

**From research to practice:
Enabling healthcare
professionals to promote a
physically active lifestyle to
people with spinal cord injury**

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Introduction

- People with spinal cord injury (SCI) are largely inactive
- Physiotherapists key messengers for physical activity (PA) & health promotion
- Valued and trusted by people with SCI





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Physio 14: Physios are the exercise specialists of choice, delegates say

11 October 2014 - 2:52pm

Some universities in England are increasing the amount of time students spend learning about helping patients to exercise, several hundred delegates attending a debate on the second day of the conference heard.

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The great debate: Are physiotherapists the exercise specialists of choice for people with long-term conditions? Photo: Simon Hadley

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Spinal cord injury & physical activity

- Purpose
 - Explore what physiotherapists in SCI rehabilitation **think** about PA for people with SCI and what they **do** in relation to promoting PA
- Method
 - Semi-structured interviews
 - 18 neurological physiotherapists (2-22 years' experience)
 - Inductive thematic analysis

Theme 1

1) Perceived importance of physical activity

- Well-being, physical health, preventative medicine, quality of life
- Tacit knowledge practical experience



Theme 1

The problem is physios are **not trained** to properly fitness train a patient. A sports therapist may have learnt to get someone fit, but I believe in spinal cord injury there are not many physios who can just take a patient to the gym and give them fitness training that would work for them. It is not part of their obvious route. It is **not yet in the culture** that physical activity is something the physios should be doing.

Theme 2



2) Hit and miss physical activity promotion

- Active PA promotion largely absent
- Barriers in rehabilitation and community

Theme 2

And then there are other patients that you just never see other than occasionally in their one-to-one session. And then it's like **how do you get to those patients that aren't really doing anything?** And then it's hard because there is part of me that thinks well they might never have been to a gym before... I think there's a limit on what you can do, if they're not bothered **what are you going to do to make them do that (physical activity)?**

Theme 3

3) Unease with activity-based rehabilitation

- Good idea in theory
- Conflict with rehab and concern with messages promoted



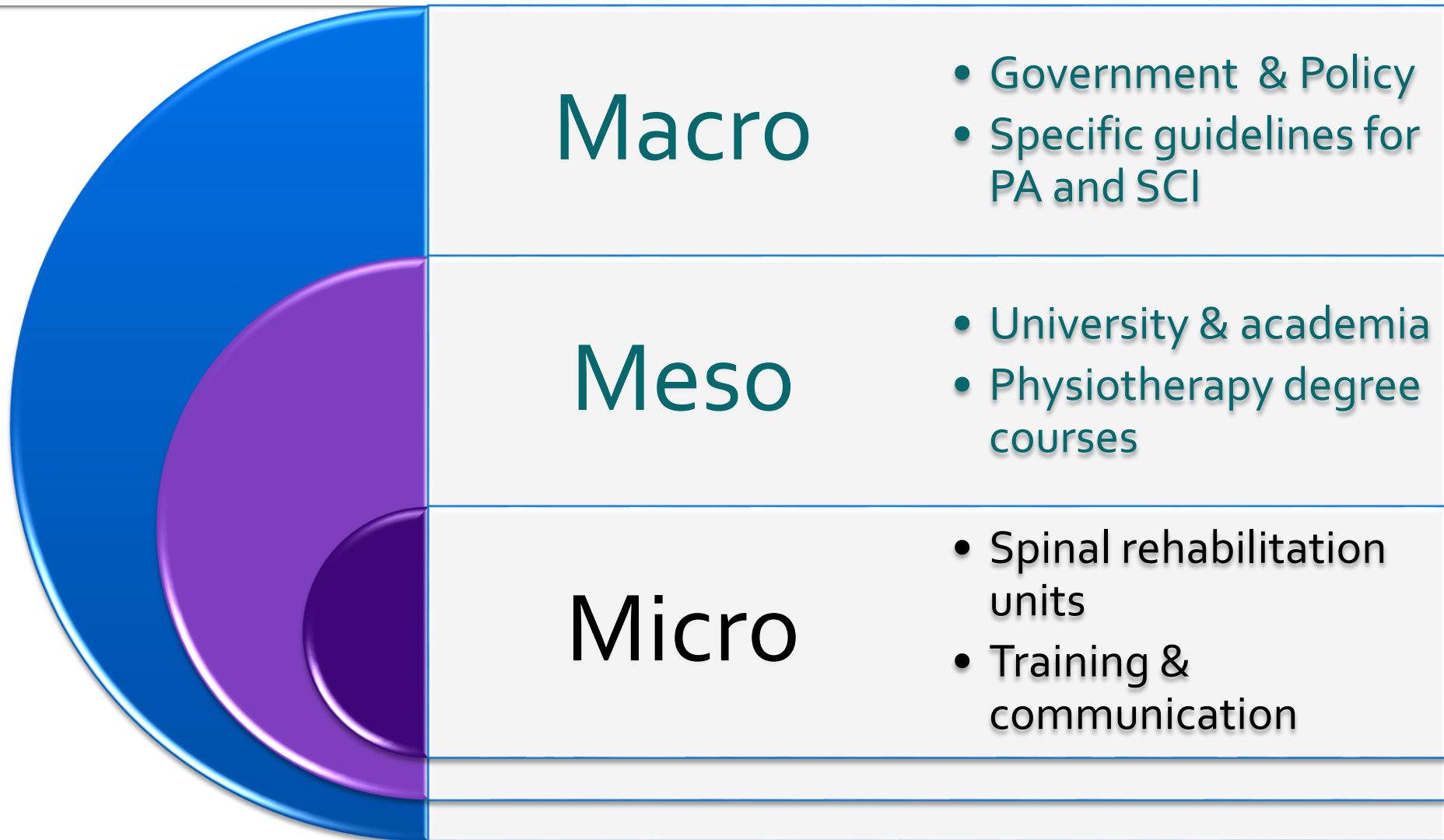
Theme 3

You have to be careful because you don't know where down that scale of adjustment and coping they are at and it can be **dangerous**.

Interviewer: What do you see as those dangers?

I guess the dangers to me are that you are misinforming patients of **unrealistic expectations** and you could be setting them up for a crash. You know they've already had a life changing traumatic event, you don't want them to build all their hopes, all their **expectations... on a potential false hope**.

Knowledge translation



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Thank you

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