Format for HELPE case description

Setting	
First/ second/ …. visit	
Name Patiënt and age	
Marital status	
Current work or education	
Reason for coming (request for help)	
Somatic aspects: localization, appearance and external symptoms and nature of the complaints	
Origin	
Functional disorders and limitations in activities	
Complaints over time	

Intensity: aggravating and mitigating factors	
History: additional complaints, previous treatments. Information that is already known before the anamnesis.	
Contextual aspects: a. Cognitions b. Health information access and comprehension	
Emotions	
Behavioral consequences a. Current health behavior: b. Health promotion barriers and support:	
Social consequences (and perception of them) Supportive professional and personal relationships	
Results from examination after the anamnesis	

Physiotherapeutic diagnosis	
Options for shared decision	
Instructions how to play this patient (lecturers can select different signs for different cases)	**Signs of LHL** • You make little or no eye contact • You have a closed body posture • You are a friendly person, smile all the time. • You doubt when giving answers (you also show that in the facial expression) • Your answers are socially desirable and do not always fit the question asked • You wait a while before answering. • Give an answer to every question but the answer is not always right. • You do not ask questions. • It is difficult for you to tell your problems in chronological order. • You sometimes interrupt the PT when you think of something that is important, but in fact it is irrelevant. The client lacks skills to engage in conversation with the physical therapist about her/his own health. Interactive health skills are limited. Interactive health skills are more advanced cognitive skills used together with literacy and social skills to actively participate in daily activities to find information and derive meaning from different forms of communication and to apply new information to changing circumstances.

Table 2 Conversational Health Literacy Assessment Tool (CHAT) Questions

Supportive professional relationships	1. Who do you usually see to help you look after your health?
	2. How difficult is it for you to speak with *[that provider]* about your health?
Supportive personal relationships	3. Aside from healthcare providers, who else do you talk with about your health?
	4. How comfortable are you to ask *[that person]* for help if you need it?
Health information access and comprehension	5. Where else do you get health information that you trust?
	6. How difficult is it for you to understand information about your health?
Current health behaviours	7. What do you do to look after your health on a daily basis? (Prompt for diet, sleeping habits, medication, and treatment plan)
	8. What do you do to look after your health on a weekly basis? (Prompt for exercise, physical activities, social activities, and visits to healthcare professionals)
Health promotion barriers and support	9. Thinking about the things you do to look after your health, what is difficult for you to keep doing on a regular basis?
	10. Thinking about the things you do to look after your health, what is going well for you?

Case Client with COPD	
Setting	Physiotherapy Practice (first line)
How many visits to the PT (or physiotherapist in training)	First consultation, physiotherapy at home
Name client and age	Mr./ Mrs. Idrisi, age 65
Marital status	Married
Current Work or Education	Catering employee, 4 days a week Hobbies: volunteer at the petting zoo (tours), likes to ride the bicycle, looks after grandchildren 1 day a week (2 grandchildren, 1 and 3 years old).
Referral	Mr./Mrs. Idrisi received a referral for physiotherapy from the hospital's lung specialist.
Reason for requesting a home consultation (request for help)	On the referral note, it says: "your guidance for the client, who has been diagnosed with COPD". No request for help yet at the start. During the first consultation: "I want to get rid of my shortness of breath". *NOTE: medication policy is primarily important; PT can help the client to cope better with the shortness of breath.*
Somatic aspects: localization, appearance and external symptoms and nature of the complaints	Data from a pulmonary function test were sent along with the referral; it states: "Obstructive pulmonary function disorder consistent with COPD".
origin	Smoking since the age of 16 (almost 49 years); in recent years about 6-10 cigarettes a day.
functional disorders and limitations in activities	Client was truly short of breath on admission to hospital; currently client is no longer short of breath at rest, but is still short of breath during exertion, e.g., during physical care and moving around (climbing stairs, going to the toilet). Going outside, working in the garden, shopping, etc. are not yet possible; the client still feels too short of breath for that or is afraid of becoming shorter of breath again. The client has difficulty talking, getting up from the sofa; needs support when walking and is walking slow. When climbing stairs, the client needs to pause every three steps. Also getting dressed and going to the restroom is strenuous. Help is needed from the partner.

