

Team



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User Experience Lead



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Cindy Chang UX/UI



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UX, Physical Therapist



Olga de Luna Demenev UX, Registered Nurse



Alexa Juarez UXR, SLP

Stakeholders



Raisa Pokrovskaya Founder, CEO



Schuyler Vink Founder, CTO

Product

Clinician portal — Desktop

Industry

Healthcare startup

Timeframe

12 months

少 Devices

Support

Settings

[→ Logout

← Back to patients



Laura White

Manage devices | ₩ RSHHT1012 | ₩ RMHHT2013

Overview Exercises Charts Check in

Patient details

Edit information

Date of birth

June 7, 1973

Email

lwhite73@gmail.com

Address

456 Casterly Rd, apt 303, Lannisport, LA, 20156

Phone number

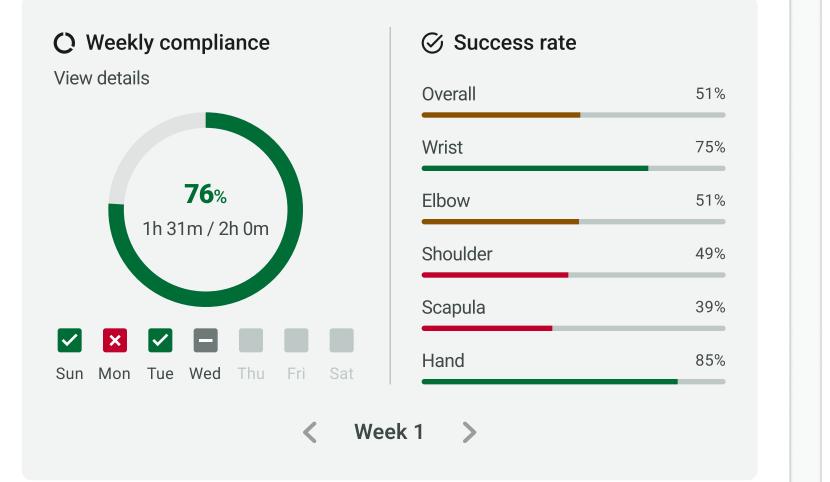
301-324-9087

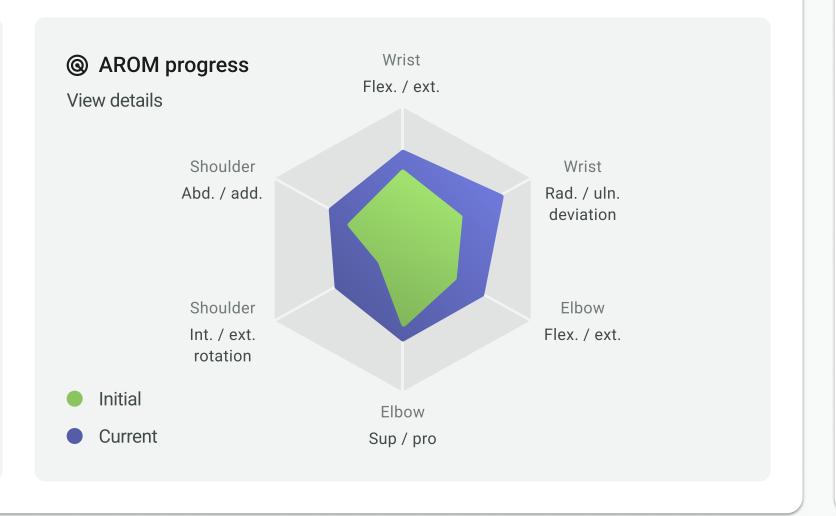
Treatment information

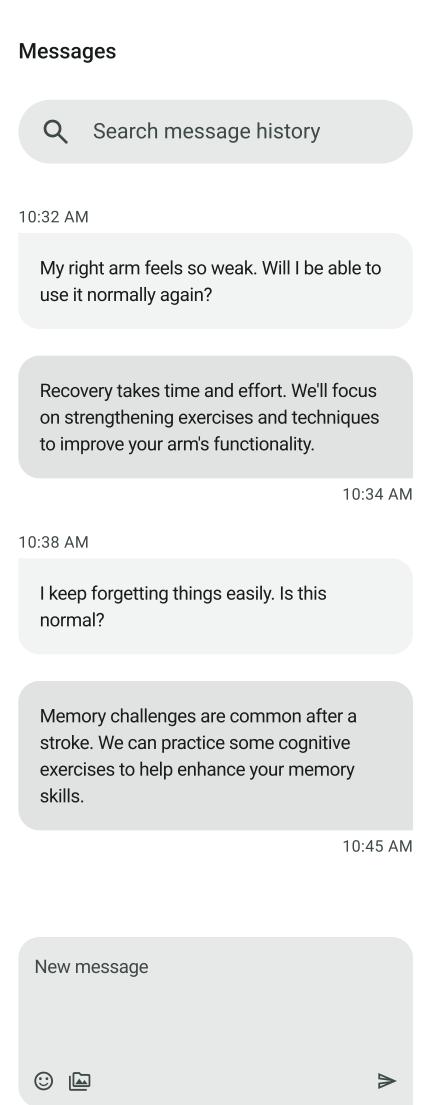
Patient notes

Last updated 10/20/24 by Emily Huang

- Add a note
- A short note about the patients scheduling preferences
- A longer note about what other therapy the patient is receiving
- A note about limitations the patient has
- A self-reminder about this patient







My Role



Project Leadership

Led the UX design team, providing guidance, direction, and mentorship to ensure successful delivery of designs.



Strategic Planning

Collaborated with stakeholders to define project goals, user requirements, and design objectives to develop a UX strategy aligned with business goals.



User Research

Oversaw user research activities to gain insights in user behaviors, needs, and motivations. Used findings to prioritize design implementations.



Information Architecture

Defined structure, organization, and navigation by developing sitemaps and user flows to ensure a logical and intuitive user experience.



Interaction Design

Provided feedback and direction on wireframes. prototypes, and mockups to ensure user needs and project requirements were met.



Cross-functional Collaboration

Worked with product managers, developers, and mobile UX team to ensure design feasibility, scalability, and alignment.

Intro

HealingHand Tech uses innovative medical technology for stroke survivors to improve upper limb function. The product incorporates a gamified mobile app for enjoyable exercising and a wearable for real-time feedback.

I led the design of the clinician portal, where therapists manage these patients and their treatment program. It employs specialized tools for building exercise programs, progress tracking, and remote therapeutic monitoring to **make providing effective treatment easier**.

Our Problem

In remote therapy, the connection between therapists and patients is vital to successful treatment. This presents challenges including efficient patient management, safety concerns, and making effective care plans outside clinic visits.

With the goal to create a clinician platform that enhances therapistpatient interaction, these key challenges to providing effective treatment were identified.

To simplify the design context, a remote setting was focused on because of its unique complications. Success here would likely translate well to outpatient and inpatient settings.



