

Integration of physical activity in rehabilitation

1 **Title page**

2

3 **The current implementation status of the integration of sports and physical**
4 **activity into Dutch rehabilitation care**

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6 Femke Hoekstra^{1,2}, Florentina J. Hettinga³, Rolinde A. Alingh^{1,2}, Marjo Duijf⁴, Rienk
7 Dekker^{2,5}, Lucas H.V. van der Woude^{1,2}, Cees P. van der Schans^{2,6}

8

9 ¹ *University of Groningen, University Medical Centre Groningen, Centre for Human*
10 *Movement Sciences, Groningen, The Netherlands;*

11 ² *University of Groningen, University Medical Centre Groningen, Groningen, Centre*
12 *for Rehabilitation, Department of Rehabilitation Medicine, The Netherlands;*

13 ³ *University of Essex, School of Biological Sciences, Centre of Sport and Exercise*
14 *Science, Colchester, United Kingdom;*

15 ⁴ *Stichting Onbeperkt Sportief, Bunnik, The Netherlands;*

16 ⁵ *University of Groningen, University Medical Centre Groningen, Centre for Sports*
17 *Medicine, Groningen, The Netherlands;*

18 ⁶ *Hanze University of Applied Sciences, Research group Healthy Ageing, Allied*
19 *Health Care and Nursing, Groningen, The Netherlands;*

20

21 **Address for correspondences:**

22 Femke Hoekstra, MSc

23 Centre for Human Movement Sciences

24 University of Groningen, University Medical Centre Groningen

25 PO Box 196, 9700 AD, Groningen, The Netherlands

26 Phone: +31 50 363 6185;

27 E-mail: f.hoekstra@umcg.nl

28

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35

36 **Abstract**

37

38 **Purpose:** To describe the current status of the nationwide implementation process
39 of a sports and physical activity stimulation programme to gain insight into how
40 sports and physical activity were integrated into Dutch rehabilitation care.

41 **Methods:** The current implementation status of a sports and physical activity
42 stimulation programme in 12 rehabilitation centres and 5 hospitals with a
43 rehabilitation department was described by scoring fidelity and satisfaction. 71
44 Rehabilitation professionals filled out a questionnaire on how sports and physical
45 activity, including stimulation activities, were implemented into rehabilitation care.
46 Total fidelity scores (in %) were calculated for each organization. Professionals'
47 satisfaction was rated on a scale from 1 to 10.

48 **Results:** In most organizations sports and physical activity were to some extent
49 integrated during and after rehabilitation (fidelity scores: median=54%, IQR=23%).
50 Physical activity stimulation was not always embedded as standard component of a
51 rehabilitation treatment. Professionals' satisfaction rated a median value of 8.0
52 (IQR=0.0) indicating high satisfaction rates.

53 **Conclusions:** The fidelity outcome showed that activities to stimulate sports and
54 physical activity during and after rehabilitation were integrated into rehabilitation
55 care, but not always delivered as standardized component. These findings have
56 emphasized the importance to focus on integrating these activities into routines of
57 organizations.

58

59 **Implications for rehabilitation:**

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61 • Components of an evidence-based programme to stimulate sports and
62 physical activity during and after rehabilitation can be used to measure the
63 current status of the integration of sports and physical activity in rehabilitation
64 care in a structural and effective way.

65

66 • The method described in the current study can be used to compare the
67 content of the rehabilitation care regarding the integration of sports and
68 physical activity among organizations both on a national and international
69 level.

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71 • Sports and physical activity are seen as important ingredients for successful
72 rehabilitation care in The Netherlands.

