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HVILKE KONTEKSTUELLE BARRIERER OG FACILITATORER PÅVIRKER TRÆNINGSBASERET BEHANDLING TIL PATIENTER MED SUBACROMIELT SMERTESYNDROM?

Lise Kronborg Poulsen, B.pt., Ph.d., Lektor
Fysioterapeutuddannelsen
Københavns Professionshøjskole

UNIVERSITY COLLEGE COPENHAGEN

OPTIMERING AF RAMMER FOR TRÆNINGSBASERET BEHANDLING TIL PERSONER MED SUBACROMIELT SMERTESYNDROM

DELEXI

OPTIMIZED FRAMEWORK FOR **DEL**IVERY OF **EX**ERCISE-**I**NTERVENTIONS IN PRIMARY AND SECONDARY CARE FOR SUBACROMIAL PAIN SYNDROME – A MIXED METHODS STUDY

Projektgruppe:

Lise Kronborg Poulsen, Jeanette Wassar Kirk, Mikkel Bek Clausen

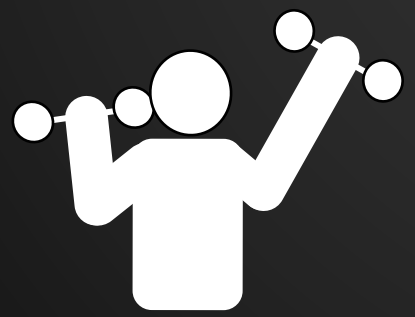
Medforfattere:

Nanna Raunsø, Anna-Birgitte Møller Stamp, Kristian Damgaard Lyng, Claes Johan Peter Weise Schiermer Mørkeberg

Projektet er støttet af Danske Fysioterapeuter og Fysioterapipraksisfonden

Klinisk relevans

Arbejdsliv



- En stor del af de personer der diagnosticeres med SAPS er erhvervs- eller sportsaktive i risiko for langvarig sygemelding eller påvirket arbejdsevne eller deltagelse i sport.
- *Rammerne* for behandlingen kan medvirke til den lave gennemførelsesgrad af anbefalet træning og deraf ringe behandlingsresultater.
- *Rammer* defineres her som økonomi, kommunikationsveje, strukturelle indretninger f.eks. henvisningsprocedurer og adgange til information.

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Data collection - 3 themes derived from literature

1) Delivery of recommended services

which services are currently delivered or confirmed received by patients regarding length of pathways, type of interventions, whether the involved persons are aware of latest clinical recommendations and possible conflicts or barriers in the delivery of recommended interventions.

2) Adherence to clinical recommendations

the nature of barriers and facilitators for patients and HCPs to adhere to the recommendations in means of either for patients to be consistent with the services and treatment proposed, or for HCPs to adhere to the latest guidelines of recommended interventions in their clinical activities.

3) Frames of the clinical pathways

the structural or organizational (*contextual*) barriers surrounding the clinical pathways and persons engaged in the pathways in means of resources needed (time, economy, equipment), ways to communicate, formal regulations surrounding pathways and possible social structures present in this field.

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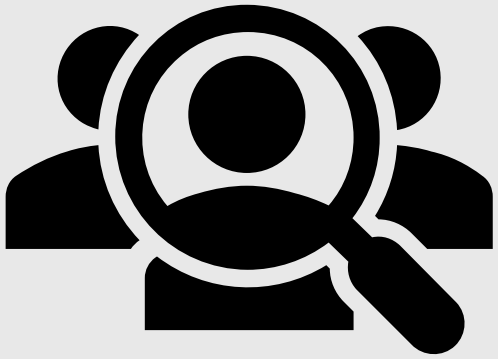
Hvad ville vi gerne opnå?

En optimering af rammerne for levering og efterlevelse af træningsbaseret behandling

Formålet med projektet var derfor at:

1) undersøge og kortlægge kontekstuelle barrierer og facilitatorer relateret til levering og modtagelse af kendte, evidensbaserede behandlingsydelser (Studie 1) og
2) på denne baggrund benytte co-design til at udvikle optimerede rammer for behandlingen af SAPS i både privat-, kommunalt- og regionalt regi (Studie 2).

Målgruppe



Projektet retter sig mod parter, der er involveret i den ikke-kirurgiske behandling af patienter diagnosticeret med SAPS.

Determinanter relateret til levering og efterlevelse af behandlingen undersøges derfor ud fra tre perspektiver:

- **patienter** i træningsbaseret behandling, som modtager trænings interventioner hos privatpraktiserende fysioterapeut eller kommunal genoptræningsenhed
- **sundhedsprofessionelle** som leverer disse ydelser i forløbene og
- **privatpraktiserende og speciallæger,** der henviser til disse forløb.