Patient Management

Help therapists manage multiple patients efficiently



Patient Safety

Feel confident that patients are safe while exercising



Personalized Exercises

Ensure that exercise activities are engaging, appropriate, and useful



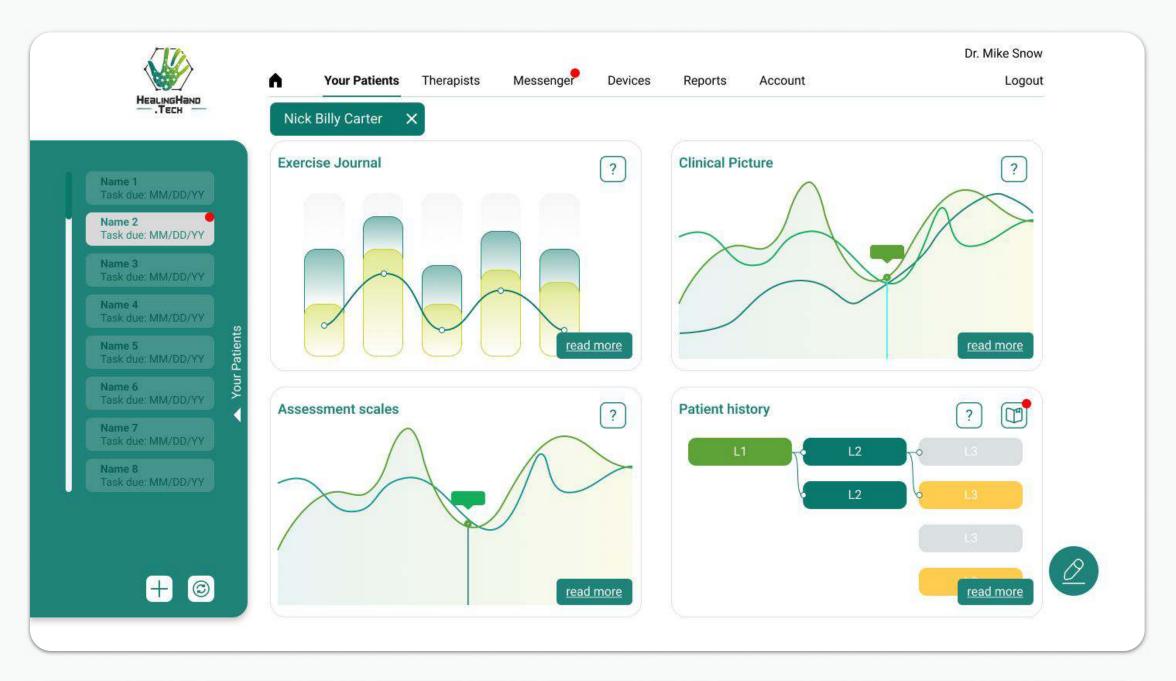
Progress Tracking

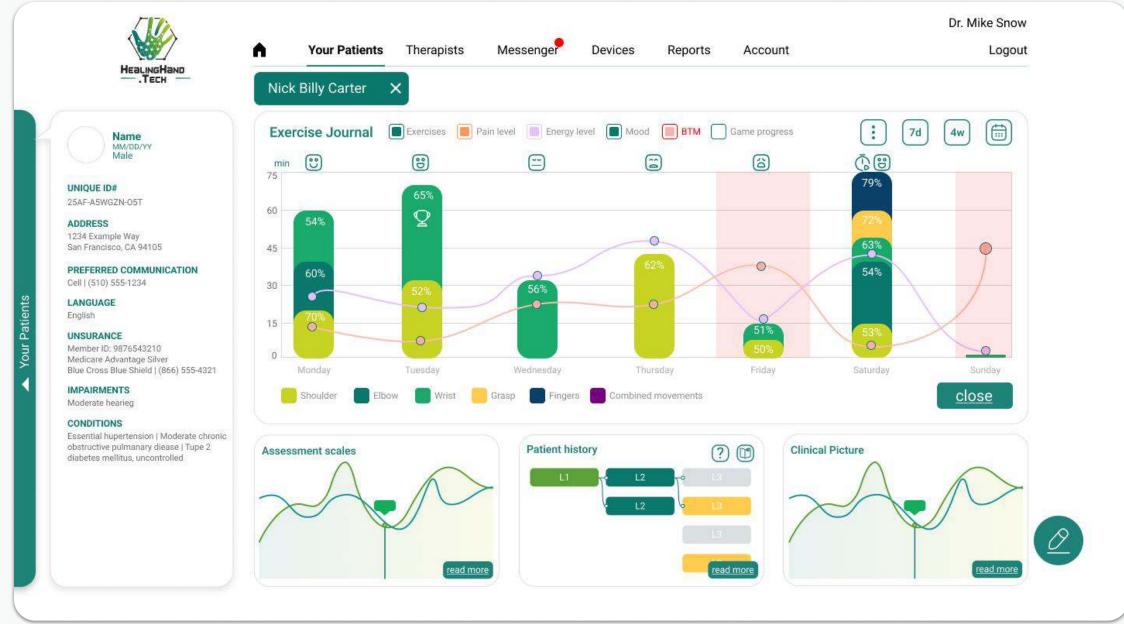
Provide real-time feedback, data insights, and tracking on patient exercises

Heuristic Evaluation

Initially, I reviewed existing design work to understand stakeholder approaches and team dynamics better. Each screen was carefully examined to determine design requirements, focusing on usability. It quickly became evident that deeper insight into users' perspectives was required to understand if the designs were intuitive.

The initial designs assumed seamless integration with the clinic's Electronic Health Records (EHR) system to extract patient data, outcome measures, and clinical notes. While this integration seemed ideal, its practicality was questioned for the MVP.





Competitive Analysis

Other gamified wearable interventions for stroke survivors were identified, including **Neofect** and **MindMaze**. While the context differs with these in therapeutic goals and clinical setting, they were studied for insights on progress tracking and patient management.

While looking for indirect competitors, Home Exercise Programs (HEPs) were discovered. This was a huge insight because it framed how our product improves on standard practices. Analysis of Medbridge and Sword Health helped to understand how exercise programs are created and managed.



Direct competitor

"Clinically proven neurorehabilitation devices maximize arm and hand use through fun and functional gameplay"

- Gamified
- Remote therapy
- **⊘** Upper limb focus
- Mobile app
- Motion tracking
- **EHR** integration
- Stroke specific
- **X** Templates

mındmaze

Direct competitor

"Evidence-driven therapy and assessment portfolio powered by medical-grade software, tailored interactive content, and proprietary peripherals"

- Gamified
- Mobile app
- Motion tracking
- **EHR** integration
- Stroke specific
- **X** Templates
- Remote therapy
- **S** Upper limb focus



Indirect competitor

"Digital physical therapy combines the expertise of a Doctor of Physical Therapy with the power of Al"

- **Remote therapy**
- Gamified
- Mobile app
- **◯** Upper limb focus
- Motion tracking
- **EHR** integration
- Templates
- Stroke specific



Indirect competitor

"Make therapeutic home exercise easy, effective, and accessible. Keep patients engaged in their therapy"

- **EHR** integration
- **S** Gamified
- **W** Upper limb focus Templates
 - Remote therapy
 - Stroke specific
 - Mobile app
 - Motion tracking

User Interviews

Understanding how therapy works for patients with neurological conditions from initial evaluation to discharge was required to decipher how the product fits into existing workflows.

An added challenge was to understand how treatment changes in different clinical settings among various types of therapists.

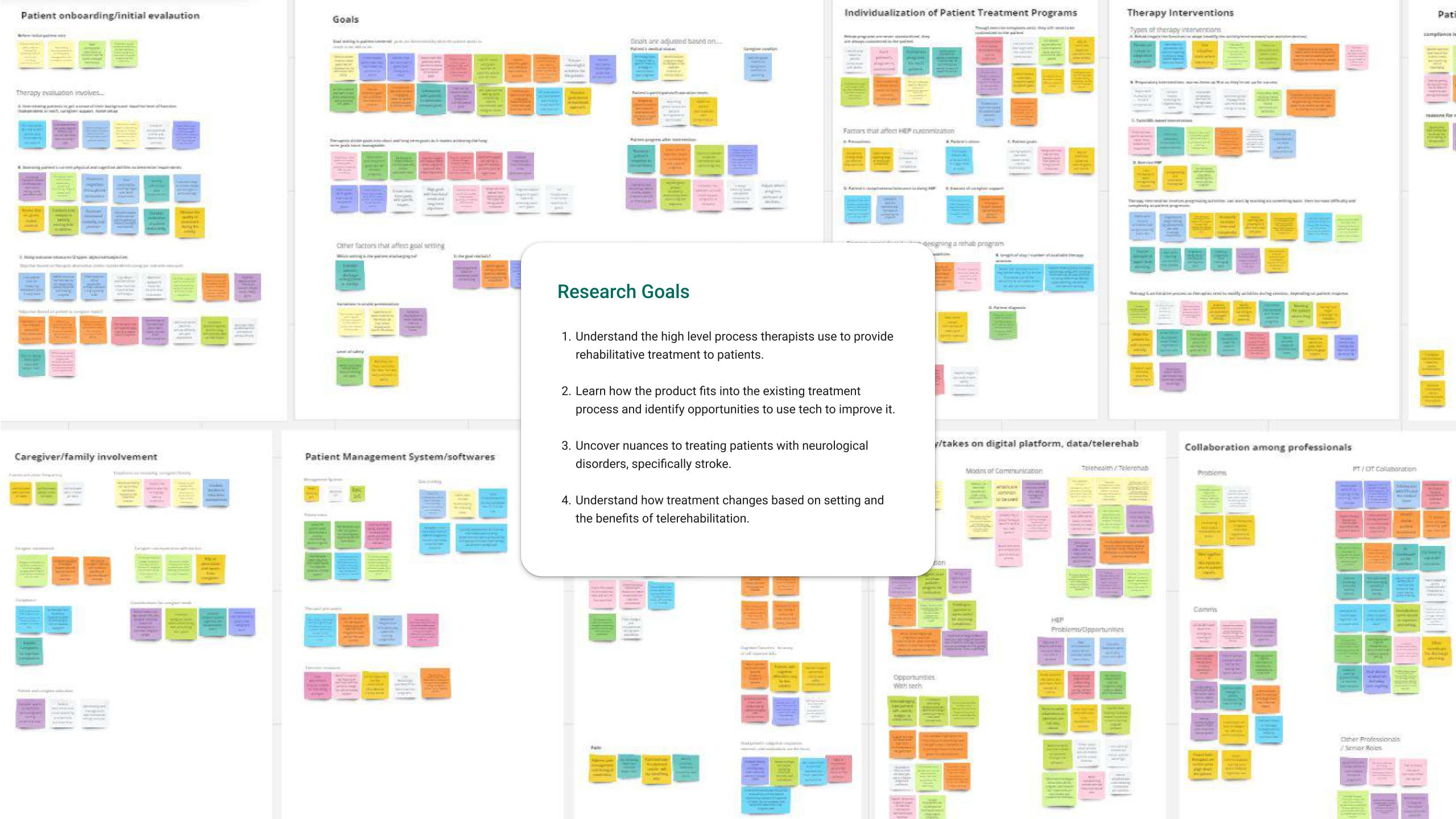
At the time, it wasn't clear who to recruit or what questions needed answers. We took an organic approach with a semi-structured plan, adapting it as 16 therapists were interviewed.