	Living arrangements: lives in a three-storied house with family, no adaptation aids in the house; medium-sized garden, which the client maintains. Before hospitalization: Client thinks to have had an average activity level, sometimes takes the bike, sometimes the car to go shopping, goes by car to work and to their grandchildren, and by car to the petting zoo. Client does not do any sports.
complaints over time	The client was admitted last week after suddenly becoming truly short of breath. During examination (an X-ray of the lungs, a lung function test, and blood tests) COPD, GOLD II, was diagnosed. After being hospitalized for a few days, the client can continue the treatment at home.
intensity: aggravating and mitigating factors	Now, the client has shortness of breath during exertion, not in rest. See: functional disorders and limitations in activities.
history: additional complaints, previous treatments. Information that is already known before the anamnesis.	In retrospect, the client has had symptoms of tightness of the chest, sometimes coughing, and increasing fatigue.
<u>Medication and medical history:</u>	Current medication list: Salbutamol four dd- 200 microg., Fluticasone two dd- 500 microg Client must continue to take medication, this time not via infusion, but in tablet form. Medical history: Appendectomy in 1971.
<u>Contextual aspects:</u> a. Cognitions (cause, prognosis, consequences, treatment) b. Health information access and comprehension c. Living situation	a. The client had not heard of COPD before, and thinks the situation is caused by smoking. b. Children help clients to find information on the internet. c. Client lives with partner in a three-story house, no adaptations in the house; a medium-sized garden which the client maintains.
<u>Emotions:</u> (concerns, perception)	Upon examination, the client was diagnosed with COPD which was a great shock. The client is not able to control the breathing problems and finds that very frightening. Now the client is afraid to become short of breath again with activities. The client is often depressed, anxious and tense and feels embarrassed when having a cough. Client cannot yet think of working and is worried about his/ her health.
<u>Behavioral consequences:</u> a. Current health behavior:	a. The lung specialist urgently advised the client to stop smoking; the client finds this difficult and does not know where to get help.

b. Health promotion barriers and support:	b. Family members offered to quit smoking together.
<u>Social consequences</u> Supportive professional and personal relationships. (Hobbies, sports, and/or (informal) care tasks) and how they are experienced	A partner helps as much as possible during and after the hospital with daily needs. Children are also willing to help but the client sees they are also busy with their young children. The client does not want to be an extra burden. Hobbies: volunteer at the petting zoo (tours), likes to ride the bicycle, looks after grandchildren 1 day a week (2 grandchildren, 1 and 3 years old).

Daily activities	○ Getting up from the sofa takes a lot of support from the partner. ○ Walking: small steps, takes a lot of support from furniture and partner Client gets increasingly distressed, especially breathing frequency increases, client stops talking; max. 10-15 steps, then period of rest ○ Climbing stairs: three steps max, then rest period and increasing shortness of breath ○ Dressing and going to the toilet, taking a long time, some breaks in between; help from partner
Shared decision options	Think of different options for shared decision making. e.g., Exercise therapy at the fitness center and/or at home, in a group or alone, walking (to the playground/petting zoo with grandchildren), jeu-de-boule, dancing/playing with grandchildren, or… Functional training by using the stairs more often, walking to the shopping mall/ petting zoo for a longer round and in a faster speed, watching TV standing, etc. Choose for graded activity - activities
Instructions how to play the role of the client	○ Client lies on the sofa, supported by pillows in the back. ○ Breathing frequency at rest around 20 p/m ○ Looks very tired ○ Moves carefully (sitting down, standing up, walking); does not use aids. ○ Supports posture with arms while moving and at rest (at chair, table, partner) ○ Shortened length of speech (max. 4-5 words). Coughing occasionally, not productively ○ Signs of hyperinflation: shoulder elevation, thoracic inhalation position Signs of LHL ○ You make little or no eye contact. ○ You doubt when giving answers (you also show that in the facial expression) ○ You wait a while before answering.

	○ You give an answer on every question, but the answer isn't always right. ○ You don't ask questions. ○ It is difficult for you to tell your problems in a chronological order

The role of the Physiotherapist –
Prepare information for: Providing Information about Physiotherapeutic diagnosis and treatment.

'Ask me 3'

I. What is my main problem?
II. What do I need to do?
III. Why is it important for me to do this?

1. Introduction:
   Tell the client what you are going to explain (what is the main problem and how long will it last (I), what is the physiotherapist going to do and what does the client need to do (II) and why is it important to do this (III).

2. Explain the findings of the investigation.
   This is a summary because during the examination you will also share what you observe.

3. (I) Explain the main problem.
   Outline the physiotherapeutic diagnosis: which functions are restricted, what influence does this have on activities and participation?