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76

77 **Introduction**

78 Despite of the well-evidenced benefits of a physically active lifestyle [1-3], people
79 with disabilities and/or chronic diseases show lower levels of physical activity
80 compared to the general population [4,5]. Therefore, special attention is needed to
81 promote a physically active lifestyle in people with disabilities and/or chronic
82 diseases. Up until now, programmes to stimulate physical activity have mainly
83 focused on the general population rather than on people with a disability [6,7]. A
84 special approach for physical activity promotion targeting people with a disability is
85 necessary, as the experienced barriers to participate in physical activity programmes
86 are largely unique for this population [6,8]. An early start of these promotional
87 activities, already during the rehabilitation treatment, is essential [9,10].
88 Rehabilitation care frequently offers different sports or exercise activities such as
89 fitness, walking or swimming in order to restore mobility and daily functioning [11]. A
90 structured integration of sports and exercise activities during rehabilitation can be an
91 appropriate way to get people with a disability acquainted with different sports and
92 exercise activities that may contribute to the stimulation of an active lifestyle after
93 rehabilitation.

94

95 For that reason, from the year 1997, several Dutch rehabilitation centres decided to
96 collaborate with each other in order to integrate sports into rehabilitation care. This
97 resulted in a national project to stimulate sports during rehabilitation that was
98 executed in thirteen Dutch rehabilitation centres during the years 1997 – 2001 [12].
99 Although stimulation of sports during rehabilitation can be successful, it seems not
100 sufficient for all patients to remain physically active after rehabilitation [13]. Van der
101 Ploeg *et al.* (2007) showed that stimulating sports and physical activity both during

102 and after a clinical rehabilitation process was an effective way to maintain a
103 physically active lifestyle at home [10,13]. In continuation of these positive findings
104 [13], 'Stichting Onbeperkt Sportief'^a developed the evidence-based programme
105 named 'Revalidatie, Sport en Bewegen' (in English: Rehabilitation, Sports and
106 Exercise (RSE)) during the years 2009 - 2011. The RSE programme aims to
107 stimulate physical activity and sports in people with physical disabilities and/or
108 chronic disease not only during but also after a rehabilitation treatment. As part of
109 the RSE programme, patients are provided with the opportunity to get acquainted
110 with different exercise and sports activities during their rehabilitation treatment. At
111 the end of the rehabilitation, patients can be referred to a sports or exercise activity
112 in the community. The RSE programme ends with a period of counselling after
113 rehabilitation to stimulate a long-term active lifestyle at home. In this way, the RSE
114 programme can create a link between the rehabilitation care on one side and the
115 sports and exercise facilities in the community on the other side [9]. Furthermore, the
116 RSE programme can be seen as an evidence-based approach to integrate sports
117 and physical activity into rehabilitation practice in structural and effective way.

118

119 In the following years, a nationwide implementation of the RSE programme was
120 organized with financial resources provided by the Dutch Ministry of Health, Welfare
121 and Sport. This process includes a structured and organized implementation of the
122 RSE programme in twelve Dutch rehabilitation centres and six rehabilitation
123 departments of hospitals across the country during the period of 2012 - 2015. The
124 implementation process and the outcomes of the RSE programme will be evaluated
125 by the ReSpAct (Rehabilitation, Sports and Active Lifestyle) research group [14,15].
126 Because the rehabilitation organizations participating in ReSpAct are situated

127 relatively close together and under similar climatic and infrastructural circumstances,
128 it is an unique opportunity to describe nationwide the integration of sports and
129 physical activity in rehabilitation care. As described in the previous paragraph, The
130 Netherlands has a history of projects that aimed to integrate sports and physical
131 activity into the rehabilitation care. A report on the current status of the
132 implementation of the RSE programme in organizations participating in ReSpAct can
133 be a suitable way to illustrate how sports and physical activity are integrated into
134 Dutch rehabilitation care. Process outcomes, such as fidelity and satisfaction, are
135 often used to evaluate an implementation process longitudinally [15,16]. The fidelity
136 as an indication of the “quality of the implementation” [17,18] in combination with
137 professionals’ satisfaction on the programme can also be relevant outcomes to
138 describe an implementation status of a sports and physical activity stimulation
139 programme cross-sectional.

