



The Experiences of Rural Osteoarthritic Patients with Physiotherapy

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2006-08 Recipient of IRCST Research
Grant

Rural Osteoarthritis

- Rural health is relatively poor¹
- OA is one of the most common chronic diseases³
- OA is a significant percentage of PT caseload
- Is treatable by GP, Physio & surgeons
- No specialist MD teams yet



Rural Influences

- Are our patients the same as metro?
- How are they different?
- How do current services stack up?
- What models of care do we need to meet the needs of our clients?
- Rural areas can deliver excellent chronic care



Qualitative Research

- Quantitative research has provided treatment strategies
- Qualitative research provides an insight into how people make sense of their experiences²
- Treatment of chronic disease is more about treating the person than treating the disease

Research Objectives

- Rural health professionals have a better understanding of why patients do things
- Rural Health Professionals have an improved ability to improve outcomes for OA patients



Literature Review



- Disease Impact

 - = half of all chronic conditions in >65yo³

- 10% of >60yo report joint pain³

- 20% of >17yo report joint pain in rural Canadian study¹

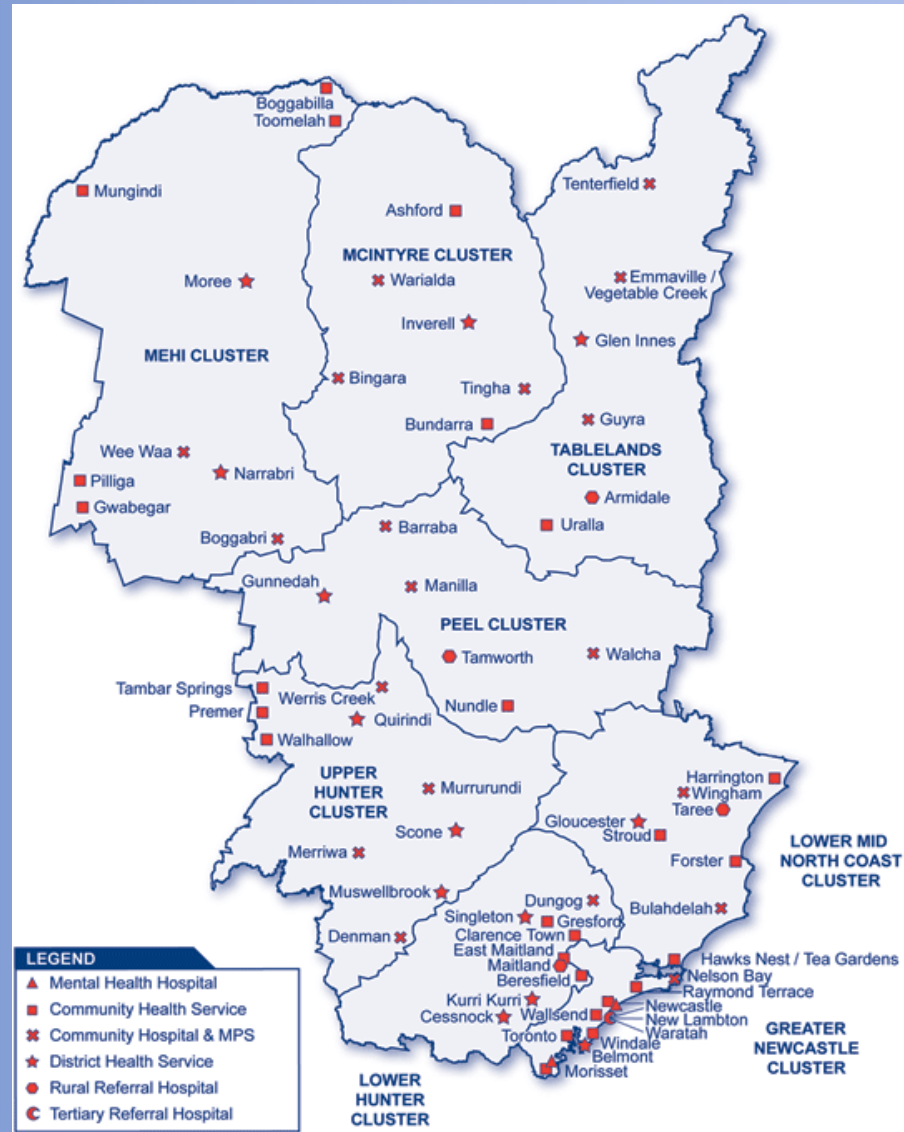
- Evidence of unmet needs in OA pts for info despite high usage of primary health care²

- Chronic disease has been demonstrated to involve increased shared decision making⁴

Study Design



- Small rural towns (RRMA 5)
- Population of <5000
- GP & local hospital/MPS
- Visiting public Physio one day a week
- No specialists
- About 2 hours to nearest base hospital





Data Collection/Analysis

- Semistructured Interviews
- Patients over 45yo who have OA +/- PT
- Key informants
- Modified grounded theory analysis
- Thematic saturation

Participants

- 6 women + 3 men thus far
- Age range from 45-94
- Lifetime work included manual labour (6), mother/carer (2), office work (1)
- 5 participants had mild OA, 2 had moderate, 2 had severe (severity and number of jts)
- 6 from Dungog, 1 from Merriwa, 2 from Murrurundi



Results

Theme: Brittle Self Management

“You’ve got to live with it, so you do have to toughen up”⁸

“I took them for a while (steroids)...it was under control again”³

Results

Theme: Brittle Self Management

“I didn’t ring her again until it got so bad I had to”⁵

“I had to admit that I needed help”⁴

Results

Theme: Enduring

“When I feel up to it, it gets done”⁹

“It’s going to be very sad to move (house)...I can’t garden... Just got to accept things”³

“My son has to come around and clean the gutters, it is very frustrating”⁶

Results

Theme: Effective GPs

“I don’t usually have a problem getting into the GP”⁶

“He doesn’t rush you”³

“I went in and said my knees were getting bad... we decided to go to a specialist”⁴

“She’s offering me stronger pain relief. But I’m trying to manage without it”⁷

Results

Theme: Seeking Solutions

“It was about another 5 weeks before I got in (to physio)”⁶

“I haven’t seen her for a couple of months cause she’s been away”¹

“It was Friday,... I would have to wait until Wednesday,... I got into see the acupuncturist by the following day”³

“It helps, it helps a lot”¹

“I did the exercises she gave me and it’s good”²

Conclusion

- In rural areas, patients cope largely through self management and effective GPs.
- Assistance is mainly sought when patients are desperate, due to the failure of self management.
- Physical therapies were identified as valuable to patients, although access block to some therapies was identified.



Acknowledgements



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References

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