

Exercise for people with Parkinson's: iterative evaluations to develop evidence-informed service provision across the United Kingdom

OLIVER, B. and RAMASWAMY, Bhanu <<http://orcid.org/0000-0001-9707-7597>>

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Published version

OLIVER, B. and RAMASWAMY, Bhanu (2021). Exercise for people with Parkinson's: iterative evaluations to develop evidence-informed service provision across the United Kingdom. *Physiotherapy*, 113 (Supp 1), e86-e87.

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Poster abstract accepted 7th September 2020 for Virtual Physiotherapy UK 2020 Conference

Title: Exercise for people with Parkinson's: Iterative evaluations to develop evidence-informed service provision across the United Kingdom

B. Oliver¹, B. Ramaswamy²

1 Thorpes Physiotherapy, Sandhurst, United Kingdom

2 Honorary Visiting Fellow, Sheffield Hallam University, Collegiate Campus, Sheffield, United Kingdom

Purpose: Parkinson's UK strategy places exercise high on its agenda, declaring 80% of people diagnosed with Parkinson's should have access to exercise information.

As co-chairs of the charity's Exercise Professionals Hub, a network assembling providers across Health, Charitable, Independent, Sport and Leisure sectors, the authors sought to uncover decision-making and clinical reasoning processes of members when executing a programme of exercise for people with Parkinson's.

An initial survey of members determined:

1. Inconsistencies in professionals' understanding of the research, leading to multiple expectations of treatment i.e. possible neuroprotection; motor- and non-motor symptom improvement; secondary cardiopulmonary and musculoskeletal benefits.
2. Unreliable person-facing communication about 'best exercise', prescribing ineffective dosage and exercise components.

This led the authors to participate in a Parkinson's UK project whose aim was to develop exercise resources for people with Parkinson's. The Hub members' objective was to create a resource to improve exercise standards, culminating in the publication of a Parkinson's Exercise Framework for Professionals.

Methods: Development of the Exercise Framework used the Analytic Hierarchy Process. Parkinson's UK staff oversaw this approach, communicating decisions across wide stakeholder groups, and agreeing on compromise where stakeholders' values differed. Literature was reviewed by Parkinson's UK specialists and Hub professionals, with a draft model explored at a stakeholder conference. The final Framework was published by Parkinson's UK. Subsequent Framework evaluation by the professionals was undertaken at two successive annual Hub conferences, by canvassing an understanding of members' use of the Exercise Framework.

Results: The survey outcome revealed that professionals viewed the Exercise Framework as a useful evidence informed guide, supporting prescription of individualised, timely exercise provision. Hub members liked the three-stage focus: engaging in correct exercise at diagnosis; staying active through the course of Parkinson's; and exercise adaptation when experiencing physical and cognitive performance challenges.

They requested further supporting content to build their confidence when communicating the Framework message. This was done through the design of an adaptable teaching template for use by the professionals who deliver education to varied audiences.

People with Parkinson's liked the inclusion of possible exercise styles, informed through accompanying Parkinson's UK graphics. They requested visual examples, leading to the development of a video repository on the charity's website, so people could undertake exercise by themselves.

Evaluation is ongoing of the use of these two additional resources.

Conclusion(s): The Parkinson's Exercise Framework for professionals broadly guides those advocating exercise. This resource provides a means of up-skilling professionals, enabling educated and evidence-based conversations around exercise with the Parkinson's population.

The post-Framework evaluation development of an adaptable teaching resource and video exercise repository has led to wider dissemination of the Framework.

Impact: The Framework itself and updatable resources assure that professionals providing exercise to people with Parkinson's or education to interested audiences. The impact of this ambitious project has huge potential

and a survey of template use is underway. Exploration to collect website analytics of people accessing the Framework pages, and the Facebook and YouTube exercise repository is ongoing.

Funding acknowledgements: The project work comes under the umbrella of the charity Parkinson's UK, whose staff sanction the house style and own the copyright. Unfunded volunteers of the Exercise Professionals Hub have created and evaluated the framework.

Published as: Oliver B, Ramaswamy B. (2021). Exercise for people with Parkinson's: Iterative evaluations to develop evidence-informed service provision across the United Kingdom. Virtual Physiotherapy UK 2020 Conference Abstract Poster Presentation. *Physiotherapy*; 113 (S1): P054 e86–e87

At: [https://www.physiotherapyjournal.com/article/S0031-9406\(21\)00142-5/fulltext](https://www.physiotherapyjournal.com/article/S0031-9406(21)00142-5/fulltext)

13 & 14 November 2020
Poster Hall 2 D28 Oliver and Ramaswamy

Exercise for people with Parkinson's: Iterative evaluations to develop evidence-informed service provision across the United Kingdom

Authors :
B Oliver, Thorpes Physiotherapy
B Ramaswamy OBE, Independent Physiotherapist
J C Jones, Robert Gordon University
K Baker, Northumbria University

The Challenge

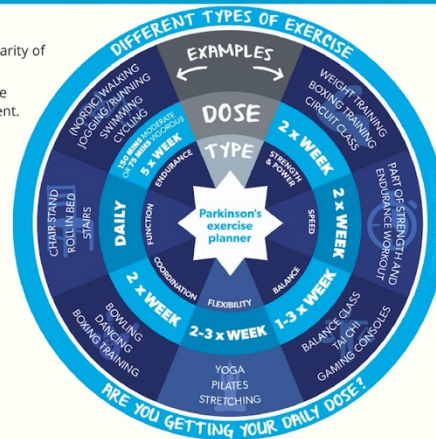
- Exercise prescription in Parkinson's generally lacks clarity of dosage for an effective outcome.
- Inconsistencies in professionals' understanding of the research, leading to multiple expectations of treatment.
- Unreliable person-facing communication about 'best exercise', leading to ineffective focus of treatment.

The Aim

To develop exercise resources for professionals working with Parkinson's to improve consistency of care.

The Method

Development of the **Exercise Framework** using the Analytic Hierarchy Process.



The Evaluation

- The Framework provided:
 - A useful evidence-informed guide, supporting prescription of individualised, timely exercise provision.
 - A guided exercise prescription* to reflect condition progression.
 - Professionals with a comprehensive list of exercises to prescribe allowing an individualised approach
- The Framework evaluation highlighted the need for standardised educational resources and templates to present the Framework in different settings.

In Conclusion

The Framework itself and the updatable resources on Parkinson's UK website assure that professionals providing exercise to people with Parkinson's, education to interested audiences or those with Parkinson's are basing their exercise prescription on the latest evidence for maximum benefit.

Future Plans

- A survey of the Framework teaching template.
- Collate analytics from the Framework page on Parkinson's UK website, Facebook and YouTube.
- Explore the impact of the Framework on clinical practice

*View and download the full Parkinson's Exercise Framework along with FAQs to gain more insight. www.parkinsons.org.uk/exerciseframework
For further correspondence or to join the Exercise Professionals HUB becky.oliver@thorpesphysiotherapy.com

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