

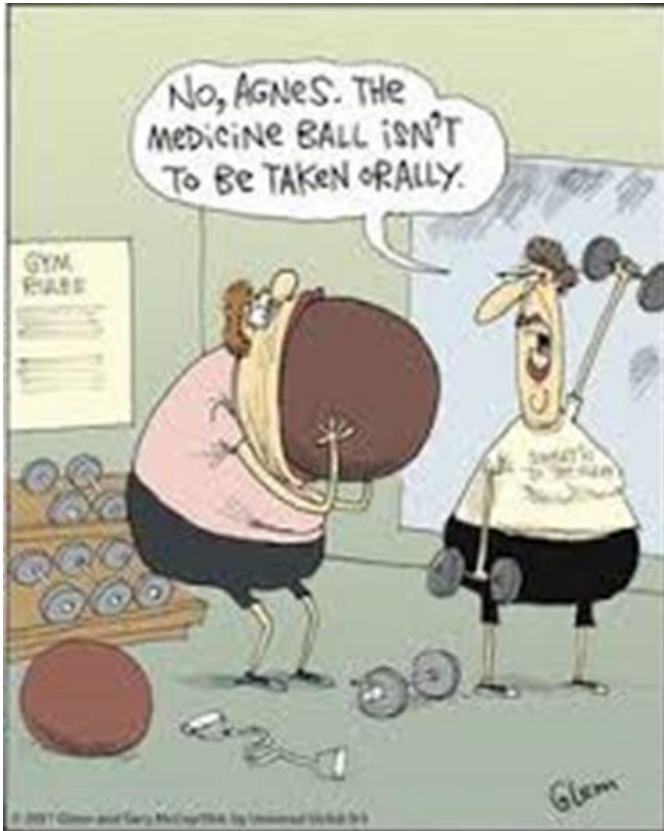
“I went to physiotherapy and all I got was a sheet of exercises.....”

Adherence to Self management Physiotherapy programmes- Is it really personalised care?

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Adherence what is it and the challenge in physiotherapy

- *“the extent to which a persons’ behaviour (taking medication, following a diet or exercise plan and or executing a lifestyle change), corresponds with **agreed recommendations** from a healthcare provider*

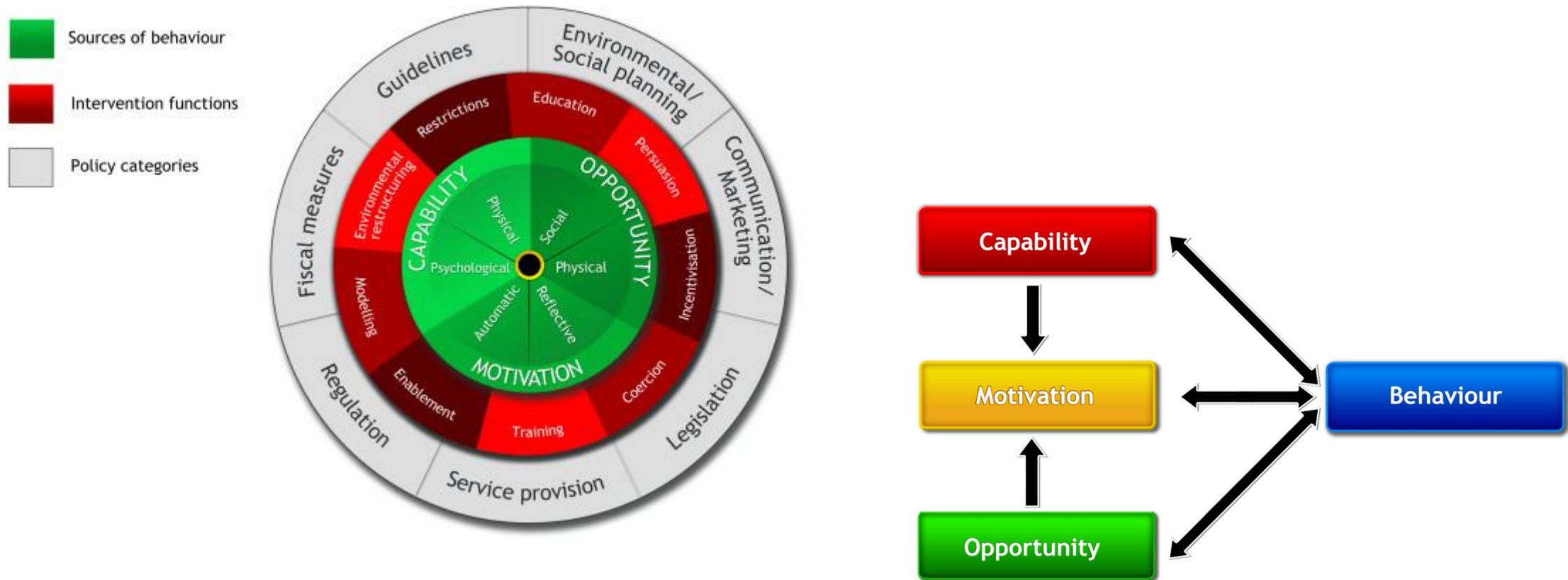
(World Health Organisation, 2003 pg 3.)



