

Title

Implementation of the Strengthening and Stretching for Rheumatoid Arthritis of the Hand (SARAH) exercise programme for people with rheumatoid arthritis

Authors

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Background

The SARAH programme is an individually tailored 12-week progressive exercise programme for people with hand problems due to rheumatoid arthritis (RA). A large clinical trial demonstrated that this programme is clinically and cost effective resulting in updating of national guidelines in the UK.

To aid implementation, we have developed an online training programme (iSARAH) for physiotherapists and occupational therapists. It will initially be available in the UK but we hope to make it more widely available.

Purpose

Phase 1: To develop iSARAH by surveying clinicians who had previously downloaded the SARAH materials and engaging with stakeholders.

Phase 2: To evaluate the usability of iSARAH allowing further refinement.

Phase 3: To evaluate implementation of iSARAH

Methods

Phase 1: We surveyed 102 therapists who downloaded the SARAH materials from the Oxford Clinical Trials Research Unit website. The survey investigated the types of hand exercises prescribed to people with RA, outcome measures and if they have used the SARAH programme in their clinical practice. We constructed a prototype of iSARAH based on the trial protocol and survey feedback which was reviewed by 12 therapists and information technology experts and further developed.

Phase 2: We are testing iSARAH usability with ten therapists using 1) A "Think aloud" protocol, 2) Semi-structured interviews, and 3) Subjective reports on usefulness, ease of use and confidence in using iSARAH. This study was approved by the University of Oxford Central University Research Ethics Committee.

Phase 3: iSARAH will be made available to NHS therapists. We will recruit 250 therapists and evaluate reach, adoption to practice, and satisfaction. A nested pre-post service evaluation in 225 people with RA is also planned.

Results

Phase 1: 35 therapists responded to the survey. The majority were from the UK (74%) and working (91%) in the National Health Service (NHS). Pain and self-reported function were the most commonly used outcomes in 94% and 80% of therapists respectively. Active range of motion and strength exercises was routinely prescribed by 97% and 77% of therapists. 94% of therapists used exercise sheets to encourage adherence. 74% of therapists who downloaded the SARA materials were using the programme. Perceived benefit, peer influence, the need to change practice and the SARA exercise materials facilitated the use of the programme. The main barriers were busy case load, forgetting, and lack of time.

Information from the survey and discussion with stakeholders allowed us to design the key features of iSARA. These included: a simple layout containing brief training modules, exercise videos, links for arthritis information, a resource library with downloadable materials, frequently asked questions section, course assessment, browser compatibility, and technical support.

We will report the results of the usability testing and initial implementation evaluation at WCPT.

Conclusions

The development of iSARA will aid implementation of a clinically and cost effective exercise programme making it accessible to therapists.

Implications

The implementation of SARA exercise programme will improve clinical care in people with RA of the hand.

Keywords

Rheumatoid arthritis; Hand function; online training programme

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