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Background

- Evidence supports the use of Hydrotherapy in the management of pain in:
 - Low Back Pain (LBP), Spondyloarthritis (SpA), Osteoarthritis (OA), Rheumatoid Arthritis (RA), Juvenile Idiopathic Arthritis (JIA)*
- Its use is supported by NICE Guidance¹, National (CSP)² and international (WCPT)³ bodies
- Yet despite having this evidence there can be long delays before it translates into practice (evidence to practice gap)
- Average evidence to practice gap is **17 years**

Purpose

To test 2 linked knowledge mobilisation strategies to close the evidence to practice gap by;

- Identifying the best clinical evidence for hydrotherapy for adults and children with musculoskeletal (MSK) pain (**1. CAT**)
- Exploring the barriers and enablers/solutions to translating this evidence into practice (**2. CoP**)

Methods 1 and 2

1. Critically Appraised Topic (CAT)

'In adults and children with SpA, LBP, JIA, OA, RA does hydrotherapy compared with usual care or dry land physiotherapy reduce pain, improve function or is it cost effective'

Searched evidence using PICO format (PICO= Population, intervention, Comparison and Outcome)

Appraised evidence using CASP tool

Evidence presented to CoP

2. Community of Practice (CoP)

'Like minded individuals who convene to discuss concerns' 'Share experience and expertise'⁴

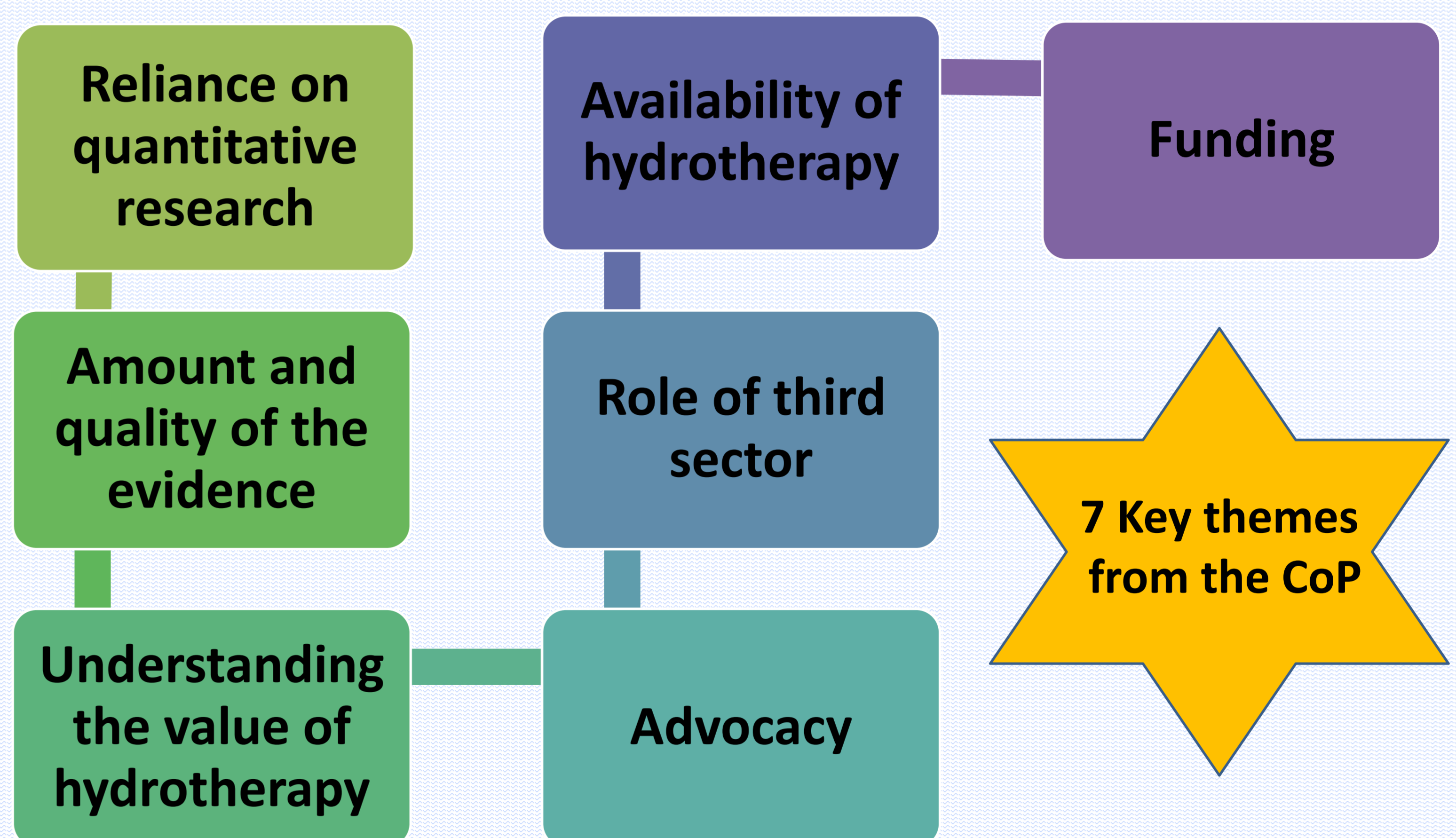
'opportunity to drive strategy, solve problems, transfer best practice and share skills'⁵

