

APASC25 – Sample Abstract Selection

Sample 1 – Symposium

Author: Natasha Brusco
Paper Type: Symposium
Stream Group: Physiotherapy General

Title: Implementation and effectiveness of self-directed therapy for adults receiving inpatient rehabilitation: the 'My Therapy' stepped-wedge cluster randomised trial

Theme: In Australian rehabilitation hospitals, there is an evidence-practice gap, with adult inpatients receiving less than half the recommended dosage of physiotherapy and occupational therapy. The My Therapy program aimed to increase the dosage of inpatient rehabilitation by engaging patients in self-directed therapy activities, outside of supervised sessions. With NHMRC funding, the My Therapy program was implemented and evaluated across four Victorian health services in 2021-22 (n=2,536) via a stepped wedge cluster randomised trial.

Objectives: The overall aim of this symposium is to present the initial results of this landmark Australian rehabilitation trial, with the following specific objectives:

1. To assess implementation of the My Therapy program via a mixed-methods process evaluation (presentation 1);
2. To understand the barriers and enablers to participating in My Therapy from patients' and caregivers' perspectives via a descriptive qualitative study (presentation 2);
3. To investigate the clinical outcomes of the trial (presentation 3).

PRESENTATION 1.

Implementation of the My Therapy program: A mixed-methods process evaluation

Presenting author: Sara Whittaker

Aim: To assess the implementation of the My Therapy program by exploring adoption, fidelity to key program elements, and patient/clinician acceptability.

Design: A mixed-methods evaluation was conducted alongside the My Therapy trial.

Method: Ward/service audits and surveys for the 8 participating wards were undertaken at 9-time points during the stepped wedge trial. Patient surveys, an audit of compliance with My Therapy, and clinician surveys and focus groups were undertaken at 3-time points.

Results: Ward/service audits, consisting of a review of 1730 patient files and 72 service surveys, demonstrated that 68% of patients participated in a self-directed therapy program ('My Therapy') following crossover to intervention, compared to 2% of patients under control conditions. There was high fidelity to the My Therapy program with the 68% of patients participating in My Therapy adhering to all key elements. Patient surveys (n=60) indicated My Therapy programs were easy to complete, easy to follow, and tailored to patient needs. Clinician focus groups (n=22) indicated strong staff acceptability and a perception that participation in My Therapy was of benefit to patients.

Conclusion: The My Therapy trial was implemented as intended and led to an increase in participation in self-directed therapy activities within inpatient rehabilitation settings.

Key Practice Points:

My Therapy was successfully implemented into inpatient rehabilitation settings.

There was an increased opportunity for patients to participate in rehabilitation therapy through self-directed activities.

Collaboration between physiotherapists, occupational therapists, and patients facilitated program implementation.

PRESENTATION 2.

Patients' and caregivers' perceptions of participating in self-directed activity outside supervised therapy within inpatient rehabilitation settings: A qualitative study

Presenting author: Dr Christina Ekegren

Aim: To understand the barriers and enablers to participating in a self-directed therapy program within inpatient rehabilitation settings ('My Therapy') from patients' and their caregivers' perspectives
Design: Descriptive qualitative study.

Method: Semi-structured interviews were undertaken with 16 patients and 3 caregivers from three Victorian rehabilitation hospitals following participation in a self-directed therapy program. A thematic analysis was performed using a framework approach.

Results: Themes identified included that patients have different motivators with regards to participating in self-directed therapy activities, that clinicians have important and varied roles to play in promoting self-directed therapy activities, that the environment can help or hinder participation, and that the way the program is delivered to patients has an impact on adherence

Conclusion: While some patients were highly motivated to undertake self-directed therapy activities in the inpatient rehabilitation setting, others needed considerable supervision, encouragement and feedback from clinicians, as well as suitable space, equipment and external motivation strategies.

Key Practice Points:

It is important to understand the unique motivators and capabilities of individual patients with respect to self-directed therapy activities.

This knowledge can help clinicians tailor their delivery in promoting self-directed therapy activities for improved adherence.

PRESENTATION 3.

Clinical effectiveness of self-directed therapy for adults receiving inpatient rehabilitation: the 'My Therapy' stepped wedge cluster randomised trial

Presenting author: Dr Natasha Brusco

Aim: To determine the clinical effectiveness of self-directed therapy activities ('My Therapy') in rehabilitation inpatients.

Design: Stepped-wedge cluster randomised trial.