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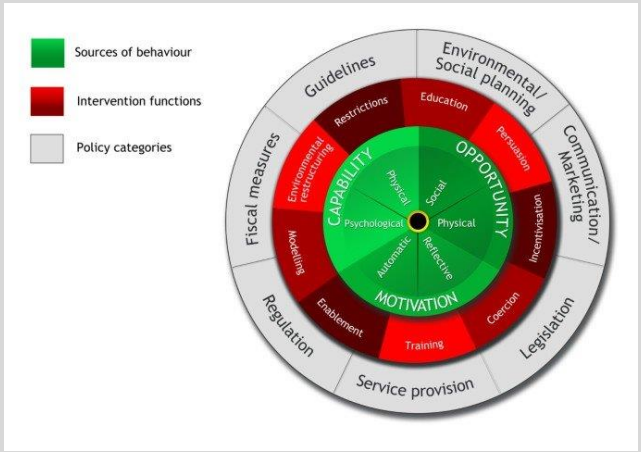
Design i en adfærdsteoretisk ramme



Michie, S. et al. 2014.

The Behavior Change Wheel

– A guide to designing Interventions.

Exploration of barriers

Which actions are needed?

Study 1 | Study 2

Stage 1: Understand the behaviour

1. Define the problem in behavioural terms
2. Select target behaviour
3. Specify the target behaviour
4. Identify what needs to change

Stage 2: Identify intervention options

Identify:

5. Intervention functions
6. Policy categories

Stage 3: Identify content and implementation options

Identify:

7. Behaviour change techniques
8. Mode of delivery

Studie 1 og 2

Projektperiode fra 2020 til 2024,
2 studier gennemført,
et publiceret og det andet på vej til indsendelse.

Research Article

Unravelling interacting barriers and facilitators to adherence and delivery of exercise-based care in the treatment of Subacromial Pain Syndrome – an exploratory qualitative study

Lise Kronborg Poulsen, Jeanette Wassar Kirk, Nanna Raunsø, Anna-Birgitte Møller Stamp, Kristian Damgaard Lyng & Mikkel Bek Clausen

Received 21 Dec 2023, Accepted 01 Aug 2024, Published online: 24 Aug 2024

DelExi –
Development of an optimized framework for Delivery of Exercise-based care for persons with subacromial pain syndrome
- A pragmatic qualitative study

Lise Kronborg Poulsen, PHD[1], Mikkel Bek Clausen, PHD[1], Claes Johan Peter Weise Schiermer Mørkeberg, Senior Consultant[2], Jeanette Wassar Kirk, PHD[3]

[1]Department of Midwifery, Physiotherapy, Occupational Therapy and Psychomotor Therapy, Faculty of Health, University College Copenhagen, Denmark.
[2]Department of Digital Competence Enhancement, Institute for Didactics and Digitalization, Faculty of Education, University College Copenhagen, Denmark.
[3]Department of Clinical Research, Hvidovre University Hospital, Hvidovre, Denmark and Department of Health and Social Context, National Institute of Public Health, University of Southern Denmark, Denmark.

Study 1 Design and participants

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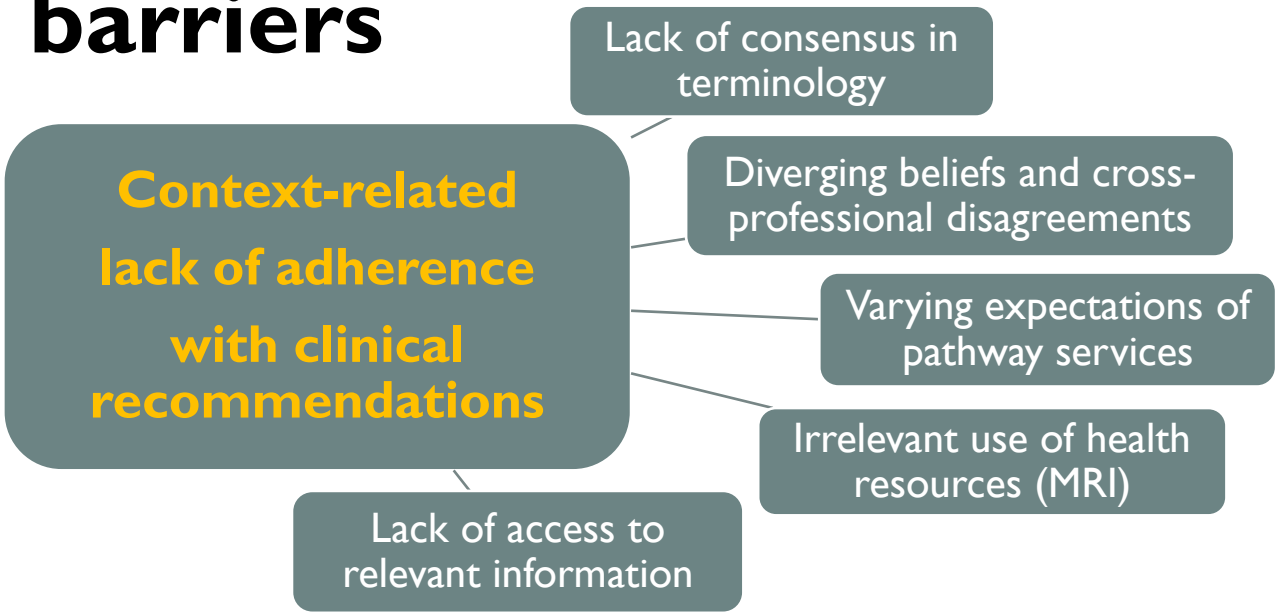
Semi-structured individual- and group-interviews
21 hours of interview data

Physiotherapists (n=25)	Patients/citizens (n=10)	Doctors (n=12)
• 4 focus group interviews • Private- (n=8) and municipal practice (n=17) • 11 municipals • 3 physical attendance meetings • 1 virtual meeting.	• 10 individual interviews • 6 municipals • Telephone- or online-interview.	• 12 individual interviews • General- (n=6) and specialist practice (n=6) • 9 municipals • Telephone- or online-interview.

