - 2 weeks Blood thinning medication</p>	<p>PK WHO 1 NSAID 1/day - 2 weeks</p>	<p>PK WHO 1 No NSAID</p>	
<p>Mobility</p> <p>Pain free mobility exercises without forcing</p>	<p>Pain free mobility exercises without forcing</p>	<p>Pain free mobility exercises without forcing</p>	
<p>Crutches</p> <p>2 crutches</p>	<p>2 or 1 crutch</p>	<p>No crutches</p>	
<p>Hometrainer</p> <p>No hometrainer</p>	<p>Hometrainer no resistance</p>	<p>Hometrainer with resistance</p>	
<p>Biking</p> <p>Car</p>	<p>Driving (when feeling safe to do so) *Check the need for surgeon or car insurance approval</p>	<p>Biking after surgeon approval</p>	

Table hip: Activity - Medication (* see addendum) - Crutches - ...

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Preparation	Hospitalisation Protection post surgical hip	Return to daily activity	Return to active lifestyle
<p>Activity</p> <p>High activity > 50% preop Biking</p>	<p>High activity > 100% preop Biking</p>	<p>High activity > 100% preop Biking</p>	<p>Jumping Running High loading activities or sports → Surgeon dependent</p>
<p>Exercises</p> <p>Pain provoking exercises Exercises against heavy resistance Straight leg raises (SLR)</p> <p>ANTERIOR don't: Repetitive Hip Flexion</p>	<p>Pain provoking exercises Exercises inducing pain after execution</p> <p>POSTERIOR don't: Excessive ranges Hip flexion > 90° Endorotation - neutral Adduction - midline</p>	<p>Pain provoking exercises Exercises inducing pain after execution</p> <p>POSTERIOR don't: Excessive ranges Hip flexion > 90° Endorotation - neutral Adduction - midline</p>	<p>Pain provoking exercises Exercises inducing pain after execution</p> <p>ANTERIOR don't: Repetitive Hip Flexion</p> <p>POSTERIOR don't: Excessive ranges Hip flexion > 90° Endorotation - neutral Adduction - midline</p>
<p>Mobility</p> <p>a. Excessive ranges b. POSTERIOR don't: Hip flexion > 90° Endorotation - neutral Adduction - midline</p>	<p>a. Excessive ranges b. POSTERIOR don't: Hip flexion > 90° Endorotation - neutral Adduction - midline</p>	<p>a. Excessive ranges b. POSTERIOR don't: Hip flexion > 90° Endorotation - neutral Adduction - midline</p>	<p>a. Painful excessive ranges</p>
<p>Crutches</p> <p>No use of crutches</p>	<p>No use of crutches with dysfunctional (limping) gait pattern or for long distances</p>	<p>No use of crutches with dysfunctional (limping) gait pattern</p>	<p>No use of crutches with dysfunctional (limping) gait pattern</p>
<p>Pain</p> <p>Pain provoking movements or exercises</p>	<p>Pain provoking movements or exercises</p>	<p>Pain provoking movements or exercises</p>	<p>Pain provoking movements or exercises</p>
<p>Sleep</p> <p>Sleeping on non-op and/or op side (surgeon dependent)</p>	<p>Sleeping on non-op and/or op side (surgeon dependent)</p>	<p>Sleeping on non-op and/or op side (surgeon dependent)</p>	
<p>Don'ts</p>			

Table hip: Don'ts - Contra-indications

34

Hospitalisation & Protection post surgical hip

In a first postoperative phase:

- Focus on protection of the post surgical hip and education of the patient on how to do so: the patient should take its prescribed medication, use crutches, put ice and forearm rest and elevation of the operated leg
- Symptom control: Aim to get pain, warmth and swelling under control
- Low load mobility: Low load and light mobility exercises are advised, motivating the patient to move his/her leg regularly without loading and regularly changing position
- Attention:
 - High anterior approach: Do table don'ts
 - High posterior approach: See table don'ts

How?