Research Participants

- 4 Occupational Therapists (OT)
- 2 Physical Therapists (PT)
- 1 Certified Hand Therapist (CHT)
- 1 Speech-Language Pathologist (SLP)

8 Doctoral OT Students

Occupational therapy post-professional students for a neurorehabilitation course at Howard University



Key Insights

After a month of interviews with sixteen therapists and affinity mapping over 500 notes, research yielded four key insights:



Goal-oriented Collaboration

Therapists work closely with patients to set personalized goals that align with their daily life, ensuring the treatment remains relevant and focused.



Incremental Plans

Complex treatment plans are broken down into smaller, manageable steps, aiding patients in following and progressing through rehabilitation.



Responsive Adjustment

Care plans are upgraded and downgraded frequently based on how the patient responds to treatment, whether it be pain, fatigue, or lack of progress.



Monitoring & Tracking

A comprehensive view of patient compliance and improvements via wearable data is innovative and useful in validating therapy effectiveness.

Defining the User

An important discovery from the interviews was **identifying the primary user as an Occupational Therapist**. Working closely with Physical Therapists, they primarily focus on upper limb function rather than the entire body.



Zoe Holiday

OT, Outpatient care

Background

Zoe is a certified stroke rehabilitation specialist with 8 years of experience. Though her clinic offers telerehab services, all her visits with stroke patients are conducted in-person. With a busy schedule, she prioritizes efficient time management. She's open to using stroke rehab technology, but gets frustrated when setup isn't quick and easy.

Tools

Epic EHR, Medbridge HEP, MyChart, Theraputty, adaptive utensils

Core needs

- Patients to take an active role in their rehab
- Assurance that patients are doing their HEPs with proper form
- Adequate training to use neurorehab technology efficiently

Frustrations

- Lack of patient compliance with HEP
- Minimal caregiver support
- Difficulty motivating patients who lack insight into their impairments

Journey Mapping

Research data was used to outline the typical sequence of activities OTs employ in stroke patient care.

This broader context shed light on how HealingHand's product fit into the process. It was crucial to recognize how therapeutic activities happen in conjunction in order to integrate with existing workflows.

HealingHand is introduced to the patient at the treatment/intervention stage. This iterative, multi-step process demanded a comprehensive understanding to effectively tackle the key challenges.

Phases Patient's (P) first Documentation, Discharging the patient **Treatment / Intervention** visit, evaluation setting plan of care 1. P/caregiver is interviewed 1. Occurs when: goals are met, 1. OT works with P for a number of sessions 1. Baseline function, home to understand baseline 2. Treatment approaches vary: rehabilitative, progress stagnates, lack of set up, caregiver support, function, home set up, compensatory strategies, assistive devices, participation, therapy no longer ADL assist level, outcome caregiver support measure results, goals are education, caregiver training appropriate Actions 2. P's function is assessed 3. Activities adjusted based on P response (pain, 2. Recommendations provided for documented 3. P's physical and cognitive fatigue, frustration) continuing therapy elsewhere 2. Plan of care is determined: impairments are noted 4. HEP is assigned, customized to P ability level 3. Appropriate assistive frequency of visits, 5. Progress is documented after each session 4. OT collaborates with P/ equipment is recommended possible interventions 6. Status of goals is updated, may or may not be 4. HEP provided for continued caregiver to determine 3. Charges determined for the goals adjusted progress/maintaining function session Wow, they are making Let's see what's going great progress. It's nice on with your affected I can see that right in Cognition is pretty **Emotions & Thoughts** the portal good, compensatory strategies and assistive Good luck with your devices is a good place new life! to begin This isn't working, we should try rehabilitation. Maybe HealingHand's Only 15 mins until the device will be a good fit next patient. Let's document everything before I forget anything • Setting attainable goals that align with the P's • Ensuring medical devices that Unsupportive caregivers that Having to make duplicate belong to the hospital are are not actively engaged documentations across personal needs Home set ups that create multiple platforms Lack of an effective tool to monitor patient returned Pain points unnecessary risk to the P Insurance policies that don't compliance and progress with at-home activity support patient needs Problems with motivating patients, continuous

refusal to participate in therapeutic activities

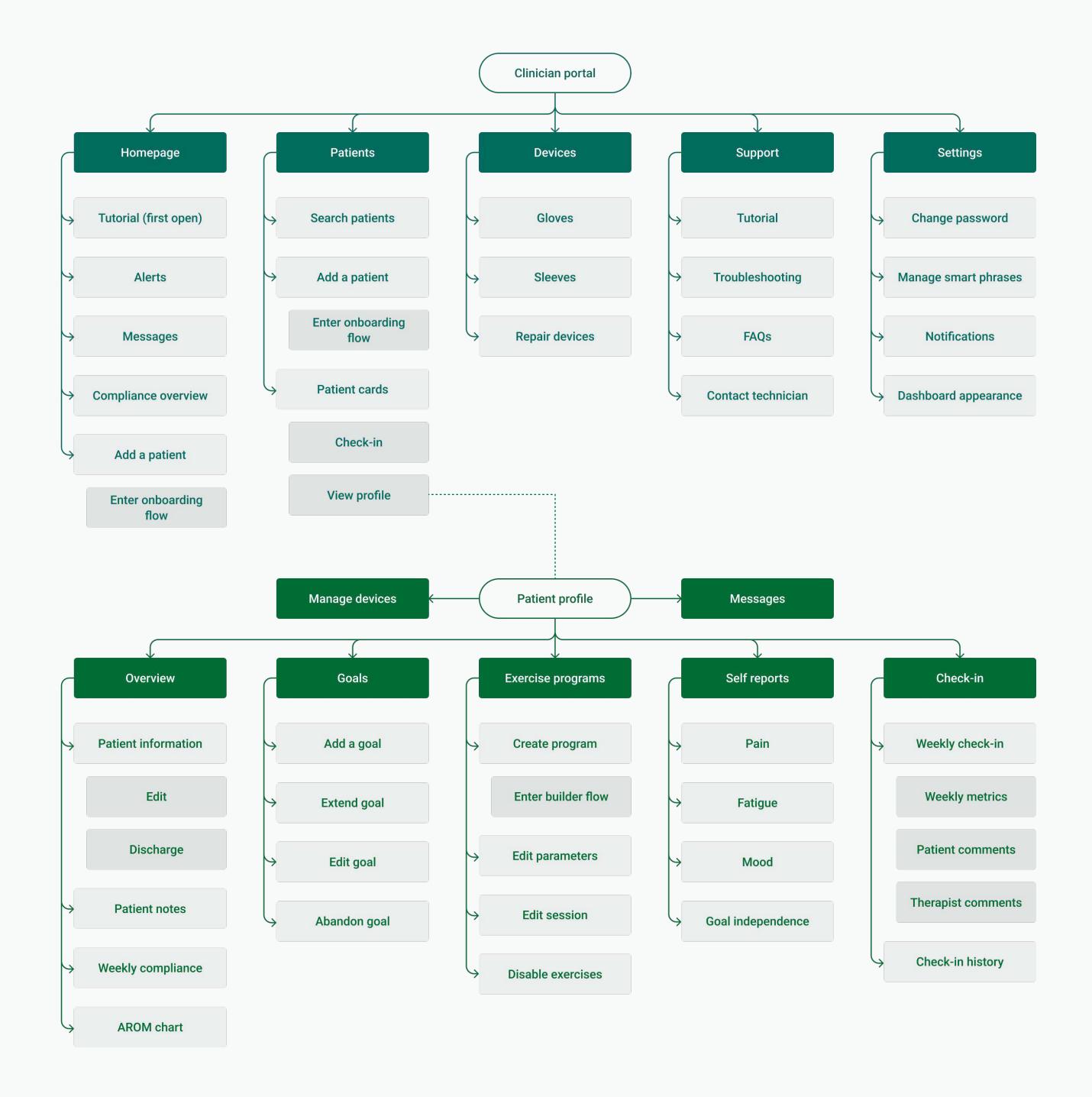
Using session time to troubleshoot medical

Unexpected pain or fatigue during therapy

technologies

Information Architecture

Backed with research insights, I worked with stakeholders to map out the portal sections and planned features. This framed the scope of the work and aided with assigning out design tasks.



Approach to Design

Stakeholders wanted to use Google's M3 design system for efficiency and accessibility purposes, as well as the clinical appearance of the UI. The development team advocated for it due to its integration with Flutter.

