

embedding principles early on, and alongside recognized core physiotherapy skills. At Coventry University third year students attend a four-hour seminar and practical session on Psychologically Informed Physiotherapy (PIP) as part of an established advanced practice module. Students are introduced to a variety of tools and theories such as motivational interviewing, graded exposure and goal setting. These tools enable students to collaborate in devising patient centered integrated care pathways for complex presentations. Following this training, the aim of this study was to explore students' perceptions regarding the value and the application of these psychological tools within their physiotherapy practice. An additional aim was to identify the barriers and facilitators in the application of these tools. This could then inform our teaching strategies and curriculum development. This evolving area of practice has potential to enhance current management strategies for complex health problems.

Methods: A qualitative approach in the form of a focus group was undertaken. Ethical approval was obtained from Coventry University Ethics Committee. Participants' data was anonymised and consent forms were signed. Six third year students attended a focus group discussion facilitated by two researchers and a series of questions. The focus group lasted 50 minutes and was recorded with a digital recorder. The data was transcribed verbatim and thematic analysis was used and cross checked by the two researchers

Results: Four themes were identified; recognition of the value of PIP within the curriculum, barriers to using PIP on placement, facilitators in using PIP on placement and, building confidence in practice. The first theme valued PIP as a core skill that needed to be taught as part of the undergraduate curriculum. Within the second theme there was an expectation from patients, family and educators to perform hands on techniques rather than PIP. Within the third theme students highlighted the value of a supportive environment including observation of the multi-disciplinary team (MDT), being given time to reflect, and support from experienced educators. In the last theme students highlighted factors including continuous professional development courses, exposure to complex patients, support from employer, and working with the team.

Conclusion(s): PIP has value as a core skill taught within the undergraduate curriculum, enabling the development of a holistic and competent physiotherapy practitioner. Ongoing skills development in a supportive environment is necessary so that we can respond to the challenges of effective management of complex health problems. This should include identification and adjustment of both barriers and enablers to enhance impact. There are suggestions that this valuable tool should be taught in collaboration with practice educators to enhance our future practice in managing complexity.

Implications: It is important for effective physiotherapy practice that educators and practitioners work together and support students to become holistic professionals with a variety tool kit that enables effective management of the increased prevalence of complex health presentations.

Funding acknowledgements: none

<https://doi.org/10.1016/j.physio.2020.03.296>

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To explore the patients' perspective of physiotherapy intervention within the home environment for management of long term neurological conditions



R Morris-Love

*Coventry University, Physiotherapy,
Coventry, United Kingdom*

Keywords: Patient perspective; Physiotherapy; Home

Purpose: The term 'long-term neurological condition' could refer to a variety of conditions, which will often be under the care of a single physiotherapy team.. Physiotherapists may work with this patient group for an acute intervention period, such as following discharge from hospital or after a relapse in function. Physiotherapists also have a role in terms of reviewing function and promoting self-management. Therefore, the aim of this research was to explore the research available regarding patients' opinion of physiotherapy within the home environment for management of a neurological long-term condition.

Methods: A literature search was completed using the databases AMED, CINAHL, Medline, Academic Search Complete and psch INFO. A total of seven papers were sourced using the inclusion and exclusion criteria. The papers were quality appraised. A meta-ethnography was completed to establish the concepts that were relevant in the papers and how these concepts were related. This process yielded a third order interpretation of each concept.

Results: The meta-ethnography revealed seven important concepts. However, two concepts (relating to resources and transport) were not evident across all papers and were omitted from the final discussion. The five concepts discussed were social interaction, motivation, goal setting, self-management and comfort in the home environment.

Conclusion(s): In many ways the home environment was a facilitator of rapport between patient and therapist, allowed appropriate goal setting and in most cases did facilitate social interaction. The majority of the conclusions assigned to the papers from a second order concept were of a positive nature in terms of how the physiotherapy intervention did increase social interaction through the different treatment methods used. For example, with the use of exergaming. Further exploration of adjuncts to standardised physiotherapy, such as exergaming may be permitted, especially if it may assist with motivation for continued exercise. Physiotherapy input that progresses to a patient's wider participation level within their community setting may assist in enhancing social interaction in the longer term. However, if these additional services, or knowledge of services is not evident, then the thought of

physiotherapy at home alone, may enhance social isolation. The author was not able to achieve a new line of argument synthesis relating to self-management, as there was no clear consensus between papers.