One focus group. Healthcare professionals & academics invited to participate. Topic guide used to guide debate. Audio recorded. Content analysis used.

Results

1. CAT: Good quality evidence to suggest that hydrotherapy had small, beneficial short term effect on pain, physical function in adults with AS, SpA, RA and OA of the hip and knee. Comparable with land based exercises. Long term effects unclear.

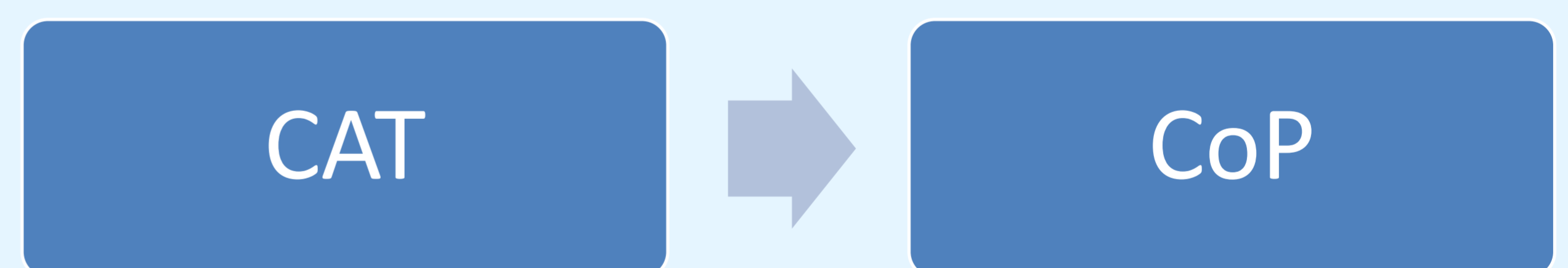
2. CoP: Six healthcare practitioners participated. 7 key themes emerged from the data



Solutions

- Use of different research methods to capture benefits of hydrotherapy
- Capture quality of life, well being and cost effectiveness
- Recognise hydrotherapy is not a replacement for land based treatment, but is an intervention in its own right

Conclusion and Implications



- Two linked knowledge mobilisation strategies helped understand the best evidence and barriers to its implementation
- Cocreated solutions were explored
- This data can inform clinicians, researchers, commissioners and the third sector when commissioning or evaluating hydrotherapy
- These 2 strategies could be used to evaluate any intervention

References
 1. <https://www.nice.org.uk/guidance/NG65/section/1-1-recommendations-pharmacological-management-of-spondyloarthritis>
 2. Chartered Society of Physiotherapy (2015). Aquatic Therapy Association of Chartered Physiotherapists (ATACP) - Guidance on Good Practice in Aquatic Physiotherapy. London, Chartered Society of Physiotherapy
 3. World Confederation of Physical Therapy Standards and Guidelines 2015 https://www.wcpt.org/apts/standards_guidelines
 4. Wenger E., McDermott R., Snyder, W.M. (2002). Cultivating Communities of Practice: A Guide to Managing Knowledge. Harvard Business Press.
 5. Lesser EL and Storck J. (2001) Communities of Practice and organisational practice. IBM systems Journal. 40(4), 831-841.

