

# Effect of exercises in Hand OsteoArthritis

<b>Submission date</b> 07/01/2011	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 10/03/2011	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 05/05/2016	<b>Condition category</b> 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

## 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?
<a href="#">Results article</a>	results	01/08/2015		Yes	No