Behaviour change wheel and COM-B model

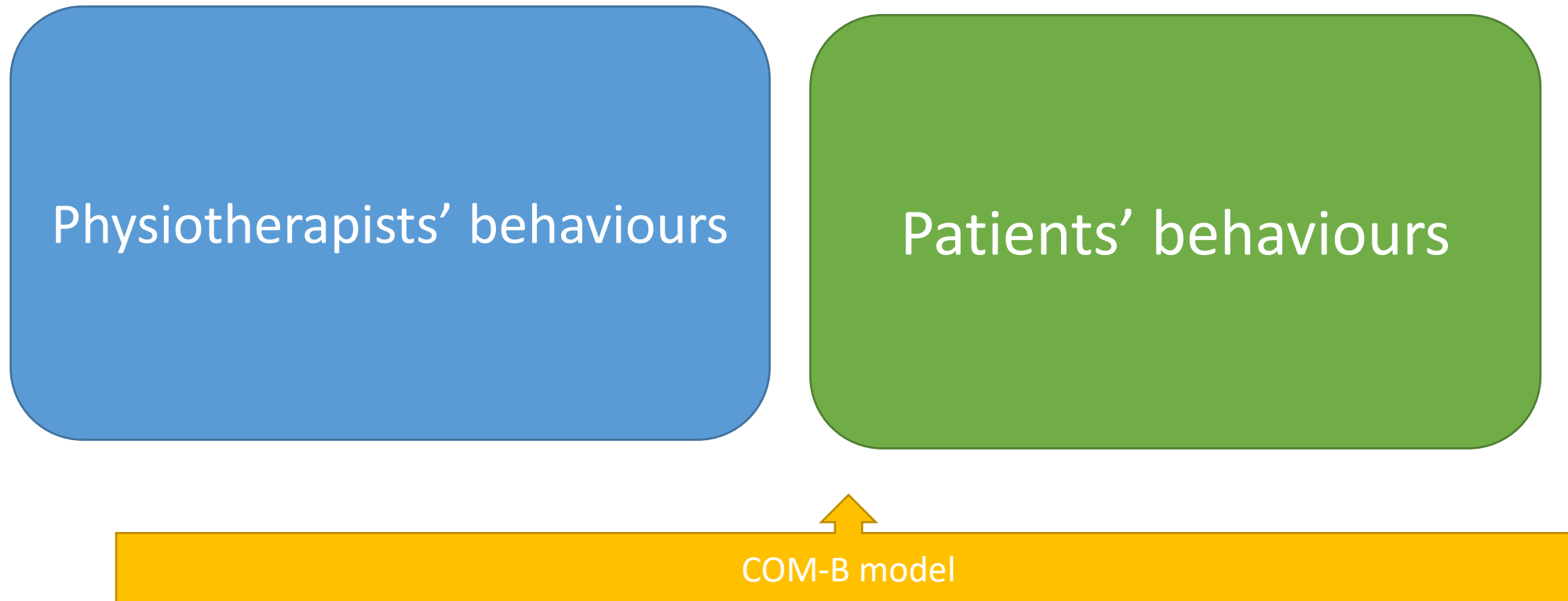
(Michie et al 2011)