Using an existing system proved advantageous for the design team, removing a lot of small questions and allowing us to focus on the key challenges.

Styles

Text



Roboto

Styles

Icons

Navigation

Icons - 24px

Icons - 32px

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0

?

Display Large

Size: 61px Height: 64px Spacing: -0.25%

Weight: Semibold

Display Medium

Size: 49px

Height: 56px

Spacing: 0% Weight: Semibold

Display Small

Size: 39px Height: 48px Spacing: 0% Weight: Semibold

Headline Large

Size: 31px Height: 40px Spacing: 0% Weight: Medium

Headline Small

Size: 25px Height: 32px

Weight: Medium

Title Large

Size: 20px Height: 24px

Weight: Medium

Body Large

Size: 16px

Body Medium

Size: 14px Spacing: 0% Height: 20px

Body Small

Size: 12px Spacing: 2% Height: 16px Weight: Regular

Label

Size: 14px Spacing: 2% Weight: Semibold Height: 20px

Spacing: 0%

Spacing: 0%

Spacing: 0% Height: 24px Weight: Regular

Weight: Regular

Alert Icons - Large

Alert Icons - Small





























Key Colors

Primary

#0B796C

#2DB061

Secondary

#CD7B00

Tertiary

Error

#E3F0EE

Neutral

#9FC0BD



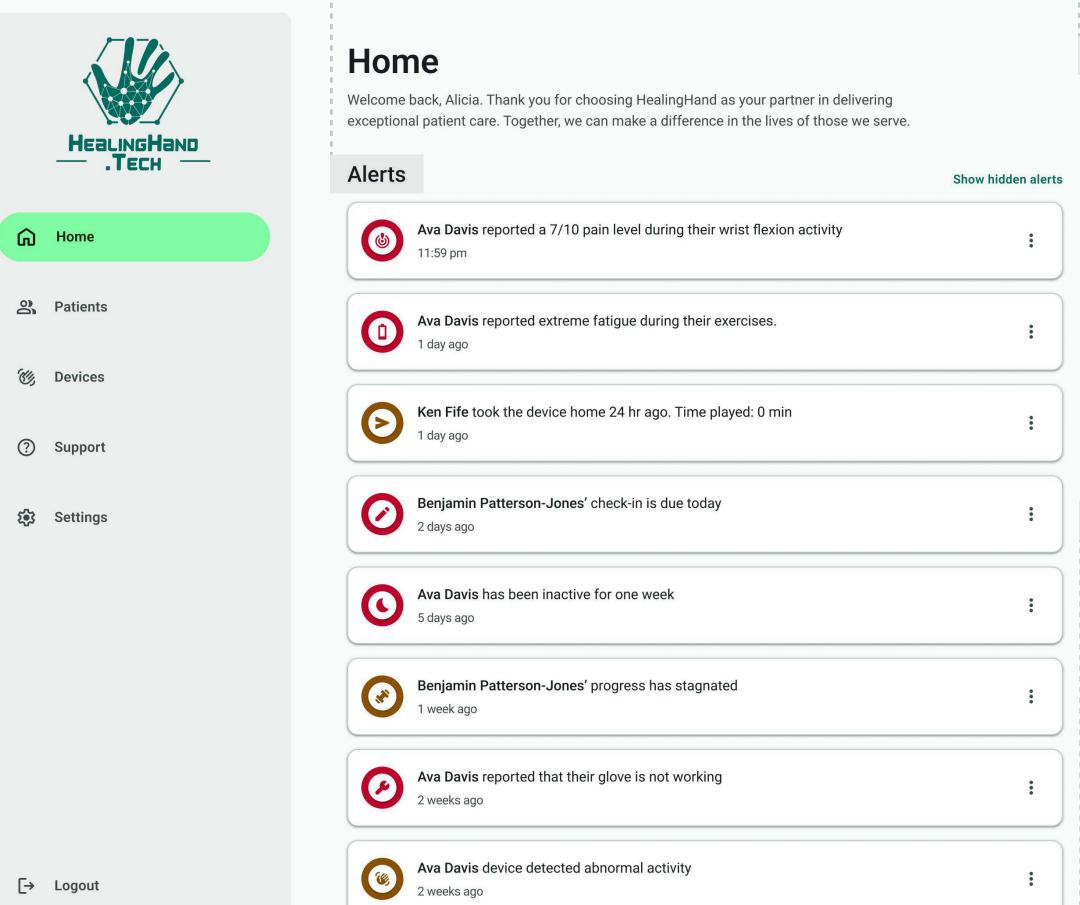
Patient Management

Occupational Therapists juggle evaluating patients, implementing care plans, follow-up visits, and detailed clinical notes, leading to an overwhelming workload.

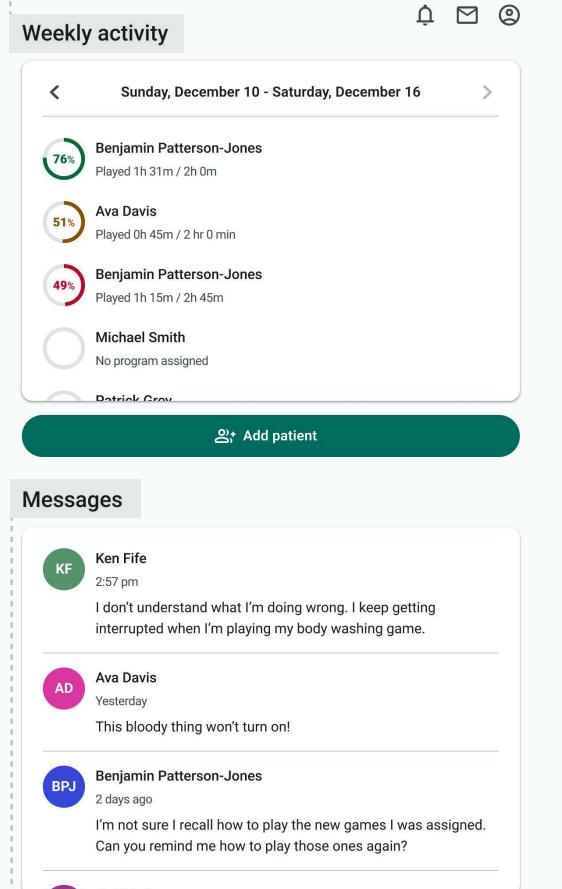
In teletherapy, effective communication of patient status is crucial. The homepage highlights ongoing patient activities to support quick reactions to patient needs.

Integration with existing workflows was a key adoption strategy. This was achieved through incremental onboarding, a smart phrase feature, and easy documentation transfer.

The alerts feed tells the therapist what requires their immediate attention. They are color coded to indicate urgency and can quickly be resolved with a click.



Higher program compliance translates to better outcomes. Low compliance signals the therapist to work with them to find a solution through education, program adjustment, or a different intervention.



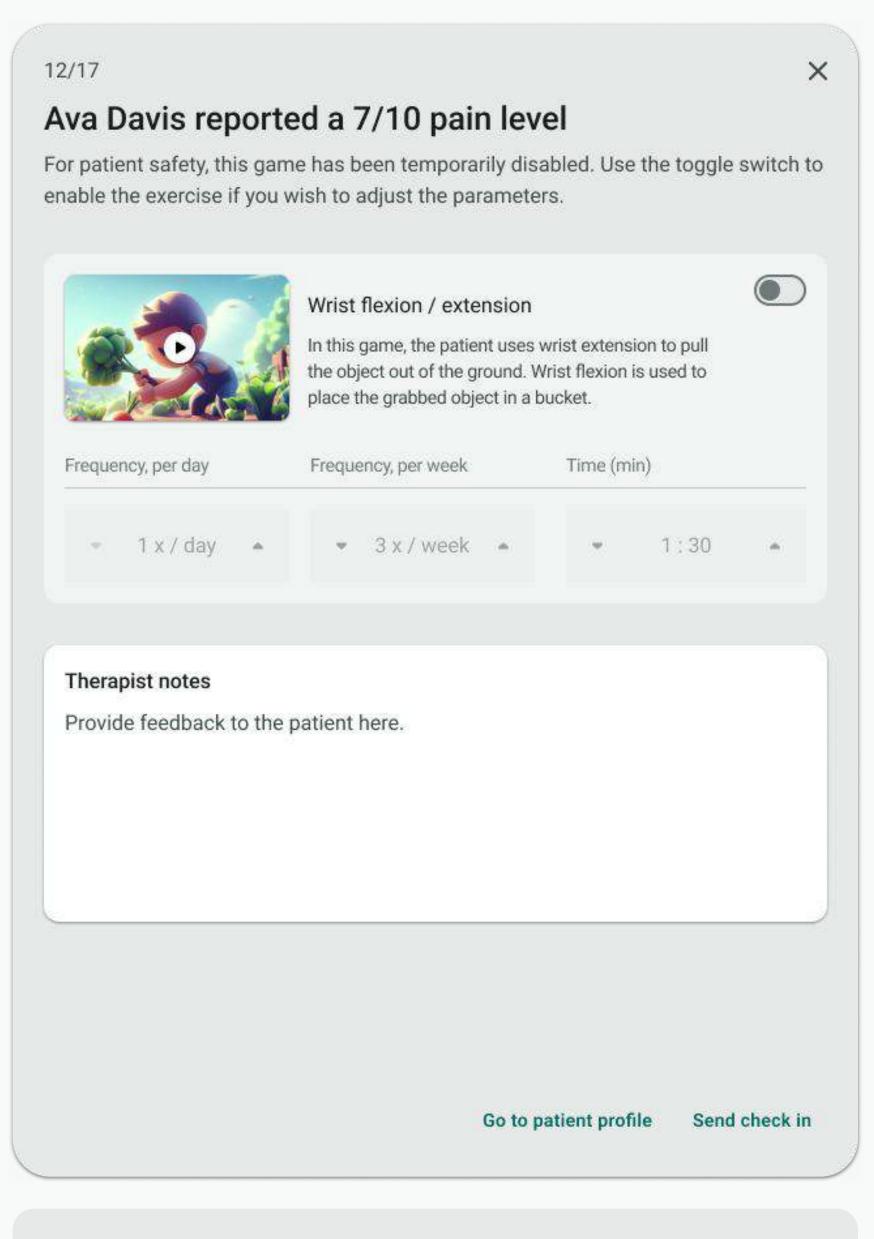
The messages feed closes the gap between alerts and not as urgent patient questions and concerns.

