

PATIENT STORY · HOME HEALTH & REMOTE CARE · FALL PREVENTION

Ruth's walks said something she hadn't told anyone.

How a phone in a pocket, 583 recorded walks and one alert let a physical therapist reach a patient the week she started to decline — and find out why.



583

walks recorded at home in her first eight weeks of remote care

52 / 56

days active in the app

1 week

between the first sign of decline and the follow-up

Ruth wanted to walk to the end of her street without thinking about it

PATIENT

Ruth*, late sixties

DIAGNOSES

Spondylolisthesis;
osteoarthritis in both hips
and both knees

CARE

Home physical therapy,
then remote care through
OneStep

HER GOAL

Walk more steadily and
build strength — to feel
independent again

PERIOD

August – November 2024

PAYER

Remote care covered
under Remote
Therapeutic Monitoring

Ruth is in her late sixties and lives at home. Her lower back has slipped out of alignment — spondylolisthesis — and the arthritis in both hips and both knees had made every step a decision. By the summer of 2024 she had finished a course of home physical therapy. She was walking better, she was stronger, and she liked her therapist.

Ordinarily this is where the story ends: discharge, a printed exercise sheet, and a promise to call if anything changes. Patients rarely call. Declines in this population are gradual, they happen between visits, and by the time anyone notices, the result is often a fall.

Her therapist chose a different ending. Instead of discharging Ruth, she moved her to a remote care program with OneStep. Ruth kept her home exercise program in the app, kept a phone in her pocket on her walks, and answered a short functional questionnaire every week or so. Her therapist could see all of it — and would be notified if anything changed.

583

walks recorded in eight weeks, with
the phone in her pocket on ordinary
walks

52 of 56

days active in the app — exercises,
walks or a check-in

30+

gait parameters measured on every
walk, each tracked against her own
baseline

Why gait

Gait is often called the sixth vital sign. How a person walks — speed, symmetry, how long both feet are on the ground — changes before they notice anything is wrong, and changes again when something in their life changes. Measuring it in the home, over weeks, shows what a clinic visit cannot.

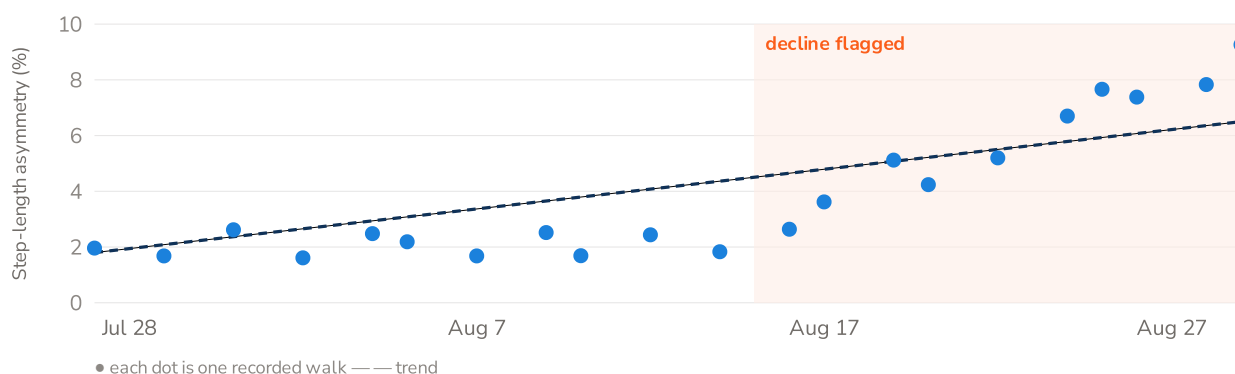
WEEK THREE

Three numbers moved the wrong way in the same week

For two weeks Ruth's data looked like a recovery: steady walks, exercises done, functional scores high. In the week of August 15 three things changed at once. Her step-length asymmetry — how different her left and right steps are — rose. She spent longer with both feet on the ground. And her gait speed fell. None of these would be visible to the eye. Together, in the same week, they were enough for OneStep to flag her trend and notify her therapist.

