

# An observational study of physiotherapy practice to determine essential processes in the assessment of walking, standing and rising from a chair in patients with stroke and in older people with musculoskeletal impairments

<b>Submission date</b> 17/07/2020	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 14/08/2020	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 12/11/2024	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Nearly 6.5 million in the UK have mobility impairments. The largest causes of impairment are age-related changes (40% of over-60s have disabilities affecting their daily lives) and stroke (there are over 1.2 million stroke survivors in the UK). These numbers are growing as the population age increases and age-related mobility issues dominate. The increasing need for effective rehabilitation may in part be addressed by the development of new devices that will enable more targeted and personalised practice of mobility tasks.

This study is the first study as part of the FREEHAB project, which aims to observe physiotherapy practice and patients' performance to inform the design of wearable devices to assist in the rehabilitation of mobility. The questions the study addresses are:

1. How do physiotherapists assess and analyse a patient's movement to determine treatment plans to improve the performance of mobility tasks?
2. What are the common features of assessment, analysis and task-specific training for walking, standing and getting up from a chair?
3. What are the essential components of the assessment and movement analysis process that will be needed in the design specification of rehabilitation devices?

The study's objectives are to:

1. Capture a video of physiotherapists' assessment of patients, while the therapists are talking aloud about their diagnostic process.
2. Capture quantitative clinical measures of strength, range of motion and functional performance from patient participants (outside of the therapist's assessment process).
3. Capture biomechanical analysis of patient participant's performance.
4. Map results from physiotherapy assessment with clinical and biomechanical measures.
5. Determine the essential components of the assessment and movement analysis process that will be needed in the design specification of devices.

### Who can participate?

Physiotherapists working in clinical partner organisations with stroke or older patients to improve their mobility

Patients being seen by a physiotherapist in the clinical partner service for rehabilitation of mobility who have had a diagnosis of stroke with hemiparesis\* or are an older patient (over 65) with weakness following musculoskeletal impairment (for example after joint replacement)

\* Note - Time after stroke is not limited and participants may have had multiple strokes.

Potential participants with poor balance, sensory loss, visual field loss aphasia and cognitive impairments but who have the capacity to consent can be accommodated.

### What does the study involve?

Physiotherapists' actions and clinical reasoning during their assessment of their patients' functional mobility will be video recorded and analysed. Quantitative clinical measures and patient participants' biomechanics during movement of interest will be collected. The analysis will determine the essential components of movement assessment, and the context of the therapists' reasoning and actions. Discussion of the findings with clinical partners will inform the design for the rehabilitative devices to be developed.

### What are the possible benefits and risks of participating?

Physiotherapists will be able to reflect on their practice and have the opportunity to experience research, which can be recorded in their professional portfolio. There are no immediate benefits for the patient participants other than the satisfaction of supporting research. The study is not providing any new intervention or taking anything away from usual care. The potential to cause distress to patient-participants is mitigated by identifying suitable participants via the therapist. Patient participants are at potential risk of falls during data collection due to their musculoskeletal impairments or impairments from stroke, however, this risk is low as there is continuation of patients' physiotherapists and a UWE researcher who is an HCPC-registered physiotherapist will be collecting biomechanical data. The study will collect outcome measures that are part of an ordinary physiotherapy assessment. There is a potential risk of an allergic reaction to adhesive tapes used for biomechanical analysis, this will be offset by the use of hypoallergenic tape.

### Where is the study run from?

This is a Bristol-based study by the University of Bristol in collaboration with the University of the West of England. It involves physiotherapy partners in local NHS Trusts and Community Rehabilitation Services.

### When is the study starting and how long is it expected to run for?

November 2019 to October 2023

### Who is funding the study?

Engineering and Physical Sciences Research Council (UK)

### Who is the main contact?

Jonathan Rossiter

[jonathan.rossiter@bristol.ac.uk](mailto:jonathan.rossiter@bristol.ac.uk)

### Study website

<https://therighttrousers.com/>

## Contact information

**Type(s)**

Public

**Contact name**

Prof Jonathan Rossiter

**Contact details**

Bristol Robotics Laboratory  
Coldharbour Lane  
Frenchay  
Filton  
Bristol  
United Kingdom  
BS16 1QY  
+44 (0)117 3315601  
jonathan.rossiter@bristol.ac.uk

**Type(s)**

Public

**Contact name**

Dr Leah Morris

**ORCID ID**

<https://orcid.org/0000-0002-4651-1514>

**Contact details**

Allied Health Professions, Faculty of Health and Applied Sciences  
University of the West of England, Glenside Campus, Blackberry Hill  
Bristol  
United Kingdom  
BS16 1DD  
+44 (0)117 3286908  
Leah.Morris@uwe.ac.uk

**Additional identifiers****EudraCT/CTIS number**

Nil known

**IRAS number**

264069

**ClinicalTrials.gov number**

Nil known

**Secondary identifying numbers**

IRAS 264069

# Study information

## Scientific Title

FREEHAB study 1: physiotherapy analysis of functional mobility: walking, standing and transfer in stroke and older people