Understanding why people change in the way they do



Study aim

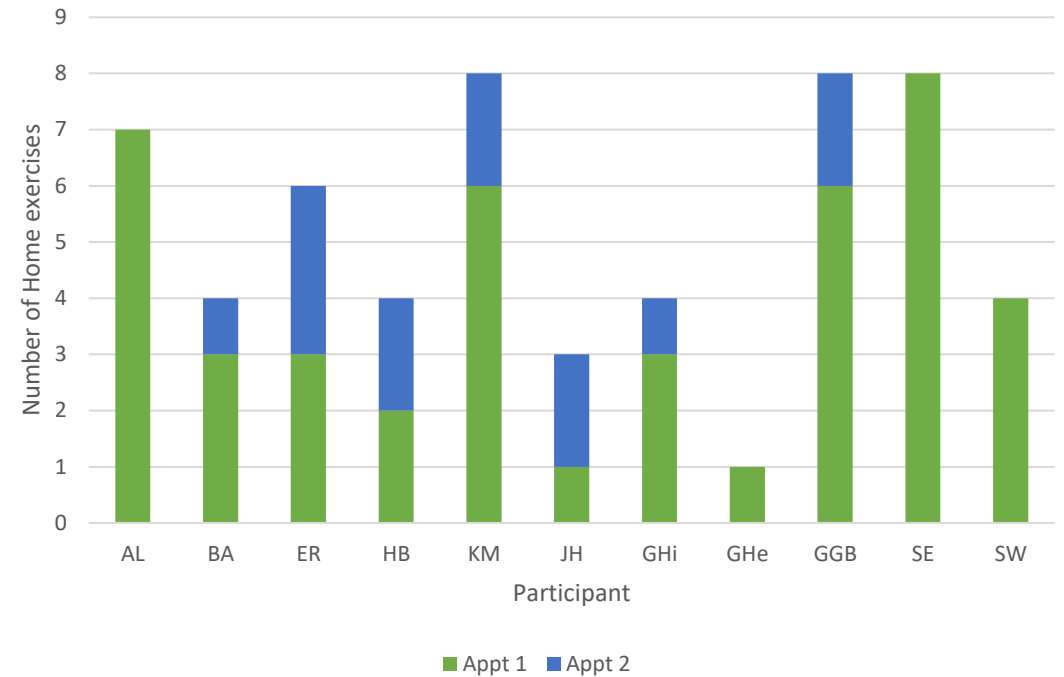
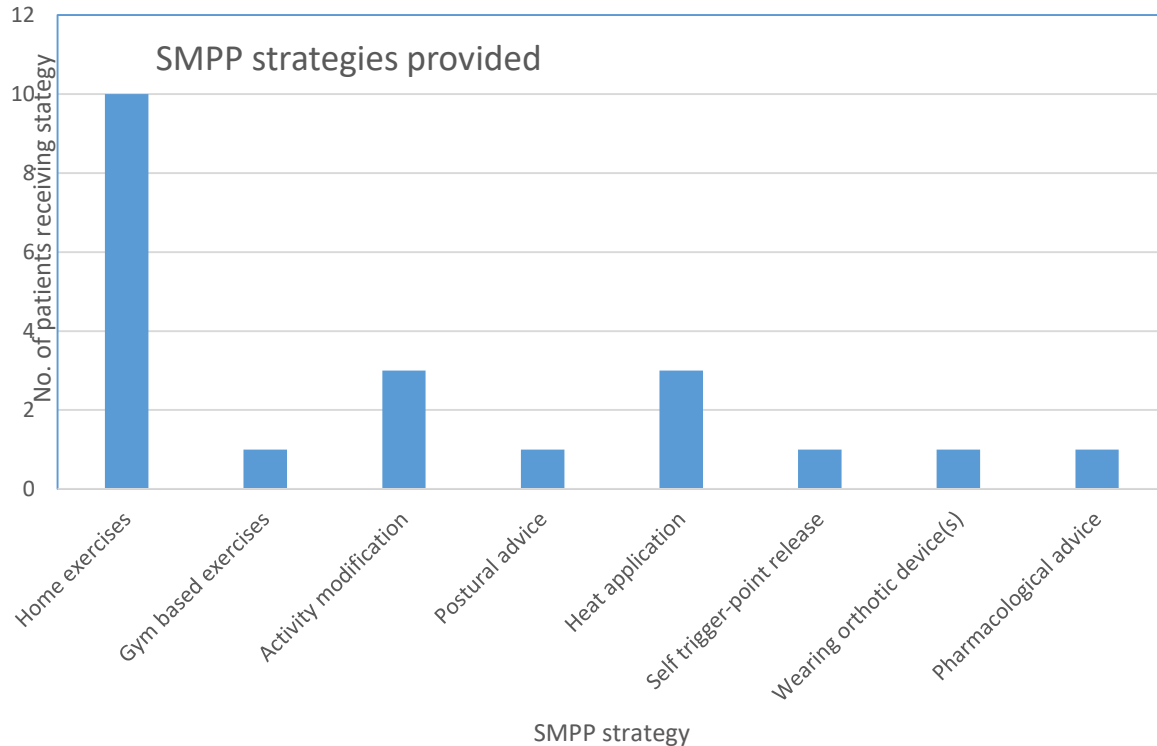
- To explore the provision of, and adherence to, Self-management physiotherapy programmes in MSK out-patient physiotherapy .