The study included participants from 22 out of 98 municipalities, both rural and urban, in all 5 national regions in Denmark.

30 context-related barriers



DISABILITY AND REHABILITATION
https://doi.org/10.1080/09638288.2024.2388867

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RESEARCH ARTICLE

OPEN ACCESS Check for updates

Unravelling interacting barriers and facilitators to adherence and delivery of exercise-based care in the treatment of Subacromial Pain Syndrome – an exploratory qualitative study

Lise Kronborg Poulsen[a*], Jeanette Wassar Kirk[b,c*], Nanna Raunsø[a], Anna-Birgitte Møller Stamp[a], Kristian Damgaard Lyng[d,e] and Mikkel Bek Clausen[a]

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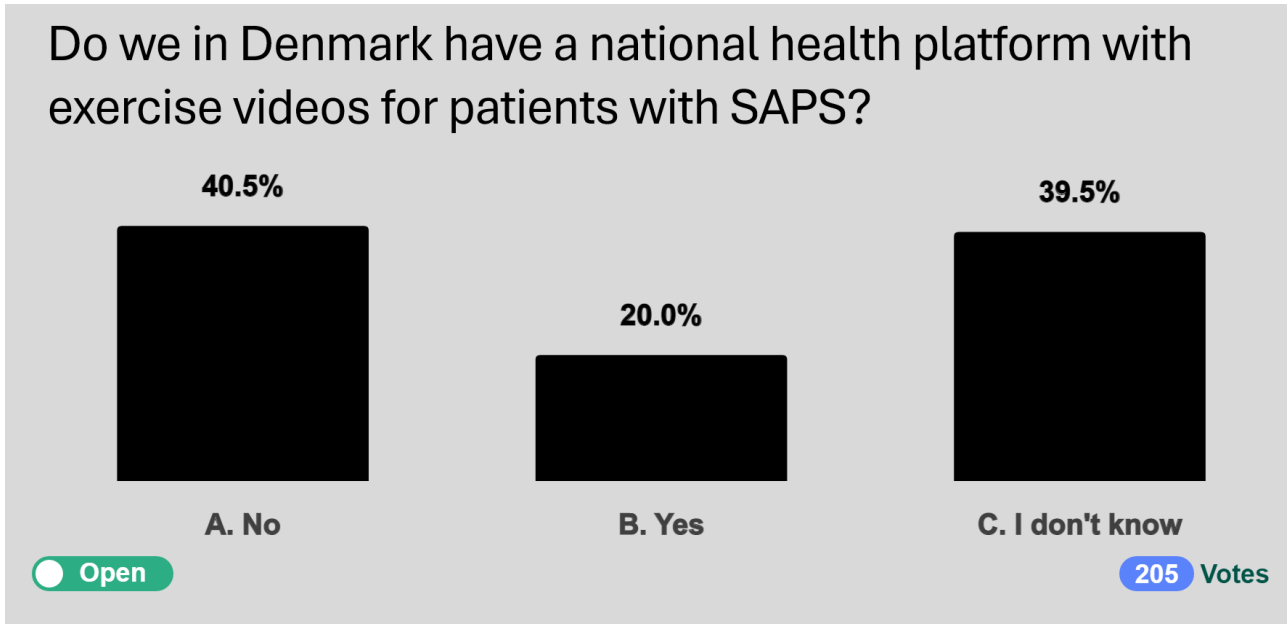
Hvad ved vi fra Studie 1?

