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# Podiatrists interpretation and use of evidence in MSK practice

Andy Bridgen
Senior Lecturer
University of Huddersfield

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# Background

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- Podiatric biomechanics has allowed expansion into MSK practice and improve status by claiming a body of knowledge and skills (Borthwick 1999).
- Research evidence about podiatric biomechanics and effectiveness of functional orthoses is contradictory (Collins et al 2006, Chevalier & Chocklingham 2012)
- Podiatrists have to undertake evidence based practice (EBP)
- Without definitive research evidence, how do MSK podiatrists interpret and use evidence in practice?

# Method

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- Qualitative study to explore podiatrists interpretation and use of evidence in MSK practice
- 17 in-depth interviews were undertaken with podiatrists who work treating MSK conditions with functional orthoses
  - 9 NHS, 6 private practitioners and 2 podiatry academics
- Data analysed using a hermeneutic approach to interpretative phenomenological analysis (Smith et al 2009)
- Looking to interpret data in cultural and social context (Larkin et al 2006, Finlay 2013)

# Evidence based practice (EBP) is using research evidence in practice

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*I think it's giving the most appropriate treatment from the evidence from research basically, what is proven, to be appropriate for certain conditions. – John, NHS podiatrist*

- Participants understand the concept of EBP as using research evidence in practice
- There were differences between in their understanding of research evidence
- Some believe that robust research evidence is the basis for podiatry to advance as a profession
- Others claim they do not use research evidence in practice much

# Research evidence is not easily applicable in practice

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*Because a clinical trial will never mimic exactly what your patient's got. It can change your approach to tackling the problem but the clinical trial doesn't cure the patient. – Hannah, NHS Podiatrist*

- Uncertainty about whether research evidence supports the use of orthoses due the lack of good quality studies
- Variations in data mean that research is not applicable in practice
- Participants are focused on studies about how orthoses work not whether they work

# Participants interpret research evidence in the light of their experience

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*There's lotsa of evidence out there that custom are a waste o'time. You can get just as much effect from an off-the-shelf insole...but in my personal experience in some cases they are, but in a lot of cases they're not.* - *Jack, Private Practitioner*

- Participants ignore or use research evidence based on their own experiences
- Appraisal of research is influenced by lived experience
- Clinical experiences are more important than research as evidence

# Participants use a process of trial and error to formulate treatment plans

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*You give somebody an insole and they could do with more control and you give them a little bit more and they don't like that at all, but the next person you'll give that extra bit of control to, they will like it, it's often trial and error.* – *Louis, NHS Podiatrist*

- Experienced practitioners use a constant process of trial and error to refine their treatments and orthotic devices
- Experimenting in practice leads to clinical experience and confidence in their expertise
- Inexperienced or less confident practitioners feel they cannot improve without help

# Patient feedback is the evidence that is used most

*Patient report outcomes, I think that's the most important part of seeing if your device works.* – Richard, Podiatry Academic

*The evidence that the patient is symptom free that's the only thing that counts as evidence. Surely.* – Paul, Private Practitioner

- Patient feedback gives confidence and belief in their expertise
- Patient satisfaction with orthoses is high yet is perceived as unreliable evidence or not seen as EBP (Clement et al 1981, Sperryn & Reston 1983, Harradine & Jarrett 2001,Hirshmuller et al 2011)
- Only some of the participants collect outcome data, none of them analyse it

# Conclusions

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- Participants may not be using research evidence in practice
- Clinical experience is gained through a trial and error approach supported by patient feedback
- Fears about the legitimacy of podiatrists claims in this area are undermined by lack of strong evidence
- Debate needed about the evidence required for EBP
- Patient feedback may be the key evidence but it needs to be collected, collated and analysed

# Thank you for listening

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- Any questions?

# References


- Borthwick A.M.(1999) Perspectives on podiatric biomechanics: Foucault and the professional project, *British Journal of Podiatry,* February; 2(1) pp 21-8
- Chevalier T. Chockingham N. (2012) Effects of foot orthoses: How important is the practitioner? *Gait & Posture,* 35 (2012) 383–388
- Clement D, Taunton J, Smart G, et al (1981). A survey of overuse injuries. *Physician and Sports Medicine*; 9:47–58.
- Collins N.et al (2006) Lower limb overuse injuries and foot orthoses: A systematic review, *Journal of Science and Medicine in Sport* Volume 9, Supplement, Pages 32–33
- Finlay, L. (2013). Unfolding the phenomenological research process: Iterative stages of "Seeing afresh". *Journal of Humanistic Psychology*, 53(2), 172-201. doi:10.1177/0022167812453877
- Harradine P. Jarrett J. (2001) Podiatric Biomechanics: The efficiency within the NHS environment, *The Foot* 11(1): 15-29
- Hirschmuller A, Baur H, Muller S, Helwig P, Dickhuth HH, Mayer F (2011) Clinical effectiveness of customised sport shoe orthoses for overuse injuries in runners: a randomized controlled study. *Br J Sports Med*, 45:959-965
- Larkin M., Watts S., Clifton E.(2006): Giving voice and making sense in interpretative phenomenological analysis, *Qualitative Research in Psychology*, 3:2, 102-120
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Thousand Oaks, CA: Sage.
- Speryn P.N. Reston L. (1983) Podiatry and the sports physician – an evaluation of orthoses, *Brit. J. Sports Med.* - Vol. 17, No. 4, December, pp. 129-134