

tablets with secure access to conduct the resident assessment. Provider satisfaction measures imbedded in EMRs were completed at consultation visit end. 460 patients had changes in condition, 327 resulted in 911 calls, 85 deemed eligible for telemedicine consult. Conducted 57 telehealth consults. Forty (70%) telemedicine consult residents remained in the SNF. Fourteen residents were transferred to the ED. Average satisfaction scores were 5.8/7 for SNF nurses (n=49) and 5.6 for ED physicians (n=45). Lower-rated items related to technical equipment problems. ED physicians reported residents transferred to ED after telehealth visit had better continuity of care. The intervention was effective in preventing or delaying transfer of acutely ill, medically complex SNF residents. Implementation of the intervention identified need for SNF admission policy and procedure changes; weekly telemedicine training; SNF clinical advocates; on-site tracking and linkage of EMRs across providers; HIPAA shared medical record concerns. Future research plans include analyses of detailed SNF resident characteristics and business case assessment for reduction of transfers, ED and hospital utilization.

DOES WEARING AUGMENTED-REALITY GOGGLES AFFECT OLDER ADULTS' KINEMATICS DURING GAIT?

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Virtual-reality (VR) testing can cause motion sickness and impair safety, especially for older adults, but augmented-reality (AR) may allow the testing of holograms embedded into a mixed-reality environment without the VR impediments. However, wearing AR goggles may affect the way people walk, but this possibility has not been tested. The objective of this study was to evaluate if wearing AR goggles during gait would affect the kinematics of older adults. Ten older adults (68±5 years), who could walk without assistive devices, participated in this study. The participants walked outdoors in a public park with and without the AR goggles. The participants were instrumented inertial movement units to track their kinematics (MTw Awinda trackers, Xsens Technologies B.V., Enschede, the Netherlands). The goal of the study was to assess if simply wearing the goggles would affect gait, therefore no holograms were displayed. Ten gait cycles were analyzed and the mean of each subject was used to compare the joint kinematics between the conditions (with vs without goggles) using T-tests in SPSS 18. The foot, ankle, knee and hip angles were not different between the

conditions ($p>0.05$), but there were significantly less trunk flexion at 44% of the gait cycle ($p=0.035$) and less forward head flexion throughout the gait cycle ($p=0.023$) when the participants were wearing the goggles vs. when they were not. The findings indicate that wearing AR goggles changed the trunk and head posture cycle, but did not affect the lower limb kinematics during gait.

HOME-BASED TRANSCRANIAL DIRECT-CURRENT STIMULATION AND EXPERIMENTAL PAIN SENSITIVITY

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Osteoarthritis (OA) of the knee is one of the most common causes of pain in older adults. Clinic-based transcranial direct current stimulation (tDCS) is a noninvasive brain stimulation technique that has been shown to reduce pain, but no published studies have reported using home-based self-administered tDCS in older adults with knee OA. Thus, the purpose of this study was to examine the effect of home-based tDCS on experimental pain sensitivity in older adults with knee OA. Twenty community-dwelling participants aged 50–85 years with knee OA pain received ten daily sessions of 2 mA tDCS for 20 minutes at home. A multimodal quantitative sensory testing battery was completed, including heat pain tolerance, pressure pain threshold, and punctate mechanical pain. Participants (75% female) had a mean age of 61 years, and a mean body mass index in the sample was 28.33 kg/m². All 20 participants completed all ten home-based tDCS sessions without serious adverse effects. The Wilcoxon Signed-Rank test showed that all the differences between the baseline measurements and experimental pain sensitivity measurements after 10 sessions were statistically significant. Effect sizes (Rosenthal's R) were $R = 0.35$ for heat pain tolerance ($P = 0.02$), $R = 0.40$ for pressure pain threshold ($P < 0.01$), and $R = 0.32$ for punctate mechanical pain ($P = 0.02$). We demonstrated that home-based self-administered tDCS was feasible and reduced experimental pain sensitivity in older adults with knee OA. Future studies with well-designed randomized controlled trials are needed to validate our findings.

VETCONNECT: A VA TELEHEALTH PROGRAM PROVIDING TREATMENT, EDUCATION AND TRANSITIONS OF CARE TO NURSING HOME VETERANS

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Transporting nursing home Veterans to hospitals for outpatient care can present many challenges, including lengthy time in transit, coordination difficulties between the hospital and nursing home, and travel burden on Veterans. In June 2017, the VetConnect program began offering Veterans in Colorado residing in Department of