Lack of access to relevant information



DATAINDSAMLING TIL SKULDER SYMPOSIUM PÅ KØBENHAVNS PROFESSIONS HØJSKOLE SEPTEMBER 2024

DELTAGERE VAR 205 KLINIKERE, FORSKERE, UNDERVISERE OG FYS STUDERENDE

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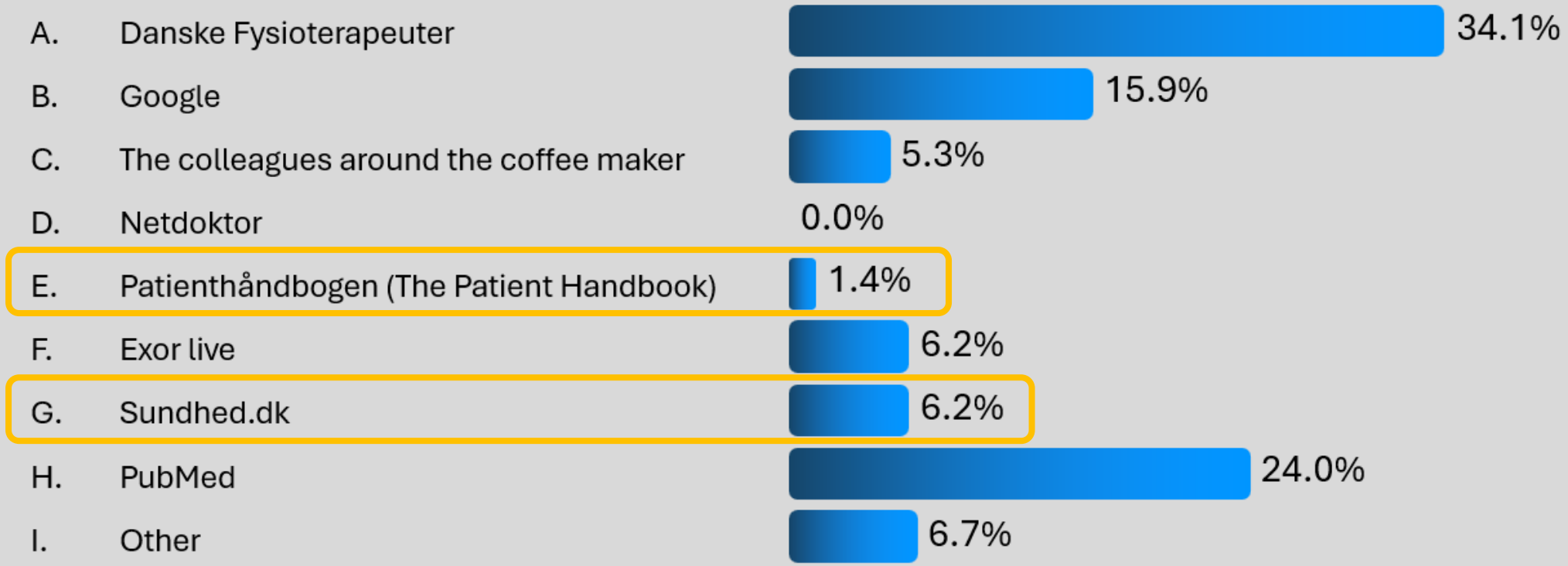
Which platform would be my first choice to find latest recommended exercises for patients with SAPS?



N = 208

Tag gerne et billede og besøg links i pausen

Skuldersmerter:
https://www.sundhed.dk/borger/patienthaandbogen/knogler-muskler-og-led/symptomer/skuldersmerter/

Skulder- senebetændelse:
https://www.sundhed.dk/borger/patienthaandbogen/knogler-muskler-og-led/sygdomme/skulder-og-overarm/skulder-senebetaendelse/

Skulderøvelser - introduktions film:
https://www.sundhed.dk/borger/patienthaandbogen/knogler-muskler-og-led/oevelsesfilm/skulderoevelser/skulderoevelser-introduktionsfilm/

KØBENHAVNS PROFESSIONS HØJSKOLE

Contextual barriers in the frames of the clinical pathways

"Indeed, there is a challenge in that patients have to seek private healthcare, which requires them to pay out of pocket. Those who are at a higher risk of developing chronic pain may not have as many resources, time, or financial means. As a result, they may experience prolonged pain..//." (Physiotherapist, 1)

- **Capability**
  - *"Shoulders can be complex, and I believe that addressing shoulder issues adequately may require more than just a 15-minute consultation." (GP, 35)*
- **Opportunity**
  - *"The classic thing is that many... no, that's not true... but there are some who expect to receive an MRI scan of the shoulder. I think it's actually the primary issue. That, and then if they haven't been doing anything (exercise) yet, that they then expect you to offer an initial injection. These may well be expectations that do not match." (GP, 33)*
- **Motivation**
  - *"If it (PT exercise) doesn't fit into your work schedule and you face constant criticism or reprimand from your boss whenever you ask for time off, it's understandable that you might quickly lose motivation. When faced with such obstacles, it can feel like your efforts don't matter anymore. Having a boss who is unsupportive or creates a negative work environment can significantly impact your desire to even try." (Patient, 5)*

