



PHYSIOTHERAPY MANUAL



Introduction

ARTISAN was a trial funded by NIHR (Award ID: 16/167/56). ARTISAN compared a advice and a single session of physiotherapy to advice and a course of physiotherapy. The protocol paper and intervention development paper are open access and provide further details:

Kearney RS, Dhanjal G, Parsons N, et al Acute Rehabilitation following Traumatic anterior shoulder dISlocAtion (ARTISAN): protocol for a multicentre randomised controlled trial *BMJ Open* 2020;10:e040623. doi: 10.1136/bmjopen-2020-040623

Liew Z, Mazuquin B, Ellard DR, Karasouli E, Drew S, Modi C, Bush H, Underwood M, Kearney RS. Development of a single-session physiotherapy and self-management intervention for the treatment of primary traumatic anterior shoulder dislocation for the 'Acute Rehabilitation following Traumatic anterior shoulder dISlocAtion (ARTISAN)' multi centre RCT. *Physiotherapy*. 2021 Dec;113:80-87. doi: 10.1016/j.physio.2021.06.002. Epub 2021 Jun 17. PMID: 34607077; PMCID: PMC8612274.

The advice and single session intervention comprised of:

Phase one booklet: Administered at first contact (e.g. A&E or fracture clinic) by the treating clinician, prior to a physiotherapy appointment.

Phase two and three booklet: Administered at the first physiotherapy session (within six weeks of injury).

Phase four booklet: Administered at the first physiotherapy session if appropriate for the patient (recognising that not all patients require return to sport advice).

Phase one: Education and advice

1. The phase one booklet was designed to be administered at first contact (e.g. A&E or fracture clinic). The content contains education on the components below with the aim of improving understanding of the condition and its management and to counter any misconceptions or unhelpful thinking.
 - a) What has happened to me?
 - b) What can go wrong?
 - c) How do I stop this happening again?
 - d) How long do I have to wear my sling?
 - e) Should I move my arm?
 - f) How do I control my pain?
 - g) When can I return to usual activities?
 - h) What if something goes wrong?

Following administration of the booklet the ARTISAN self-management materials were designed to be followed up with one appointment with a physiotherapist within six weeks of injury, at which point phase two-four booklets were administered.



Phase two - four: During the physiotherapy appointment

At the single session of physiotherapy clinical assessment should be carried out as per usual practice, which as a minimum we would expect to include:

- a) Range of movement assessment
- b) Muscle power assessment
- c) Neurological assessment

Following the clinical assessment the physiotherapist would reinforce the educational material provided in in the phase one booklet and then proceed with administering the phase two and three booklets.

The physiotherapist would need to explain the phase two and three booklet content and then demonstrate and teach the core set of progressive range of movement exercises contained within them and explain what they aim to achieve.

The physiotherapist should then observe the participant appropriately demonstrating the phase two range of movement exercises.

There should be a discussion of contact points if complications occur or expected recovery times are not achieved.

Self-management behaviours should be promoted through the addition of goal setting, exercise planning and diaries. Aim to agree with the patient an exercise (or other) goal (e.g. repetition, duration, frequency); prompt them to think of possible factors (barriers & facilitators) influencing the behaviour (e.g. controlling the pain) and come up with strategies to overcome them. The physiotherapist should also prompt the patient to make detailed planning of performance of the behaviour or behaviours (e.g. exercise or pain management) to include at least one of context, frequency, duration or intensity. (e.g. encourage to complete one set of exercises every day after work and as soon as they return home).

One example of clear goal setting is to use SMART goals. The definition of SMART goal is as follows:

- Specific – Clear definition of the what, why and how.
- Measurable – Evidence that they have achieved the goal.
- Achievable – Agreed and attainable
- Relevant – Does the participant understand the relevance, is it relevant to them?
- Time-bound – Each goal should have a time frame.

If appropriate the physiotherapist should then discuss with the patient later stage information on how to return to sports (Phase four booklet).