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THE EFFECT OF TWO COGNITIVE-BEHAVIOURAL INTERVENTIONS ON PATIENT ADHERENCE TO PHYSIOTHERAPY REHABILITATION

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ABSTRACT

The research in this thesis used prospective randomised controlled trials to evaluate two cognitive-behavioural interventions designed to improve adherence to physiotherapy in patients with ankle sprains. In Study 1, a DVD and written intervention grounded in Protection Motivation Theory (PMT: Rogers, 1983) and assessment tools were developed and piloted. In the pilot 31 patients were randomized into one of three treatment conditions (PMT, attention control and non-contact control). Following the intervention patients beliefs toward physiotherapy and injury were assessed. Compared to the two controls, the PMT group had significantly higher scores on severity, vulnerability and response efficacy. No differences were found for self-efficacy or intentions. Both response efficacy and self efficacy were significantly related to intentions. Based on these findings, the self-efficacy component of the PMT DVD was revised.

Study 2 (n = 71), an identical three group design, tested the PMT-based intervention’s effect on beliefs, intentions, adherence and functional outcomes. Before physiotherapy, antecedents to adherence (motivation, pain, and subjective norm) and functional outcomes were measured, then the intervention was given, and beliefs and intentions evaluated. Adherence to clinic and home physiotherapy was assessed throughout the treatment programme and functional outcomes again at the end of treatment. Compared to the two controls, the intervention group was significantly higher on all PMT beliefs barring self-efficacy. No significant group differences were found for intentions, adherence and post-physiotherapy functional outcomes. Significant relations occurred between the antecedents, PMT beliefs, intentions, adherence and functional outcomes. The lack of group differences on intention, adherence and functional outcome was attributed to most participants having previously had physiotherapy and antecedent scores that typify highly adherent patients.

Study 3 (n = 47) compared a home-based programme steeped in adherence enhancing strategies with its traditional clinic counterpart. Psychological variables (antecedents, locus of control, and anxiety) and functional outcomes were measured before and after the course of physiotherapy, and adherence during. No group differences occurred on either the psychological or functional outcome variables. Compared to the clinic group,
the home-based participants required significantly less clinic appointments, had a higher percentage of attendance and a significantly better completion rate. No group differences existed for their adherence to the physiotherapy. Significant relations occurred between psychological variables, adherence, and functional outcomes. Findings suggest home-based physiotherapy is a viable, safe treatment option.
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