



## Background

There are a wide range of physiotherapy treatment options for people with Tennis Elbow, however, previous studies have reported inconsistent approaches to treatment and a lack of evidence demonstrating clinical effectiveness. This study aimed to combine best available research evidence with stakeholder opinion to develop the key components of an optimised physiotherapy treatment package for testing in a future randomised controlled trial in the UK National Health Service.



## Results

Meetings were attended by 10 physiotherapists with special interest in Tennis Elbow (mean 18.7y qualified), 2 NHS physiotherapy service managers and 3 patients. There was a strong steer from managers that the intervention needed to be adaptable for online consultations and that numbers of follow-up sessions should be minimised to improve efficiency. Patients highlighted the importance of practicality and were amenable to online consultation. The optimised physiotherapy treatment package included: advice & education, exercise therapy and orthotics. Specific components for each of these interventions were also agreed such as: condition-specific advice, health promotion advice, exercise types, exercise into 'acceptable' levels of pain, exercise dosage and type of orthoses. Other treatment options including electrotherapy, acupuncture and manual therapy, were excluded.

## Method

An online Nominal Group Technique (NGT) approach was used, hosted on Microsoft Teams. NGT is a consensus method that allows stakeholders to generate, share and discuss ideas in a group forum before voting on consensus. The process can be repeated until consensus is reached. Physiotherapists with a special interest in Tennis Elbow were approached to take part via the British Elbow and Shoulder Society. Patients volunteered from the project's Patient and Public Involvement and Engagement group and NHS physiotherapy service managers were identified from future trial sites. Participants were sent a summary of the scientific evidence for the full range of physiotherapy treatments prior to the first meeting, which focussed on agreeing the types of intervention to include. The second meeting focussed on specific details of intervention delivery. Consensus for inclusion was set at 70% based on OMERACT guidelines. Options with 30-69% agreement were discussed again and a second vote was held allowing for a change of opinion.

## Conclusion

Online NGT consensus successfully developed an intervention for testing in a future pilot randomised controlled trial to contribute much needed evidence about the treatment of Tennis Elbow.

