

AOCP Best Research Project 2015

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Title: Rehabilitation potential following hip fracture – how is it judged by physiotherapists working in acute settings?

Aim: Rising numbers and complexity of hip fracture patients presents many challenges to multi-disciplinary teams in acute settings. Pressure to decrease length of hospital stay following a hip fracture means that professionals are required to judge rehabilitation potential early in recovery. Little is known about the meaning of rehabilitation potential following hip fracture.

The aim of this study was to explore how physiotherapists in acute settings judge the rehabilitation potential of hip fracture patients. The objectives were:

1. To understand what rehabilitation potential means to physiotherapists in acute practice.
2. To investigate which factors influence a physiotherapist's judgement of rehabilitation potential with hip fracture patients.
3. To explore how physiotherapists perceive the role of other health care professionals in judging rehabilitation potential.
4. To identify potential barriers when judging rehabilitation potential in the acute setting.

Methodology: A qualitative research design, using interviews, was chosen to explore and capture physiotherapists' perspectives on how rehabilitation potential is judged following a hip fracture. Convenience sampling aimed to recruit physiotherapists of different grades and with varying amounts of clinical experience. Semi-structured interviews were conducted with eight physiotherapists working in acute settings at two research sites. Data was audio-taped, transcribed and analysed systematically using thematic analysis. The researcher was reflexive and used a reflective diary throughout the study. Appropriate ethical approval was sought prior to commencing the study.

Results: Four themes were identified in order to address the research aim and objectives:

1. ***Rehabilitation potential is shaped by pre-fracture situation*** – participants described how knowledge of medical co-morbidities, pre-fracture mobility, home situation, social support and cognitive impairment provided an early insight into recovery.

2. ***Progress is indicative of rehabilitation potential*** – Goals and outcome measures were considered helpful tools, however were felt to have limited use in acute settings. Participants described that early gains in mobility post injury may be predictive of outcome.
3. ***Rehabilitation potential informs discharge decisions*** – there was consensus that the purpose of judging rehabilitation potential is to enable a discharge destination to be chosen, and to identify patients who are appropriate for referral to a rehabilitation unit.
4. ***Physiotherapists lead the multi-disciplinary judgement of rehabilitation potential*** - Participants felt that the MDT contribute towards rehabilitation potential decisions, however the ultimate decision lies with the physiotherapist. The skills and confidence required to make this judgement develop as a physiotherapist becomes more experienced.

Limited time for rehabilitation provision and environmental influences were considered barriers to judging rehabilitation potential in acute settings.

Clinical implications and relevance: Rehabilitation potential is thought to influence both discharge planning decisions and rehabilitation opportunities for hip fracture patients. Making this multi-factorial judgement is recognised as part of a physiotherapist's role. It is determined by a patient's pre-fracture situation, early progress and the achievement of goals and carry-over during rehabilitation. Compared to a recent study in stroke rehabilitation (Burton et al, 2014), knowledge of a patient's pre-fracture situation was a unique factor identified in this study, suggesting it is specific to hip fracture patients or to acute settings.

There is an increasing need to judge rehabilitation potential earlier following hip fracture. It is vital that physiotherapists have advanced assessment skills in order to judge rehabilitation potential effectively, possess knowledge of predictive factors following a hip fracture, and are strong communicators within the MDT to maximise rehabilitation opportunities for patients. Novices should be supported to develop these core skills, and have opportunities to evaluate how their decisions differ from an experienced clinician. Consideration must also be given to the education of student physiotherapists, in order to prepare them for the realities of acute practice.

Future research based in rehabilitation settings, using participant observation and exploring multi-professional understanding of rehabilitation potential is recommended.