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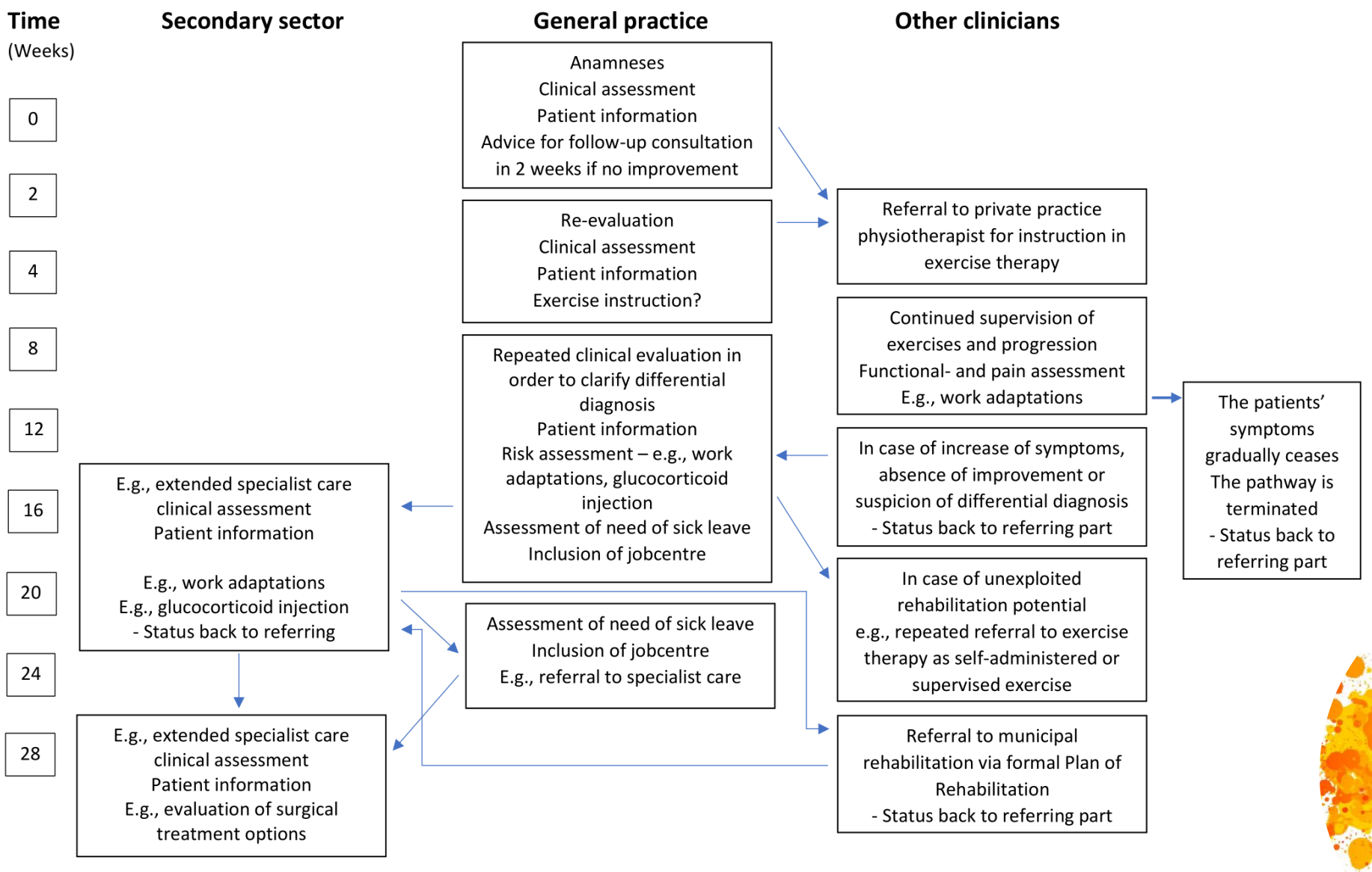

Figure 1. Flowchart for proposed optimal pathway for patients presenting symptoms of Subacromial Pain Syndrome

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"How does the optimal pathway for this group of patients look?"

Hvad skal vi gøre mindre af og mere af?

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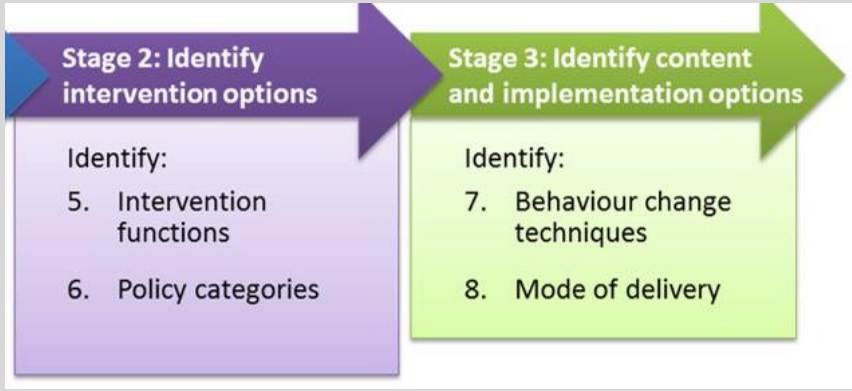
Main challenges to delivery of and adherence to recommended care:

- Inconsistencies in terminology and care
- Diverging beliefs and cross-professional disagreements
- Varying expectations of pathway services

Facilitators for adherence to recommendations:

- Easy access to key information, examination and treatment suggestions
-A person-centered approach
-Alignment in patient information between HCPs

Study 2 Design and Participants



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Workshop 1

– 4hour physical meeting at University College Copenhagen

Prioritizing challenges, finding solutions, reflection on implementation

Observatory field study

Workshop 2

– 2 hour online Teams meeting

Qualifying suggested interventions

Supplementary questions regarding available information

Critical evaluation using the APEASE evaluation method (Michie et al, 2014 & 2016)

