



Treatment Decision-Making for Anterior Cruciate Ligament Rupture From the Perspective of Physical Therapists in Australia: A Mixed Methods Study

Mixed methods study

What we did:

This mixed-methods convergent parallel design comprised a cross-sectional survey and one-on-one semi-structured qualitative interviews



The survey contained 41 items (11 multiple choice, 25 ordinal, 4 numerical, and 1 open ended question), including items on participant demographics, clinical experience and further education, and current treatment of ACL rupture and referral pathways

Findings



Physical therapists' beliefs about treatment options varied and did not always reflect the information they provided to patients.



Although **60% agreed** that **ACLR and rehabilitation-alone result in similar outcomes** on average, **only 37%** reported **regularly informing patients** about this.



To return to pivoting/contact sport, **23% believed that ACLR was required** and **79% informed patients that ACLR was the best treatment** to do so

Physical therapists felt that rehabilitation-alone is underutilized as a treatment for ACL rupture.

Barriers to offering and providing rehabilitation-alone for ACL rupture, reflected in 7 qualitative themes:

- Preference for surgery reflecting societal beliefs
- More weight given to surgeon's opinion
- Unbalanced information from surgeon
- Referral pathways
- Uncertain recovery timeline
- Beliefs about treatment suitability
- Knowledge and experience.



Informed decision-making can only occur if accurate, evidence-based information about ACL rupture treatment options is provided to patients. These findings may be used to guide professional development for physical therapists and inform strategies to improve evidence uptake by physical therapists.

Beliefs about hip pain and its care

Systematic review

What we did:



Review of **qualitative studies** - guided by the **Common-Sense Model of Self-Regulation**



Middle age and older adults with chronic **hip pain**



28 studies included

What we found: Beliefs and expectations

People believe hip pain is due to **age, wear and tear, overuse, and posture**

People expected that **surgery is inevitable**

Difficulties with **moving, remaining independent, sleeping, and participating with family and friends**

People **wanted and needed more information** about hip pain

People **rested or avoided activities** to **cope** with pain

Future research: explore the **effectiveness of nonsurgical treatments** for hip pain and **strategies to shift beliefs** about hip pain

People believed that **nonsurgical treatments** were **unhelpful** or reported that they were **not offered**

When providing care to people with hip pain:

Offer nonsurgical treatments and educate people about them - **advise** about **benefits** and that **exercise** does **not** have to be **pain free** to be **beneficial**



Educate people about **biopsychosocial causes** of hip pain

Explore **physical, emotional, and social needs** - and tailor care to these needs



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Clinical reasoning in hip pain: One in two Australian and New Zealand physiotherapists diagnosed a case vignette with clinical criteria for hip OA as hip OA

Methods



220 physiotherapists from Australia & New Zealand



Online survey: how physiotherapists **diagnose** and **treat** a hypothetical patient (George)



Participants received a 2-part **case vignette** - 1) **patient history** and 2) **physical examination** - of George's **hip problem**, including NICE criteria for **OA**.

Diagnosis



After patient history

64% (141) diagnosed hip pain

49% (69) as hip OA

96% somewhat confident or more with diagnosis



After physical exam

85% (171) diagnosed hip pain

52% (93) as hip OA

93% similarly confident in diagnosis as after patient history

Treatments offered



99% Advice and education



98% Exercise and physical activity prescription



76% Manual therapy

Informing clinical care and research



Some **physiotherapists** may **benefit** from **diagnostic training** and **strategies**



Future research: which **combination of findings** best inform the **diagnosis** of hip pain



Future research: does **diagnosis** impact **quality** of **hip OA care**