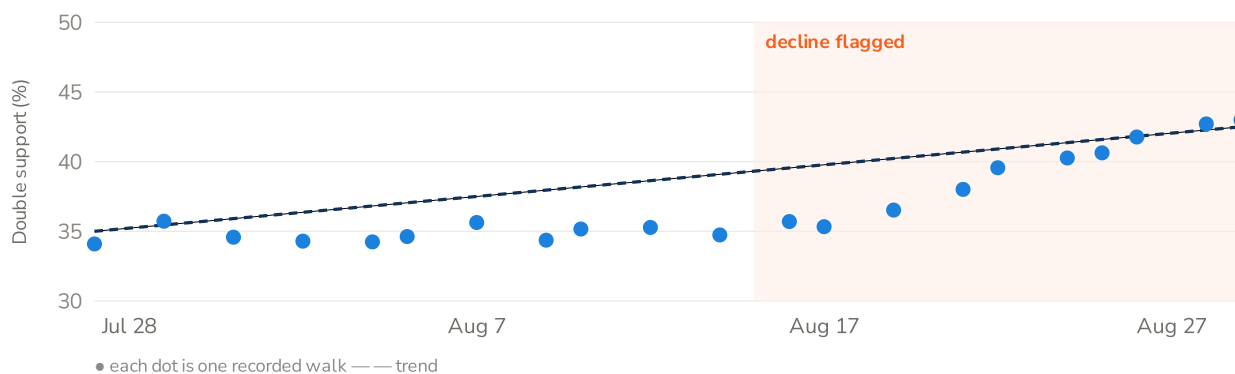
STEP-LENGTH ASYMMETRY

How different her left and right steps are · higher is less symmetrical



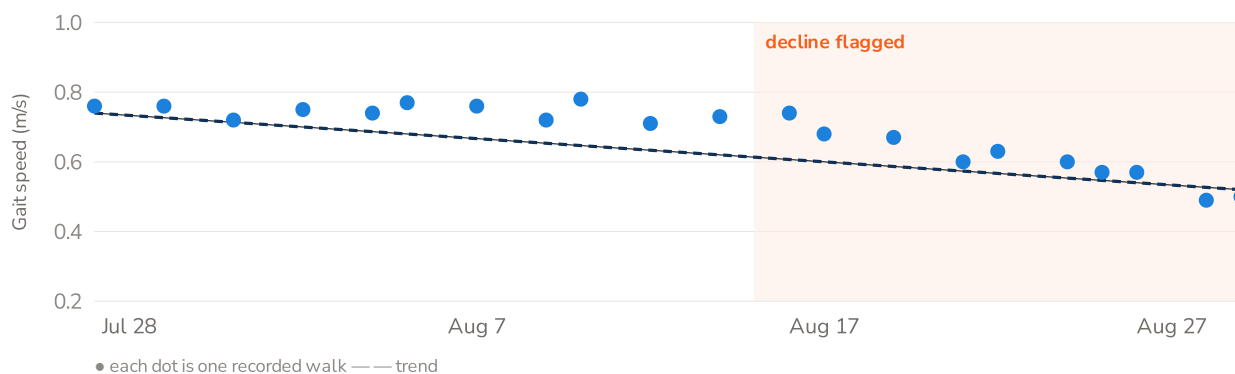
DOUBLE SUPPORT

Share of each stride with both feet on the ground



GAIT SPEED

Metres per second · July 26 – August 30



THE FOLLOW-UP

She said she was fine. Her scores said she wasn't.

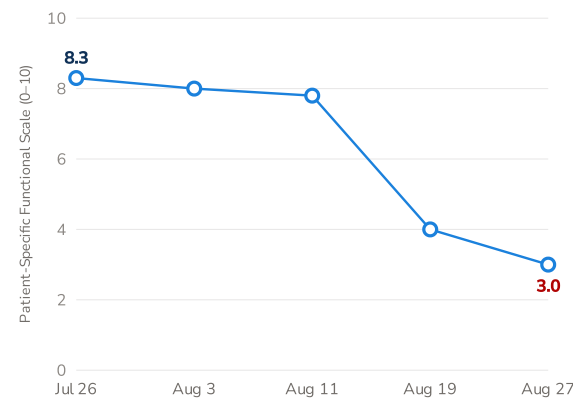
Ruth had also been answering the Patient-Specific Functional Scale in the app — a short questionnaire about how hard the things that matter to her had become. Her score fell from 8.3 out of 10 to 3. Her own account of her life and the phone's account of her walk were telling the same story, in the same week.

