

N. SCHWENNESEN. *Bodies in-motion: An ethnography of remote monitoring of physical rehabilitation for the promotion of home-training in the Danish welfare state*. *Gerontechnology* 2016;15(suppl):59s; doi:10.4017/gt.2016.15.s.846.00 **Purpose** This paper investigates the implementation of a digital device for remote monitoring (ICURA) of home-training of patients who have undergone hip replacement surgery. The study takes its outset in the situation in the Danish welfare state, where digital technologies are increasingly used as components in processes of physical rehabilitation¹, in order to substitute training in rehabilitation centers with home-training, make the process of rehabilitation more cost-effective and provide patient independence. **Method** The study uses ethnographic methods (group training in centers (10 hours), participant observation of home training and interviews with patients (eight interviews, ages between 64-72 years, half of them women) and professionals (four interviews, ages between 29-35 years, one was a woman)) to investigate the socio-material process of physical rehabilitation. I understand rehabilitation as a process of bodily transformation, which is constituted through an infrastructure of care, which involves human (patients, professionals) and non-human entities (ICURA) and distributes responsibility between these entities. **Results & Discussion** The digital training programme enacts a linear image of temporality, where progression of physical training is imagined as a standardized process, not bound to specific bodily transformations. In order to reach a balance between progression in training and habilitation of bodies, the patients have to navigate between standardized aspirations of progression and unruly bodies, which require constant adjustment. Paradoxically, while digital rehabilitation is promoted as a means to provide independency and closer-to-the patient services, many patients experience a lack of alignment between their bodies' abilities and the training requirements of the technology and a detachment from professional care and guidance, which result in feelings of insecurity and pain. A reconfiguration of care work in order to establish a better link between the clinic and home training and adjust the technology to particular bodies, are needed if the technology is to be successfully implemented.

References

1. Danish Ministry of Finance, Local Government Denmark, and Danish Regions. A stronger and more secure digital Denmark. Digital strategy 2016-2020. Copenhagen: Agency for Digitisation; 2016

Keywords: physical rehabilitation, remote monitoring, Danish welfare state, ethnography

Address: University of Copenhagen, Copenhagen, Denmark;

E: ns@anthro.ku.dk