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Occupational Therapy (OT) service revamp in Osteoarthritis (OA) care: role of OT in Supported Osteoarthritis Self-Management Programme (SOASP)

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Introduction

Patients with OA may mal-adapt to either restricted or over-activity participation pattern in response to symptoms of pain and fatigue over time. SOASP in MMRC is a multi-disciplinary rehabilitation programme intended for newly-diagnosed OA patients which its fundamental structure was based on the Swedish programme “Better management of patients with OA”. OT services in SOASP include practical strategies of activity pacing, energy conservation and postural education; which aim to promote the balance of Instrumental Activity of Daily Living (IADL); social and leisure activities participation and physical exercise. This focus on the balance and their relationship bridges the service gaps and improves the functional enhancement of SOASP.

Objectives

The objective of this pilot study was set to evaluate the impacts to patient’s pain self-efficacy and fatigue after implementation of tailored activity participation strategies advised by OT in SOASP

Methodology

Patients referred to SOASP attended a series of multi-disciplinary education following by 12 PT training sessions and 4 OT individual sessions. In the OT sessions, patients’ activity patterns were recorded by a commercial accelerometer and an activity logbook. Daily active minutes were recorded for analysis to select specific activity participating strategies for pain and fatigue management. Patient’s confidence to accomplish activities was assessed by Pain Self-Efficacy Scale (PSES) and Functional Assessment of Chronic Illness Therapy – Fatigue Score (FACIT-Fatigue) before and after OT intervention.

Result

The first batch of six patients who had completed the education on fatigue and pain management in January 2016 were recruited. Four patients committed to wear the accelerometer for 3 weeks and filled the activity logbook for determining the activity

level. Advices of activity prioritization, scheduling with breaks were given to 1 over-activity patients. 3 patients with suboptimal activity level were promoted to plan more active minutes in a day. Preliminary results showed all four patients maintained their activity participation with less fatigue and better pain-efficacy. The average FACIT-fatigue and PSES had improved from 30.3 to 36.5/60 and 30 to 35.8/60 respectively. OT intervention in SOASP showed positive results in pain-efficacy and fatigue handling. The use of the accelerometer proved to be effective in providing objective data for devising the tailored activity participation strategies crucial to the achieved improvements that are essential for early OA management.