140 The aim of this study was to describe the current status of the implementation
141 of a sports and physical activity stimulation programme in order to gain insight into
142 how sports and physical activity were integrated into Dutch rehabilitation care.

143

144 **Methods**

145

146 *Study design*

147 The current study used cross-sectional data that are part of a multicentre longitudinal
148 cohort study ReSpAct. The ReSpAct study will evaluate the implementation process
149 of the RSE programme. A detailed description of the design of the process
150 evaluation is described elsewhere [15]. As part of the baseline measurement of this
151 process evaluation, professionals involved in ReSpAct were asked to fill out a

152 questionnaire. Based on this questionnaire, the quality of the implementation of the
153 RSE programme (i.e. fidelity) together with professionals' satisfaction of the
154 programme were used to describe the current status of the implementation of a
155 sports and physical activity stimulation programme. This paper presents parts of the
156 baseline measurement to describe the implementation status in organizations that
157 participate in ReSpAct.

158

159 *Participating organizations and professionals*

160 Before the start of the nationwide implementation of the RSE programme (April
161 2011), managements of 33 Dutch organizations (rehabilitation centres and hospitals)
162 were approached to indicate if they were interested in implementing the RSE
163 programme. From this group, 9% (n=3) were not interested, 24% (n=8) were
164 interested and 45% (n=15) of the approached organizations were highly motivated to
165 implement the RSE programme. Organizations that were not interested in the RSE
166 programme were not recruited to participate in the nationwide implementation
167 process. Detailed description about the inclusion criteria for organizations were
168 described elsewhere [15].

169 All professionals (managers, project leaders, physicians, counsellors) who
170 were involved in the implementation of the RSE programme in one of the
171 participating organizations, were asked to participate in the baseline measurement
172 by filling out a questionnaire.

173

174 *Data collection*

175 Data were collected by using digital and paper-based questionnaires. The
176 questionnaire was filled out by rehabilitation professionals at the start of a nationwide

177 implementation process (April – May 2013). The questionnaire contained questions
178 about the current status of the implementation of sports and physical activity into
179 rehabilitation care. Specific questions were formulated about the extent to which the
180 main components of the RSE programme were integrated into the routines of the
181 organization (i.e. fidelity). The RSE programme contains both components related to
182 sport and physical activity during rehabilitation and activities to stimulate a physically
183 active lifestyle after rehabilitation. The main components of the RSE programme are:

- 184 1) Intake session on exercise and sports
- 185 2) Exercise and sports during rehabilitation
- 186 3) Referral to Sports Counselling Centre (SCC)
- 187 4) Face-to-face consultation
- 188 5) Telephone-based counselling sessions
- 189 6) Collaboration between SCC and external exercise and sports facilities.

190 A detailed description of these components can be found elsewhere [15]. In addition,
191 the questionnaire contained questions about satisfaction of the professionals with the
192 RSE programme. The content of the questionnaires was adapted to the role of the
193 professionals. In this way four different questionnaires were constructed specifically
194 designed for four different professional groups: managers, project leaders,
195 counsellors, physicians. Questionnaires were combined in cases that professionals
196 fulfilled more than one role (e.g. project leader and counsellor).

197

198 *Outcome measures*

199 Fidelity was determined as primary outcome measure to describe the
200 implementation status. Since the RSE programme can be seen as an evidence-
201 based approach to integrate sports and physical activity into rehabilitation care in

202 structural and effective way, the main components of this programme were used to
203 measure fidelity. To measure the implementation status of the six main components,
204 a total of 13 close-ended questions were selected from the questionnaire. The
205 source of the selected questions (e.g. project leader or manager) differed. The topics
206 of the selected questions including information about their source are presented in
207 table 1. By assessing the fidelity, information can be gained on the extent to which
208 the components of the RSE programme were implemented according to the
209 guidelines [15]. Hereby, the fidelity outcome can be used to measure the integration
210 of sports and physical activity into rehabilitation in a structural way.

