

Henderson SJ, MacMillan I (2002) Pain and function: Occupational Therapists Use of Orthotics in Rheumatoid Arthritis. *British Journal of Occupational Therapy*. 65(4): 165-171.

2002 - Ann-Sofi Johansson

This summary is written for practitioners working with patients or clients with rheumatoid arthritis. The aim of the summary is to appraise the research article mentioned above and how it can be useful for the practitioners in their interventions with patients with rheumatoid arthritis especially their use of orthotics. The article investigated the frequency of orthotics use by occupational therapists. Participants in this study were 89 occupational therapists working with and/or having an interest in rheumatology.

Background

To identify the frequency of the use of orthotics by occupational therapists in the United Kingdom and Ireland.

To examine occupational therapists' attitudes and beliefs regarding the efficacy of orthotics.

To identify what occupational therapists aim to achieve through the use of orthotics.

To identify which, if any, outcome measures are used.

Methods

This study was a survey. A survey questionnaire was used in the study to collect data. The questionnaire consisted of both open and closed questions, they were drawn from the literature reviewed, personal experience and formal and informal discussions with colleagues and clinicians. A pilot study was carried out. The article does not say if the questionnaire was valid and reliable, but attempts were made to increase reliability and validity of the questionnaire.

The questionnaire were sent to 132 members of the British Association of Hand Therapists who were occupational therapists and had identified themselves as working and/or having a special interest in rheumatology.

Ninety-eight questionnaires were returned and nine of them were deemed unsuitable for inclusion. The researchers did not contact non-responders, and did not identify them in any way.

Quantitative data were summarised as descriptive statistics, analysed and presented in chart form. The statistical analyses were clearly shown but did not show any statistical significance because of the small sample group. Qualitative data were coded (key themes) and analysed. The qualitative data was presented in a selection of quotations. Ethical considerations were made by high confidentiality of the participants for example 'to ensure anonymity the questionnaires neither were marked in any way nor did they contain questions that would reveal the identity of the therapists'.

Results

The key finding was that the reasons for orthotic provision lie within the aims of decreasing hand and wrist pain and improving hand function. All of the respondents

(100%) used two or more types of orthotic on a regular basis. Other findings were that the respondents did not only use orthotics but also a variety of intervention techniques. In this study 71% of the therapists did not use any form of standardised outcome measure in the evaluation of pain and 81% of the therapists did not use any form of standardised outcome measure in evaluation of function. Regarding the respondents' beliefs about the efficacy of orthotics, 62% of them provided subjective evidence to suggest that orthotic use was beneficial to their clients.

Conclusion

The article does highlight a number of concerns regarding the limitation of the study, for example that the result could not be generalised because of the small study and because of that the researchers welcome further research in this area. Other limitations of this study are that the sample is too small and because of that the researcher could not do any statistical analysis just present descriptive statistics. The role of compliance with orthotics use did not feature within the present study and this cannot be ignored. This issue needs further investigation to obtain a more complete picture of orthotic provision.

The study can help practitioners working with patients with rheumatoid arthritis to support what they are already doing in practice, although the article only writes about occupational therapists subjective beliefs that orthotics benefit clients with rheumatoid arthritis. There is no objective data in the article to prove this.