Exercises: See the exercises in the table. Focus is on circulatory and light mobility exercises. Circulatory exercises help drain postoperative blood and swelling and prevent thrombosis, hastening setting stimulus proprioception and maintenance of muscle tone. These exercises are automatically active in the exercise scheme. Exercises against resistance or that provoke pain, swelling, stiffness and warmth are to be avoided, including during a first to last assistive guidance in exercise if possible by a fully professional step maximum. (see table for references).

The messaging is used to educate, motivate the patient, address concerns and answer questions.

The use of crutches should be supervised. Crutches are important to prevent falling and lower the load on the hip to soft tissue get time to heal and subsidence is avoided.

640 patients: Check on heel-toe gait pattern and an neutral foot positioning during video analysis.

What if...:

- A patient doesn't manage to get his pain under control? 2nd line doctors can be flagged to give advice on medication. Most hip patients are advised to start with WHO step 1 painkillers. Step 2 painkillers can temporarily help high pain perceiving patients.
- A patient reports a 'red flag'? Always flag 2nd line doctors in case of a bleeding wound, picture of wounds, gastric problems, reports of fever, postop nausea, visit to general practitioner, medication advice.

1. Regarding the wound care: a picture of the wound after removal of dressings/tapes should be taken. Most wounds are stapled. The staples are removed starting from 10 days to 14 days postoperatively, until staples are removed a patch should cover the wound. In most cases the patch should not be changed until the day before specifically noted by surgeon. Some wounds are glued: no patch is needed. Attention can however be that they not touch the skin.

35

Common actions Hospitalisation & Protection post surgical hip

Exercises	Messages	Check
<p>Default scheme</p>	<p>Questions</p> <ul style="list-style-type: none"> How did surgery go? Message when home Removal staples How are the exercises going? 	<p>Therapy Compliance</p>
<p>High activity => no more need for circulatory exercises</p>	<p>Feedback</p> <ul style="list-style-type: none"> Pain is under control You have difficulties at night Warmth, stiffness, swelling... Transfer from 2 > 1 crutch: safe and pain free? <p>Stimulate</p> <ul style="list-style-type: none"> To move Adherence of step limit Adherence of use of crutches Long & elevation 	<p>Picture hematoma Swelling Warmth</p> <p>Use of crutches Medication intake Daily activity and step max</p>

Actions Hospitalisation & Protection post surgical hip

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Protection post surgical hip

Return to daily activity

✓ Protection & education
✓ Pain & symptom control

CRITERIA

- ✓ The patient is compliant to the postoperative rehabilitation guidelines.
- ✓ The patient found a balance between low load, regular, basic exercises and rest to decrease/control post-operative pain and swelling.
- ✓ Transition to the next phase is advised when the patient has control over its postoperative complaints.

Transition protection post surgical hip -> Return to daily activity

37

Return to daily activity

In a second postoperative phase,

- Focus on moderate decrease in symptoms and pain while reducing WHO type 2 medication to a minimum level to increasing level by new exercises and slowing higher activity.
- Now having a clear overview on the patient's evolution during the first postoperative period, support the patient finding the right balance between rest and activity.

Attention:

- Hip anterior approach: See table date's
- Hip posterior approach: See table date's

How?

Exercises: Find back the exercises in the table. Personalize (adjust or delete) them in the exercise scheme based on the daily parameters. With moveUP, we believe in controlled and positive exercises during the whole rehabilitation. Therefore, using low exercises, a positive evolution should still be noticeable and performing the exercises should not provoke pain, induce warmth and/or swelling, tingling and/or numbness of the operated leg, is still advised to get these parameters fully under control.

How?

- Gradual pain is often seen after hip arthroscopy, temporary, avoid exercises which provoke great pain.

Activity: Guidance in activity is still provided by a daily, personalized step maximum.

- During a positive evolution, the patient is allowed to increase activity by 100-200 steps/day.
- During a negative evolution, the patient should remain on its activity level or have more rest (decrease in activity).

Avoid peak activity during the whole rehabilitation (see table for reference).

The message function is still compulsory used to evaluate the patient, take concerns and answer questions.

The use of crutches: Transition from 3 to 1 and 1 to no crutches should be motivated to pain free and safe.

