

# VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM (PCMP)

## CLINICAL PRACTICE RECOMMENDATIONS

### PEDOMETERS

#### I. PURPOSE

The purpose of this clinical practice recommendation (CPR) document is to provide Department of Veterans Affairs (VA) clinicians and administrative personnel with criteria and guidance for issuance of pedometers to Veteran beneficiaries. This document serves as a supplement to Veterans Health Administration (VHA) Handbook 1101.1, which defines VA policy for provision of weight management care. This document replaces the prior CPR for pedometers approved in 2004.

#### II. BACKGROUND

VHA's Prosthetic and Sensory Aids Service (PSAS) Strategic Healthcare Group was directed by the Under Secretary for Health to establish a Prosthetic Clinical Management Program (PCMP). The objectives of the PCMP are to coordinate the development of guidelines for prosthetic prescription practices and contracting opportunities to assure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.

A work group comprised of clinical and administrative subject matter experts convened to develop and revise clinical practice recommendations for the prescription, training and issuance of pedometers.

Regular physical activity is associated with lower health risks for adults, including the risk of death from heart disease, the risk of developing diabetes and colon cancer, and the reduction of high blood pressure. Many people are physically inactive and/or do not meet the current Physical Activity Guidelines for Americans. The guidelines indicate that adults should engage in moderate-intensity physical activities for at least a total of 150 minutes per week. There is growing evidence that using a pedometer may facilitate goal setting and self-monitoring of physical activity and assist patients in achieving recommended levels of activity (Bravata et.al, Croteau et.al., Iwane et.al., Korciakangas et.al.). Pedometers are useful tools for monitoring and increasing physical activity levels for general fitness and as part of an overall program of weight management (Le Masurier et.al, Ogilvie et.al, Rooney et. al., Sone et.al, Swartz et.al, Talbot et.al, Tudor-Locke et.al.).

Pedometers assist Veterans with the self-management of physical activity. Veterans who participate in weight management care, such as the MOVE! Weight Management Program for Veterans ([www.move.va.gov](http://www.move.va.gov)) or programs to increase physical activity,

may be eligible to receive a pedometer when specific criteria are met. Each Veteran is entitled to an individualized evaluation and assessment. Veterans with unique needs should be provided with the most appropriate device for activity measurement (e.g., a talking pedometer for the visually impaired or an odometer for a patient using a manual wheelchair). Patient self management must be supported with regular clinical follow-up.

The remainder of the document will refer to "pedometers," but a talking pedometer, wheelchair odometer, or other device may be substituted as indicated.

### III. DEFINITIONS

- A. Pedometer: A measurement instrument that counts steps taken while walking. Typically pedometers compute estimated distance based upon steps taken and stride length. Pedometers may utilize a pendulum, which measures movement in one plane, or an accelerometer, which measures acceleration through space in multiple planes.
- B. Talking Pedometer: A pedometer that announces number of steps taken. This type of pedometer may be used by a patient with a visual impairment.
- C. Odometer/Cyclometer: A measuring instrument that counts revolutions of a wheel, such as that of a manually operated wheelchair. The term cyclometer may also be used in place of the term odometer.

### IV. GENERAL INDICATIONS AND CONTRAINDICATIONS

Pedometers should be considered when physical activity is targeted to improve the Veteran's health.

#### A. Indications

1. Veteran is willing and interested in monitoring physical activity using a pedometer.
2. A VA clinician determines that the Veteran would benefit from the use of a pedometer.
3. Veteran has demonstrated ability to operate the pedometer after training by a VA clinician.

#### B. Contraindications

1. Veteran is restricted from physical activity for medical reasons.
2. Veteran is not able to operate a pedometer/odometer due to a physical or cognitive impairment.

### V. PROCESS FOR ISSUANCE

The following criteria must be met when providing a pedometer:

A. Clinician Qualifications

1. The clinician responsible for the comprehensive weight management or physical activity program in which the Veteran is participating may recommend a pedometer.
2. The clinician must acquire and maintain the knowledge and skills necessary to provide services consistent with evidence-based use of pedometers.
3. The clinician must maintain familiarity and competency with the pedometers stocked by Prosthetic and Sensory Aids Services.