Methodology

- Qualitative study using aspects of ethnography (some quantitative data collection methods)
- 11 patients from **2 NHS physio departments** in NW England
- Observed longitudinally over first 2 appointments (8-10 weeks)
- Data = 2 Videos , 2 interviews, 3 questionnaires each patient
- Observed real life physiotherapy appointments regarding provision of home programmes and explored patients recall (immediate and several days later), adherence to self management programme (SMPP)
- **Observed Real life practice** v perceived

What do physiotherapists ask of patients in physiotherapy consultations in term of SMPPs and behaviour change?



Number of exercises provided for each participant at first and second appointments

6 patients got exercise plus one non-exercise strategy

Time spent on SMPPs

Patient Participant	Appointment 1			Appointment 2		
	Total appt time	Time spent on teaching exercise	Time spent on teaching non-exercise SMPP	Total appt time	Time spent on teaching exercise (minutes & seconds)	Time spent on teaching non-exercise SMPP
Mean (%) of appointment	40'30'	05'52 (13%)	01'30' (4%)	18' 00	04' 30' (25%)	01' 07' (7%)

- All offered printed information but 50% received it- why?
- None received printed information about non exercise strategies
- Within first two appoints 2 patients received other treatment (manual therapy/ trigger point release) -self management was key focus in all 11 consultations

Do physiotherapists address capability, opportunity and motivation issues within physiotherapy consultations?



