Facts about TIME™
Together in Movement and Exercise

TIME™ is a community-based exercise program developed to increase access to exercise and physical activity for people with physical disability. The target population lives in the community with a range of chronic conditions resulting in balance and mobility challenges. TIME™ was designed for people who have difficulty walking in their home and community, and ambulate for short distances often with assistive devices.

Everyone needs to exercise. For people who are mobility-impaired, exercise may be even more critical. They are at risk for increasingly sedentary lifestyles associated with deterioration in function, health status, wellbeing and increased risk of falls. This Program provides a solution for how and where to exercise in the community and provides ongoing access to exercise to keep people moving. Recognizing the need, the TIME™ program has expanded to more than 25 communities across Canada.

TIME™ represents an innovative model of health service provision. The foundation of the program is a relationship between health care and community organizations sharing their expertise to provide safe and effective exercise for vulnerable populations. Toronto Rehab physiotherapists designed the evidence-based group exercise program and fitness instructors are trained to lead the class at community centres or neighbourhood associations.

The 2nd edition of the Toolkit entitled “Implementing a Community-Based Exercise Program for People with Balance and Mobility Challenges: A Step-by-Step Toolkit” is a complete guide to implementing the TIME™ program. Useful for both health care

Table of Contents

Introduction 1
- A History of TIME™: Implementation Overview
- Roles and Responsibilities of the Partners
The Exercise Program
- Components of the Exercise Class
- Equipment and Resource Needs
- Participant Supervision and Support in the Exercise Class
- Helpful Hints to Manage Common Movement Errors
- Continuing Access to Exercise as Time Goes On
- Tools to Monitor Participant Exertion

Procedures
- Promoting Recruitment
- Participant Screening Process
- Participant Waiver
- Recording Adverse Events
- Program Evaluation
Instructor Education and Support
- The Instructor Education Session
- The Volunteer Education Session
- For Both Education Sessions
- Visits to the Program
- E-Mail and Telephone Support
- Refresher Sessions for Returning Instructors

Keeping it Safe
- The TIME™ Program Safety Record
- Promoting a Safe Environment

Moving Forward

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and fitness professionals, it includes the details of the exercise program, instructor education materials for the training session, as well as procedures to maintain a safe and effective program.

TIME™ provides an exit point from the health care system, allowing for discharge from therapy. As this population with substantial mobility challenges is usually novel to most fitness instructors, registered health care providers (usually physiotherapists) provide the instructor training and periodic support and collaboration through visits to the exercise class. By increasing access to group exercise in a non-medicalized environment, the TIME™ program helps these at-risk individuals to maintain fitness and social wellness who otherwise would have limited options if any.

The TIME™ community is growing. Across Canada a Community of Practice (COP) is under development for fitness instructors, community centre coordinators and programmers to touch base via technology to discuss challenges and successes, problem solve and collaborate. Workshops and instructor refreshers are also proposed for TIME™ instructors.

NEW for the TIME™ Program in 2015

A licensing agreement is being implemented to maintain the character and quality of the program. There will be 2 types of licenses. This is more fully explained on the landing page regarding Toolkit purchase. In brief:

- Option 1 will enable the organization to be a fully licensed TIME™ provider and use the name TIME™ and all logos. This requires agreement to maintain certain key elements in the program which constitute the TIME™ brand, for example:
  - developing a relationship between local health care and community recreation professionals sharing their skill sets to build capacity for safe exercise and
  - utilizing the exercise program provided based on task-related exercise

- Option 2 does not allow use of the TIME™ name or logos and therefore the associated benefits of the name/brand.

Frequently Asked Questions

1. Who attends the program?
- Participants in the TIME™ program have balance and mobility challenges from any underlying chronic condition related to the effects of neurological or orthopaedic conditions, aging, trauma or weakness after an extended hospital stay, as examples. Most people in the class have stroke or MS.
- A typical TIME™ class accommodates 12 participants, although this is modifiable.
2. What type of exercise is included in the TIME™ program?

- Uses “task-related” functional exercises to address balance and mobility. Task-related training is recommended to simulate partial or whole skills in order to improve function and mobility.

- Provides practice of the functional activities which adults use in daily living for example sit to stand, walking, stepping on and off curbs, and bending and reaching in all directions.

- Performed in standing using body weight as resistance

3. How is safety maintained?
TIME™ has been a safe, reliable program for participants. The safety record is likely related to several factors:

- A minimum admission criterion of ability to walk 10 metres with or without a walking aid. This ensures a suitable fit with the exercises in the program, which are mainly exercises in standing to challenge balance and mobility.

- A 4:1 participant to staff ratio with the latter including fitness instructors supported by volunteers

- A culture of ongoing collaboration and education between health care and fitness professional

- Adherence to the carefully designed exercise program

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TIME™ Exercise Program at a Glance

- Involves a 1-hour exercise class provided 2-3 times weekly.
- Runs for a duration of 9-12 weeks.
- Accommodates 12 participants, although this is modifiable.
- Includes fitness instructors plus volunteers to maintain a 4:1 ratio.
- Requires that participants must be able to walk at minimum 10 metres with or without a walking aid and unassisted by another person.
- Involves unison seated warm-up (15-20 minutes) and cool-down (5 minutes).
- Features task-related exercises at 3 Super Stations for a total of 40-45 minutes.
- Offers varying levels of difficulty for each exercise to match the level of challenge with the ability of each participant.
- Requires minimal equipment to enhance the feasibility of program implementation.
- Provides an unsupervised, optional social time following the exercise class.