Gait pattern: Check on heel-toe gait pattern and on neutral foot positioning during video analysis. Check on abductor strength or compensations.

Besides daily data collection and visualization, during this phase, patient's evolution is tracked by postoperative PROM collection. Comparison pre to post can be made. Integrate the results and give feedback to the patient. In most cases reassurance of normal progression is sufficient. Of course there is still room for improvement there most patients still perceive evolution until 1 year postop.

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Common actions Return to daily activity

Exercises	Messages	Check
<p>Adult exercise scheme:</p> <p>Advance or delay phase 2 exercises</p>	<p>Questions</p> <ul style="list-style-type: none"> • How was first postoperative consult? 	<ul style="list-style-type: none"> • Reaction on adaptations in the exercise scheme • Wound • Gradual increase in activity/load with decrease of symptoms and pain
<p>Basic strength</p> <p>Proprioception</p> <p>Mobilization</p>	<p>Feedback</p> <ul style="list-style-type: none"> • Gradual increase in exercises and activity • Painkilling medication lowered to occasional use of WHO type 1 medication before starting next level exercises • Reassurance and supporting when there are ups and downs • PROMs results • Timing 2 -> 3 touches • Heading towards excellent result 	<p>PROMs: preop vs week 6</p>
<p>Delay exercises which increases pain, stiffness, swelling</p>	<p>Stimulate</p> <ul style="list-style-type: none"> • Gradual build up basic strength and ACL without pain • Motivate ROM in ACL 	<ul style="list-style-type: none"> • Gait pattern

Actions Return to daily activity

moveUP

39

Return to daily activity

Return to active lifestyle

✓ Minimum of pain
✓ Painkilling stopped or limited use

CRITERIA

- ✓ A minimum of / no pain
- ✓ A minimum feeling of stiffness & swelling of the hip
- ✓ Painkilling medication stopped or limited to occasional intake of WHO type 1 medication
- ✓ No more NSAIDs
- ✓ for some /a/ or exercises surgeon approval e.g. driving, biking, lunges,...

Transition Return to daily activity -> Return to active lifestyle

40

Return to active lifestyle

In a 3rd postoperative phase,

- focus on functional strengthening exercises.

Exercises: Gradually add the exercises one by one, while closely following the patient's parameters in the graph or table.

Before starting the functional strengthening exercises, pain, warmth and swelling are stable and at a minimum. Medication is limited or stopped. During and after the functional strengthening, these parameters should remain stable and/or at a minimum. There should be no more need for (extra) medication also.

During this phase, icing can still be useful at the end of a busy day.

Activity: Stimulate a gradual increase in activity.

The messaging function: During this phase, reassurance of normal progression is often needed. Point out the fact that most patients notice a positive evolution up till 1 year after surgery.

Gait pattern: Check on heel-toe gait pattern and on neutral foot positioning during video analysis. Check on abductor strength or compensations.

Finalize rehabilitation by checking if all expectations are met. You can check patient's satisfaction and outcome at the month 3 PROM collection.

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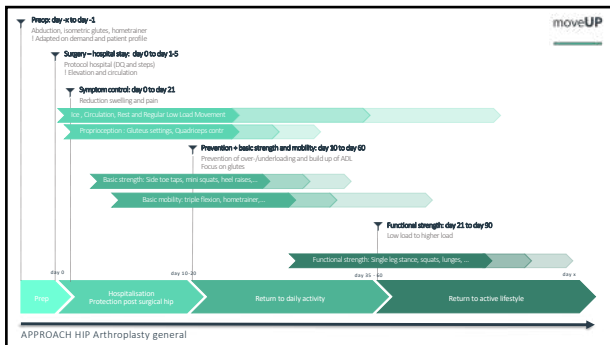
Common actions Return to active lifestyle

Exercises	Messages	Check
<p>Functional strengthening</p>	<p>Questions</p> <ul style="list-style-type: none"> • How was first consult? • How far from preop goals/expectations? • Any movements/activities which are still difficult/painful? <p>Feedback</p> <ul style="list-style-type: none"> • Right timing 1 -> 2 touches • PROMs 3 month <p>Stimulate</p> <ul style="list-style-type: none"> • Back to work • Full ACL uptake 	<p>Video gait</p> <p>Patient satisfaction</p>
		<ul style="list-style-type: none"> • Functional ROM • Normal gait pattern