211 Because not all participating organizations offer inpatient rehabilitation
212 treatment, the fidelity outcome was focused on the implementation of the programme
213 in outpatient rehabilitation treatment instead of inpatient rehabilitation treatment.
214 Moreover, most patients who receive an inpatient rehabilitation treatment continue
215 their rehabilitation with a period of outpatient rehabilitation. Activities to stimulate
216 physical activity at home take mainly place at the end of the outpatient treatment. As
217 a result, most patients who participate in the RSE programme are outpatients.

218 Satisfaction was determined as secondary outcome measure to evaluate the
219 professionals' satisfaction about the integration of sports and physical activity into
220 rehabilitation care. Satisfaction was measured by asking professionals to rate their
221 appreciation for the RSE programme on a scale ranged from 1 to 10. Higher ratings
222 indicated a greater satisfaction.

223

224 *Data analyses*

225 The fidelity was evaluated on organization level. If more than one professional
226 working in the same organization answered the same questions, the answer of the

227 professional who was a member of a multidisciplinary rehabilitation team was
228 presented. In cases that both professionals were members of the multidisciplinary
229 rehabilitation team and gave different answers on the same questions, the results for
230 that organization were presented as 'no consensus'.

231 All 13 questions that were selected for analysis of the fidelity outcome were
232 dichotomized. If the topic of the question was implemented according to the
233 guidelines of the RSE programme, the answer of the question was dichotomized into
234 'yes'. Subsequently, the total fidelity score was calculated by adding up the number
235 of questions that were 'yes' and dividing the summed score by the total score (=13).
236 A total fidelity score was calculated for each organization and presented as
237 percentages. Higher total fidelity scores indicated better integration of sports and
238 physical activity into rehabilitation according to the guidelines of the RSE
239 programme.

240 Median (mdn) and interquartile ranges (IQR) of the professionals' satisfaction
241 rates were calculated and presented. All descriptive analyses were performed with
242 SPSS version 20.0 (SPSS Inc. Chicago, Illinois, USA).

243

244 *Ethical considerations*

245 The implementation study of ReSpAct was separately approved by the ethics
246 committee of the Centre for Human Movement Sciences of the University Medical
247 Centre Groningen. The participating professionals signed a (digital) informed
248 consent. The study is registered by The Netherlands National Trial Register:
249 NTR3961.

250

251 **Results**

252

253 *Participating organizations and professionals*

254 The current implementation status in twelve rehabilitation centres and five hospitals
255 with a rehabilitation department were described. The 17 organizations were spread
256 out over the whole country.

257 71 Professionals completed and returned the questionnaire (total response
258 rate: 94.7%). Table 2 shows the professionals' response rates to the questionnaire.
259 In each organization a project leader and one or more counsellors completed the
260 questionnaire. In one organization the involved manager did not return the
261 questionnaire. Furthermore, in three organizations there was no physician involved
262 in the implementation process of the RSE programme.

263

264 *Insert table 1 about here*

265

266 *Fidelity*

267 Table 1 presents the fidelity of the integration of sports and physical activity into
268 rehabilitation care. In the majority of the organizations an intake session (n=10),
269 referral to the SCC (n=15), a face-to-face consultation (n=14) and telephone-based
270 counselling sessions (n=9) took place as part of an outpatient rehabilitation
271 treatment. However, these components were often not embedded as a standard
272 component of the rehabilitation treatment (see table 1).

273 In the same way the results showed that in all organizations (n=17) more than
274 one sports or exercise activities were delivered as part of a rehabilitation treatment,
275 but in only nine organizations the topic 'sports and exercise during rehabilitation' was
276 part of the official policy of the organization.

277 In ten organizations the counsellors working in the SCC collaborated with
278 external sports and exercise facilities. In four organizations counsellors working in
279 the same organization gave different answers on the same questions. Therefore, it
280 was not clear whether there was collaboration between the SCC and external
281 facilities. In ten organizations, all counsellors reported that they had knowledge of
282 the sports and exercise facilities in the region.