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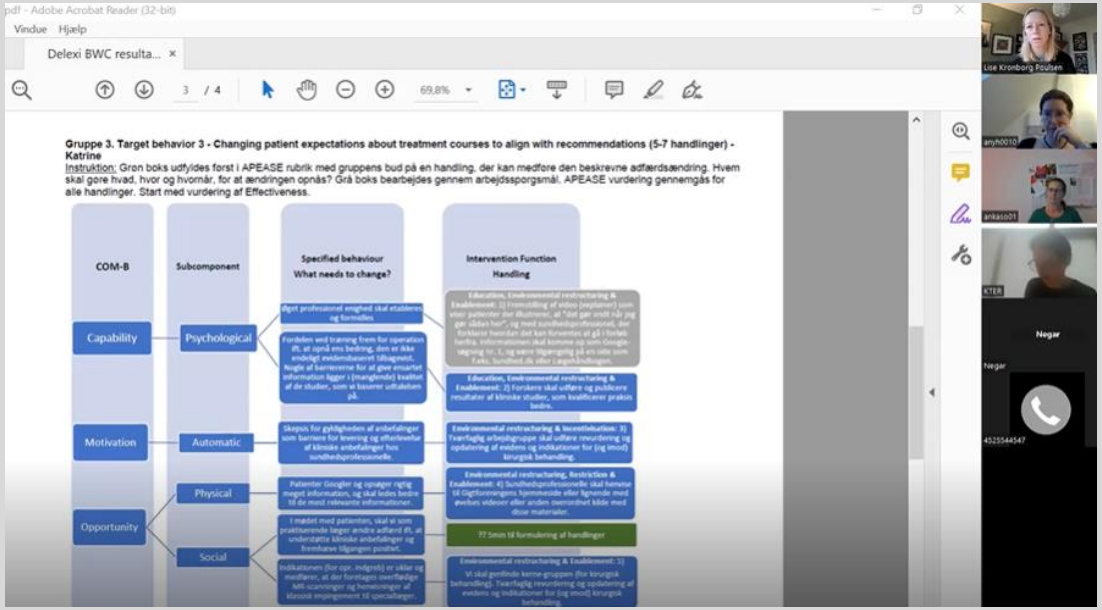
Participants – Who, why and how?

Involvement of clinicians acting in the examined clinical pathways	To promote relevance and specificity of results
Previous participants volunteering from Study 1 – interviews with patients, Physiotherapists, Orthopedic specialists and Medical doctors (GP's)	To promote continuity and transfer of knowledge
Compensation for time invested on participation	
Facilitators from the research group	

Workshop 1

Workshop 2



Workshop 1 outcome

The four prioritized target behaviors were:

1) Improved **patient** motivation f… exe…

2) Changing **patient**

3) Changing **patient** expectations about …urses to

cross-sectoral communication

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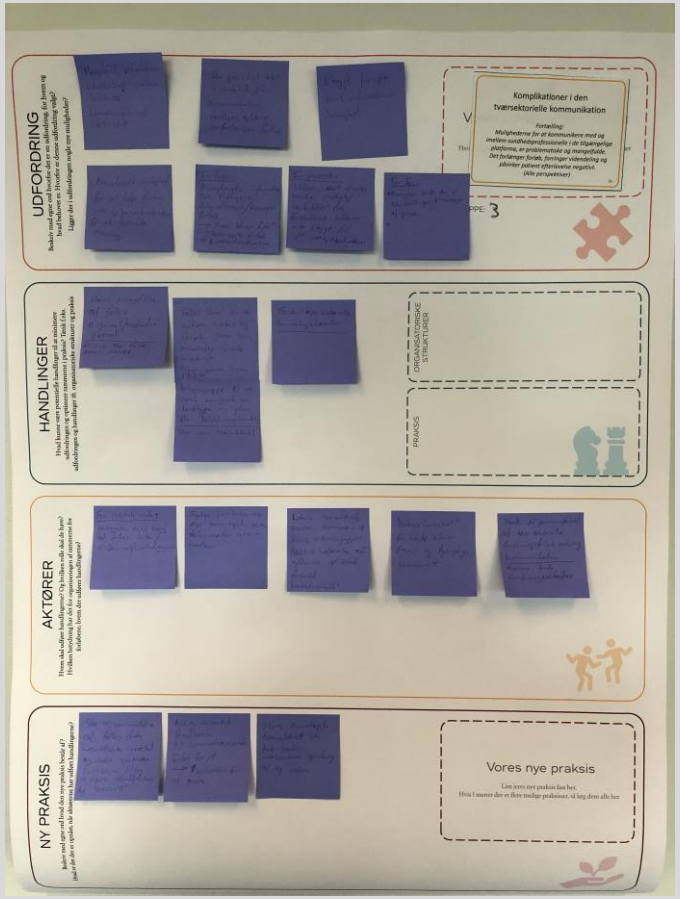

Dataflow studie 1 til studie 2

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Worskhop 1 content:
30 barriers from Study 1 prioritized by expert panel

Outcome Workshop 1:
4 primary target behaviors (covering 22 barriers)
25 specified behaviors paired with 24 actions

Workshop 2 content:
- Qualification of Specified behaviors
- Supplementary questions on available information material
- Critical APEASE evaluation of suggested interventions

Hvad ved vi fra Studie 2?