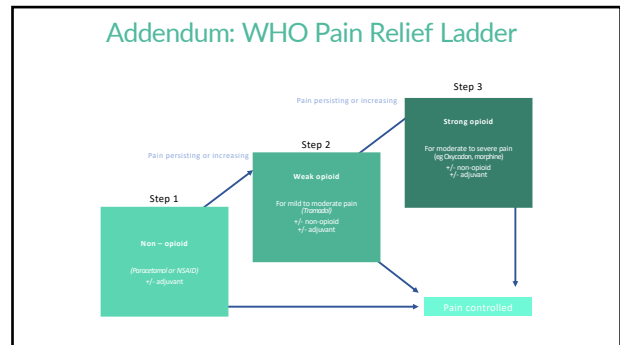
Actions Return to active lifestyle

moveUP

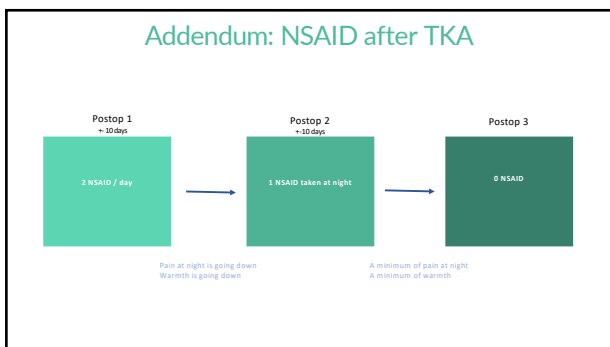
42



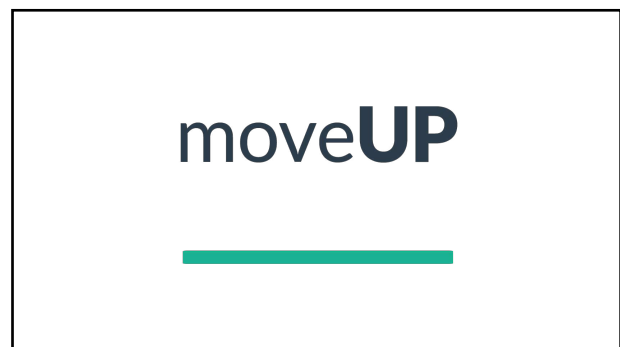
43



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How to onboard a new patient on the moveUP platform? (start/register patient with moveUP)

Create new patient in the onboarding functionality

- Surf to: <https://patient-onboarding-admin.moveup.care>
- Fill out your moveUP login credentials and click “Login”
- Click “New patient”



Fill out the patient's details

- Fill out the patient's details

Edit patient

Basic Advanced

Managing Organization *
AZ Alma Eeklo

Organization that is the custodian of the patient record

Name *
A name associated with the patient.

Given names *
Ellen
Given names (not always 'first'), includes middle names

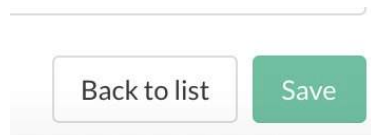
Family name *
Tset
Family name (often called 'Surname')

Contact Point *
A contact detail for the individual

System *
Email

Details *
ellen+patient@moveup.care
The actual contact point details. Email address, phone number, etc.

- Click “Save”



Add a new care plan to the patient

- The “Edit Care Plan” tab will automatically open after entering patient’s details.
- Click “Start new care plan” or click on the required treatment or intervention to start a new care plan if no care plans are active.

A screenshot of the 'Edit care plans for Ellen Test' page. At the top, there are navigation tabs: 'Patient Overview', 'Edit Patient', 'Edit Care Plan', and 'Email Overview'. Below the tabs, there is a section titled 'Patient's care plans' with a sub-header 'Start a care plan to add intervention and treatment for this patient'. A green button with a plus sign and the text '+ Start new care plan' is highlighted with a red box and a red arrow pointing to it. To the right, there are two sections: 'Algemeen Stedelijk Ziekenhuis Aalst Interventions' and 'moveUP Treatments'. Each section has a search bar and a list of buttons for different interventions and treatments.