283 Figure 1 presents the total fidelity scores for each organization (n=17). The
284 median of the total fidelity scores was 54% with an IQR of 23%. The total fidelity
285 scores ranged from 15% (n=1) to 85% (n=1).

286

287 *Insert table 2 about here*

288

289 *Insert figure 1 about here*

290

291 *Satisfaction*

292 Professionals rated the RSE programme with a median value of 8.0 (IQR = 0.0)
293 indicating that professionals' satisfaction was high. No differences were seen among
294 professionals with different roles.

295

296 **Discussion**

297

298 The aim of this study was to gain insight into how sports and physical activity were
299 integrated into the rehabilitation care. The results of the fidelity outcome showed that
300 in all organizations sports and exercise activities were delivered as part of a
301 rehabilitation treatment. In addition, this study demonstrated that in most

302 organizations activities to stimulate sports and physical activity were to some extent
303 integrated into rehabilitation, but they were not always delivered as a standard
304 component of a rehabilitation treatment. Clearly, the total fidelity scores illustrated
305 large variations among organizations.

306 The current implementation status was assessed at the start of the nationwide
307 implementation of a sports and physical activity stimulation programme (RSE
308 programme) into rehabilitation. Before the start of this nationwide implementation
309 process, 9% of the approached organizations reported that they were not interested
310 in the RSE programme. Because these organizations were not recruited in the
311 current study, the current sample of organizations may be biased. On the other
312 hand, the fact that the majority of the approached organizations were interested in
313 the implementation of the RSE programme suggested that the managements of
314 these organizations realized the importance of stimulating a physically active lifestyle
315 in persons with disabilities. These findings are in line with the high and consistent
316 satisfaction rates found in the current study. Together these results suggest that
317 rehabilitation professionals support the idea to integrate sports and physical
318 activities, including stimulation activities, into their rehabilitation treatment. This might
319 be the result of the Dutch history on initiatives regarding sports and physical activity
320 projects that were integrated over the past decades into the rehabilitation care. A
321 possible mechanism behind this history of projects is that Dutch rehabilitation care is
322 strongly connected to rehabilitation research established by several collaborations
323 between rehabilitation professionals and (human movement) scientists [19]. In
324 addition, the implementation of the RSE programme fits perfectly in the policy of the
325 Netherlands Society of Physical and Rehabilitation Medicine (association of Dutch
326 rehabilitation physicians) that may also have contributed to the fact that in general

327 the participating rehabilitation professionals and their centres and hospital
328 departments were interested in the adoption of the RSE programme.

329 The fidelity of the implementation status was evaluated by calculating a total
330 fidelity score per organization. To calculate this score a simple method was
331 developed that gained insight into the quality of the implementation. In other words,
332 the fidelity scores provided information on the extent to which activities to stimulate
333 sports and physical activity during and after rehabilitation were implemented
334 according to guidelines of the RSE programme [17,18]. Although all organizations
335 offered sports and exercise activities as part of a rehabilitation treatment, the topic
336 'sports and exercise during rehabilitation' was not always officially integrated into the
337 policy of the organization. In the same way, this study showed that sports and active
338 lifestyle stimulation activities (intake, face-to-face session, counselling) were
339 delivered in most of the organizations, but not always as a standard component of
340 the rehabilitation treatment protocol. Ideally, in the current nationwide
341 implementation process [15], all involved organizations should continue working with
342 the sports and physical activity stimulation programme (RSE programme) after the
343 end of the period (2012 - 2015). It is therefore important that the implementation
344 strategy of this process should also focus on the integration of the programme
345 components into the routines of the organizations. Organization of regular regional
346 and national topic meetings may be an appropriate strategy to discuss among
347 professionals ways to effectively continue the programme within the routines of the
348 organization [20,21].

