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'being the baddy' and 'feeling under threat'. In an attempt to achieve their goals and minimize the potential for conflict or distress, physiotherapists strategically (but often implicitly) managed the discharge process, 'weaning' patients from therapy, modifying their expectations of outcome and controlling the pace of decision-making.

Conclusions. A paradox is apparent: These physiotherapists aimed to work in a therapeutic relationship, but getting to know the patient as a 'person' made the decision to end treatment emotionally challenging and contributed to professionals' dilemmas. They responded by using strategic and implicit discharge processes. Failure to acknowledge that 'health professionals are people too' and that their values and emotions impact on their practice may limit the extent to which rehabilitation services develop in a person-centred manner.

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Return to work after injury: A return to the same employment role for most working people

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Background. Returning working-age injured people to their former work roles is behind the intent of ACC-provided vocational rehabilitation in New Zealand. The Injury Prevention, Rehabilitation and Compensation Act 2001 (IPRC Act) uses a hierarchy to specify the purpose of vocational rehabilitation, which has a priority of helping a claimant maintain employment. However, there is little research available tracking the actual employment outcomes after vocational rehabilitation in New Zealand.

Aim. Data used was drawn from a larger study investigating the extent to which ACC's vocational rehabilitation met the goals and intent of the Injury Prevention, Rehabilitation and Compensation Act (2001). This aspect of the study explores findings from the return to work survey, and aims to identify the employment destinations of injured people post-recovery and to describe claimant characteristics.

Methods. 1600 claimants who had received weekly compensation for more than three weeks were selected from a national database, and invited to participate in a survey. Serious injury, medical misadventure and sensitive claims were excluded. The final response rate to the survey was 48% ($n = 580$). In the survey claimants were asked to choose from several options describing their employment outcome.

Results. Data reveals that 75% of participants maintained their employment. Of this group, 66% returned to the same work position, 12% of claimants obtained different employment, with most reporting a different work role. Of those remaining, 11.5% stated they did not return to work. Claimants were male (61%) and New Zealand European (69%). Claimants were fairly evenly distributed across two time periods spent on claim (13–26 weeks, 23%; 27–52 weeks, 23.6%). A quarter (25%) spent more than 52 weeks on claim and 20% spent up to 12 weeks.

Conclusion. Initial findings suggest that employment outcomes for most claimants resulted in maintenance of their previous employment. Almost equal numbers of claimants indicated they had obtained different work, or did not return to work at all (12% in each case). Factors such as previous physically demanding occupations (35% of claimants not returned to work) and the lack of alternative jobs were identified as reasons for their non return to work.

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Motivational interviewing: Promoting better engagement and participation in rehabilitation

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Background. Motivational interviewing (MI) is an evidenced-based person-centered and goal-oriented counseling style that helps to initiate change through the exploration and resolution of ambivalence [1]. A recent meta-analysis on MI [2] shows a growing evidence base supporting its effectiveness across a wide range of clinical disorders and health related problems. Research has demonstrated [3] that learning and becoming proficient in MI is not solely achieved by reading or attending professional development workshops alone. Essentially professionals learn MI from their clients [4]. The skills of MI are compatible with and complementary to other psychotherapies in that they provide methods for empowering and helping people develop and recognize their own intrinsic reasons and motivators for change.

Aim. Research indicates that MI is useful with people who are initially oppositional, angry or less motivated to change. Often these resistant behaviours are identified in insurance-based disability both in case workers and compensation clients. The aim of this proposed study is to ascertain the efficacy of MI training in initiating change talk and adherence to rehabilitation programmes.

Study design. Randomized controlled experiment.

Methods. Participants will complete a 'helpful skills questionnaire' to measure empathetic response as a pre-training evaluation followed by engagement in a two-day interactive training course in MI including demonstration, role playing and lectures. Follow-up will be at course completion, 3 months, 6 months and 12 months intervals. Results will be compared with equal demographic units who have received only basic training in case management.

Proposed outcome of trials. The authors propose to pilot clinical trials to assess the suitability of MI training for front-line case workers in insurance-based vocational rehabilitation settings to measure: (i) The level of active client participation in rehabilitation programmes; (ii) client satisfaction in engaging with their case worker measured by independent survey; and (iii) case workers' satisfaction for engaging with clients measured by self-evaluation questionnaire.

