

Appendix B. Therapist Selection, Training, and Fidelity Oversight

Therapist Selection Criteria

- Each facility will have two licensed physical therapists who will be trained to deliver only one of the interventions to prevent possible cross contamination.
- Therapists will be selected based upon experience level, prior history of treating patients after TKA, and direct assessment of clinical skills.

Therapist Training and Fidelity Oversight

- Training will be provided by the clinical coordinator who will be a physical therapist with over 10 years of clinical experience and is board certified in orthopedics. The clinical coordinator will be responsible for training of clinicians and oversight of the intervention.
- Training will cover the following areas: study rationale, clinic and home exercise program intervention specifics, activity initiation, activity progression, tolerance criteria, documentation, management of common issues after total knee arthroplasty, and adverse event reporting/communication procedures. Following training all therapists will need to score greater than 90% on an exam. Failure to score at this level will lead to further training and re-examination.
- On-sight training will consist of observation of 50% of clinic sessions for the first two participants for each therapist to assess protocol adherence and continue training. Additional onsite observations will be conducted for at least one session for every patient and a treatment fidelity checklist (below) will be completed and scored. If treatment fidelity is below 90%, additional training sessions will be scheduled with individual therapists
- Monthly email, phone calls and/or in-person meetings will occur involving each of the two intervention group therapists with the clinical coordinator to answer any questions, review current and past participants, and receive feedback.
- A daily note fidelity checklist (see below) for adherence to the rehabilitation protocol across therapists will be completed for every visit and charts will be reviewed monthly in each treatment group at each clinical site

Therapist Fidelity Criteria – MOVE GROUP		Yes	No	NA
Tolerance assessed?				
Was treatment adjusted due to poor tolerance or other factors?				
Activity Domain (Recommended 25 min)				
15 min of activity training?				
Insoles calibrated?				
BILATERAL STANCE practiced?				
	Minimum dose (30s)?			
	Retention test?			
	Feedback on retention test?			
	Correct or progress?			
	Feedback utilized?			
	Feedback on performance?			
	Feedback faded?			
	Feedback performance?			
	Correct movement cues used?			
	Emphasized cues for the HEP?			
	Correct dosage for the HEP?			
Notes on Bilateral Stance				
WALKING practiced?				
	Minimum dose (2 min)?			
	Retention test?			
	Feedback on retention test?			
	Correct or progress?			
	Feedback utilized?			
	Feedback on performance?			
	Feedback faded?			
	Feedback performance?			
	Correct movement cues used?			
	Emphasized cues for the HEP?			
	Correct dosage for the HEP?			
Notes on walking:				
SIT TO STAND practiced?				
	Minimum dose (10 reps)?			
	Retention test?			
	Feedback on retention test?			
	Correct or progress?			
	Feedback utilized?			
	Feedback on performance?			
	Feedback faded?			
	Feedback performance?			
	Correct movement cues used?			
	Emphasized cues for the HEP?			
	Correct dosage for the HEP?			
Notes on STS:				

	Yes	No	NA	Yes	No	NA
RISING FROM THE FLOOR practiced?						
Minimum dose (10 reps)?						
Retention test?						
Feedback on retention test?						
Correct or progress?						
Feedback utilized?						
Feedback on performance?						
Feedback faded?						
Feedback performance?						
Correct movement cues used?						
Emphasized cues for the HEP?						
Correct dosage for the HEP?						
Notes on Rising from the Floor						
STAIR CLIMBING practiced?						
Minimum dose (10 reps or 2 flights)?						
Retention test?						
Feedback on retention test?						
Correct or progress?						
Feedback utilized?						
Feedback on performance?						
Feedback faded?						
Feedback performance?						
Correct movement cues used?						
Emphasized cues for the HEP?						
Correct dosage for the HEP?						
Notes on Stair Climbing:						
Additional Clinical Interventions (Recommend 15 min)						
45 min of total tx time?						
Balance exercise reviewed?						
ROM performed?						
HEP compliance log reviewed?						
Ensured the patient can complete the HEP?						
Adjusted the HEP based on clinic performance?						
Trial notation on clinic ipad correct?						
Battery app issues checked?						
Treatment fidelity note completed correctly?						
QAB (new eval only) completed?						
Discharge instructions given (DC visit only)?						
Insole satisfaction survey (DC visit only)?						

'Yes' answers =

Total Possible =

Compliance Percent =

Therapist Fidelity Criteria – CONTROL GROUP				Yes	No	NA
Tolerance assessed?						
Was treatment adjusted due to poor tolerance or other factors?						
Activity Domain (Recommended 15 min)						
15 min of activity training?						
BILATERAL STANCE addressed?						
Progression based on safety and tolerance?						
No feedback performance?						
Correct dosage for the HEP?						
Notes on Bilateral Stance						
WALKING practiced or addressed?						
Progression based on safety and tolerance?						
No feedback performance?						
Correct dosage for the HEP?						
Notes on walking:						
SIT TO STAND practiced?						
Minimum dose (10 reps)?						
Progression based on safety and tolerance?						
No feedback performance?						
Correct dosage for the HEP?						
Notes on STS:						
				Yes	No	NA
RISING FROM THE FLOOR practiced?						
Minimum dose (10 reps)?						
Progression based on safety and tolerance?						
No feedback performance?						
Correct dosage for the HEP?						
Notes on Rising from the Floor						
STAIR CLIMBING practiced?						
Minimum dose (10 reps or 2 flights)?						
Progression based on safety and tolerance?						
No feedback performance?						
Correct dosage for the HEP?						
Notes on Stair Climbing						

Additional Clinical Interventions (Recommend 15 min)	Yes	No	NA
45 min of total treatment time?			
Balance exercise reviewed or performed?			
ROM reviewed or performed?			
HEP compliance log reviewed?			
Ensured the patient can complete the HEP?			
Treatment fidelity note completed correctly?			
QAB (new eval only) completed?			
Discharge instructions given (DC visit only)?			
Notes:			

'Yes' answers =

Total Possible =

Compliance Percent =

Daily Note Fidelity Checklist – BOTH GROUPS	Yes	No	NA
Was tolerance assessed prior to treatment?			
Was treatment adjusted due to poor tolerance or other factors? (Protocol modification – State Reason Below)			
Activity Domain (Recommended 25 min)			
Did you have the patient perform at least 15 min of activity training?			
Did you practice bilateral stance with the patient?			
Did you have the patient practice walking (over ground or treadmill)?			
Did you practice sit to stands (or squats) with the patient?			
Did you have the patient practice rising from the floor (or lunges)?			
Did you have the patient practice stair climbing (or step ups/downs)?			
Additional Clinical Interventions (Recommend 15 min)			
Did you have the patient perform a balance exercise?			
Did you work on ROM with the patient?			
Did you review the HEP compliance log with the patient			
Did you ensure the patient can complete the HEP appropriately through verbal assessment or demonstration?			
Did you adjust the home exercise program based on clinic performance?			
Did you check with the patient if they were having any issues with app/insole usage, battery levels, and data capture (MOVE Only)			

Were there any unusual circumstances during the treatment? This might include the inability of the patient to perform a particular exercise, a medical event during training or the use of additional exercises or equipment

CIRCLE: YES NO

Detail the circumstances below:
