## Implementation of TRAK : a web-based intervention to support self-care in knee rehabilitation



Kate Button & Irena Spasic









## Background









2. Achieving self-

4. Ability to go online, use medical devices and write things down

Briggs 2012; Button et al 2013; DeSilva 2011

## Web based rehabilitation

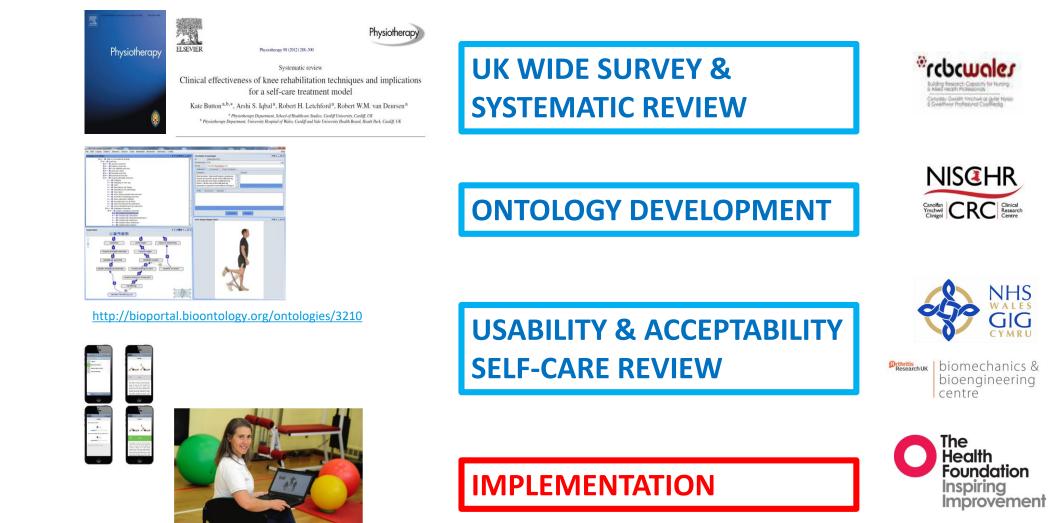
**STAGE 1** 

**STAGE 2** 

**STAGE 3** 

**STAGE 4** 





Button et al 2012; 2013 & 2015; Spasic et al 2015

## Aim

To evaluate the impact of TRAK implementation on the patient, clinician and organisation

Participatory action research approach with embedded cohort study

- SET-UP PHASE
  - PHASE 1: Early implementation
  - PHASE 2: Embedding in routine care

## Set-up phase

- Integrating TRAK into NHS IT infrastructure
- Recruiting and training physiotherapists





### Challenges

- Software version (IE9), operating systems, computer access, wifi
- Information governance Data storage
- Research burden to clinicians
- ½ hour appointment

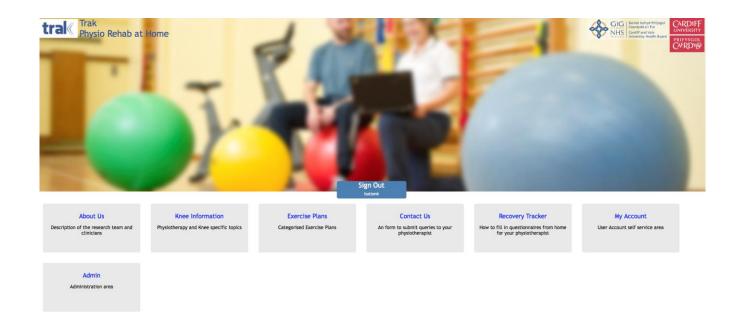
### Phase 1: Early implementation

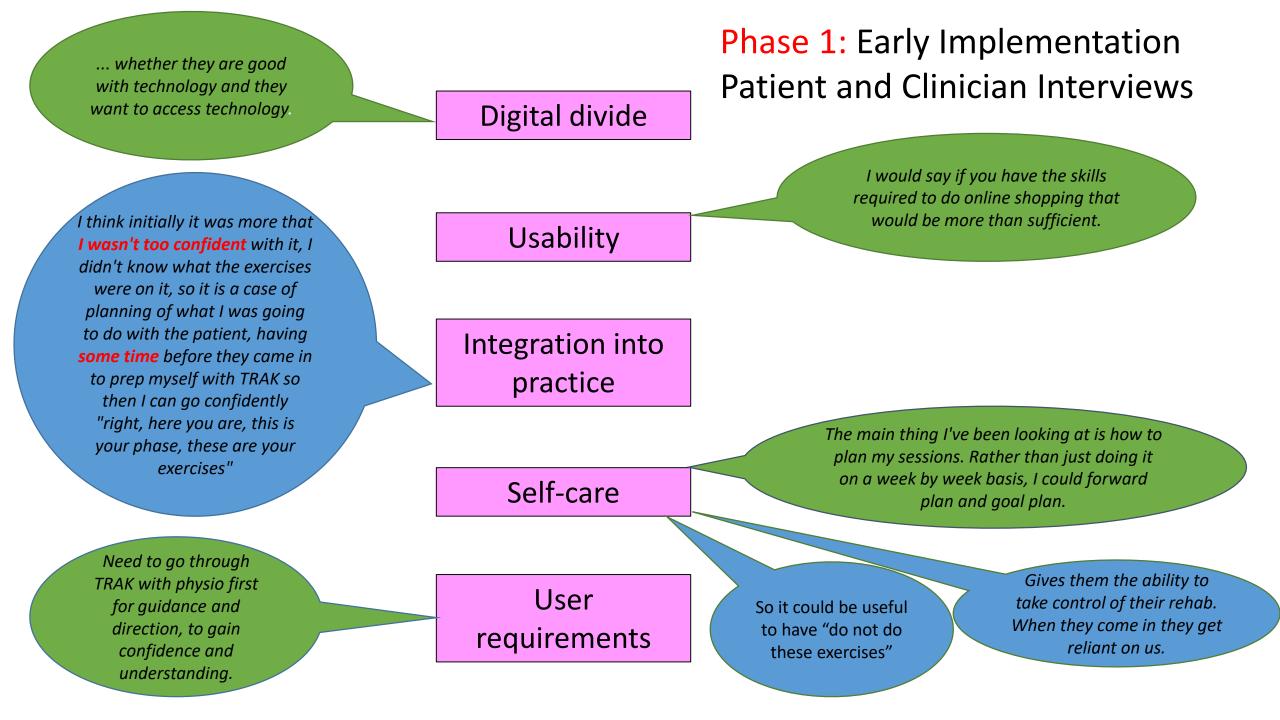




### TRAK functionality – video demonstration

Patient video 1





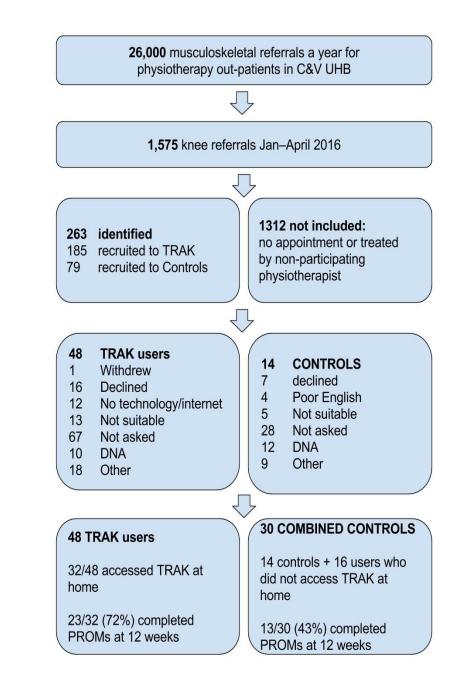
# Phase 2: Integration into practice

### 12 Weeks Offered to all patients









### Phase 2: Integration into practice

### **SUCCESSES**

- TRAK still being used
- Successful integration
- 67% (32/48) accessed TRAK at home
- Shift in working practice
- Videos of therapeutic benefit
- Transferrable to other settings Homerton NHS Trust
- Funding for self-care workshop

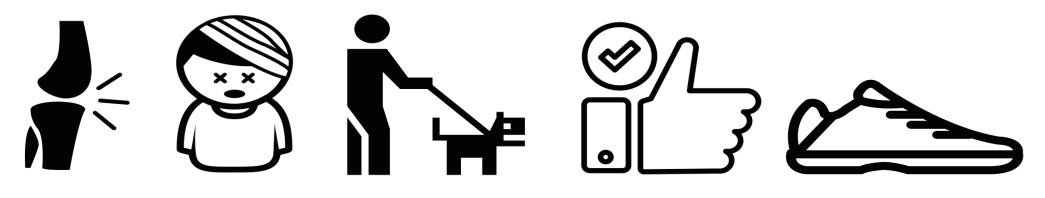
### **CHALLENGES**

- 29 patients had co-produced exercise plans (if no plan didn't access at home)
- Only 11 exercise plans updated over time
- Poor engagement with email contact
- Patients struggled to progress their own exercises
- A training package for integration of selfcare & eHealth

### Patient Rated Improvement - questionnaires

- Less pain
- Fewer symptoms
- Higher Function
- Higher quality of Life
- More Physically Active

Variable	TRAK users baseline	TRAK users follow-up	Natural control baseline	Natural control follow-up
Mean Age years	49.4		41.7	
(SD)	(18.2)		(21.5)	
Gender (frequency)	Females 19,		Females 20,	
	Males 12		Males 10	
Physiotherapy		5.58		4.95
attendances (SD)		(2.87)		(2.42)
Mean KOOS pain	57.21	68.68*	61.8	67.69
(SD)	(21.56)	(16.32)	(20.21)	(21.68)
Mean KOOS	53.03	61.64*	62.03	68.77
symptoms (SD)	(19.68)	(21.38)	(16.71)	(19.27)
Mean KOOS ADL	66.17	74.33*	67.80	73.85
(SD)	(24.22)	(20.09)	(22.94)	(23.53)
Mean KOOS Qol	38.69	53.88*	40.87	50.08
(SD)	(19.11)	(20.83)	(19.91)	(21.12)
Mean Physical	1954.48	3238.71*	3124.78	2954.46
activity MET (SD)	(2362.79)	(2649.06)	(2348.47)	(3370.94)



### Next...

- •TRAK is still in use
- Increase TRAK functionality
- Spread to primary care 'big 3 project'
- Spread body part
- eHealth & self-care integration into consultation













#### tells me what to do, shows me what to do and I do it

part of me would always want to know that that was always there.

I found the videos really useful because you can actually check to see your doing them correctly

I think the more you use it, better you'll become on it so more efficient you will be with it.





Acknowledgement: Thomas Edwards, Mark Collins, Kevin Nicholas <u>https://thenounproject.com</u>

