



## A Day in the Life of: A T3 Ping Pong Apprentice

As an apprentice in a sporting goods company I never imagined I'd be making frequent trips to care homes and senior residencies! The idea followed on from an increasing number of studies that proved playing table tennis benefitted sufferers in the early stages of dementia and Alzheimer's disease, and could slow down the symptoms of these awful conditions. One afternoon after further reading into these studies my MD turned around and said "Why don't we carry out our own study?" Yes people had tested the benefits with early stage sufferers but what about those who are already suffering and who can no longer stand to play? Surely it might make a difference to them too?

So it was decided, we would investigate and carry out our own study into the benefits of T3 Ping Pong for those in care. The next few weeks involved researching the care home industry and working with our technical directors and MD to formulate the study parameters and objectives. It was my job to then contact the care homes we had identified and invite them to participate. Much to our surprise, all the care home Activity Managers were very excited by the idea of 'group ping pong, on a round table, played seated'! Once the first session had been arranged I began to think about what I might experience on arrival. I'd never been to a care home before; to be honest I was nervous about the whole thing. Would it be like something I'd seen on TV? Grumpy and tired care workers? Old people just sitting around in silence? All the old clichés flashed through my mind.

The key difference in our objective compared to other studies was that we wanted to test the T3ONE70 for seated ping pong using wheelchairs and the existing care home's lounge chairs. We wanted to see whether the design of our table and the comfort of the participants would enable them to play for longer. Further testing within the session included a vision test where we would assess the participants' reactions to different coloured balls, sizes and weights and bat preference.

The time had come for our first session. Following our GPS I told the team "It's just a bit further up the road, on the right hand side." A smile stretched across our faces as we pulled into the driveway. 'Wow' was just about the only thing anyone said. This was definitely not what I was expecting. I had imagined an old, grey, run-down building. What we saw was the complete opposite. We were greeted at the door by a security guard who led us to the room where we would host our session. In the short walk from the front door to the activity room I was given a quick insight into what a care home was actually like. This well-kept, welcoming, bright and airy



home, with very friendly staff happily chatting with the residents was not what I had in mind.

The participants that joined us varied in ages from their 60's to our oldest at 98 years old! Although I had seen the statistics that showed women live a lot longer than men, it was still very alarming to notice that in all of our visits the number of men in care was significantly lower than women, I'd say close to 1 male to every 9 females. In all honesty this made me instantly worry about my own future, but looking at recent trends I think it's safe to say that male life expectancy would have increased significantly and the care home demographic would be different for me. Almost all of our participants throughout the study had dementia or Alzheimer's, some had mental health issues and physical disabilities too resulting in about a third of our participants being in wheelchairs. The study involved interviewing the participants or the Activities Manager about their past lives, work history, sport participation and family background. Suddenly I was hit by the fact that I, like so many others, had taken these people at face value, old people with not much going on. Their dazed look and lack of interest made many of them seem so much worse than they actually were. We forget that these were people just like you and I and had lived full lives. We met architects, fishermen, secretaries to the royal family, accountants, university lecturers; the list goes on, each with their own fascinating stories!

As we finished setting up the T3ONE70 ping pong table the activities manager brought in the first two enthusiastic participants. Within minutes the room began to fill up, this is when the physical side of their disabilities hit me; how frail they all were. Seeing more and more residents slowly come in using their walking frames, easing themselves into their armchairs and some resting their crutches against the table, followed by wheelchairs and finally even a participant who arrived asleep, I couldn't help but think to myself, "how is this ever going to work?"

This was the first stage of our study, our structure was simple, introduce ourselves and the game, go through a series of warm up activities then progress to a game of seated 3-a-side ping pong. It took a bit of practice for them to get the first few balls over the net. At first I wasn't so positive about the experience, I didn't think it would go well, "They're all over 80 with mental and physical disabilities, how can we possibly expect them to play table tennis?" However, a benefit of our table is that it is circular so no matter what direction the ball was hit there was always another person on the receiving end which allowed a continuous rally and to focus for longer on the game itself. As the games went on their confidence grew and it was clear they were enjoying themselves, a flicker of personality would return to those suffering with the more severe stages of Alzheimer's. I was stunned at first but looking back at our collection of photographs and video footage; I can say that the response was the same where ever we went.

We have now completed stage II of our study and the sessions once again have gone exactly the same way in every care home we have visited which was truly unexpected. It still amazes me to walk into a room full of elderly people who are not engaging or talking much, often negative or a little fearful, then see it turn into an

animated room of laughter and fun as they joke and shout swinging their arms in the air, full of excitement when they connect with the ball. Sometimes it looks like a competition as to who can hit the ball the furthest across the room! It was great to see the carers quickly getting stuck in too, grabbing a bat and finding their place around the table. One of the most touching reactions to this change was from the daughter of one of our oldest players, 97, who had only been at the home for six months after her Alzheimer's had taken an aggressive turn for the worst. She tried her hardest to hold back tears as she told us that this was the most engaged and responsive she had seen her mother since she arrived. She was so overwhelmed by this that she told the managers that she would raise all of the funds to donate the T3ONE70 to the care home so that she could see her mum that happy again.

Another lasting memory for me will be the lady who arrived asleep in her wheelchair being pushed in by her carer who she had told earlier that she really wanted to play. She was a bit confused at first but held her bat in hand while slowly watching the ball bouncing around the table. I noticed her reaction, slow at first, but then, towards the middle of the session, this same lady was smiling and laughing with the other residents and she was able to return the ball back while engaging with those at the table. It was as if someone else had filled her seat. At the end of the session she thanked us and told us how much she had enjoyed it. She was 94 years old.

The changes we've noticed in our 90 minute sessions have been astonishing. Typically residents tend to get tired within the hour and a half, however, many of them on their way out turn back to us and say 'oh I'll come back after lunch for another game later, if that's ok', unfortunately they leave disappointed as we tell them that we are only there for the one session. The responses are always the same when we ask the residents, carers and observers what they think of the session. They love it! The fact that they can all play easily together while seated around the table is what wins most of them over as it allows them to keep going for a lot longer.

While I packed up after the session, the interviews were taking place. I couldn't help noticing the behaviour of a couple of the ladies that had just joined us. They had just played a whole hour and a half with us, even working up a bit of a sweat, joking about how good they were doing, all happy, laughing and chatting around the table. Yet now one was sitting alone in a chair staring blankly at a wall while the other shouted angrily and refused to go anywhere until she had found her handbag (which she hadn't brought down from her room). I couldn't believe that within minutes of them stepping away from the table you could see them reverting back to the condition they arrived in, or perhaps, who they have become. They chose to isolate themselves and seemed to get lost in their own world, back to their own routine as if they had just flicked off a switch as they walked away.

It is a sad reality that so many people have to suffer from this illness or witness a family member going through it. We are learning more and more as our studies continue and hope that we can get more people to see the positive side of what we are doing. It's the happy faces and laughter that are driving us on!