4. (II) What does the client need to do?
   Tell what the treatment goals will be and in what order you want to work on them together. Briefly discuss treatment methods (e.g. exercise therapy at the fitness centre and/or at home, in a group or alone, in a swimming pool, on a bicycle or…). Ask the client what he thinks of this (shared decision) and come to treatment goals together.

5. (III) Explain why it is important for the request for help.

6. Teach-back and last questions:
   Check that your explanation came across clearly.

   To know if I have been clear in my explanation, I want to ask you:
   - How would you now explain at home what is going on? OR
   - What would you tell your daughter or cousin about what is wrong with you and what you can do about it? OR
   - Can you tell your trainer why you cannot train with him for the time being?

Check whether you have addressed all aspects of the client's request for help (e.g., Can I do...? How long will it take? etc.).

What questions do you still have for me?

Case Client with Diabetes	
Setting	Physiotherapy practice (1st line)
First/ second/ …. visit	
Name client and age	Mrs./ Mr. Soundos is 56 years old.
Marital status	Living alone. Has been living in (country name) since 1985 and has three children (living on their own). Currently client lives alone with two dogs.
Current Work or Education	The client is not working, because of a disability. Used to work as an assistant in daycare for kids.
Reason for coming (request for help)	Client wants to exercise with the goal of losing weight and staying fit. Client received a referral from the General Practitioner for an exercise program. Client wants to do the exercise program in a physiotherapy practice. Target weight is 75 kg, and client is on a diet.
Somatic aspects: localization, appearance and external symptoms and nature of the complaints	On one occasion client felt a hypoglycemia (=sugar deficiency) coming on during exercise. The client then became cold, sweaty, suddenly very tired, and had a dry mouth. No other complaints during exercise, also no chest pain or dizziness. The Client has no vision complaints and never has any wounds on the feet or any numbness in hands and feet. Client is not insulin dependent (=no need to inject). With medication (blood pressure medication twice a day and pills for diabetes) client keeps the blood pressure and glucose levels well under control. Client sometimes experiences shortness of breath, is overweight (sees a dietician) and has high blood pressure. Weight 85kg / height is 1.69m / abdominal circumference is 95cm.
Origin	In recent years gradually gained weight and started to exercise less.
Functional disorders and limitations in activities	Difficult to stay active. For distances over two hundred meters the client takes the mobility scooter. No complaints during exertion, also no chest pain or dizziness
Complaints over time	Client has gradually gained weight over the past few years. With the increase in weight, energy has decreased, and client exercised less.
Intensity: aggravating and mitigating factors	Client finds comfort in food; client quit smoking 5 months ago and is supported by family in doing so.
History: additional complaints, previous	In October 2015, the client became unwell one morning, felt palpitations, and was referred to the hospital by the general

treatments. Information that is already known before the anamnesis.	practitioner because of high blood pressure. There, severe hyperglycemia (too high blood sugar level) was diagnosed leading to the diagnosis of DM II. The client was told to suffer from metabolic syndrome. Diabetes appears to run in the family. Client's mother died from it, and three brothers also have the same diagnosis. The client quit smoking five months ago and is encouraged by family and friends. In daily life, the client likes to watch TV and to spend time behind the computer. Furthermore, the client enjoys cooking. The client goes outside with the dogs three times a day for an hour (takes a lot of breaks - sits on a bench, has a chat, or stands still).
Contextual aspects: a. Cognitions b. Health information access and comprehension	a. The client was shocked by a diagnosis of metabolic syndrome and feels it is important to get healthier. The client is not aware of what the diagnosis means. Thinks taking less sugar in is important but is not fully aware of what fewer carbohydrates is about or why more exercise is important. b. The client is not aware of what the diagnosis means.
Emotions (concerns, perception)	Client is optimistic and hopeful that things will work out and has faith in health care professionals.
Behavioral consequences: a. Current health behavior b. Health promotion barriers and support	In daily life, client enjoys watching TV and spending time behind the computer. Enjoys cooking and going outside with dogs for 1 hour three times a day (with many breaks). For longer distances the client moves outside the house with a mobility scooter. The client wants to be able to move again. After exercise, the client likes to take something sweet as a reward. On Facebook client found a walking group for people with diabetes nearby.
Social consequences (and perception of them) Supportive professional and personal relationships hobbies, sports, and/or (informal) care tasks, and how they are experienced	Once a week the client receives help with the household. A cousin also helps with garden maintenance. Eating is an important social function in the client's family. Children help often and are quick to take work off client's hands.
Results from examination after the anamnesis	Blood pressure is too high, abdominal circumference is above the average of what is healthy for a person the client's age.