Her therapist opened the alert, looked at which parameters had moved, and booked a telehealth visit. On the call, Ruth told her she had lost a close friend. She had not been herself. She had stopped doing her exercises and was barely leaving the house. She was grieving, and she was low.

The plan changed that day. The therapist adjusted Ruth's program to what she could manage, connected her with support for what she was going through, and kept the walks going — a reason to leave the house, and a way to know whether she was coming back.

HOW SHE RATED HERSELF

Patient-Specific Functional Scale, in-app



AUG 5

Remote care begins. Home exercise program, walks and check-ins in the OneStep app.

AUG 15–21

Decline flagged. Asymmetry and double support up, gait speed and exercise engagement down, functional score falling.

SAME WEEK

Telehealth visit. Ruth shares that she is grieving. Plan of care and support adjusted.

SEP – NOV

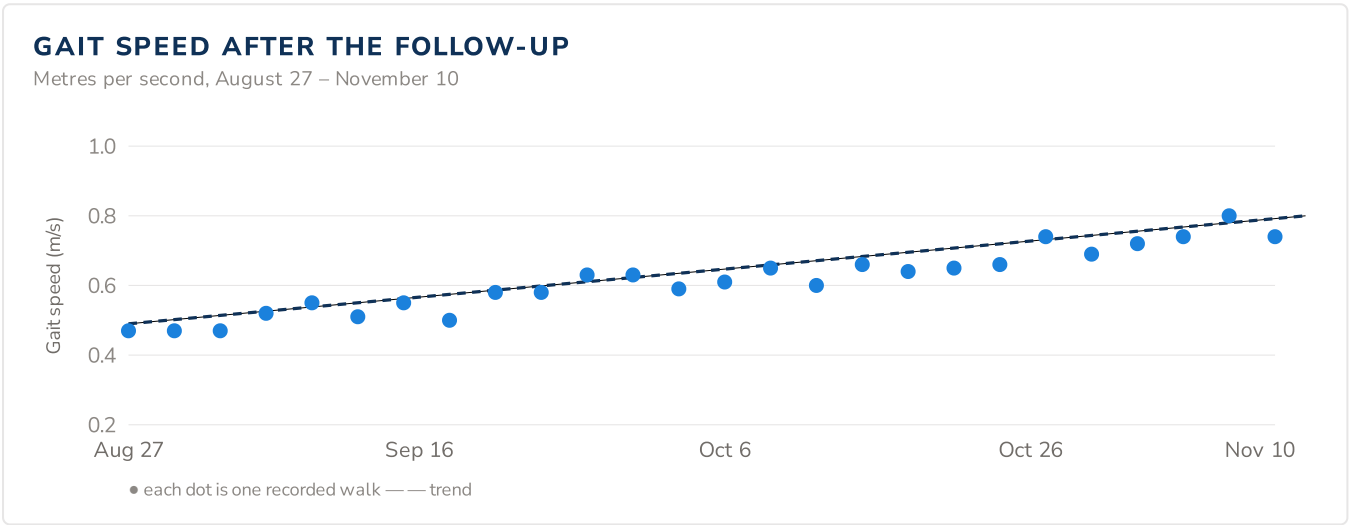
Recovery. Gait speed climbs back above where it was before the decline.

A quarterly check-in would have found Ruth in October. A fall might have found her sooner. OneStep found her in the first week.

SEPTEMBER TO NOVEMBER

Her walks came back before she did

Grief does not resolve on a schedule, and Ruth's did not. But with a plan she could manage and a therapist who knew what was going on, she kept walking. Over the following ten weeks her gait speed climbed back and then past where it had been before the decline. Her therapist watched it happen from the dashboard, without a single extra home visit.



WHAT MADE THE DIFFERENCE

Care didn't stop at discharge

Remote care, covered under RTM, kept the therapeutic relationship alive after the last home visit — the point at which most declines begin.

The decline was measured, not noticed

A few percent of asymmetry and a tenth of a metre per second are invisible in a hallway. Tracked daily against her own baseline, they were unmistakable.

The data started a conversation

The alert said something was wrong. Only the call could say what. The plan that followed treated the person, not the parameter.

About OneStep. OneStep turns any smartphone into a clinical-grade gait lab — 30+ validated parameters from ordinary walks, no wearables — with remote care, home exercise programs, outcome questionnaires, alerts and EMR documentation built in. Remote care programs using OneStep are covered under Remote Therapeutic Monitoring. info@onestep.co · www.onestep.co