inductive thematic analysis then independently checked by a university lecturer. A memo trail and reflexive reflection were completed by the student researcher.

Results: Three main themes were identified: Contrasting exercise sheets with the potential benefit of apps. The future of exercise information in physiotherapy. Lack of awareness and education in the use of apps.

Conclusion(s): Student physiotherapists reported limited experience of digital technology and more specifically the use of digital applications to support rehabilitation in both university and practice based settings. Despite this, they identified many potential benefits of embedding apps into their clinical practice; to individualise and support patient engagement with exercise programmes, to facilitate monitoring of progression and regression, and to promote patient centred care. Potential barriers to useful engagement were identified including accessibility and cost alongside uncertainties related to local or national 'permission'. As 'digital native' smart phone users, this group of students may not reflect the wider physiotherapy workforce and the perceptions and experiences of a range of staff across a variety of healthcare settings should be explored.

Implications: Digital technologies (including apps) have the potential to offer opportunities for physiotherapists to deliver high quality cost effective rehabilitation in a paper free environment. Education, training, local policy guidance, resource availability and allocation should all be considered and addressed to enable consistent useful integration of technology in all rehabilitation settings.

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P115

Exercise in ankylosing spondylitis: quality of life and cost/utility

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Purpose: The objective of this study is to assess the perception of QoL and the ratio cost/utility of a specific exercise program in patients with AS.

Methods: Quasi-experimental study, performed in 28 individuals with AS, divided into group-based, home-based and group-control. All participants, except the group-control, did a specific exercise program to AS for 12 weeks. The evaluation was conducted in two stages, before (M0) and after (M1) the exercise program. Was utilized the Bath Indices, SF-36 and SF-6D as assessment instruments. The assumed significance value was 0.05.

Results: The experimental groups showed significant improvements in BASDAI and BASFI. There were significant differences among the three groups only in M1 BASMI ($P = 0.035$). It has been found in the SF-36, significant differences among groups M1 only. The results of the experimental groups of the SF-36, tended to increase, approaching the 100 (better QoL), this gains were more significant in group-based. The group-control showed significant results in BASDAI and BASFI, tending to worsen in all instruments. Regarding of cost/utility, for each 0.1 gain utility, cost/utility ratio for group-based was 211.90 € and home-based was 49.10 €.

Conclusion(s): The performed exercise program was effective in producing changes in both experimental groups, being more evident in the group-based. The cost/utility ratio was more favourable in the home-based. The absence of physical exercise seems to negatively influence the course of the disease.

Implications: Exercise has proven essential in the control/reduction in its symptoms and consequently the reduction in the indirect costs and increasing utilities.

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P116

Do red zimmers decrease the risk of falls in people with dementia?

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Purpose: The use of walking aids help to decrease falls. People with Dementia can often forget to use them, increasing their risk of falling. When asked to justify purchasing the more expensive red zimmers, I struggled to find evidence and so audited the use of red zimmers using a scoring system. I felt sharing this would help others in my situation to provide an improved service to people with Dementia.

I predicted that a person with Dementia would get up fewer times without their zimmer frame when it was coloured red.

Methods: Five red zimmer frames were purchased by the Dementia Assessment Unit. A PDSA cycle was used to implement the first test of change; this allowed us to review the process and adapt it to suit the environment. We identified a patient who forgot to use his zimmer frame and had fallen. He was observed for a 48 hour period with his grey zimmer. Nursing staff documented on an observation chart each time he got up;

(0) if he used his zimmer,
(1) he stood without it,
(2) mobilised without it or
(3) fell.