Patient Safety

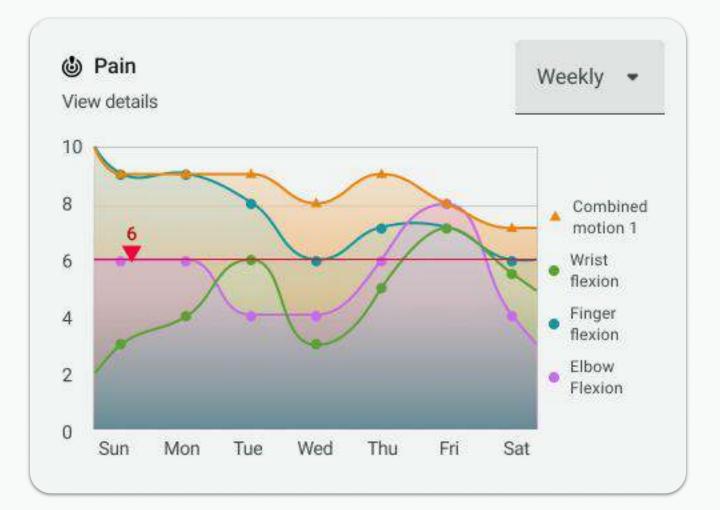
In a remote setting, **feeling confident that the patient is safe is paramount**. Severe pain can lead to an increase in blood pressure and result in fainting.

A focus on safety led to the "Break Triggering Moment" (BTM) feature. This is when the patient is forced to stop playing due to an elevated pain or fatigue level.

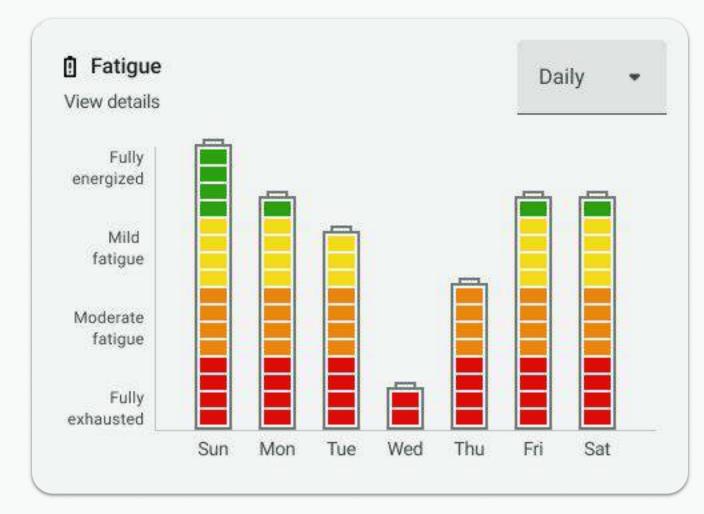
Recognizing that forcing patients to stop using the app is bad for user experience, I advocated for alternative activities to be recommended in this situation.



When severe pain reported, the triggering activity is disabled. An urgent alert is sent that must be resolved before exercise can continue.



Pain reports are visualized over time by activity to help the therapist make adjustments to the program before a BTM occurs.



The patient reports their fatigue level when the wearable detects abnormal movement, prompting adjustment of program parameters.

Personalized Exercises

Building an exercise program is a cognitively demanding task that involves selecting appropriate activities, determining their order, and setting parameters.

The product offers two types of activities:

Isolated movements for patients with limited function to practice the basics. Combined movements for higher-functioning patients, that simulate functional tasks like dressing.

Examination of competitors like Neofect and Mindmaze provided an understanding into how traditional HEPs could be translated to gamified products.

Using a navigation pattern for activity management allows therapists to focus on one exercise at a time and go back as needed.

Instructional videos of a person doing the exercise along with the gameplay helps therapists decide if it's appropriate for the patient.

X

Manage exercises

Select parameters and add notes for each activity.



WITIST Flevion / extension



Elbow Flexion / extension



Forearm pronation / supination



Internal / external rotation



Shoulder
Horizontal abduction / adduction



Scapula

Retraction / protraction





Flexion / extension

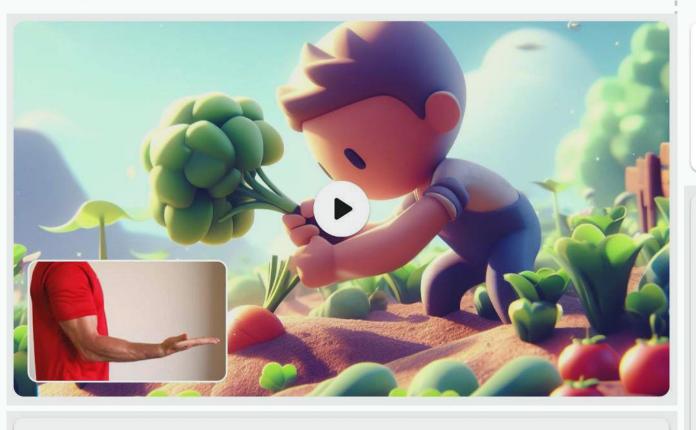


Flexion / extension

Back

Wrist flexion / extension

In this game, the patient uses wrist extension to pull the object out of the ground. Wrist flexion is used to place the grabbed object in a bucket.



Exercise	notes		

Enter additional exercise notes for the patient here, optional.





_	1 min 30 sec	
**	Sant	
Sailse fram		
Daily freq	uency	
~	1 time(s)	
	equency	
Weekly fro		
Weekly fro	3 time(s)	

Next

Every exercise has notes for the therapist to communicate specific details based on how the patient presents and their needs.