349 Nevertheless, the results of the total fidelity scores showed a large variation
350 among organizations (range: 15% - 85%). This large variation indicates that an
351 individual approach of the coordination and support of the current implementation

352 process in participating organizations, which is performed by Stichting Onbeperkt
353 Sportief [15], is also necessary. Activities, such as face-to-face visits, audits and
354 feedback can be an effective way to facilitate the implementation process and to
355 produce higher and more consistent degrees of fidelity [21-23]. On another note,
356 variation in fidelity among organizations can be useful and helpful when
357 professionals share knowledge and experiences at one of the meetings during the
358 programme period (2012 – 2015).

359 It is important to mention that the description of the implementation status
360 regarding the integration of sports and physical activity in rehabilitation was based on
361 the implementation status of the main components of the RSE programme (i.e.
362 intake, face-to-face consultation, counselling). It is possible that some of the
363 participating organizations deliver sports and active lifestyle stimulation activities that
364 were not included in the fidelity scores. This may result in an incomplete description
365 of how sports and physical activities, including stimulation activities, are integrated
366 into rehabilitation. In addition, several factors (such as support, resources, attitude)
367 can influence the implementation of sports and physical activity into rehabilitation
368 [24]. To explain and understand the variations among organizations, insight into
369 influencing factors can be valuable. Moreover, information on these factors is
370 important for a successful implementation process. Therefore, these aspects are
371 monitored and evaluated during the whole period of the current implementation
372 process (2012 – 2015).

373

374 This paper describes the method that was used to measure the current status of the
375 integration of sports and physical activities in rehabilitation care by using
376 components of an evidence-based programme. This method can be seen as an

377 example to measure how sports and physical activity, including stimulation activities,
378 were integrated into rehabilitation in a structural and effective way. With the use of
379 this method the content of the rehabilitation care regarding the integration of sports
380 and physical activity can be compared easily both on a national and international
381 level.

382

383 A limitation of the current method is that only fidelity and satisfaction were
384 used to describe the implementation status. It might be valuable to include also
385 information about the percentages of patients that are reached and about the
386 amount of stimulation activities that are delivered (i.e. dose). Unfortunately, the
387 cross-sectional data from the baseline questionnaire used in this study, did not
388 contain information to measure these outcomes (reach and dose) objectively.
389 Therefore, we were not able to include this information in the description of the
390 implementation status. In the current nationwide implementation process of the RSE
391 programme, an online registration system is designed in which real-time data is
392 obtained about the reach and dose of this programme [14,15]. In future studies we
393 will therefore be able to combine these longitudinally collected data with the fidelity
394 and satisfaction outcomes in order to describe the implementation status in more
395 detail. Moreover, this data can be used to evaluate the outcomes of the nationwide
396 implementation process of the sports and physical activity stimulation programme
397 [15]. It can be expected that the evaluation of this implementation process can also
398 lead to new insights to further optimize the current described measure of integration
399 of sports and physical activity in rehabilitation care.

400 The current study was carried out in the Dutch rehabilitation care. It should be
401 realized that the content and organization of the rehabilitation care can differ among

402 countries [11,25]. For example, a comparison of the rehabilitation treatment for
403 spinal cord injury (SCI) between three countries (Norway, The Netherlands,
404 Australia) showed that only in The Netherlands sports therapy was offered by
405 licensed sports therapists [11]. These findings are in line with the results of the
406 current study, but put them in an international perspective. Despite these possible
407 differences between countries, the method described in this study can be easily
408 applied to measure the integration of sports and physical activity in rehabilitation
409 care in other countries. In this way, the content of a rehabilitation treatment regarding
410 the integration of physical activity stimulation can be compared not only within
411 countries, but also between countries.