B. Training for Use of the Pedometer

1. The clinician must provide Veterans with training, individually or in group settings, about how and when to use the pedometer. Training is to include:
  - a. Initial setup (e.g., entering time, stride length, and the Veteran's initial weight). Assistance with these initial settings will allow the device to estimate distance walked accurately.
  - b. The specifics of usage, care, and maintenance of the device.
  - c. How and when to contact the clinician if problems arise that he or she cannot solve independently.
2. Using a patient-centered approach, the clinician will work with and guide the Veteran in creating a physical activity plan to include:
  - a. Activity goals
    - i. Activity goals created with the Veteran should be SMART (specific, measurable, action oriented, realistic and time based). Initially, a baseline of current weekly activity will be collected. Then, gradual increases will be planned. For example, a patient who has been taking 2,000 steps per day over one week during a baseline assessment could choose to increase steps by 200 per day over the next week.
  - b. Frequency of pedometer use
  - c. Method for logging activity (steps and/or activity time)
  - d. Plan for follow-up

3. The Veteran must be an active participant in the process as evidenced by:
  - a. Veteran understands and expresses agreement with the intervention plan including his or her responsibility for use of the pedometer.
  - b. Veteran agrees to participate in planned treatment and follow-up.

#### C. Documentation

1. Documentation of the evaluation, assessment and treatment plan should be maintained in the Veteran's Computerized Patient Record System (CPRS) according to local facility policy.
2. Documentation surrounding pedometer issuance must include evidence of patient education and training, and statement of patient ability to use the pedometer properly.
3. If the pedometer recommended is different than the nationally contracted device, the CPRS Prosthetics consult should indicate the specific device recommended and clinical justification for this recommendation.

#### D. Prosthetic and Sensory Aids Services (PSAS) Responsibilities

1. The facility PSAS will collaborate with the facility MOVE! team to determine the anticipated demand for pedometers.
2. Based on identified demand, PSAS will maintain an adequate supply of pedometers within the facility or Integrated Healthcare System. PSAS inventory management will be consistent with requirements identified in VHA Handbook 1173.1.
3. PSAS will coordinate for provision of replacement batteries for pedometers.
4. When prescribed by a qualified clinician, PSAS will obtain specialized physical activity measurement devices when a standard pedometer cannot be utilized (e.g., talking pedometers or wheelchair odometers/cyclometers). \*

\* NOTE: For guidance regarding specialized activity measurement devices, the clinical provider may contact the MOVE! team at the National Center for Health Promotion and Disease Prevention at [move@va.gov](mailto:move@va.gov).

## VI. ADDITIONAL INFORMATION

### A. Repairs, Replacements and Spare Devices

1. Repairs and replacements of pedometers and related accessories are obtained through the local VA Prosthetic service as outlined in the VHA Handbook 1173.1 policies and procedures.
2. In most cases where there is damage to a pedometer that is not covered by warranty, it will be more fiscally responsible to provide a new pedometer instead of repairing an existing device.
3. Spare pedometers are not provided as there are no circumstances for which temporary absence of a pedometer would adversely affect the Veteran's medical condition.

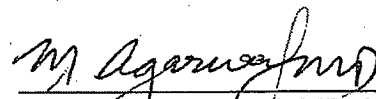
#### B. Quality Management

1. If challenges with pedometers on national contract are identified by Veterans or clinicians, clinicians must complete a Quality Improvement Report (QIR). The QIR must be submitted to the local Prosthetic and Sensory Aids Services and will then be forwarded to the National Acquisition Center (NAC). Completion of the QIR is necessary to ensure the ongoing quality of pedometers issued to Veterans.

### VII. CPR RECERTIFICATION

This CPR will be reviewed for recertification within five years or as emerging technology and/or practice indicates need for review.

APPROVED /  DISAPPROVED

  
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Date: Sept 30, 2011

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