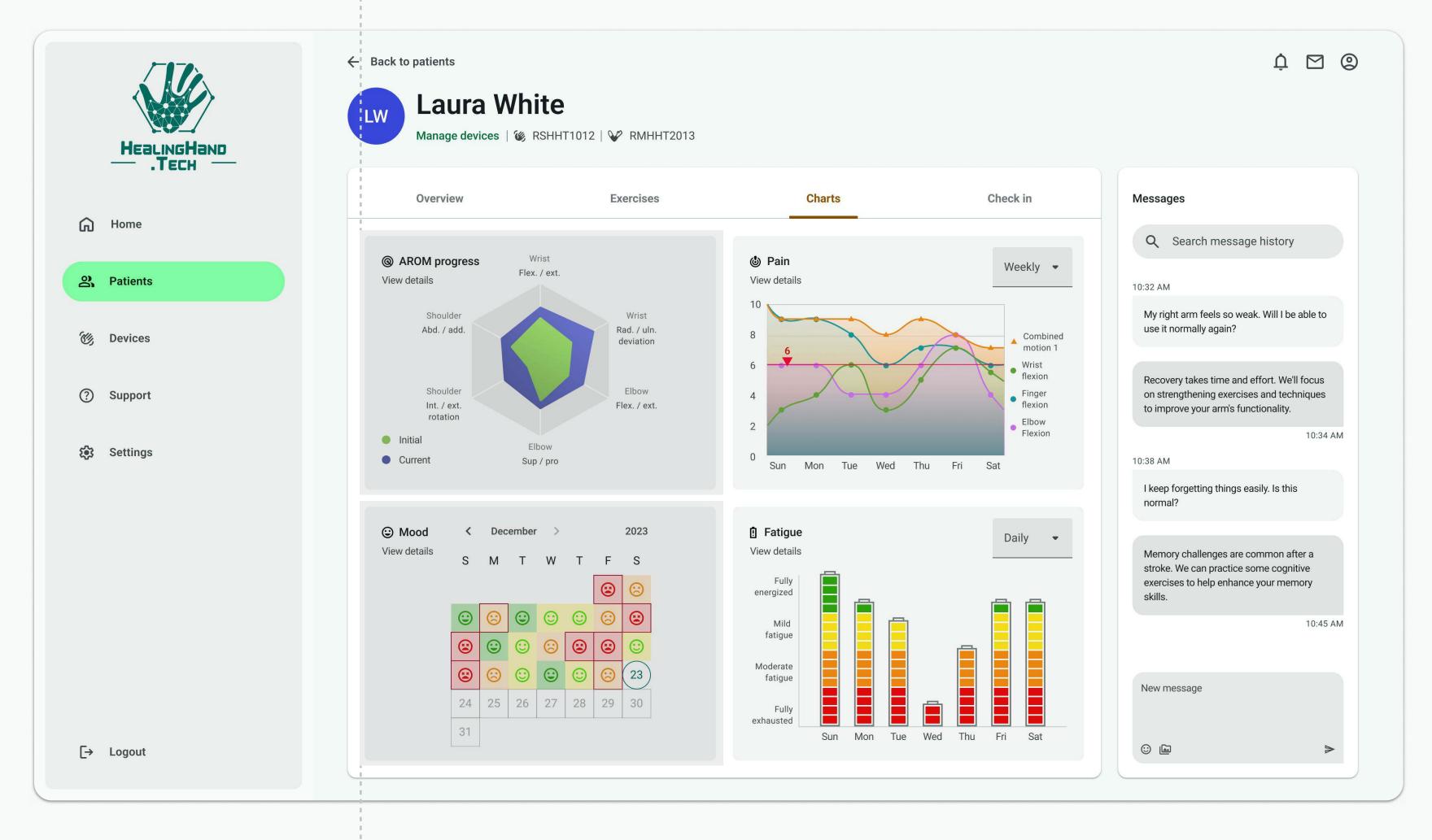
The parameters are designed around our gamified context. Duration replaces sets and reps because it's easier to implement in game design.

Progress Tracking

Tracking patient progress relies on wearable and self-reported data. It was important to question the utility of data visualizations in the context of does this help the therapist take action to improve on treatment?

The assumption was examining multiple data points would provide a bigger picture. For example, a low fatigue combined with high success rate might signify the exercises are too easy, necessitating a program upgrade.

Visualizing improvements in the patient's active range of motion is important to understanding the interventions effectiveness. Taken from Neofect, this provides a snapshot of movement function in accordance with their exercise program.



Mood is self-reported by the patient in the app and is an important data point relative to compliance. Consistently negative mood reports may prompt the therapist to check-in with them to ensure satisfaction with their treatment.

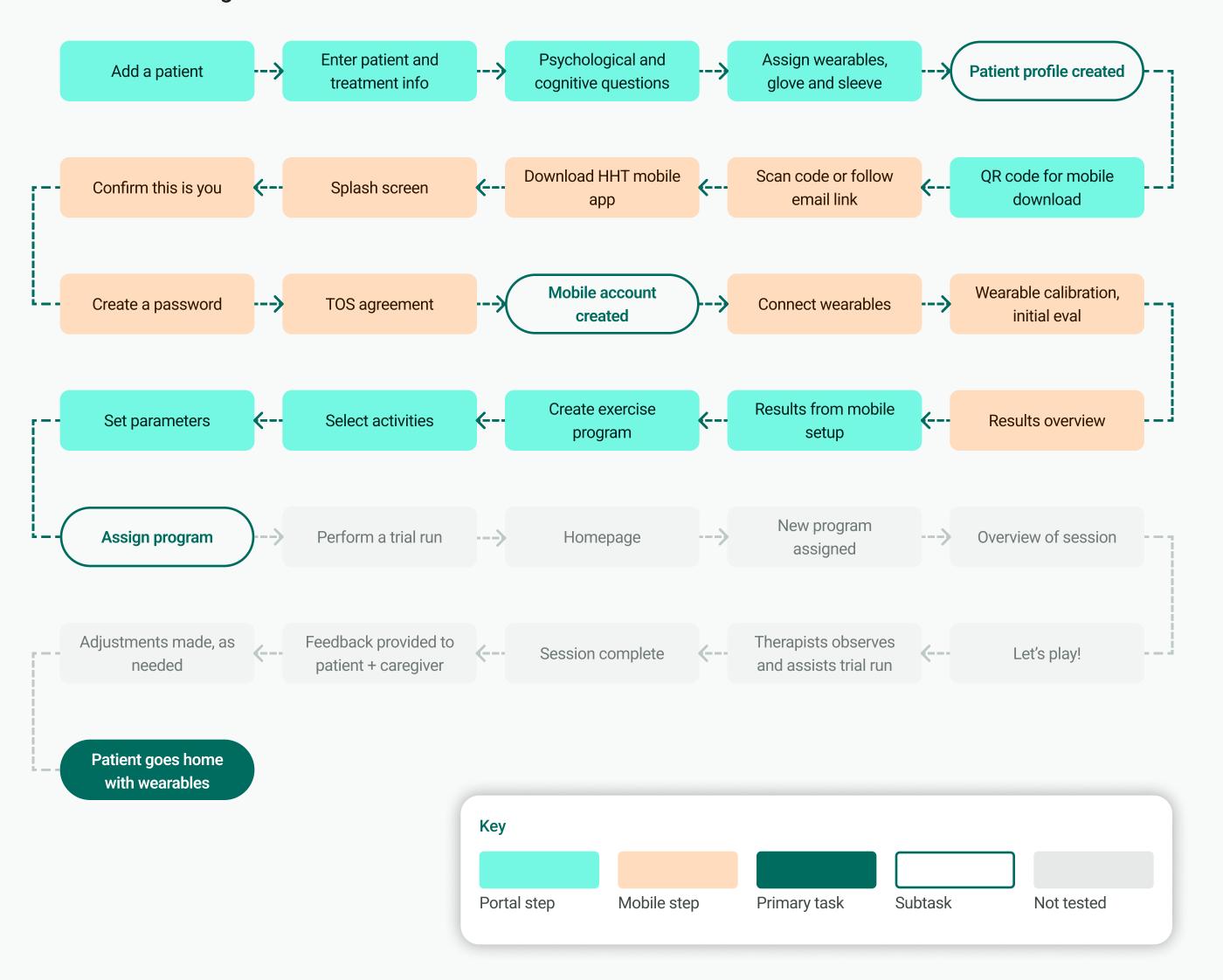
Building the Prototype

Research indicated that setting up the intervention with patients is a major problem therapists have with new medical technology.

Since therapists typically have hour-long sessions with various other tasks, an incremental onboarding process that could occur over multiple visits was needed.

During testing, it was important to analyze the process's efficiency to ensure optimization of the subtask pattern.

Patient Onboarding



Program Builder A vs. B

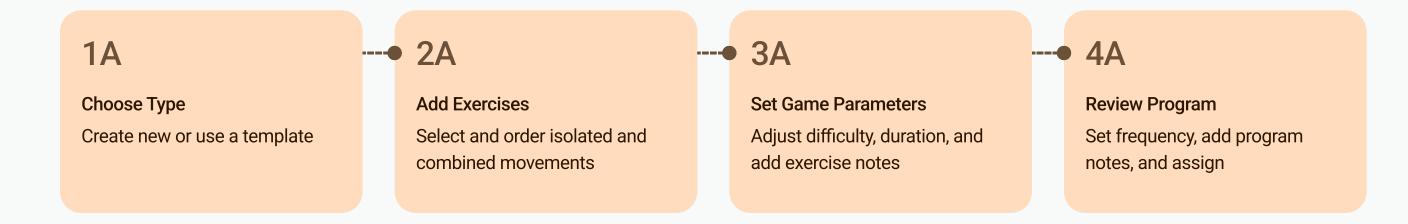
The exercise program builder is central to the clinician portal.

Involving over 40 inputs, ensuring its intuitive for therapists required special attention.

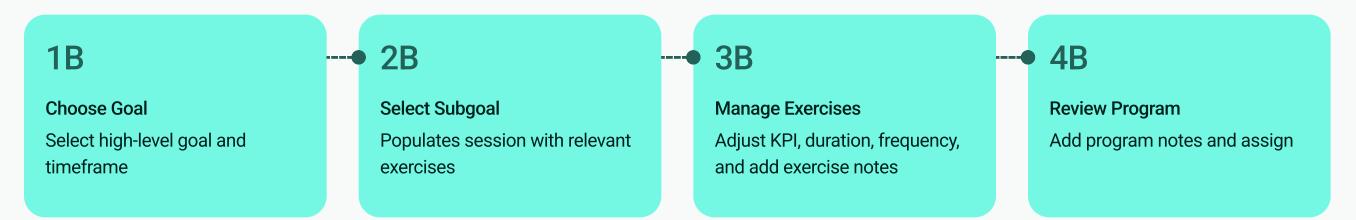
Two versions of the program builder were designed and tested with six participants to gather usability insights.