Implications: Potentially, from the articles sourced in this paper, the home environment may assist with empowerment and providing a beneficial therapeutic environment. Firstly, due to the perceived increased relevance of goal setting in the home environment, as only one study was in disagreement with this concept. Secondly, due to the atmosphere that can be created whereby the rapport between the patient and physiotherapist can be enhanced and allow a more trusting and open relationship free of fear and judgement by others. Also, if the initial assessment is completed at home, then it can naturally highlight challenges and problem areas for the patient. The evidence of comparable findings and discrepancy in findings from the papers demonstrates the uniqueness of patient opinion. Therefore, the home setting may be advantageous as a setting for physiotherapy intervention for some patients.

Funding acknowledgements: no funding acknowledgements required

<https://doi.org/10.1016/j.physio.2020.03.297>

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Upper-limb therapy for stroke survivors with severely-limited arm function: analysis of participants' function and goal attainment following an augmented intervention



H.J. Young*, F. van Wijck

Glasgow Caledonian University, Glasgow, United Kingdom

Keywords: Stroke; Upper limb therapy; Severely-limited arm function

Purpose: Guidelines state that all stroke survivors (SSs) with potential or actual arm movement should receive upper limb (UL) therapy to improve arm function. These recommendations are based mostly on studies of SSs with mild/moderately-limited arm function, and focus on task-specific training. However, it is not known to what extent SSs with severely-limited arm function are able to participate in this type of active therapy, and whether it is effective for them.

Aims of study: 1) To describe upper limb therapy for stroke survivors with severely-limited arm function, delivered during a) usual care and b) a six-week augmented upper limb therapy intervention. 2) To investigate how the arm function and goal attainment of participants changed following this intervention.

Methods: Design: Secondary analysis of group-data from a single-blinded randomised controlled trial (EVERLAP: Early VERSus Later Augmented Physiotherapy after

stroke). Outcome assessments were undertaken pre-and post-intervention (nine and 16 weeks post-stroke). EVERLAP studied the feasibility of delivering an UL intervention to SSs with any limitation of arm function at two time points after stroke: “early” (3 weeks) and “later” (9 weeks). Participants: Stroke survivors scoring ≤ 3 on the Action Research Arm Test (ARAT), who received an UL therapy intervention at nine weeks post-stroke in the EVERLAP “later” group. Intervention: Twenty seven hours of evidence-based physiotherapy over six weeks (“augmented therapy”). Participants also received usual care physiotherapy and occupational therapy (UC). Outcome Measures: ARAT, Canadian Occupational Performance Measure (COPM).

Results: Four participants from the EVERLAP “later” group with an ARAT score of ≤ 3 received the intervention and completed assessments. The content of UC and augmented therapy was similar. Fifty-four percent of the total therapy duration (UC + augmented therapy) was spent on passive interventions. Median [IQR] change for ARAT (pre-to post-intervention): 0 [0.00, 2.25]. Median [IQR] change for COPM “Performance”: -1.15 [-1.48, -0.20]; for “Satisfaction”: -0.40 [-1.30, 3.80].

Conclusion(s): The intervention was feasible for stroke survivors with severely-limited arm function. Usual care and augmented therapy was characterised by the use of passive interventions. There was a negligible change in outcome measures of arm function and goal-attainment following augmented UL physiotherapy.

Implications: Further research is required to develop effective interventions to enable stroke survivors with severely-limited arm function to meet their personal goals.

Funding acknowledgements: The Charitable Trust of the Chartered Society of Physiotherapy funded EVERLAP, the RCT on which this study is based. The Scottish Stroke AHP Forum part-funded the Masters dissertation for which this study was undertaken.

<https://doi.org/10.1016/j.physio.2020.03.298>

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Use of a protocolised estimated discharge date following hip fracture surgery improves discharge planning and reduces length of stay



C. Potter, E. Ribbens, N. Triteos, A. Bacon

Guy's & St Thomas' NHS Foundation Trust, Physiotherapy, London, United Kingdom

Purpose: Prior to this service development, senior Physiotherapists observed that estimated discharge date setting for hip fracture patients at daily MDT board round was arbitrary and differed significantly based upon which staff members were in attendance that day. A service development was therefore completed to identify an effective and efficient means to use a validated outcome measure to set a protocolised,