- Physios focussed on capability aspects

- Practice was variable

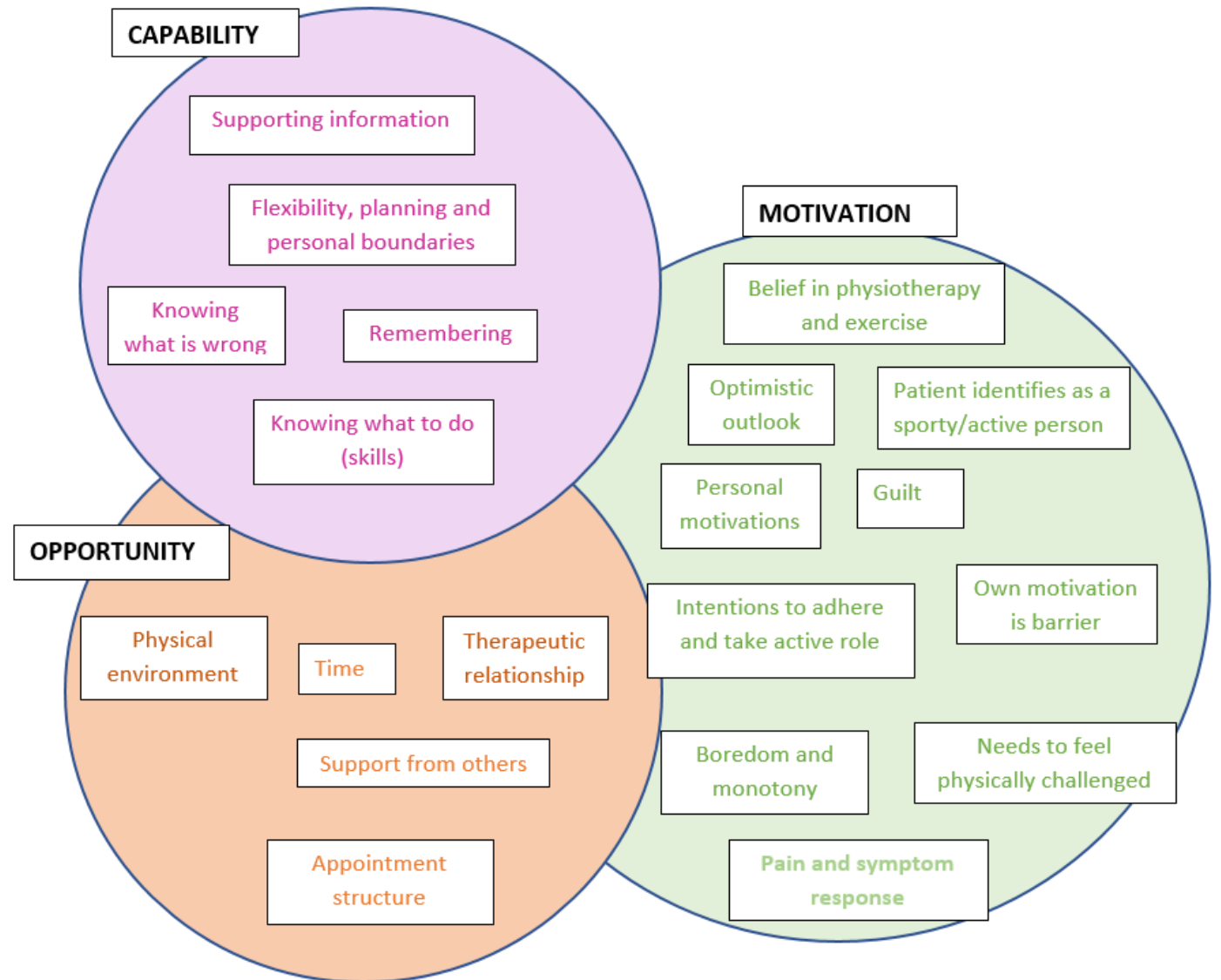
- No shared decision making observed.
- No exploration of goals observed.
- No explicit exploration of beliefs, expectations or intentions
- Two physiotherapists asked about physical environment available to pts

- ✓ Verbal Instructions,
- ✓ demonstrations,
- ✓ Pts given opportunity to practise,
- ✓ printed materials (50%)—no videos
- ✓ strategies to help pts remember

Patients experiences of undertaking SMPPS - 4 themes and 20 sub themes

Four themes;

- knowledge and memory
- influence of others
- goals and motivations
- patient personalisation



"Well, no 'cos circumstances rule don't they. You can't put everything on hold to do an exercise 'cos an exercise can be done anytime."

"I thought to myself the more I do would probably help myself to get better, so that's why I did the 3 times a day (instead of 2 as prescribed)"

"Yes, for me so that I was doing them properly because when you go off a paper and you read it sometimes you can read it different to what the physiotherapist tells you."

"I think the more basic ones I'd be ok doing but I think the lunge ones ... I don't think I could in my work pants anyway, they'd probably split, I wouldn't want to do that! But some of them I think I could do them at my desk whilst I was typing"

"I'll just ditch one of them [foot exercise], but still do the others, I just don't won't do the one that's causing me any problems."

"It wouldn't have worked because I can't read."

"I thought it were very menial, it weren't doing anything".

"'cos there's no motivation at home. ..I've taken it upon myself to do it but then if you've got to go somewhere and someone says "oh have you kept it up?" but then (with a group class) you're going somewhere to do it instead of going somewhere to tell them that you've done it."

