

Optimising Physiotherapy Treatment for People with Tennis Elbow – Results of the OPTimisE Trial.

We noticed that people with Tennis Elbow were having a big range of physiotherapy treatments on the NHS and we didn't know which treatments were the best. So, we used the results of research that had already been done, as well as asking patients and expert physios, to decide what the best combination of treatments might be. We called this new combination of physiotherapy the 'OPTimisE treatment'. The OPTimisE treatment includes three main parts: helpful tips for patients to manage their condition on their own (supported with a website and advice booklet), a detailed set of exercises, and an elbow brace. The OPTimisE clinical trial aimed to find out if this new treatment was more effective than the usual varied physiotherapy given by the NHS.

Before we could try this out across the country, we had to do a smaller trial first. This small trial helped us figure out the best way to do a bigger study and to check if the new OPTimisE treatment might actually be better than the usual treatment. We had specific goals to reach before starting the small trial, like getting enough people to join, making sure the treatment was given correctly, ensuring everyone finished the treatment, and being able to measure how well the treatment worked.

We ran our small trial in NHS physiotherapy clinics in Birmingham, Derby, and Sheffield. We found 50 people with Tennis Elbow to take part. A computer randomly chose whether each person got the new OPTimisE treatment or the regular treatment they would usually get. In the end, 22 women and 28 men participated, and their average age was 48.

The study found that getting trial volunteers from physiotherapy clinics was much more successful (we got 49 patients) than trying to get them from their GP practice (where we got only 1 patient). People were very willing to take part, with 50 out of the 70 we asked agreeing to join the study (that's a 71% success rate). A couple of people decided not to continue with the trial, and seven didn't show up for their treatment at all. Most of the patients (89%) got the full OPTimisE treatment we designed, except for two who missed out on some parts of the advice we planned to give them. When it came to showing up for appointments, those in the OPTimisE group made it to 82% of theirs, which was similar to the 85% attendance by those getting the usual treatment. After six months, we got back most of our questionnaires that we used to measure how well the treatments worked (81% of them). We noticed that people who filled out their questionnaires online were more likely to send them back than those who used a paper one.

Thankfully, no one had any bad reactions from being in the trial. Even though the types of treatment people got in the two groups were a bit different, some parts were very similar. Before we started the trial, we had expected the usual physiotherapy to include treatments like massage, acupuncture and ultrasound but we found that these aren't used much anymore. In the end, both groups of patients got better at about the same rate.

All this shows us that we can do a big national trial if we want to. But, since both treatments worked similarly well, it might not be worth comparing the OPTimisE treatment with the usual care in a future study. It might be better to use the website and advice booklets from the OPTimisE treatment to support a one-off appointment where patients are taught how to treat themselves, rather than coming to several appointments. If a one-off appointment works just as well, it will be easier for patients and save the NHS money.

We are incredibly grateful to everyone who helped with this research project.