	The fitness test shows client can now walk …… in ... time, and that is also lower than what is healthy and not yet enough to be able to go for a long walk every day with the dogs.
Physiotherapeutic diagnosis	Diabetes (DM II) With diabetes there is too much sugar, also called glucose, in your blood. To get sugar out of your blood and for example to your muscles so you can move properly, you need insulin. You notice this because you are often tired, very thirsty and must urinate often. Sometimes people with diabetes get problems with their eyes and wounds do not heal as quickly. A healthy diet and regular exercise are recommended (instead of eating too much and not eating the right food and moving too little). Smoking and drinking are also bad. They make the blood vessels narrower. This increases the risk of heart problems. You also have a high blood pressure.
Options for shared decision	Exercise therapy at the fitness center and/or at home, in a group or alone, in a swimming pool, on a bicycle, walking (the dog), dancing, or… Enhance losing weight with power training or by lowering the temperature in his/her home (enhances physical activity). Functional training by using the stairs more often, walk to the shopping mall, walking the dog for a longer distance and in a faster speed, watch TV standing, etc.
Instructions how to play this patient	• You are a friendly person, smile all the time. • Give an answer to every question but the answer is not always right. • You do not ask questions very easily. • It is difficult for you to tell your problems in chronological order. • You sometimes interrupt the PT when you think of something that is important, but in fact it is irrelevant (e.g., that you sleep well and like to eat eggs but use less salt, because your neighbor advised this, and he heard that from a friend who had a lifestyle coach etc.)

The role of the Physiotherapist:
Prepare information for: Providing Information about Physiotherapeutic diagnosis and treatment.

'Ask me 3'

I. What is my main problem?
II. What do I need to do?
III. Why is it important for me to do this?

1. **Introduction:**
   Tell the client what you are going to explain (what is the main problem and how long will it last (I), what is the physiotherapist going to do and what does the client need to do (II) and why is it important to do this (III).

2. **Explain the findings of the examination.**
   Summarize the findings of the examination (next to the information you might have provided during the examination).

3. **(I) Explain the main problem.**
   (If necessary, you can use visuals / pictures of the booklet from Pharos: 'I have diabetes, what can I do': https://online.flowpaper.com/76720735/Diabetesdefinitief/
   Outline the physiotherapeutic diagnosis: which functions are restricted, what influence does this have on activities and participation?

4. **(II) What does the client need to do?**
   Explain the treatment goals and in which order you want to work on them together. Briefly discuss treatment methods (e.g., exercise therapy at the fitness centre and/or at home, in a group or alone, in a swimming pool, on a bicycle, or…). Ask the client what he thinks of this (shared decision) and come to treatment goals together.

5. **(III) Explain why it is important for the request for help.**

6. **Teach-back and last questions:**
   Check that your explanation came across clearly.

   To know whether I have been clear in my explanation, I want to ask you:
   - How could you now explain at home what is going on? OR
   - What would you tell your daughter or cousin about what is wrong with you and what you can do about it? OR
   - Can you tell your trainer why you cannot train with him for the time being?

Check whether you have addressed all aspects of the client's request for help (e.g., Can I do...? How long will it take?). Which questions do you still have for me?

The role of the Physiotherapist – Example:
Providing Information about Physiotherapeutic diagnosis and treatment

'Ask me 3'

IV. What is my main problem?
V. What do I need to do?
VI. Why is it important for me to do this?

1. **Introduction:**
   Tell the client what you are going to explain (what is the main problem and how long will it last (I), what is the physiotherapist going to do and what does the client need to do (II) and why is it important to do this (III).

We have just spoken about your health. We have done a physical examination. I measured your blood pressure; your abdominal circumference and we did a fitness test. Now I am going to tell you what I have found and what we can do, so that you will have more energy again. It is important that you understand why you have these complaints and what is important to do about it. So, you can explain to others what you need to do to become better after my explanation. Feel free to ask questions if I am unclear or speak too fast.

2. **Explain the findings of the investigation.**
   This is a summary because during the examination you will also share what you observe.

What I observed during the examination is that your blood pressure was too high, and your abdominal circumference was above the average of what is healthy for a person your age. The fitness test shows that you can now walk ... in ... time, and that is also lower than what is healthy and not yet enough to be able to go for a walk yourself every day with your dogs, and that is what you want, right?

