WALK30X5 The development and feasibility evaluation of a physiotherapy walking programme for people with mild to moderate musculoskeletal conditions.

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Background

- People with long term musculoskeletal conditions are more likely to be inactive and at increased risk of developing further co-morbidity than their peers.

- Walking is a suitable, popular and accessible form of activity and NICE guidelines (2012) call for the development of walking programmes for insufficiently active adults.
Aims and Design of Study

1. To develop and refine an evidence-based, web-based physiotherapy walking programme intervention, including podcasts and website, to improve physical activity for people with LTMCs.

2. Test the feasibility and acceptability of the intervention.

Study Design:

- 1. Development of Intervention
- 2. Feasibility trials + pilot at one site
- 3. Qualitative
Methods

1. Development of intervention: literature review and consensus groups (lay, clinicians and researchers (n=31).

2. Feasibility trial. N= 41 with mild/moderate LTMCs randomised to 1 physiotherapy advice and assessment session, including goal setting plus 1 FU OR 1 physiotherapy session to teach “Walk30X5” (progressing to 30 mins of MVPA 5 X per week) and 1 FU.

   Assessments: Baseline, 3/12 months (post-intervention), 6 months.
   Measures: Timed-6-minute walk (primary), steps/day, pain, fatigue, happiness, Daily Activities Questionnaire (DAQ), Energy Expenditure (Axivity accelerometer), PANAS (mood), global health rating, adherence, self-efficacy, EQ-5D-SL, BP, resource use.

3. Qualitative interviews of trial participants (n=10) and physiotherapists (n=4)

Analyses: Recruitment, retention numbers, adverse events, flow through the trial, suitability of outcomes. Qualitative data: Interpretative Phenomenological Analyses
Results and Implications

• Recruitment target achieved, no adverse events, outcomes explored, “Walk30X5” positively valued by participants.
• Acceptable loss to follow up: n=4 + n=4 participants withdrew (medical reasons) (total n=8 20%).
• Promising Timed 6MWT findings: “Walk30X5” intervention group mean of 66 metres (95% CI -6 to 137) further at 3/12 (p=0.07) and mean of 90 metres further (95% CI 5.4 to 174) at 6 months (p=0.04)
• N= 216 is required in a main trial.

Implications: “Walk30X5” is ready for evaluation in a phase III trial.

If effective, it will provide a feasible, cheap, highly accessible web-based intervention to enable large numbers of patients with mild/moderate LTMSc to gradually become more active/achieve recommended physical activity guidelines.