## Acronym

FREEHAB

## Study objectives

The purpose of this observational study is to determine specifications for end-user cases for improving walking, standing and sit to stand movements.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Approved 27/07/2020, South West Frenchay Research Ethics Committee (Bristol HRA Centre, Level 3, Block B, Whitefriars, Lewins Mead, Bristol, BS1 2NT, UK; +44 (0)207 104 8360, +44 (0)207 104 8041; frenchay.rec@hra.nhs.uk), REC ref: 20/SW/0092

## Study design

Observational study

## Primary study design

Observational

## Secondary study design

Case series

## Study setting(s)

Other

## Study type(s)

Other

## Participant information sheet

Not available in web format, please use contact details to request a participant information sheet

## Health condition(s) or problem(s) studied

Diagnosis of stroke with hemiparesis or older patient (over 65 years) with weakness following musculoskeletal impairment (for example post joint replacement or surgery following a fall)

## Interventions

Physiotherapists' actions and clinical reasoning during their assessment of their patients' functional mobility will be video recorded and analysed. Quantitative clinical measures and participants' biomechanics during movement of interest will be collected. The analysis will determine the essential components of movement assessment, and the context of the therapists' reasoning and actions. Discussion of the findings with clinical partners will enable the

establishment of the design envelope for the adaptive rehabilitative devices to be developed in FREEHAB.

## **Intervention Type**

Other

## **Primary outcome measure**

Measured at a single timepoint:

1. Lower limb joint range of motion (passive and active) measured using a digital goniometer
2. Strength of lower limb musculature (ankle dorsiflexion/plantarflexion, knee flexion/extension and hip extension/abduction) measured using a Lafayette Hand-held Dynamometer
3. Functional performance measured using forward functional reach test and timed up and go test
4. Biomechanical measures of pelvic and lower limb motion using three-dimensional motion capture

## **Secondary outcome measures**

Collected from patients' medical notes at a single timepoint:

1. Patient's gender, age
2. Reason for admission to service
3. Any relevant pre-existing diagnosis that would affect mobility
4. Information about current clinical condition affecting mobility. In the case of stroke, this will include date of stroke, side of stroke and type of stroke

## **Overall study start date**

04/11/2019

## **Completion date**

31/10/2023

# **Eligibility**

## **Key inclusion criteria**

Patients:

1. Diagnosis of stroke with hemiparesis\* or older patient (over 65 years) with weakness following musculoskeletal impairment (for example post joint replacement or surgery following a fall)
2. Being seen by a physiotherapist in the clinical partner service for rehabilitation of mobility (standing balance, transfers or walking)
3. Medically stable
4. Mental capacity to consent to the study according to members of the clinical team who are working with the patient

\* Note - Time after stroke is not limited and potential participants who had had a stroke can still take part if the stroke is not the first stroke. Potential participants with poor balance, sensory loss, visual field loss aphasia and cognitive impairments, but who have capacity to consent can be accommodated

Physiotherapists:

Physiotherapists who are working in clinical partner organisations with stroke or older patients to improve their mobility

**Participant type(s)**

Mixed

**Age group**

Adult

**Lower age limit**

65 Years

**Sex**

Both

**Target number of participants**

30 patients, 6 physiotherapists

**Total final enrolment**

30

**Key exclusion criteria**

Patients:

1. Diagnosis of neurological condition, other than stroke
2. Concurrent acute musculoskeletal conditions (e.g. fractures, sprains) which prevent weight-bearing
3. Morbidly obese - BMI > 40 kg/m<sup>2</sup>
4. Presence of ataxia
5. Judged by therapists to have a functional neurological disorder
6. Judged by therapist to have depression or anxiety that might prevent participation, or become increased because of participation in the study

Physiotherapists:

Less than 2 years' experience of working with stroke or older patients

**Date of first enrolment**

04/08/2020

**Date of final enrolment**

24/02/2023

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Southmead Hospital North Bristol NHS Trust**  
Bristol  
United Kingdom  
BS10 5BN

**Study participating centre**  
**St Martin's Hospital**  
Virgin Care  
Bath and North East Somerset  
Bath  
United Kingdom  
BA2 5RP

**Study participating centre**  
**Colin Domaille**  
Not applicable (community provider)  
Bristol and South West  
United Kingdom  
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## **Sponsor information**

**Organisation**  
University of Bristol

**Sponsor details**  
1 Cathedral Square  
Bristol  
England  
United Kingdom  
BS1 5DD  
+44 (0)117 9289000  
research-governance@bristol.ac.uk

**Sponsor type**  
University/education

**Website**  
<http://bristol.ac.uk/>

**ROR**  
<https://ror.org/0524sp257>

# Funder(s)

## Funder type

Research council

## Funder Name

Engineering and Physical Sciences Research Council

## Alternative Name(s)

UKRI Engineering and Physical Sciences Research Council, Engineering and Physical Sciences Research Council - UKRI, Engineering & Physical Sciences Research Council, EPSRC

## Funding Body Type

Government organisation

## Funding Body Subtype

National government

## Location

United Kingdom

# Results and Publications

## Publication and dissemination plan

Planned publication in a high-impact peer-reviewed journal.

## Intention to publish date

31/10/2025

## Individual participant data (IPD) sharing plan

Participant level data will be available on the University of the West of England's research data repository. All data that is made available will be anonymised and will not include video data.

## IPD sharing plan summary

Stored in repository

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol file</a>	version 0.3	12/01/2021	07/11/2022	No	No
<a href="#">HRA research summary</a>			28/06/2023	No	No