A

follows the conventional HEP approach, aligned with the OT mental model for creating exercise programs.



takes an innovative, goal-based approach, using the stakeholder framework to program creation.



Planning Research



Participants

4-8 Occupational Therapists that have experience working with stroke population in an outpatient setting



Methodology

One hour moderated sessions, remotely via Zoom



Tasks

- 1. Clinician portal tutorial
- 2. Patient onboarding
- a. Add patient to portal
- b. Connect mobile app
- c. Assign exercise program
- 3. Break triggering moment + resolution
- 4. Weekly check-in
- 5. Data visualization feedback

Research Objectives

- 1. Evaluate the overall usability of five different task flows within HealingHand's clinician portal
- 2. Observe target user behavior when interacting with a high-fidelity prototype and collect insights on user flow experience
- 3. Gather feedback on user interface, visual design, and data visualization charts
- 4. Identify pain points participants encounter while interacting with the Therapist Portal App

Research Findings

The feedback on the UI was overwhelmingly positive, with 100% of users finding it simple yet visually pleasing. Therapists especially liked the objective and subjective metrics, as well as the color coding system for alerts. They also found the messaging system within the portal to be a huge plus.

"It seems easy to pull information to put in my progress notes, or to explain improvements to my patient."

33% found assigning wearables too complicated

"I found the sizes helpful, but the serial number and name, not so much. I'd find the devices availability status more useful."

83% preferred program builder B

"I liked the template aspect of the A version, but I thought B was a bit more efficient. It's nice how goals relate to the exercises, but what if the patient has one that isn't supported here?"

100% thought the BTM was feature useful

"I wish more applications had a focus on safety. If I had a patient encounter a BTM, I would want to know more about their pain... I'd ask them to describe it in more detail."

50% liked the weekly check-in feature

"This is really helpful to have, but I anticipate frustrations with this because OTs already have to do a lot of documentation within their own systems."

33% wanted to see different data visualizations

"I don't know how honest patients will be when it comes to identifying their mood. Especially stroke patients... they often don't like to be open about it."

"Patient's want to beat their previous score - it's very motivating."

Actionable Insights

High priority

- Make assigning wearables more simple
- Add a custom goal option and template feature to builder B
- Describe how KPI selection impacts exercise activity
- Implement sticky note feature to patient profile page
- Include option to skip irrelevant movements during calibration
- Add a feature for copying exercise programs and check-ins to EHR

Low priority

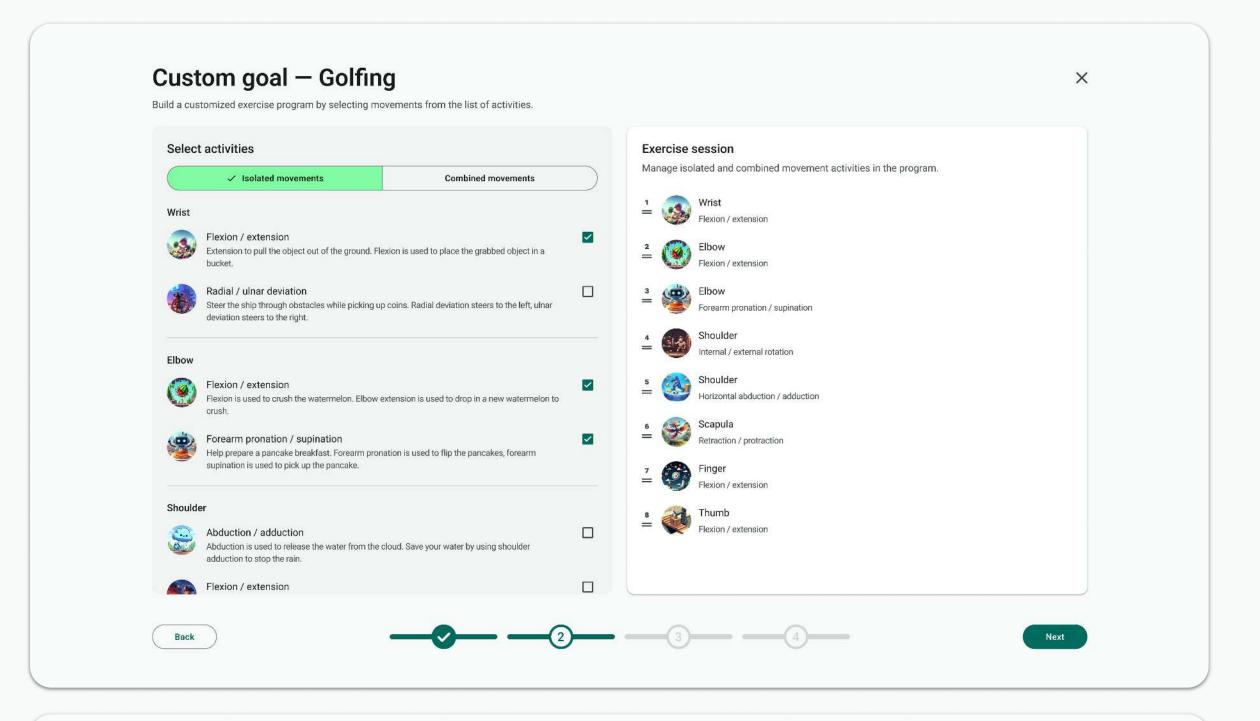
- Clearly mark locked combined movements on builder B
- Option to disable all exercises in BTM occurence
- Match mental models with smart phrases feature
- Incorporate patient comments on check-ins and self-reports
- Simplify mood calendar with a thumbs up/down selection
- Replace goals self-reporting with a game score visualization
- Add IADL goals to program builder for high functioning patients
- Support multiple languages, specifically Spanish

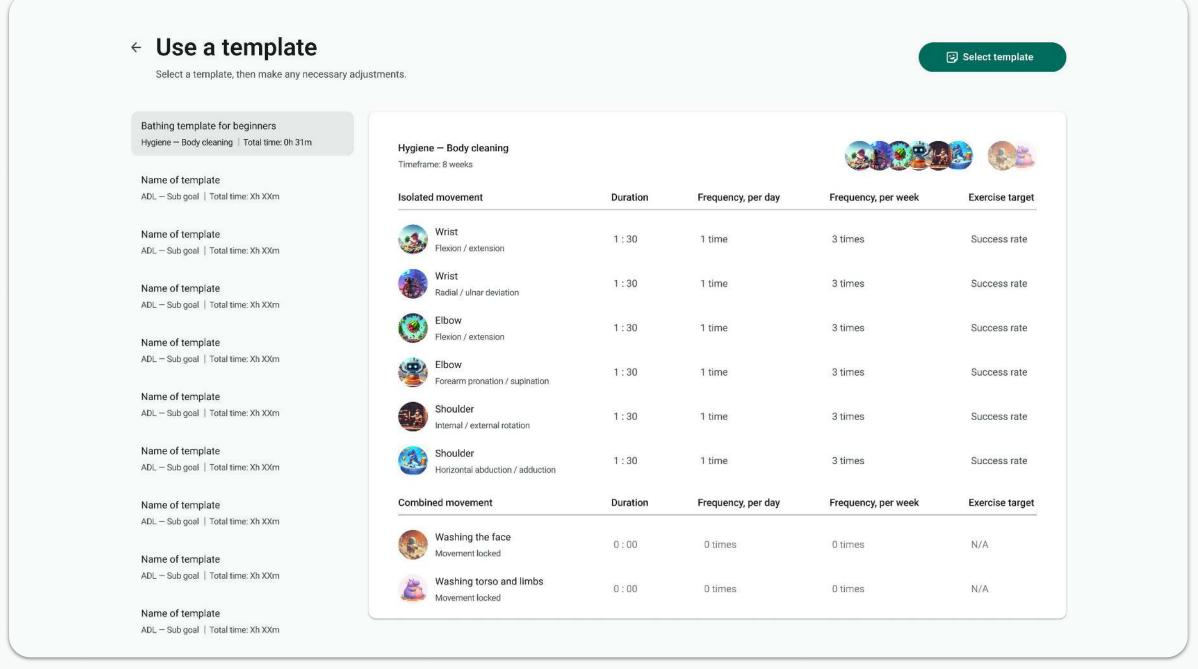
Applying Insights

The overwhelming preference of program builder B was surprising. Despite being unconventional, it made sense because of the time saved by tying goals to exercises.

Therapists still wanted the flexibility to create custom programs for goals outside the supported ADL categories (hygiene, dressing, feeding). While combined movement games are designed around these categories, an assortment of isolated movements can support unique goals like golfing.