What are patients attitudes and beliefs towards COM-B domains with respect to physiotherapy treatment/ SMPP ?

- Greater mismatch on on motivation / opportunity domains
- Flexibility,
- needed challenge and to feel it was doing something ,
- goals and motivations,
- playing their active part
- Influenced by therapeutic relationship
- Group exercise.
- Pts personalised programmes to suit their lifestyles

Study Conclusions

- COM-B and TDF models are proposed as useful models to explore individual pt's adherence behaviours to SMPPs & physiotherapists behaviours in how they provide SMPPs
- too prescriptive or a useful model for non-psychologists ?
- Need to address non-exercise and exercise strategies when teaching SMPPs
- Possible misalignment between physio and patient's focus/ priorities when considering provision of, and adherence behaviours to, SMPPs
- Behavioural science is needed in physiotherapy education
- Address C, O, M= behaviour change

Personalising care-using the COM-B model ?

Provision of SMPP will be underpinned by the therapeutic relationship and should be done in partnership with the patients in the context of personalised care

Does the patient have the CAPABILITY to adhere to the SMPP?

- Does the patient know what to do and why?
- Has the patients had opportunity to practice?
- Provide printed or video materials that's suits patients preferences and health literacy?
- Will the patient remember the SMPP including both exercises and other strategies?
- Has the patients got the skills to plan and prioritise the SMPP strategies into their daily activities?

Does the patient have the OPPORTUNITY to adhere to the SMPP?

- Do patients have the space, time, equipment to do this SMPP?
- Where will they do the exercises?
- Do they have the social environment to do this, e.g. supportive friend family, peers
- Frequency of appointments and contact **patients between appointments** to support them to stay engaged.
- **Consider group exercise** opportunities for patients to gain peer support and enhance long term adherence

Remember- Patients ARE LIKELY to modify programmes to suit their own situation

Does the patient have the MOTIVATION to adhere to the SMPP?

- Do they want to or intend to do this SMPP?
- What are their goals or motivation to do this?
- How is their pain or symptoms likely to respond and how will they feel about this?
- Is the SMPP sufficiently challenging compared to what they normally do- i.e. will it be too hard or boring?
- Are they familiar with exercise and physical activity?
- What will be their likely barriers to adherence and can plans be put in place to minimise these?
- Explore patients' beliefs regarding physiotherapy, exercise and their perceived outcome of the SMPP
- Are external factors motivating them such as others telling them too do it or guilt?
- How do they feel when they undertake the SMPP?
- What is likely to happen when they are too tired or busy to do the SMPP?

Something to put in practice.....

- What is the behaviour that needs to change?
- Think Personalised care
- Think about physio behaviour and patient behaviour
- Self-efficacy? Patient activation
- Equal partners with patient
- What is the optimal long term outcome and how can you work together to get there?
- Priorities-ASK.....don t tell or assume !! Use coaching and motivational interviewing approaches

Think and ask ...

- ✓ **Capability?**
- ✓ **Opportunity?**
- ✓ **Motivation ?**

Thank you for listening !

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References

- Bailey DL, Holden MA, Foster NE, et al (2020) Defining adherence to therapeutic exercise for musculoskeletal pain: a systematic review *British Journal of Sports Medicine*; 54:326-331.
- Bassett SF, Prapavessis H (2011) A test of an adherence-enhancing adjunct to physiotherapy steeped in the protection motivation theory. *Physiotherapy Theory and Practice* 27: 360-372
- Cane J, O'Connor D, Michie S (2017) Validation of the theoretical domains framework for use in behaviour change and implementation research. *Implementation Science* 2012, 7: 38.
- Michie, S., van Stralen, M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6(1), 42.
- NHS England Personalised Care [NHS England » Personalised care](#) (accessed 16/03/20121)
- Peek K, Carey M, Sanson-Fisher R, Mackenzie L. (2016) Aiding patient adherence to physiotherapist-prescribed self-management strategies: an evidence-based behavioural model in practice. *Physical Therapy Reviews* Vol. 21 , Iss. 2