

Article

Case Series of a Knowledge Translation Intervention to Increase Upper Limb Exercise in Stroke Rehabilitation

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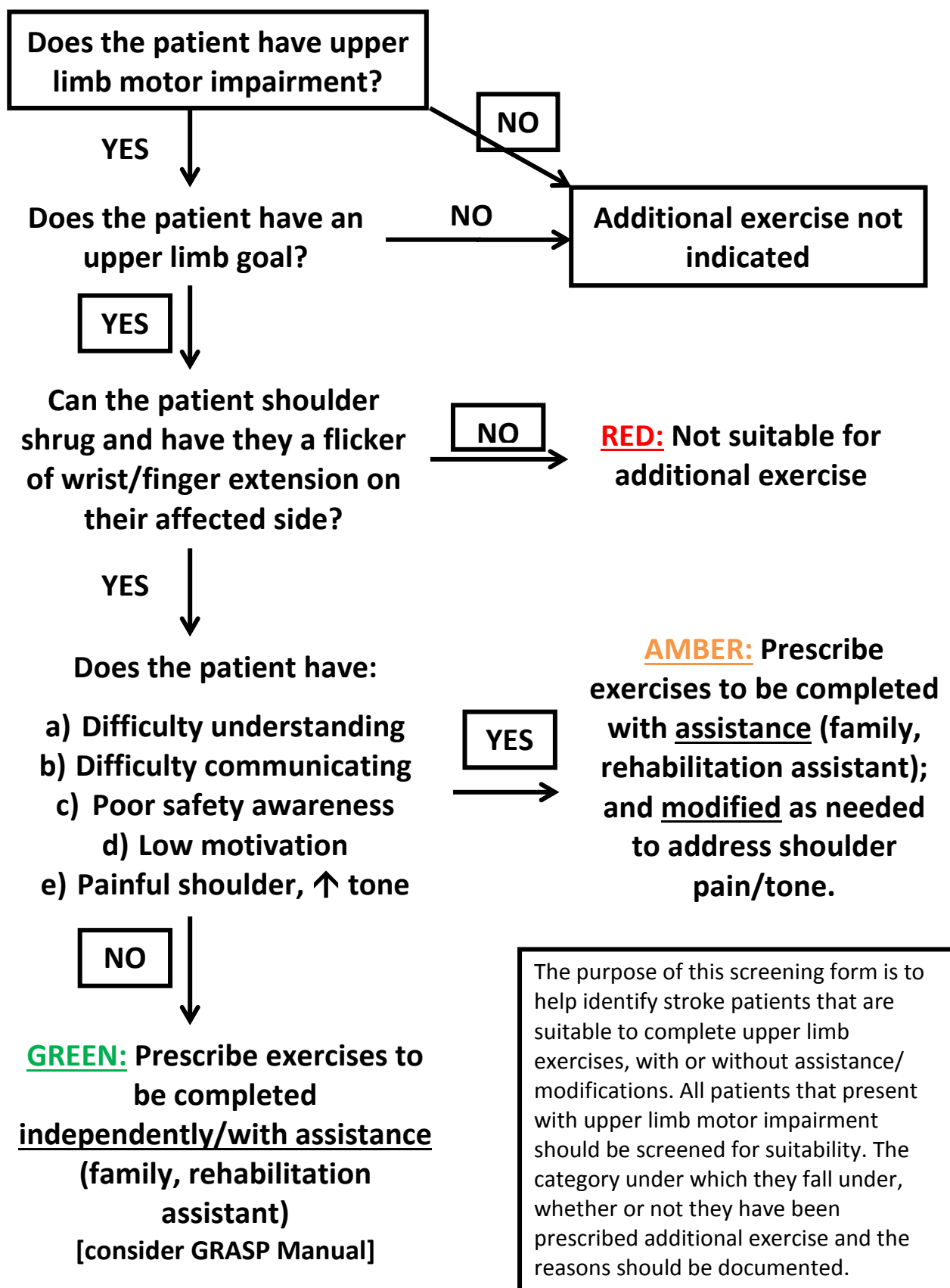
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Additional File 1 – Intervention description and materials

Intervention description as per TiDIER ¹⁴ checklist	
Brief name:	PRACTISE (Promoting Recovery of the Arm: Clinical Tools for Intensive Stroke Exercise) is a theory-informed behaviour change intervention to facilitate evidence-based rehabilitation of the upper limb after stroke
Why:	Evidence-based rehabilitation of the upper limb includes high intensity repetitive task-oriented exercise. However, it is known that the current intensity of upper limb exercise in stroke rehabilitation units is not sufficient to maximise functional recovery. Hence, PRACTISE aims to increase the amount of upper limb exercises prescribed after stroke.
What (materials):	The PRACTISE Toolkit: <ul style="list-style-type: none"> • Screening Tool • PRACTISE exercise pack (front sheet, information sheet, exercises and diary) • Audit Tool
What (procedures):	Collaborative meetings between research team and clinical team to refine the intervention components to suit local context and maximise implementation and embedding of the PRACTISE Toolkit
Who provided:	Two members of the research team (LC and NM) were responsible for organising and facilitating the team meetings. Both are registered physiotherapists working full time in research with clinical and research experience. Before starting the study both researchers worked to build partnerships with local sites and kept them informed of the project 's progress. Therefore, on starting the study, therapists site were already familiar with the researchers and had demonstrated an interest and/_or commitment to being involved with the project
How:	Initial then monthly team meetings to review progress of implementation and reflect on changes that needed to be made to address emerging barriers
Where:	At the stroke rehabilitation units at a time and location chosen by the clinical team
When and how much:	Monthly team meetings for a duration of six months at each site
Tailoring:	Tailoring of the intervention materials was carried out to fit with the local contexts e.g. to fit with existing methods of note keeping, standardised layouts etc. Regardless of these changes the functions of the intervention components remained the same (see Connell et al. 2015)
Modifications	Some duplication of information was removed. For example . Initially there was an exercise plan to be included in the therapy notes but this provided much the same information as the front sheet of the PRACTISE pack, so teams often opted to photocopy this page for their notes)