- Drag and drop an intervention to the care plan
- Drag and drop a treatment (this is required)

- Drag and drop a study if applicable
- Drag and drop care team participants

Edit care plans for Ellen Test

Patient's care plan

▼

Add intervention, treatment or study. Click or drag 'n drop items to add.

Activated care plan (move care plan to active list in medical dashboard)

+ Start new care plan

AZ Alma Eeklo Interventions

Search...

Achilles Left Achilles Right Bilateral total hip arthroplasty Bilateral total knee arthroplasty

Hip left - resurfacing Hip left - revision Hip left - total Hip right - resurfacing Hip right - revision

Hip right - total Knee Right - total Knee left - revision Knee left - total Knee left - uni

Knee right - revision Knee right - uni

moveUP Treatments

Search...

THA Anterior Therapy THA Bilateral Therapy THA General Therapy TKA Bilateral Therapy

TKA General Therapy Unknown procedure date

AZ Alma Eeklo Studies

Search...

Convention

AZ Alma Eeklo Care Team Participants

Search...

B.Clinic Belgium Orthopedics care team

- Fill out the intervention date (operation date) and the doctor (surgeon)
- The treatment's start date is set automatically to today's date if you don't fill it out
- Click "Save"

Edit care plans for Ellen Test

Patient's care plan

▼ Knee Right - total, TKA General Therapy

Intervention: Knee Right - total

Date dd/mm/yyyy 1

Doctor 2

Treatment: TKA General Therapy

Start Date dd/mm/yyyy

Code

HCP Lize Paridaens

Activated care plan (move care plan to active list in medical dashboard)

+ Start new care plan

3 Save

AZ Alma Eeklo Interventions

Search...

Bilateral total hip arthroplasty Bilateral total knee arthroplasty Hip left - resurfacing

Hip left - revision Hip left - total Hip right - resurfacing Hip right - revision Hip right - total

Knee Right - total Knee left - revision Knee left - total Knee left - uni Knee right - revision

Knee right - uni

moveUP Treatments

Search...

THA Anterior Therapy THA Bilateral Therapy THA General Therapy TKA Bilateral Therapy

TKA General Therapy Unknown procedure date

AZ Alma Eeklo studies

Search...

Convention

Send emails to patients

- Once a care plan is saved, click on the "Next" button.



The patient will receive an email with

1. **Instructions how to install moveUP**— With a short introduction of moveUP, information link on pricing and instructions on how to install moveUP with login details, and a link to the quick start guide
2. **Link to order activity tracker** and confirm his subscription— With an order form for the activity tracker

Complete





moveUP



1

Stop the treatment of a patient in moveUP

2

1. If your patient stops using moveUP, go to the careplan tab of the patient

2. Click on "Stop active follow up" in the top right of the Care plan tab.



3

3. The following popup will appear.



4

4. You can configure a message that will be sent to the patients moveUP app.
5. You can select an e-mail (if configured) that will be sent to the patient.
6. If you don't want any message or e-mail to be send, you can toggle them off.
7. If you are ready to stop the active follow up, you can click on "Stop".

5

Once the active follow up has been stopped, changes are immediately noticeable in the patient exercises pages. We want the patient still to have access to the exercises that they have executed during their rehabilitation, so by default, the patient sees an overview of these exercises.

6



To make sure the patient has the best experience it is possible to personalise which exercises the patient sees. It is also possible to include a message related to this specific exercise.

7

You can add exercises to the list with a message for the patient

8

On the exercises page, we have also added the possibility to include a message, which will be seen by the patient in the moveUP app on the exercises page. It will be signed in the name of your care team. This makes it possible to personalise the message for each specific patient, give them tips, motivate them to keep doing the exercises, thank them for their collaboration, and...

All exercises that have been suggested during your moveUP journey are added below.

