

Coach2Move: Physiotherapy in frail older adults.

No registrations found.

Ethical review	Positive opinion
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON25718

Source

Nationaal Trial Register

Brief title

Coach2Move

Health condition

Older adults
Mobility problems
Physical inactivity
Frailty

Sponsors and support

Primary sponsor: Radboud University Nijmegen Medical Centre

Source(s) of monetary or material Support: Rooyal Dutch Society for Physical Therapy (KNGF) and ZonMw

Intervention

Outcome measures

Primary outcome

Level of physical activity as measured with the LASA Physical Activity Questionnaire (LAPAQ).

Secondary outcome

1. Mobility (modified Get Up & Go Test, walking speed and 6 minute walking test);
2. Quality of life (SF-36);
3. Level of frailty (Evaluative Frailty Index for Physical Activity);
4. Perceived Effect (Global Perceived Effect, Patient Specific Complaints);
5. Fatigue (Numeric Rating Scale Fatigue);
6. Healthcare utilization;
7. Comorbidity.

Study description

Background summary

Background:

Many elderly have to deal with multiple diseases and disabilities. For healthcare professionals in general and geriatric physiotherapists in particular it is merely unclear how to deal with this complex population. Evidence based guidelines are lacking. Moreover, since the population is ageing and healthcare costs are increasing there is a high need for cost effectiveness in geriatric health care. Literature shows that mobility is essential for overall functioning and quality of life of older adults. Physiotherapy aimed at improving mobility can therefore be of great importance. A physically active lifestyle can maintain mobility and quality of life after the end of the physiotherapy treatment. We also expect that the level of frailty can be influenced by means of a physically active lifestyle.

Objective:

The main objective of this study is to study whether a problem-oriented coaching intervention (coach2move strategy) by a physiotherapist specialized in geriatrics is more effective to improve physical activity, mobility and health status in community-dwelling older adults than usual care physiotherapy. In addition, cost-effectiveness will be determined.

Study Design:

The study design is a single blind randomized controlled trial in fourteen physiotherapy practices in the Netherlands. In each participating practice one physiotherapist specialized in geriatrics will work according to the coach2move strategy and one general physiotherapist will provide usual care. Participants who fulfil the inclusion criteria and are willing to participate will be randomized to either the geriatric physiotherapist or the general physiotherapist in their preferred physiotherapy practice.

Study population:

The study population consists of community-dwelling, physically inactive older adults with or at risk of mobility problems.

Intervention:

The coach2move strategy consists of an extensive and systematically organized diagnostic phase in physiotherapy which leads to a specific goal- and personally oriented treatment. Shared decision making and self-management are essential. The participating specialized physiotherapists will be trained in the coach2move strategy prior to the trial and coached during the trial.

Primary outcome:

The primary outcome is the level of physical activity as measured by the LASA Physical Activity Questionnaire (LAPAQ).

Secondary outcome:

1. Mobility (modified Get Up & Go Test, walking speed and 6 minute walking test);
2. Quaility of life (SF-36);
3. Frailty (Evaluative Frailty Index for Physical activity);
4. Perceived Effect (Global Perceived Effect, Patient Specific Complaints);
5. Fatigue (NRS fatigue);
6. Healthcare utilization;

7. Co-morbidity (Cummulative Illness Rating Scale).

Hypothesis:

The coach2move strategy is more effective in improving level of physical activity, quality of life and frailty compared to usual care physiotherapy in older adults suffering from or at risk of mobility problems. In addition we expect the Coach2Move strategy to be more cost-effective.

Study objective

A problem- oriented and patient centered physiotherapy intervention (coach2move strategy) is more effective in improving level of physical activity, quality of life, mobility and frailty compared to usual care physiotherapy in older adults suffering from or at risk of mobility problems. In addition we expect the Coach2Move strategy to be more cost-effective.

Study design

1. Measurement 1 (t0): baseline - prior to physiotherapy treatment;
- 2, Measurement 2 (t1): 3 months after the start of physiotherapye treatment;
3. Measurement 3 (t2): 6 months after the start of physiotherapy treatment.

Intervention

The Coach2Move strategy consists of an extensive and systematically organized diagnostic phase in physiotherapy which leads to a specific goal- and patient oriented treatment. Shared decision making and self- management are essential. The physiotherapist coaches his/ her clients in reaching their own goals. The frequency and length of the physiotherapy are based on the needs of each specific patient.

The control group will receive physiotherapy as usual.

Contacts

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Eligibility criteria

Inclusion criteria

Community dwelling older adults > 70 years old, starting physiotherapy for mobility problems and/ or physical inactivity.

Exclusion criteria

1. Not able to walk 5 meters (with or without assistive devices);
2. Palliative illness, not able to understand instructions (MMSE <21);
3. Severe degenerative neurological conditions;
4. Cardiovascular contra-indication for exercise;
5. Physiotherapy in last 6 months.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel

Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active

Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-09-2012
Enrollment:	140
Type:	Anticipated

Ethics review

Positive opinion	
Date:	13-07-2012
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL3379
NTR-old	NTR3527
Other	CMO Arnhem/ Nijmegen : 2012/233
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results

N/A