412

413 **Conclusions**

414 The fidelity outcome showed that activities to stimulate a physically active lifestyle
415 during and after rehabilitation were to some extent integrated into Dutch
416 rehabilitation care, but these activities were not always delivered as a standard
417 component of the rehabilitation treatment. These findings have emphasized the
418 importance to focus on the integration of sports and physical activity into the routines
419 of organizations. Professionals' satisfaction about sports and physical activity
420 stimulation was high. Moreover, main components of an evidence-based programme
421 to stimulate sports and physical activity both during and after rehabilitation can be
422 used to measure the current status of the integration of sports and physical activity in
423 rehabilitation care in a structural and effective way.

424

425 **Footnotes:**

426 ^a Stichting Onbeperkt Sportief is an organization that aims for a larger participation
427 within disabled sports and physical activity and the development of suitable and
428 accessible sports facilities.

429

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433

434 **Declaration of Interest sections**

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437

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523

524 **Table 1.** Fidelity of the implementation of sports and physical activities into
 525 outpatient rehabilitation. Fidelity contained both components related to sports and
 526 physical activity during rehabilitation as well as activities to stimulate a physically
 527 active lifestyle after rehabilitation. Results were clustered for each organization
 528 (n=17).

Components for outpatient rehabilitation treatment	Yes	No	N.c.	Source
1) Intake session on exercise and sports				
- Takes place	10	6	0	PL [°]
- As standard component of rehabilitation*	2	8	0	PL ^{°°}
2) Exercise and sport during rehabilitation				
- 'Sports and exercise during rehabilitation' is part of the official policy of the organization	8	8	0	M [°]
- More than one sports or exercise activity (e.g. swimming, fitness) are delivered as part of a rehabilitation treatment	17	0	0	C
- The topic 'sports and exercise' is discussed during a multidisciplinary team meeting**	9	4	0	Ph
3) Referral to SCC				
- Takes place	15	2	0	PL
- As standard component of rehabilitation*	5	11	0	PL [°]
4) Face-to-face consultation				
- Takes place	14	3	0	PL
- All counsellors use MI during almost every consultation	6	11	0	C
5) Telephone-based counselling sessions				
- Takes place by phone	9	8	0	PL
- As standard component of rehabilitation*	3	13	0	PL [°]
6) Collaboration between SCC and external exercise and sports facilities				
- Collaboration between SCC and external exercise and sports facilities	10	3	4	C
- All counsellors have knowledge of sports and exercise facilities in the region	10	1	6	C

529 *N.c. = no consensus, PL = project leader, M = managers, C = counsellors, Ph = physicians, SCC = Sports*
 530 *Counsellor Centre, MI = Motivational Interviewing.*

531 **yes = standard component for (almost) all outpatients, no = standard component for only some groups of*
 532 *outpatients or not standard component at all.*

533 ***yes = always or most of the times; no = never or sometimes.*

534 *° One missing value, therefore n=16.*

535 *°° This question was not shown if subjects answered that an intake session did not take place, therefore n=10.*

536

537

538 **Table 2.** Professionals' response rates to the questionnaire. Response rates are
 539 shown for each organization.

Organization	Manager	Manager + project leader	Project leader	Project leader + counsellor	Counsellor	Physicians	Total
1	1 / 1	-	1 / 1	-	3 / 4	1 / 1	6 / 7
2	1 / 1	-	1 / 1	-	3 / 3	-	5 / 5
3	-	1 / 1	-	-	1 / 1	1 / 1	3 / 3
4	0 / 1	-	1 / 1	-	3 / 3	1 / 1	5 / 6
5	1 / 1	-	-	1 / 1	3 / 3	1 / 1	6 / 6
6	1 / 1	-	1 / 1	-	1 / 1	1 / 1	4 / 4
7	1 / 1	-	-	1 / 1	1 / 1	-	3 / 3
8	1 / 1	-	1 / 1	-	1 / 1	1 / 1	4 / 4
9	-	1 / 1	-	1 / 1	-	1 / 1	3 / 3
10	-	1 / 1	-	-	2 / 2	1 / 1	4 / 4
11	1 / 1	-	1 / 1	-	3 / 3	0 / 1	5 / 6
12	-	1 / 1	-	-	2 / 2	1 / 1	4 / 4
13	1 / 1	-	1 / 1	-	2 / 2	1 / 1	5 / 5
14	1 / 1	-	1 / 1	-	1 / 1	1 / 1	4 / 4
15	2 / 2	-	1 / 1	-	1 / 1	-	4 / 4
16	-	1 / 1	-	-	1 / 1	1 / 1	3 / 3
17	-	1 / 1	-	1 / 1	0 / 1	1 / 1	3 / 4
Total	11 / 12 (91,7%)	6 / 6 (100%)	9 / 9 (100%)	4 / 4 (100%)	28 / 30 (93.3%)	13 / 14 (92.8%)	71 / 75 (95.7%)