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Workshop 2 content:

- Qualification of Specified behaviors
- Supplementary questions on available information material
- Critical APEASE evaluation of suggested interventions

Outcome Workshop 2:

8 specified behaviors paired with actions to change behavior

Specified behavior outcome
1) Reach cross-professiona… …us on terminology and asse…
2) Cross-professiona… terminology
3) Update of public… health professio…
4) Cross-professio… information
5) Cross-professio… knowledge shar…
6) Enhanced oppor… knowledge sharin…
7) Continuous know…
8) Increased opportun… …al knowledge sharing in … …ays

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Result example
- Which behaviors to change how, by whom and why?

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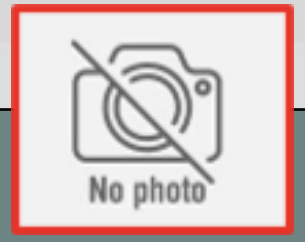

Specified behavior	Intervention function and Behaviour Change Technique (BCT)	Actions – (behavior described in BCT terms)	Rationale
4) **Cross-professional application of available information**	**EDUCATION** - increasing knowledge or understanding	1) ***Health professionals*** **increasingly apply** **available knowle** **with clinical rec** increase patient kn and opportunity a recommendations	**of uniform** **ctoral patient** **ion creates doubt** **st among**
	PERSUASION – using communication to induce positive (or negative) feelings or stimulate action	2) ***Health profe*** **central and ac** **with available g** **and exercise vide** to imitate by fellow heal increase health professiona recommended interventions	**pliance of** **information will** **efficiency** of nways and decrease the individual and economic ests.
	MODELING – Providing an example for people to aspire to or imitate		

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Hvad kan vi med denne viden?

Arbejdsliv

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Bidrage til professionsudvikling med resultaterne som:

- Informerer klinisk praksis om de primære udfordringer i rammerne for kliniske forløb
- Beskriver det optimale, tværsektorielle forløb
- Vejleder klinisk praksis til målrettet og specifik adfærdsændring til at minimere udfordringerne
- Beskriver konkrete handlinger til optimering for klinikeren, organisationen og på politisk niveau
- Beskriver metoder til optimering af kompleks praksis som er fuldt overførbare til andre specialer

Projektet er støttet af Danske Fysioterapeuter og Fysioterapipraksisfonden

Acknowledgements

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Study 1, for extended collaboration in identification and recruitment of PTs for the studies:

- Jan Arnholtz Overgaard, BSc. (PT), MSc. (PT), PhD candidate, Department of Rehabilitation, Lolland Municipality, Musculoskeletal Function and Physiotherapy (FOF), University of Southern Denmark (SDU), Research & Implementation unit PROgrez - NSR hospitals, Region Zealand.
- Christine Bodilsen, PhD, MH Sc, Pt, Head of the Rehabilitation unit, Roskilde Municipality, Denmark, and Jonas Samsø Larsen, PT, and Thomas Linding Jakobsen, PhD, Research and Development Therapist, Centre of Rehabilitation, City of Copenhagen.
- Prof. Kristian Thorborg, Centre for Injury Prevention and Protection of Athlete Health, Department of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark, Birgitte Hougs Kjaer, Postdoc, Copenhagen University Hospital Bispebjerg and Frederiksberg, Department of Physical and Occupational Therapy, Institute of Sports Medicine Copenhagen (ISMC), Copenhagen, Denmark and Jens Christian Pöerneki, Senior consultant, Department of Orthopaedic surgery, Sygehus Lillebælt, Vejle, Denmark.

Special thanks go to all participating PTs for invaluable help with identification and recruitment of all participants for study 1a and to the participants in all interviews making their time, experiences, and expertise available for this research.

For invaluable contribution to interview transcription:

- Tina Svane Hansen, Sebastian Huniche Larsen, Asta Fink-Jensen and Nanna Flenskov, students in Physiotherapy or Occupational therapy bachelor's degree program at University College Copenhagen.

Study 2:

A special acknowledgement goes to the 12 expert panel participants in this study and their organizations for lending their time and expertise to the panel and the research group.

