

# Beyond "Physio's Orders":

## Exploring Adherence to Physiotherapy Exercise Programmes and Advice

By Marie-Therese McDonald



As rheumatology physiotherapists we specialise in the assessment and treatment of people with axial Spondyloarthritis (AxSpA). We know from experience, and from the literature, that physiotherapy prescribed exercise and advice can improve and maintain spinal mobility, physical function and help people with AxSpA lead an active and independent life. However, I learned early in my physiotherapy career that people didn't always do exactly what I asked them to do. People frequently didn't come back for their physiotherapy appointment or couldn't demonstrate their exercises or simply told me they couldn't manage them. At times I wondered was it me? What was I doing wrong within my practice that meant people didn't follow my instructions? I started to explore the problem of non-adherence.

Adherence refers to the extent to which a person's behaviour corresponds with the recommendations from a healthcare provider (Sabete, 2003). The term adherence acknowledges people have a choice on whether or not to accept the advice or treatment a healthcare provider offers. With physiotherapy non-adherence to exercise programmes can reach 70% (Peek et al 2016, Beinart et al 2013). Our recent systematic review found that within Spondylarthritis (which includes axial SpA) adherence, although not always

reported well, not one study reported full adherence to a physiotherapy exercise programme (McDonald et al 2019). How many of you have signed up for a gym membership or a 10k or a new year's resolution and never managed the training – I know I have. The problem of not always managing to do as we should do spans all health conditions and all of us and is not an easy problem to fix. So where should we start? Here are some nuggets of information that I have learned as I have explored adherence and non-adherence...

### **Acknowledging and Exploring the Problem.**

People may be non-adherent for different reasons (Donovan & Blake, 1992). Some people may simply forget the information or advice that we have given them. An early study by Ley, (1973) found people forgot verbal instructions after five minutes. Written instructions and/or setting up reminders of how and when to exercise may help. Goal setting with individual's and exploring barrier and facilitator's may also help. This has been shown to improve adherence in other health conditions (Farrance 2016, Hill 2011). For example, if a person's goal is to improve their posture – how often do they have to do their exercises to achieve this? What barriers might get in the way – time, work, motivation are things I hear often. What might help (facilitator's) achieve this; could they incorporate exercises into their day; stretches after brushing their teeth, a five minute walk at lunch time. Or a reward when they have achieved what they set out to do. I know I keep a stash of Freddos for after I've been running.

What should people do when the 'fall off the wagon' and haven't managed to exercise for a long-time? How do we motivate them to start again? I don't have these answers. I try to be understanding towards our service users and reassure them that maintaining an exercise programme with a long term chronic health condition is difficult but to try to keep going – and so back to the goal setting, barriers and facilitator's.

Enjoying the exercises has been shown to be a facilitator to exercise (McArthur, 2014). Our NASS class plays hockey, badminton and (once!) dodge ball – I have to say I think I might enjoy it just as much as the group. Maybe future physiotherapy departments will offer dance rehabilitation and trampolining – maybe you already do? Supervision was also found to increase adherence within our review (McDonald et al 2019). Realistically this can't always be face to face physiotherapy supervision, for some this might be a friend/family member or NASS group they could exercise with them, or digital resources such as online physiotherapy. Exercising in a group is motivating for some. The local park run or vitality class maybe good links for some alongside the daily stretching. Educational programmes play a role in adherence to exercise – taking the time to explain the pathophysiology of Axial Spa and importance of physiotherapy exercise is greater than simply saying do these exercises.

Adherence to physiotherapy exercise and advice is complex and multifactorial. I don't pretend that I have all the answers. With a team of researchers lead by Professor Lorna Paul and Dr Stefan Siebert we are hoping to understand adherence better as we have meticulously recorded adherence to a webbased physiotherapy programme for one year ([www.webbasedphysio.com](http://www.webbasedphysio.com)). Our service users liked the support they received and found the programme accessible and user friendly. We are currently writing up the results.

With research in osteoarthritis indicating that higher adherence improves clinical outcomes (Pisters et al 2010), it make sense that we try to improve adherence to our prescribed exercise programmes and advice. I know there will be other ways in which you have supported your patients to initiate and maintain exercises programmes and if you have any golden nuggets to share I would be delighted to hear them – please get in touch (@mariemcdonald3)

### References

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