3. (I) Explain the main problem.
(If necessary, you can use visuals / pictures of the booklet from Pharos: 'I have diabetes, what can I do': https://online.flowpaper.com/76720735/Diabetesdefinitief/ Outline the physiotherapeutic diagnosis: which functions are restricted, what influence does this have on activities and participation?

What the hospital has already told you is that you have diabetes. What can you remember of what they have explained to you about this? (Connect with level of knowledge). With diabetes there is too much sugar, also called glucose, in your blood. To get sugar out of your blood and for example to your muscles so you can move properly, you need insulin. You notice this because you are often tired, very thirsty and must urinate often. Sometimes people with diabetes get problems with their eyes and wounds do not heal as quickly. A healthy diet and regular exercise are recommended (instead of eating too much and not eating the right food and moving too little). Smoking and drinking are also bad. They make the blood vessels narrower. This increases the risk of heart problems.

4. **(II) What does the client need to do?**
   Tell what the treatment goals will be and in what order you want to work on them together. Briefly discuss treatment methods (e.g., exercise therapy at the fitness centre and/or at home, in a group or alone, in a swimming pool, on a bicycle or…). Ask the client what he thinks of this (shared decision) and come to treatment goals together.

With physiotherapy we would like to improve your condition (so you have more energy) and to decrease the complaints. More exercise also helps with weight loss, it helps to have less stress and to lower your blood pressure. We are going to build it up slowly so you can do more yourself, lose weight, have more energy, and can walk longer distances with the dogs without using the mobility scooter.

For now, I advise you to continue to follow the advice of the dietician and your doctor of course. More exercise is especially important, do you have any ideas how you could do that?

How often do you walk the dogs a day? What do you think of once a day not using the mobility scooter, but going on foot? At what time of the day would you like to do that? Would there be someone who can join you sometimes? I also want to ask you not to sit for longer than one hour. After an hour, try to stand for a moment, make a cup of tea or take a walk. How do you feel about that?

5. **(III) Explain why it is important for the request for help.**

You note that there are risks to your health in having diabetes. Especially in people who continue to smoke, exercise too little and eat unhealthily, the symptoms persist and may even increase. You can then get problems with your kidneys, eyes and feet or problems with your heart. Fortunately, there is much that can be done to make diabetes less or even disappear.

Your dietician is already helping you to eat healthier and it is particularly good that you have stopped smoking. The general practitioner will keep an eye on whether you need medication. I can help you start exercising more.

6. Teach-back and last questions:
Check that your explanation came across clearly.

To know if I have been clear in my explanation, I want to ask you:

- How could you now explain at home what is going on? OR
- What would you tell your daughter or cousin about what is wrong with you and what you can do about it? OR
- Can you tell your trainer why you cannot train with him for the time being?

Check whether you have addressed all aspects of the client's request for help (e.g., Can I do...? How long will it take?).

Which questions do you still have for me?

Case Client with Osteo Arthritis	
Setting	Private practice
First/ second/ …. visit	1st-line physiotherapy practice
Name client and age	Eva/Edward (or your own name)
Marital status	60 years old, divorced, small social network.
Current Work or education	Lives in small apartment (third floor, no elevator), works in factory/ cleaning, low level of education.
Reason for coming (request for help)	The client has pain in the left knee. Client has been examined by the doctor. X-rays have also been taken. It appears that client has knee osteo arthritis. Client does not need surgery and has been referred to a physiotherapist. Request for help: wants to get rid of the pain in the left knee; client can't work now, is sitting a lot and does not leave home often.
Somatic aspects: localization, appearance and external symptoms and nature of the complaints	Pain in the left knee, not in one specific place. The knee is swollen and warmer than the right knee. Pain in rest VAS 3, when walking VAS 5 up to 8. Stiffness in the knee is worse in the morning.
Origin	Complaints in the knee started 2 years ago.
Functional disorders and limitations in activities	Pain is the worst when client maximally bends and extends the knee, with climbing stairs and walking for a longer time (> 15 minutes). Walking downstairs is more difficult than going upstairs. Riding the bicycle is still possible. Sitting on the left knee is impossible.
Complaints over time	Complaints are getting worse, needs to rest more often.
Intensity: aggravating and mitigating factors	Walking for a longer time (> 15 minutes) and climbing the stairs VAS in rest 3 VAS walking 5 up to 8. Getting up from the couch is also painful. Also see functional disorders above.
History: additional complaints, previous treatments. Information that is already known before the anamnesis.	Also, some stiffness in the finger joints.
Contextual aspects: a. Cognitions b. Health information access and comprehension	The client thinks that moving less will reduce knee pain. The client is afraid that moving will damage the knee. Client does not know much about the body and health and doesn't understand everything right away.