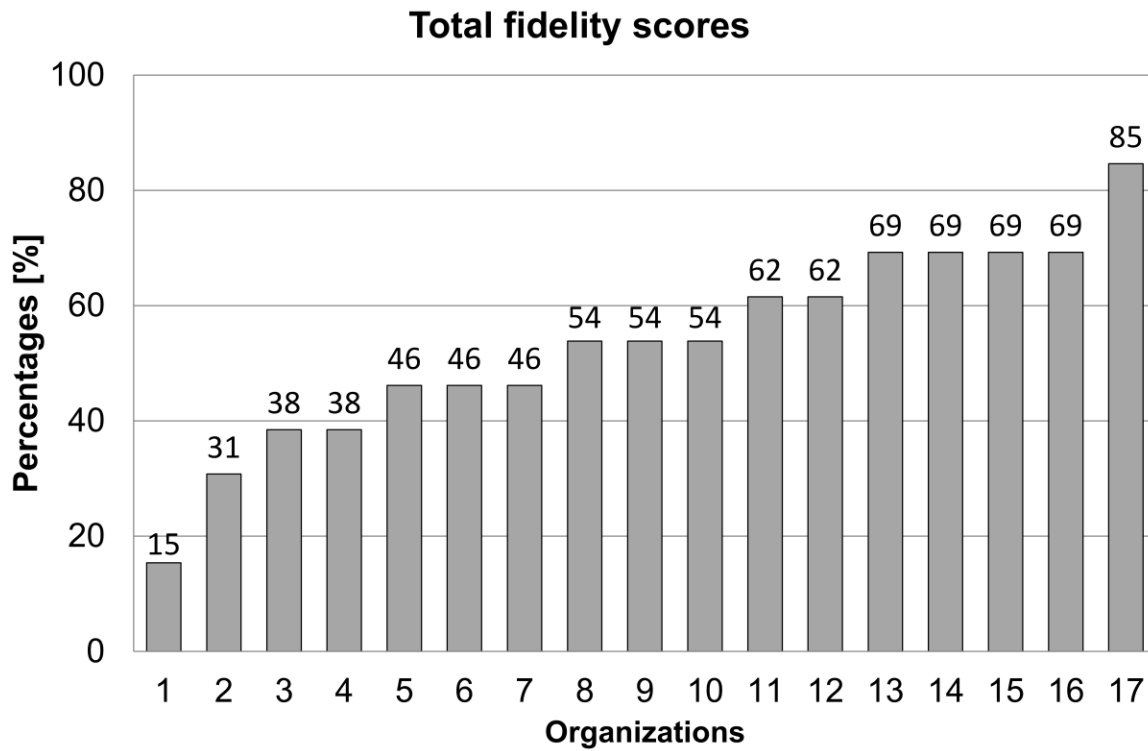
540 *If a role of the professional (e.g. manager + project leader) was not present in the organization, a '-'*
 541 *was shown. 3 / 4 indicates that of four available professionals, three responded, meaning a 75%*
 542 *response rate.*

543

544

545 **Figure 1.** Total fidelity score for each of the 17 organisations. Higher fidelity scores
546 indicated better integration of sports and physical activities into rehabilitation
547 according to the guidelines of the RSE programme.

548



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