

Clinical intervention

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A Formative Evaluation of Early Anterior Cruciate Ligament (ACL) Rehabilitation, from Physiotherapists' Perspectives, to Support the Development of a Clinical Pathway

Aim: To evaluate the effectiveness and consistency of early anterior cruciate ligament (ACL) rehabilitation.

Background: ACL injuries are complex musculoskeletal (MSK) conditions that require prolonged rehabilitation. In response to increasing National Health Service (NHS) pressures, the Local Health Board MSK Physiotherapy Service are prioritising the development of clinical pathways to enhance consistency and efficiency of care. While the development of a full ACL clinical pathway was deemed too broad for this work-based project, informal discussions with local physiotherapists, analysis of ACL patient journeys and a brief scoping of the literature revealed significant variability in early ACL rehabilitation. Therefore, this study focused on exploring physiotherapists' perspectives on early ACL rehabilitation to inform the development of a more effective and consistent approach and support the development of an ACL clinical pathway.

Methods: Using the NHS Evaluation Cycle, the project combined stakeholder engagement, a logic model, a fishbone diagram and literature review to understand both conventional and empirical data related to early ACL rehabilitation. A mixed-methods design using a questionnaire and semi-structured interviews (SSIs), ensured depth and breadth of data, aligned with service priorities, and upheld ethical standards.

Results: From 34 questionnaire responses and 3 SSIs, findings showed a consistent focus on physical rehabilitation, but highlighted delayed psychological support regarding early ACL rehabilitation. Practice varied, with some clinicians using formal guidance and others relying on experience. Barriers included time, resources, training gaps, and limited multidisciplinary collaboration.

Conclusion: This evaluation has demonstrated a locally relevant and flexible early ACL rehabilitation guide is needed to standardise local care that includes physical and psychological rehabilitation, alongside outcome measures and shared decision-making tools. Recommendations also include exploring or developing psychological screening tools and support frameworks, digital and in-person patient education, improving multidisciplinary team integration, tiered rehabilitation models, and training for junior staff to reduce variation and enhance care quality.

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Advanced clinical practitioner pharmacists and post-discharge medicines reconciliation in older adults

Aim: To explore how pharmacist-led post-discharge medicines reconciliation influences health outcomes for older adults, and to examine the implications for advanced clinical practitioner-pharmacist roles in service development and integrated care.

Objectives

1. To synthesise key themes on the processes and outcomes of post-discharge medicines reconciliation in older adults.
2. To examine how pharmacist autonomy, leadership and multidisciplinary working shape patient safety and service effectiveness.
3. To identify implications for advanced practice education, workforce development and system-level implementation.

Background: Transitions of care remain a high-risk period for older adults, with medication discrepancies and medication-related harm contributing to avoidable readmissions and patient dissatisfaction. Despite policy emphasis, the specific contribution of advanced clinical practitioner-pharmacists to post-discharge medicines reconciliation in older adults remains under-represented in the practice literature.

Methods: A narrative review approach was adopted to synthesise contemporary international literature on pharmacist-led post-discharge medicines reconciliation in older adults (65yrs+).

Findings: Key themes highlight medicines reconciliation as a complex, patient-centred clinical intervention, its role in reducing discrepancies and adverse drug effects, and its contribution to service integration and workforce development.

Impact for Practice: The review identifies implications for clinical leadership, education and service design, supporting the development of advanced clinical practitioner-pharmacist roles within integrated care systems.

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