Try to remain active! Consistently exercising will help to achieve better results.

- Your careteam

9

Fill in the stop form

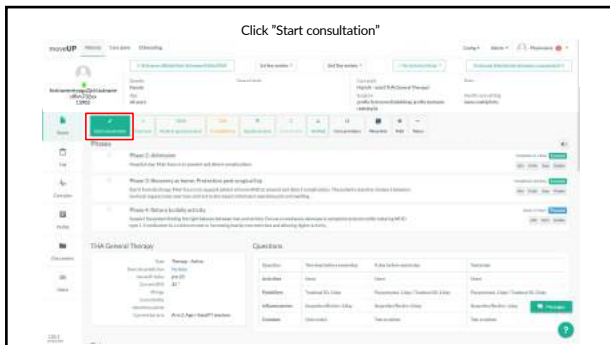
10

If your patient stops using moveUP, the stop form also has to be filled out.

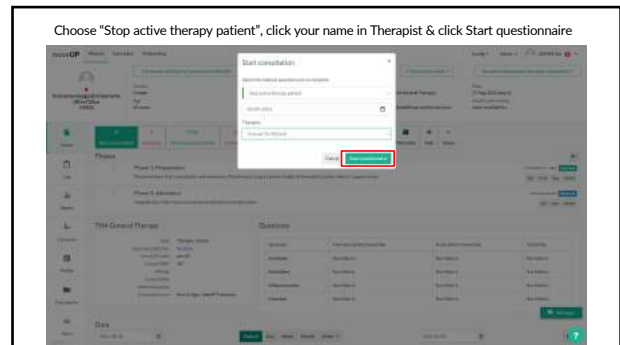
11

Go to the status tab of your patient

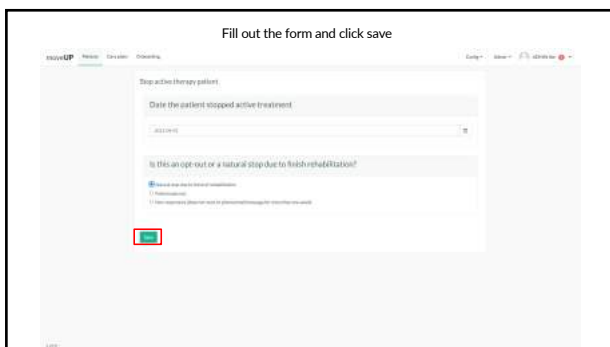
12



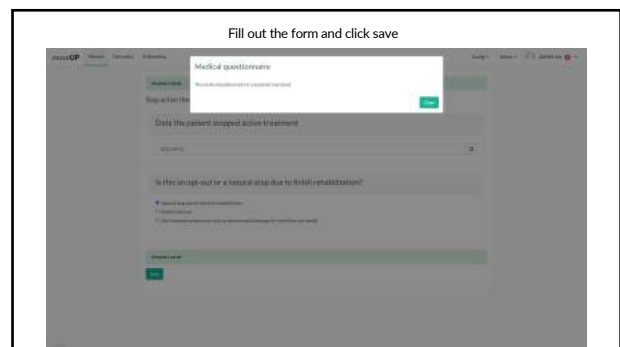
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14



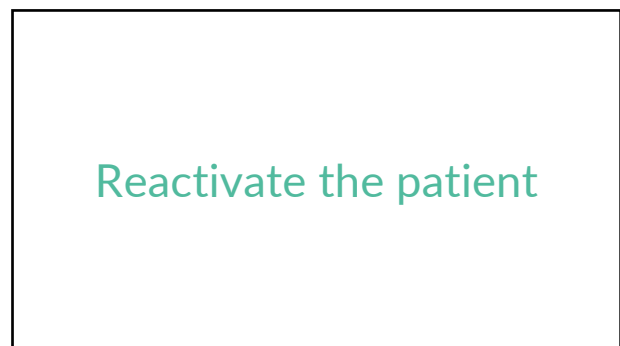
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If you want to reactivate the patient, go to careplan and click 'back to active follow up'



19



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moveUP



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