Conclusion. To support the hypothesis that MI is efficacious in promoting better working relationships

between insurance-based rehabilitation institutions and clients and subsequent engagement and participation in rehabilitation programmes.

References

1. Miller WR, Baca C, Compton WM, Ernst D, Manual JK, Pringle B, Schermer CR, Weiss RD, Willenbring ML, Zweben A. Addressing substance abuse in health care settings. *Clin Experim Res* 2006;30:292–302.
2. Hettema J, Steele J, Miller WR. Motivational interviewing. *Annu Rev Clin Psychol* 2005;1:91–111.
3. Miller WR. Updates, education and training. *Motivat Interviewing Newsl* 1999;6:3.
4. Miller WR, Mount KA. A small study of training in Motivational Interviewing: Does one workshop change clinician and client behaviour? *Behav Cognit Psychother* 2001; 29:457–471.

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Benchmarking outcomes in rehabilitation – the Australasian Rehabilitation Outcomes Centre story

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Background. The Australasian Rehabilitation Outcomes Centre (AROC) began as a joint initiative of the Australian rehabilitation sector (providers, funders, regulators and consumers). It commenced operation on 1 July 2002 with the prime objective being the collection of a standardized dataset against each and every rehabilitation episode of care, initially within Australia, and then expanding to include New Zealand and other Australasian countries. The Australasian Faculty of Rehabilitation Medicine (AFRM) is the auspice body and the data custodian. The Centre for Health Service Development (CHSD) at the University of Wollongong is the data manager and responsible for AROC's day-to-day operations. AROC provides twice-yearly reports to member facilities analysing their data and comparing them to the appropriate benchmark group data and the national data. There are approximately 140 rehabilitation units in Australia (public and private). Of these 130 currently belong to AROC and submit data, which over 2006 described some 45,000 rehabilitation episodes. In total the AROC database now holds data on more than 275,000 episodes of rehabilitation.

Findings. This presentation will describe the 2005 data by AROC impairment group, and also by sector. It will then discuss the rehabilitation outcomes achieved during 2005 and, importantly, show the positive changes that have been achieved by the industry between 2000 and 2005, which overall present a good news story. Length of stay is (mostly) decreasing; functional gain achieved during a programme is (mostly) increasing, and its being achieved more efficiently; and a greater percentage of patients are being discharged back to the community. Interestingly, the average age of patients has not changed substantially over the 5 years.

Conclusion. Collection of a standardized data set has enabled the provision of a national benchmarking system, which in turn has led to an improved understanding of factors that influence rehabilitation outcomes and costs, and therefore performance of the sector.

Stream Two: Novel rehabilitation strategies/physical rehabilitation

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Exercise therapy in the management of hip osteoarthritis: A systematic literature review

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Aim/objective. Osteoarthritis is fast becoming a significant burden on health resources due to the ageing population and increasing longevity, and as a consequence effective management strategies for osteoarthritis are crucial. The benefits of strength training programmes in patients with osteoarthritic knees have been well established in the literature. This support has been extrapolated to the management of osteoarthritis of the hip, with little documented evidence. The purpose of this study was to undertake a systematic critical review of the current literature to evaluate the effectiveness of exercise therapy in the management of hip osteoarthritis.

Study design and methods. An extensive keyword list was developed and used in a standardized search strategy of fifteen electronic databases. A literature search identified interventional studies as well as previous systematic or critical reviews. The quality of each article was critically appraised according to the Generic Appraisal Tool for Epidemiology and graded according to the Modified Cochrane Scoring system. To allow an appreciation of the level of evidence to support specific exercise-based interventions, a 'pattern of evidence' approach was used. The overall level of evidence attributed to an exercise intervention was based upon the number of studies, study design and the quality rating ascribed to each study.

Results. More than 4000 articles were identified, of which 338 were considered suitable for abstract review. Following abstract review, 39 studies were considered suitable for full text review. Only six intervention studies met the inclusion criteria. No review papers met the selection criteria as hip data was not evaluated independently of other conditions.

Conclusions. There was a distinct lack of well-designed studies specifically targeted at the exercise therapy management of hip osteoarthritis. However, some evidence was found to suggest that exercise therapy can be an effective short-term management approach for reducing pain levels and improving hip function. Additionally, there was some evidence to support the use of manual therapy, inclusive of