Figure 2
Excerpt from The 2nd Edition of the Toolkit – Implementing a Community-Based Exercise Program for People with Balance and Mobility Challenges
4. What is the Health Care Provider commitment?
The health care and community organizations work together to implement TIME™. A health care provider, usually a physiotherapist

- Trains the fitness instructors, volunteers and community centre coordinators using the education materials conveniently provided in the Toolkit. (See Figure 3)
  - This initial training is 6 hours containing both theory and practical components.
  - Education sessions could be provided by Toronto Rehab upon request.
- Maintains support and collaboration with the fitness instructors, volunteers and community centre coordinator through email and telephone contact and periodic visits to the program.
  - Initially visits are more frequent (up to 4 per session). Later on the frequency of visits is reduced significantly as instructors become more confident and comfortable with leading the exercises.
  - Visits involve a debrief at the end of the class to discuss challenges, tips to maintain participant safety and motivation, and program quality. There are guidelines in the Toolkit to assist you in these visits and debriefs.

5. What is the role of the fitness instructor?

The fitness instructor is critical to the overall success of the program. Instructors:

- Lead the exercise program ensuring participant safety and benefit
- Organize the layout of the exercise circuit
- Encourage appropriate technique during exercises
- Monitor participants’ responses to the activities
- Vary the exercise challenge/intensity as appropriate
- Set the atmosphere for the class, provides encouragement to participants to facilitate their achievement
6. What is the evidence supporting this program?
The literature supports the benefits of task related training, particularly when delivered in a circuit format (Dean et al 2000; Salbach et al 2004; Pang et al 2005; Marigold et al 2005; Health Quality Ontario, Quality-based procedures 2015). Using similar approaches to the TIME™ model, the literature on health care – community partnerships, with exercise led by fitness instructors and supported by physiotherapists, is showing statistically significant improvements. Examples include balance, walking capacity, lower limb muscle strength, mood and social participation (Stuart et al 2009; Harrington et al 2010; Cramp et al 2010).

Results of a pilot evaluation of the TIME™ program found improvement in all measures and statistically significant gains in balance and walking capacity in people with stroke (Salbach et al 2014).

The Exercise Program, now Version 9.1, is frequently updated based upon review of the literature, best practices in other exercise programs and feedback from fitness instructors, TIME™ participants and health care professionals.

7. What are the overall benefits of the TIME™ Program
- TIME™ puts people in motion. The sharing of expertise between community recreation centres and local health care providers enables increased access to exercise for people with disability living in the community who wouldn’t otherwise have opportunity.
- Through exercise in a group setting, TIME™ sustains social and physical health including improvements in balance and walking capacity
- Participant recruitment to the Program is enabled as health care teams are more comfortable in referring patients to an evidence-based, standardized exercise programs with ongoing quality monitoring.
- Many fitness instructors and participants have spoken to the value of the program, the benefits of increased access to exercise and the fun of participating in a community centre with all ages and abilities.
8. What do I need to do to get a program going in my area?

- As mentioned above, the foundation of the program is a relationship between health care and community organizations. If you represent or identify with the health care side, you need to find a partner that is experienced/established in providing community based exercise programs, for example a local community centre, Parks & Recreation, Ys, wellness centres etc. And if you are on the community recreation side, you need to find a health care partner, usually a physiotherapist, who is interested in supporting access to ongoing exercise for individuals with balance and mobility challenges.

- Human resources include:
  
  i. A community centre coordinator to:
     
     a. recruit instructors to lead the class and manage hiring, scheduling, performance etc
     
     b. oversee participant registration, screening etc
  
  ii. Fitness instructors to lead the class. To ensure safety the required participant to staff ratio is 4:1. This ratio can be further enhanced with the support of trained volunteers
  
  iii. A health care partner, an individual with knowledge of the movement challenges experienced by persons with neurological diseases and other chronic conditions leading to deconditioning (usually a physiotherapist). Responsibilities of this individual have been outlined previously.

- Equipment and physical resources have been kept to a minimum and include:
  
  i. Accessible space for the set-up of the circuit. Usually a multi-purpose room approximately 30 feet x 25 feet.
  
  ii. A recumbent bike or stepper or arm ergometer for aerobic activity
  
  iii. A sturdy chair for each class participant for the seated warm-up and cool down
  
  iv. Hand holds to assist with balance during standing exercises. This could be sturdy chairs that stack so the backs of the chairs are an appropriate height for the hand hold, or portable or fixed ballet bars.
  
  v. Steps such as Reebok® or similar sturdy step
  
  vi. Miscellaneous items such as cuff and free weights (1 to 5 pounds) hula-hoops, items to carry while walking (shopping bags with light weights, laundry basket), bean bags and small plastic pails.

- After taking into consideration the physical and human resources, the next step is to proceed with the TIME™ licensing agreement options as outlined on page 2 of this document. A signed agreement then gives you access to:
  
  i. the TIME™ Toolkit with more details about roles and responsibilities, procedures, safety etc
ii. the Exercises of the circuit program,

iii. the complete Education package (power point presentation and speaker notes) for instructor training, adjunct tools for training (videos of station exercises, suggestions for instructor refreshers for example)

iv. many supporting documents such as marketing flyers, sample physician referral, etc