

Effect of exercises in Hand OsteoArthritis

Submission date 07/01/2011	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 10/03/2011	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 05/05/2016	Condition category Musculoskeletal Diseases	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title
Effect of exercises for persons with Hand OsteoArthritis: a randomised controlled trial

Acronym
HOAexercises

Study objectives

Primary question:

Are hand exercises delivered by an occupational therapist (OT) more effective in improving activity performance than no exercises (treatment as usual) in people with hand osteoarthritis (OA) secondary care?

Secondary question:

Does regular hand exercising improve grip-force, joint mobility and hand pain in people with hand OA?

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethical Committee for Medical Research, 18/11/2010. ref: 2010/2693a

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Hand osteoarthritis

Interventions

Group 1 - hand exercises:

Participants receive information about HOA and a leaflet containing five suggestions for alternative working methods to improve hand function and performance of daily activities. Thereafter, participants are instructed in five hand exercises, aimed at improving or maintaining joint mobility and grip force. They are given a leaflet with descriptions and pictures of the exercises, and instructed to perform the exercises with ten repetitions three times a week for the first two weeks, thereafter 12 repetitions for the next two weeks and if this is well tolerated to increase to fifteen repetitions for the rest of the trial period. They will be contacted by phone several times during the follow up.

Group 2 - treatment as usual (i.e., no exercises):

Participants' receive information about HOA and a leaflet containing five suggestions for alternative working methods to improve hand function and performance of daily activities. After completion of the study, participants are taught the same exercise program as participants in group 1.

Intervention Type

Behavioural

Primary outcome(s)

Function in performance of daily activities, measured by the Patient Specific Functional Scale (PSFS), assessed at baseline and after three months

Key secondary outcome(s)

Current secondary outcome measures as of 11/07/2013:

Assessed at baseline and after three months:

1. Function in performance of daily activities, measured by Measure of Activity Performance of the Hand (MAP-Hand) and the Functional Index of the Hand (FIHOA)
2. Hand pain, stiffness, fatigue and disease activity measured on numeric rating scales (NRS)
3. Hand strength, measured with the Grippit
4. Abduction of the thumb, measured with Gripsizer
5. Joint mobility, measured as flexion or opposition (in millimeter) of digits I to V
6. Self-reported hand function (NRS)
7. Number of participants who fulfill the OMERACT-OARSI responder criteria

Participants in the exercise group are also asked to keep a diary where they register their exercising and also self-report hand pain immediately following each exercise bout on a NRS.

Previous secondary outcome measures:

Assessed at baseline and after three months:

1. Function in performance of daily activities, measured by Measure of Activity Performance of the Hand (MAP-Hand) and the Functional Index of the Hand (FIHOA)
2. Hand pain, stiffness, fatigue and disease activity measured on numeric rating scales (NRS)
3. Hand strength, measured with the Grippit
4. Abduction of the thumb, measured with Gripsizer
5. Joint mobility, measured as flexion or opposition (in millimeter) of digits I to V
6. Self-reported hand function (NRS)

Participants in the exercise group are also asked to keep a diary where they register their exercising and also self-report hand pain immediately following each exercise bout on a NRS.

Completion date

30/06/2014

Eligibility

Key inclusion criteria

1. Women aged from 18 to 80 years
2. Hand osteoarthritis according to the American College of Rheumatology (ACR) criteria
- 3 Stable medication last three months
4. Minimum three self-reported activity limitations caused by hand OA
5. Ability to communicate in Norwegian

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

Female

Key exclusion criteria

1. Cognitive impairment or mental disease
2. Surgery in the hand for the last 6 months or in the follow-up period
3. Impaired hand function due to other diseases
4. Steroid injections within the last 2 weeks

Date of first enrolment

01/02/2011

Date of final enrolment

30/06/2014

Locations**Countries of recruitment**

Norway

Study participating centre

Martina Hansens Hospital

Sandvika

Norway

1306

Sponsor information**Organisation**

Martina Hansens Hospital (Norway)

ROR

<https://ror.org/00a2gj556>

Funder(s)**Funder type**

Hospital/treatment centre

Funder Name

Martina Hansens Hospital (Norway)

Funder Name

Norwegian Association of Occupational Therapists (Norsk Ergoterapeutforbund [NETF]) (Norway)

Results and Publications

Individual participant data (IPD) sharing plan**IPD sharing plan summary**

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/08/2015		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes