Using a mixed methods approach to understand the evidence-to-practice gap in the management of common knee conditions in Canadian & Australian physiotherapists

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-What is unknown...
  - Physiotherapists’ (PTs) use of evidence-based treatments for knee osteoarthritis (OA) and patellofemoral pain (PFP)
  - PTs learning preferences

-Why is this important...
  - Understanding the potential evidence-to-practice gaps and how to address them will facilitate optimal design of future knowledge translation resources for PTs to promote best practice

What we did....

- PHASE 1: An online survey (November 2016–March 2017) of 116 physiotherapists [Canada, n=52; Australia, n=64] recruited via social media, email, & Physiopedia evaluated knowledge & confidence in implementation of evidence-based knee OA & PFP treatments.
  - Responses were compared against published guidelines [OARSI & International PFP Consensus Statement].

- PHASE 2: 13 semi-structured Skype interviews [Canada, n=6; Australia, n=7] explored gaps identified in survey responses & learning preferences.
  - Transcribed interviews were analyzed using a ‘framework’ approach.
Phase 1: Online Survey [n=116 Can & Aus PTs]

- 43-65% of PTs were confident implementing passive treatments (i.e. ultrasound, massage) despite awareness that evidence for them was limited (77-91%).
- Many physiotherapists were unaware that arthroscopy is not supported by evidence for knee OA (46%) and PFP (44%).
Phase 2: Semi-Structured Interviews  [n=13]

**Current practice**
PTs were generally confident in treating most uncomplicated knee pain with foundation of individualized exercise & education.

“People with PFP it is providing them education that this is a condition that we can overcome, given them some hope, taking the fear out of the pain, and then giving them gradual exercises that they can do with success...” [P7]

**Continuing professional development (CPD) behaviours, preferences and barriers**
PTs enjoy learning across a variety of platforms (in person courses, online, and in clinic/mentorship. PTs engaged in CPD have high levels of self-motivation to combat multiple barriers. Different stages of career, present different barriers.

“It’s nice to not have to travel and to do an hour at a time [with a webinar]...You have a young family, it’s going to be hard.” [P2]

**Patient related barriers to provision of evidence based practice (EBP)**
Challenges to delivering EBP = patient beliefs/expectations, limited time, costs of treatments, & lack of patient education resources

“They are really apprehensive of movement, because it hurts, number one. And then number two, they are worried if it hurts, if it’s going to heal properly.” [P10]

The evidence-to-practice gap in the management of common knee conditions in Canadian & Australian PTs
Take home message

• While there is generally good awareness of the evidence surrounding the management of knee conditions, PTs require a variety of resources and supports targeting multiple levels [health care system, clinicians, & patients] to help them integrate this evidence into practice.

• Barriers to evidence-based practice include: patient beliefs and expectations, PTs limited time with patients, & access to trustworthy patient education materials.

• PTs require access to evidence via face-to-face workshops combined with interactive online multimedia resources, that includes support with implementation of evidence to practice.

Next steps

• Develop the KT resources that optimize PT engagement and practice integration in order to elevate knee patient outcomes.