Additional File 1 – Intervention description and materials

Screening Tool



Additional File 1 – Intervention description and materials

PRACTISE Pack: Front Sheet

PRACTISE



PRACTISE PACK

Name: _____

Goal: _____

Exercises:

1. _____
2. _____
3. _____
4. _____
5. _____

People available to assist with exercises:

Review date (within two weeks): / /

Additional File 1 – Intervention description and materials

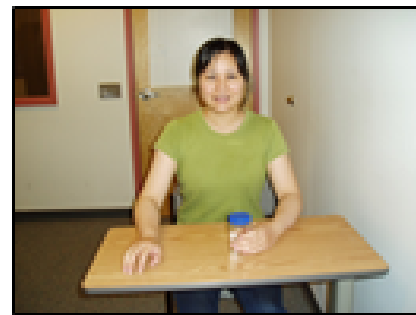
Therapist signature: _____ Date: _____

PRACTISE Pack: Exercise Sheet (example)*

*Adapted with permission from the Graded Repetitive Arm Supplementary Program (GRASP) manuals

Jars

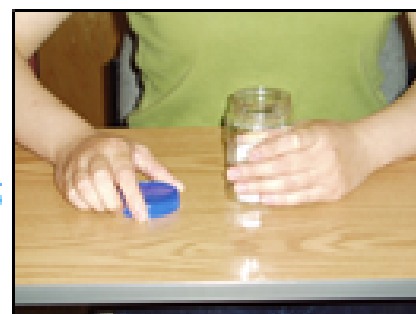
1. Place the jar on the table.



2. Hold the jar with your weaker hand and take off the lid with your stronger hand.



3. Now hold the jar with your stronger hand and take off the lid with your weaker hand.



___ sets of ___ repetitions

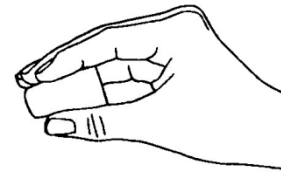
Remember to fill out your exercise diary!

Additional File 1 – Intervention description and materials

PRACTISE Pack: Exercise Reminder and Diary

To help your arm to get better you need to **practice** doing things that you find hard

You have been given these **arm exercises** to practice



1 2 3

The **number of times** you should do each exercise has been written on each page

Write down how many times you do each exercise so you can keep track of how much you are able to do



Try to practice your exercises with **somebody that can help you!**



If you have **PAIN** 😞 stop doing the exercises and tell your named therapist.

Additional File 1 – Intervention description and materials

To keep track of how much exercise you do, please write down the number of exercises you do every day. There is space to write the date and for you (or the person that helped you) to initial the box.

Date													
Exercise		No.	Initial	No.	Initial	No.	Initial	No.	Initial	No.	Initial	No.	Initial
Example	Pouring	20	MB	25	MB	20	MB	30	MB	20	MB	30	MB
1													
2													
3													
4													
5													
Total													

If you are initialling this form on behalf of the patient, please complete below so we can keep track of who is helping.

e.g. MB Matthew Brown Son.

Named Therapist: _____

Review Date: _____

Additional File 1 – Intervention description and materials

Audit Tool

Pt. Name	RAG ¹	PRACTISE pack provided		Family/carer informed		Date for review	Reviewed + progressed		Comments
		Yes	No	Yes	No		Yes	No	

¹RAG stands for Red/Amber/Green categorised using the screening tool and represents the target behaviour of identifying suitable patients for upper limb exercises

Additional File 1 – Intervention description and materials

Audit Tool (Example of data presented in excel spreadsheet)

Jun-14			
	Number	%	
Number of new stroke admissions	10	42%	
Number of stroke patients through unit	22		
Number screened as Red	11	50%	
Number screened as Amber	6	27%	
Number screened as Green	0	0%	
AMBER			
	Needed	Received	%
Number of patients for whom an exercise plan was completed	6	5	83%
Number of patients prescribed exercises	6	5	83%
Number of patients who had family/carers/visitors who were taught how to supervise the exercises	6	5	83%
Number of patients reviewed and progressed	6	5	83%
GREEN			
	Needed	Received	%
Number of patients for whom had exercise plan completed	0		
Number of patients prescribed exercises	0		
Number of patients who had family/carers/visitors who were taught how to supervise the exercises	0		
Number of patients reviewed	0		
Number of patients reporting positive experience	0		
Number of patients referred to community neuro team	0		