Method: My Therapy was implemented across 8 rehabilitation wards (4 Victorian health services), over 54-weeks, with patients aged 18+ years receiving rehabilitation for any diagnosis. A new ward transitioned from usual care (control group) to intervention conditions (intervention group; usual care plus My Therapy) every 6 weeks. The primary outcome was the Functional Independence Measure (FIM), analysed via mixed-effects logistic and linear regression.

Results: From April 2021-April 2022, 2,536 participants (62% female) were included, with a mean (SD) age of 76.6 (12.7) years (n=1449 control; n=1087 intervention). Baseline group differences included lower admission FIM scores and fewer elective surgical patients in the intervention group. 35.5% of participants in the intervention group, compared to 30.5% in the control group, achieved a minimal clinically important difference (MCID) in FIM from admission to discharge, with an adjusted odds ratio (95% CI) of 1.00 (0.66,1.34). There was no difference between groups for the FIM change score (adjusted mean difference (95% CI): -0.2 (-2.6,2.2)).

Conclusion: While a higher proportion of participants achieved improvements in function under intervention versus control conditions, there was no difference between groups after adjusting for baseline characteristics. Baseline group differences related to the changing Victorian rehabilitation case-mix during the COVID-19 pandemic.

Key Practice Points:

Patient characteristics may impact effectiveness of self-directed therapy activities within rehabilitation settings

Clinicians may need to target specific patients for the prescription of self-directed therapy

Sample 2 – How To

Author: Peter Malliaras
Paper Type: How To
Stream Group Musculoskeletal

Title: What education to deliver and how to deliver it for rotator cuff-related shoulder pain: practical guidance for clinicians

Background: Clinical practice guidelines recommend that health care professionals 'provide patient education on condition and management options as part of first-line care for musculoskeletal conditions. Education should be patient centred, and this includes tailoring content to patient needs, preferences, and values, and improving health literacy to enable informed health decisions. There is, however, limited guidance for health care professionals regarding what education content to deliver and how it should be delivered. This 'how to' session outlines development of an education intervention (with stakeholder involvement) for rotator cuff-related shoulder pain whilst highlighting practical aspects of content and delivery strategies.

Objectives:

1. To outline the iterative development process of the education intervention;
2. To develop understanding of education content (what) that can be delivered;
3. To explore and discuss strategies for education delivery (how) with consideration to patient-centred care and optimising behaviour change.

Approach:

1. Setting the scene: Evidence for education in tendinopathy (5 min)
2. Development and content: Outline engagement of patients and clinicians to develop the education intervention and further testing and appraisal (10 mins)
3. Delivery: Discuss delivery in various contexts (1-1 vs group, face to face vs telehealth) and clinical examples of individualising education based on assessment (10 min)
4. Participant engagement: Questions from the audience and opportunity for peer-to-peer learning (5 mins)

Key practice points:

This 'how to' session is aimed at helping clinicians improve practical knowledge and skills in delivering education for people with rotator cuff-related shoulder pain.

Sample 3 – Free paper

Author: Robyn Brennan
Paper Type: Free Paper
Stream Group Women's and Men's Pelvic health

Title: Pelvic floor symptoms, physical activity and health-related quality-of-life after hysterectomy for gynaecological cancer

Aims: To examine associations between (1) treatment type or stage of cancer and pelvic floor symptoms, and (2) pelvic floor symptoms and both physical activity and health-related quality-of-life, after hysterectomy for gynaecological cancer.

Design: Longitudinal observational study.

Methods: Patients undergoing hysterectomy for gynaecological cancer were assessed before and three-months after surgery using the Incontinence Severity Index, Pelvic Floor Distress Inventory short form (PFDI-20), International Physical Activity Questionnaire short form and European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC-QLQ C30). Associations were analysed using logistic regression models and analyses of variance.

Results: Of 277 eligible patients, 126 participated in this study. Participants who had adjuvant therapy were more likely to experience moderate-to-severe urinary incontinence 3-months after surgery than those who had surgery only (OR=4.98, 95%CI 1.63, 15.18). There was no association between treatment type and other pelvic floor symptoms, or stage of cancer and any pelvic floor symptoms. Pelvic floor symptoms were not associated with physical activity levels. Participants reporting pelvic floor symptoms on the PFDI-20 had lower quality-of-life scores on the EORTC-QLQ C30 compared to those who did not report pelvic floor symptoms (MD -9.59, 95%CI -17.8, -1.81).