Workshop 1 outcome

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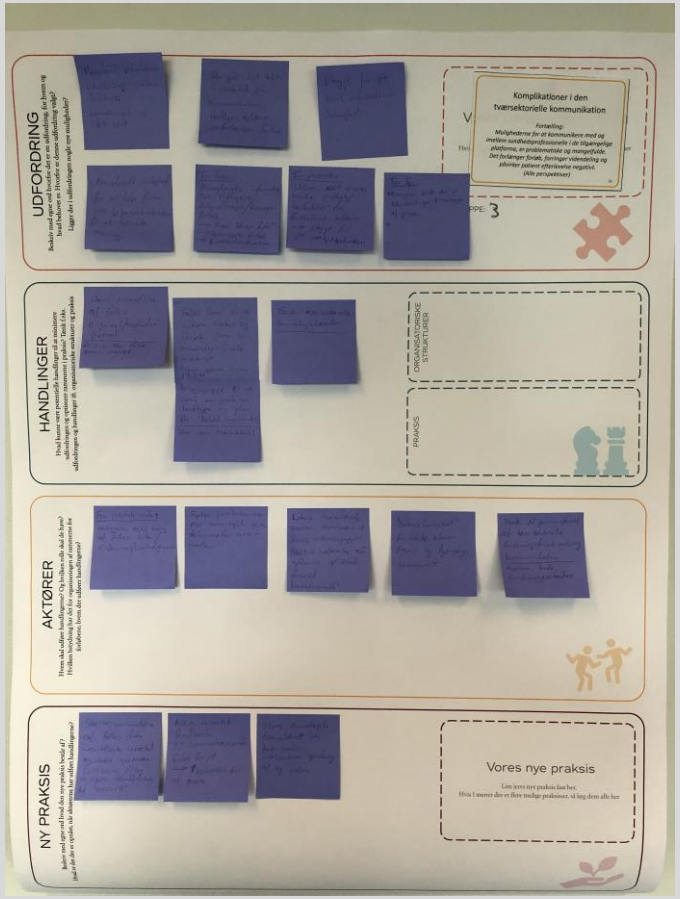

Ongoing PhD

ARCAH
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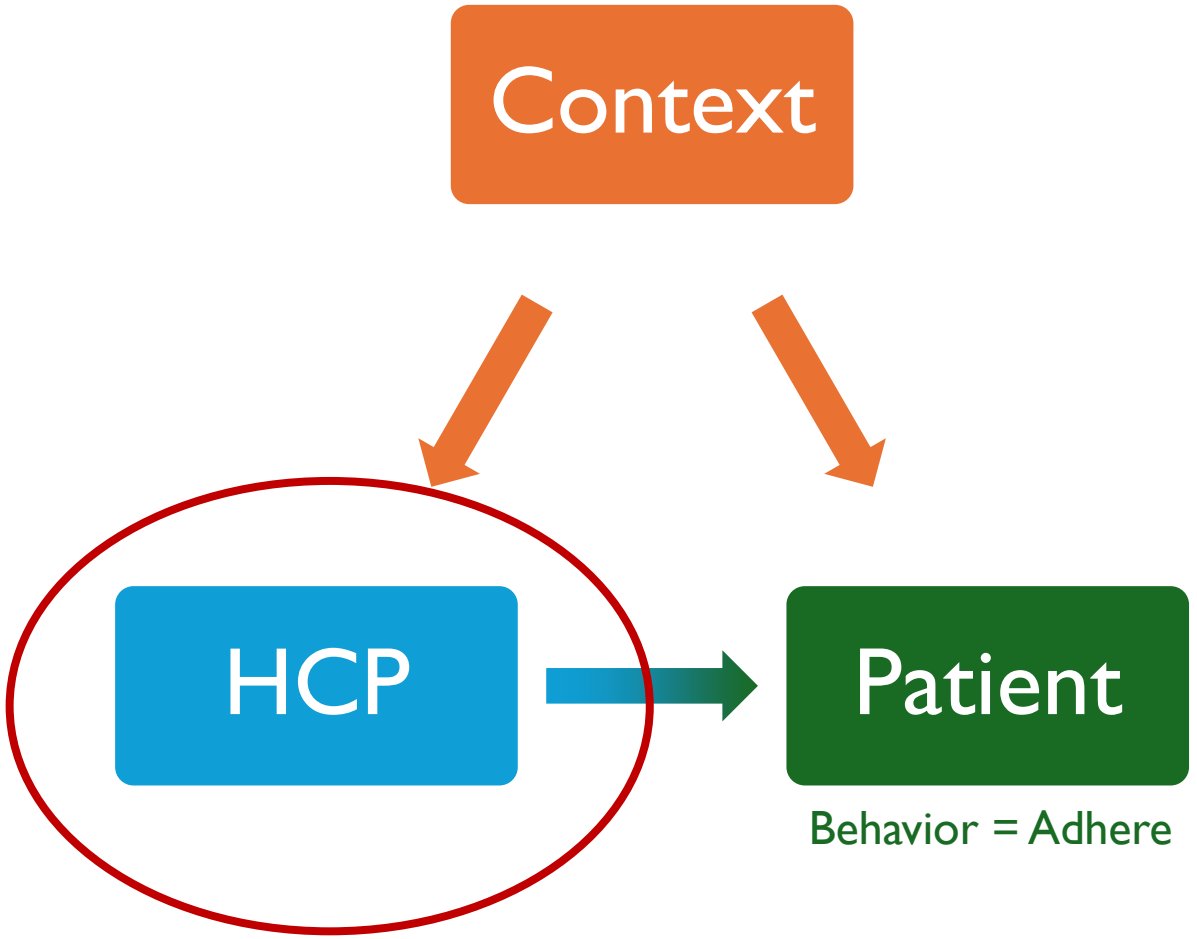
Optimizing exercise adherence and outcomes for patients with shoulder pain syndrome by merging behavior change and rehabilitation science

PhD-fellow Katrine Thingholm Erhardsen

Supervisors: Mikkel Bek Clausen, Alison Keogh, Colin Greaves, Michael Skovdal Rathleff

Funded by Fysioterapipraksisfonden

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