In support, a template feature was also designed, allowing therapists to save, share, and reuse custom programs.

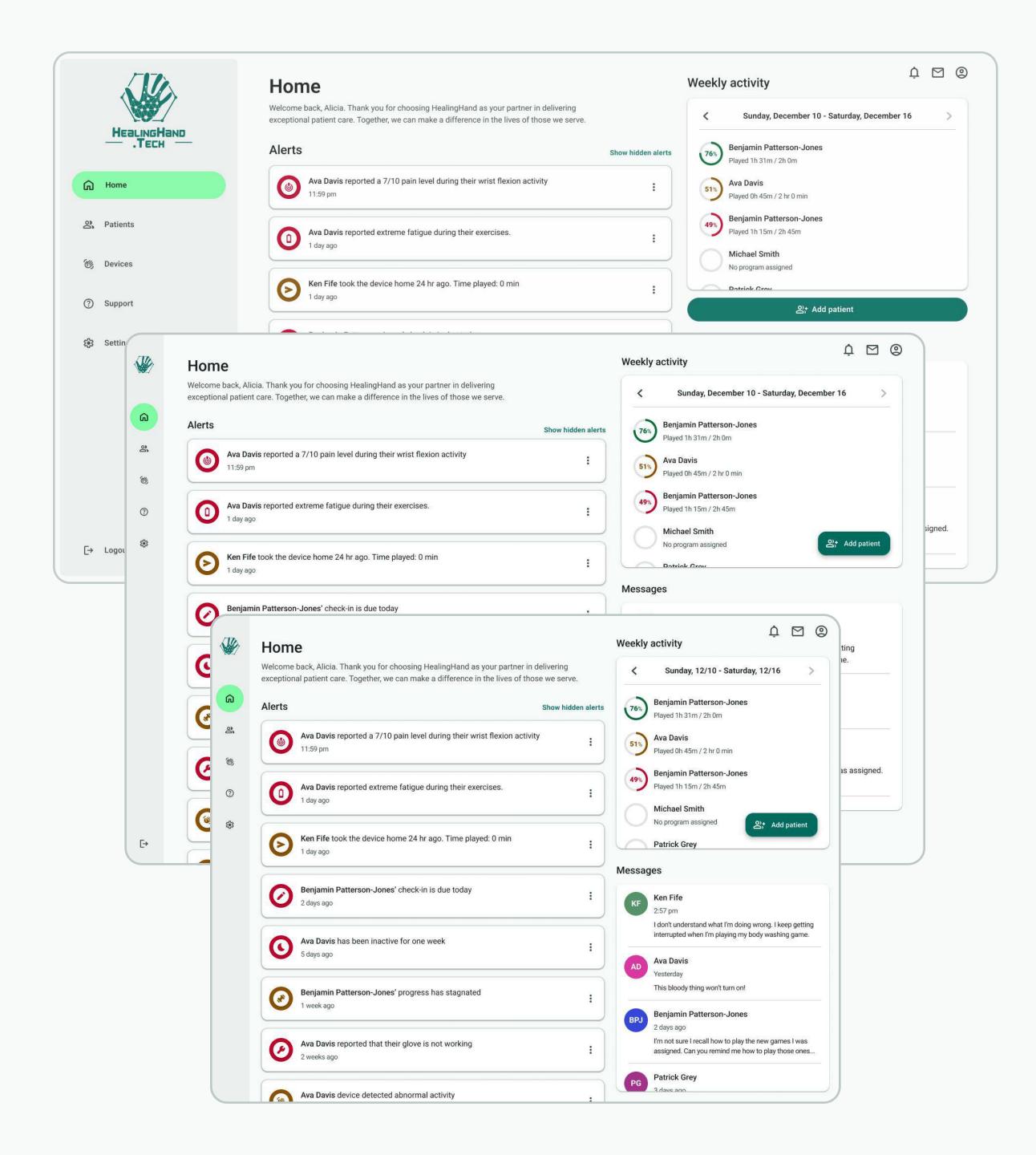




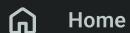
Defining Responsiveness

The desktop use case was the sole focus for the MVP. While tablets are common in clinical settings, this could be addressed in later iterations after establishing core functionality and gathering more usability data.

To accommodate various screen sizes, three categories were defined: Desktop - Large (1920), Desktop - Medium (1624), and Desktop - Small (1280). At the medium size, the navigation bar collapses into a rail to support the content on smaller screens.







Patients

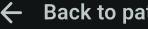
Devices

Support

Settings

[→ Logout

← Back to patients

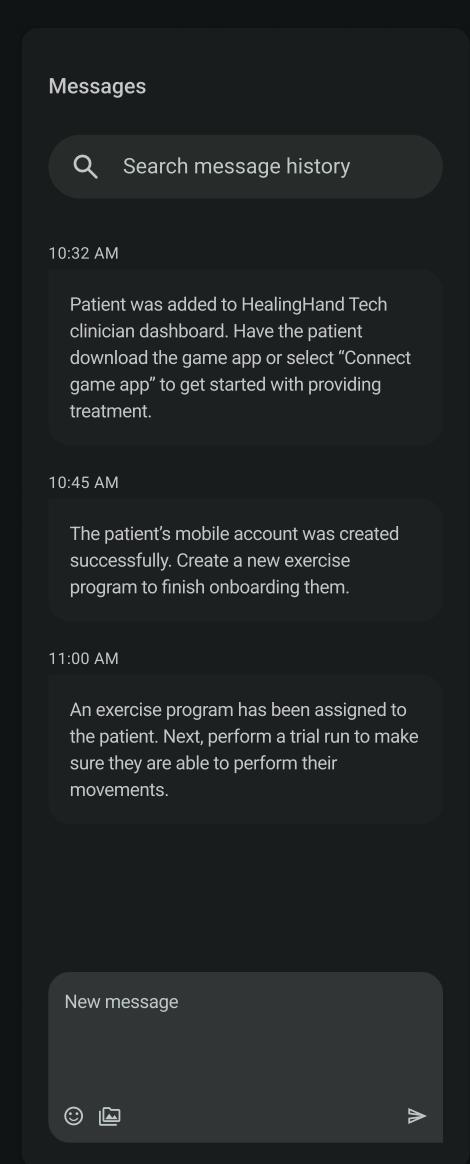




Benjamin Patterson-Jones

Manage devices | **肾** RSHHT1012 | **♀** RMHHT2013

Overview	Exercises	Charts	Check in			
Hygiene — Body cleaning Week 1 of 8 Program notes If you experience any pain during your exercises, stop immediately. I gave you a few isolated movements to work on while you get used to the games. When you're ready, we can try the combined movements which more related to your						
Isolated movements	Frequency		Duration (min) Edit			
Wrist Flexion / extension	1 x / day ▲	→ 3 x / week →	→ 1:30 →			
Elbow Radial / ulnar deviation	1 x / day ▲	→ 3 x / week →	→ 1:30 →			
Elbow Flexion / extension	1 x / day ▲	→ 3 x / week →	→ 1:30 →			
Elbow Forearm pronation / supination	1 x / day ▲	→ 3 x / week →	→ 1:30 →			
Shoulder Internal / external rotation	1 x / day ▲	→ 3 x / week →	→ 1:30 →			
Shoulder Horizontal abduction / adduction	1 x / day ▲	→ 3 x / week →	→ 1:30 △			
Scapula Retraction / protraction	1 x / day ▲	→ 3 x / week →	1:30 ▲			



Impact



Therapist Productivity

Achieved a 20% boost in therapist efficiency compared to traditional exercise programs, allowing them to treat more patients concurrently



Competitive Edge

HealingHand Tech is 40% more likely to be chosen by therapists over similar medical technologies due to its integration with existing workflows



Safety Assurance

Therapists felt 83% more confidence in patient safety compared to other at-home interventions, thanks to the innovative monitoring features



Streamlined Development

Collaborated with the game design and mobile UX teams to implement the Material 3 design system, decreasing development time by up to 60%

Next Steps

Ultimately, the success of the product hinges on improving patient function with enjoyable gameplay. Thanks to my leadership and the team's dedication, development of the clinician portal is significantly ahead of the mobile app and wearable.

I've been urging the game and mobile UX teams to concentrate on creating a complete exercise flow for comprehensive testing. This will enable the gathering of crucial feedback from therapists regarding gameplay and wearable ease of use.

Conclusion

Leading the design of HealingHand's clinician portal was transformative. Managing the UX/UI, research, project coordination, and collaborating with the game and mobile teams required diverse skills and effective communication.

One of the biggest challenges I faced was bridging the gap between the startup's vision and the user's mental model. Balancing stakeholder desires for innovation with user research insights, which sometimes conflicted, demanded careful negotiation and advocacy for user-centered design principles.

Building my team with healthcare professionals interested in transitioning to UX was instrumental to the success of the design work. Their insights and expertise were invaluable to creating a platform that truly met the needs of therapists and patients alike.