Conclusions: Three-months after hysterectomy, adjuvant therapy was associated with moderate-to-severe urinary incontinence and pelvic floor symptoms were associated with lower health-related quality-of-life but not physical activity levels.

Key practice points:

Adjuvant therapy may increase the odds of developing moderate-to-severe urinary incontinence. Pelvic floor symptoms may have a negative impact on health-related quality-of-life after gynaecological cancer treatment.

Sample 4 – Free paper

Author: Chelsea Mobbs
Paper Type: Free paper
Stream Group: Paediatric

Title: PreEMPT (Preterm infant Early intervention for Movement and Participation Trial): using video coding to evaluate content fidelity

Aim: Evaluate content fidelity of PreEMPT, a novel, early, participation-grounded physiotherapy intervention for preterm infants, compared to usual physiotherapy care (UPC).

Design: Treatment fidelity examination

Methods: Thirty-eight session videos of PreEMPT (n=33) and UPC (n=5) were rated by two experienced therapists not involved in study intervention. Videos were coded in one-minute epochs for two aspects: 'what' happened (Therapeutic Content) and 'how' (Therapeutic Behaviours). Fidelity was evaluated across five dimensions: Dosage; Adherence; Program Differentiation; and Participant responsiveness/engagement.

Results: (1) Dosage: there was no difference in mean duration of PreEMPT versus UPC sessions (95%CI: -4.9 to 20.5). (2) Adherence to Essential-PreEMPT items was rated good to very good across sessions. (3) Program Differentiation of PreEMPT versus UPC was evident in Therapeutic Content for goal setting and intervention; and Therapeutic Behaviours such as active listening and open-ended questions. (4) Parental engagement was higher in PreEMPT versus UPC sessions across all three domains (Affective: PreEMPT mean(SD)=17.7(2.3), UPC=9.6(2.5), $p<0.001$; Behavioural: PreEMPT=7.2(1.1), UPC=3.4(1.5), $p<0.001$; Cognitive: PreEMPT=10.8(1.4), UPC=6.2(1.6), $p<0.001$).

Conclusion: PreEMPT is a novel, participation-grounded, early physiotherapy intervention for preterm-born infants. Fidelity examination shows greater use of positive Therapeutic Behaviours and higher Parental Engagement than UPC.

Key Practice points

Early intervention for preterm infants should support the infant/parent dyad.

PreEMPT intervention shows greater use of positive Therapeutic Behaviours and higher Parental Engagement across Affective, Behavioural and Cognitive domains than UPC.

Future research could explore the relationship between therapeutic behaviours, parental engagement and confidence and infant motor and participation outcomes.

Sample 5 – Free paper

Author: Jane Linton
Paper Type: Free paper
Stream Group Musculoskeletal Indigenous Health

Title: “I believe if you know better, you do better”: The perspectives of Aboriginal people with arthritis conditions on health information

Aim: To co-design recommendations for culturally adapted arthritis resources by exploring the lived experiences and health information needs and preferences of Aboriginal people with arthritis

Design: Qualitative study employing culturally appropriate methods

Method: Qualitative research yarns explored the experiences and perspectives of Aboriginal people living with arthritis (osteoarthritis, rheumatoid arthritis, lupus, gout). Purposive sampling was used to recruit people through Aboriginal Medical Services in Victoria and Western Australia. A diverse representation of participants was recruited (age, gender, arthritis condition, geographical location). Research yarns were analysed using inductive thematic analysis. Identified themes were presented to two Aboriginal community reference groups (Victoria and WA) to generate recommendations for culturally adapted arthritis resources.

Results: Thirty-four research yarns were conducted. Two overarching themes were generated. Content-related (‘what/why’) recommendations included: comprehensive information for the person and Community on their condition and management, including Aboriginal healing practices; role of arthritis in general health and wellbeing, activity, family, and Community health. Format/process-related (‘how/who’) recommendations included: varied delivery methods (brochures, videos, yarning circles, dedicated educator); culturally appropriate language and artwork; empowerment for self-determination of their health; trust in information resources and clinicians; peer learning and reassurance.

Conclusion: Key themes identified in the qualitative study provided rich data that will enable resources to be created that are culturally adapted and important to Aboriginal people with arthritis.

Key practice points:

Co-designed recommendations can guide the development of information resources for Aboriginal people with arthritis.

Co-designed recommendations can aid clinicians working with Aboriginal people with arthritis in delivering culturally appropriate information.