Emotions (concerns, perception)	The client is afraid of losing his job and not being able to do grocery shopping. The client does not like to ask for help and wants to be independent. "Today I have my first consultation with the physiotherapist. I have a feeling of embarrassment because I don't understand everything right away. During the consultation, I try to answer as well as I can. Sometimes I do not understand what is meant by a question, so I just say 'yes' or 'I don't know'. I wonder if the physio will understand me and help me get rid of the pain in my knee.
Behavioral consequences a. Current health behavior: b. Health promotion barriers and support:	a. The client is moving less, does not leave the house that often (only to visit the doctor and to do grocery shopping). Client is sitting more. and does not leave the house often (only to visit the doctor and b. It is difficult to leave the house (because of the stairs).
Social consequences (and perception of them) Supportive professional and personal relationships hobbies, sports, (informal) care tasks	Small social network, becoming smaller since client does not go to work. Often alone and asking for help is difficult. Needs to return to work – in cooperation with integration doctor. Does not do sport - used to ride bicycle to work (misses these bike rides).
Examination results	ROM limited, swelling, pain VAS
Physiotherapeutic diagnosis	Client with OA in the left knee, would like to be independent and continue to work
Shared decision, options for treatment	Think of different options (grade activity) for shared decision making. Exercise therapy at the clinic /or at home, in a group or alone, in a swimming pool, on a bicycle (home trainer/spinning) or…? Walking aid? Return to work in cooperation with reintegration doctor? Volunteering to broaden his/her network of people? Functional training by using the stairs more often, walk to the shopping mall for a longer round and in a faster speed, watch TV or making dinner standing, etc.
Instructions how to play the client	• You make little or no eye contact • You have a closed body posture • You doubt when giving answers (you also show that in the facial expression)

	• Your answers are socially desirable and do not always fit the question asked • You wait a while before answering. The client lacks skills to engage in conversation with the physical therapist about her/his own health. Interactive health skills are limited. Interactive health skills are more advanced cognitive skills used together with literacy and social skills to actively participate in daily activities to find information and derive meaning from different forms of communication and to apply new information to changing circumstances.

The role of the Physiotherapist:
Providing Information about Physiotherapeutic diagnosis and treatment

'Ask me 3'

IV. What is my main problem?
V. What do I need to do?
VI. Why is it important for me to do this?

1. Introduction: Tell what you are going to explain (what is the main problem and how long will it last (I), what is the physiotherapist going to do and what does the patient need to do (II) and why is it important.
2. Explain the findings of the investigation. This is a summary because during the examination you also tell what you observe.

What I observed in the examination is ….

3. (I) Explain the main problem.

What the doctor has already told you is that you have arthritis. What can you remember of what they have explained to you about this? (Connect with level of knowledge). Arthritis means that…….

4. (II) What does the patient need to do? Explain the treatment goals and in what order you would like to work on them together. Briefly discuss treatment methods (e.g. exercise therapy at the clinic and/or at home, in a group or alone, in a swimming pool, on a bicycle or…). Ask the patient what he thinks of this (shared decision) and come to treatment goals together.

What we want to achieve with physiotherapy is to l…….and improve …….your …… so that you …….

For now, I advise you to continue to …….. Good exercise is very important, do you have any ideas how you could do that?
How many times a day do you ……?
What do you think of …? What time of day would you like to do that? Would there possibly be someone who can ……sometimes with you together? How do you feel about that?

5. (III) Explain why it is important for the request for help.
You note that …….. You can then get problems with …… Fortunately, there is much that can be done to make the ……. I can also help you start exercising more.

6. Teach-back and last questions: Check that your explanation came across clearly (*can you now explain …. what is going on? Or: Can you tell …. why you cannot …for the time being?).*

Or: To know whether I have been clear in my explanation, I want to ask you: what would you tell ……. about what is wrong with you and what you can do about it?

Check whether you have addressed all aspects of the patient's request for help (e.g., Can I go...? How long will it take? etc.).

What questions do you still have for me?