

PLATFORM SUBMISSION EXAMPLES

APTA'S Combined Sections Meeting

Research Report

TITLE: Physical Therapy for People Living with HIV/AIDS: A Needs Assessment

ABSTRACT BODY:

Purpose/Hypothesis : The past three decades have shown significant medical advancements in the treatment of the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS), with normal life expectancies seen for people living with HIV/AIDS (PLWHA) who have access to proper medical management. This increased chronicity has increased the symptom burden of musculoskeletal, neurologic and chronic pain conditions for PLWHA during their lifespan - many of which can be treated with physical therapy (PT). The purpose of this study is to determine the knowledge and beliefs of PTs regarding occupational exposure, pathophysiology and physical therapy treatment for PLWHA.

Number of Subjects : 129

Materials/Methods : One hundred twenty-nine licensed physical therapists were surveyed in the Atlanta area to identify overall knowledge of HIV/AIDS, the perception of PT needs in PLWHA, views on the effectiveness of PT interventions for HIV-related impairments and training needs of PTs to best care for PLWHA. One hundred and twenty nine original surveys were administered to licensed physical therapists working at the five major hospital systems in metropolitan Atlanta, Georgia, USA.

Results : The results of this study showed that the majority of respondents do encounter PLWHA in their physical therapy practices. Most PTs viewed physical therapy as an effective adjunct therapy for HIV/AIDS related impairments and felt comfortable treating common HIV-related impairments of muscle wasting/deconditioning, peripheral neuropathy, and chronic pain. While most PTs self-identified their basic knowledge of HIV/AIDS related impairments as "competent," less than half of the respondents were able to correctly identify the four transmission routes for HIV. Finally, most PTs indicated that they would like to have additional training in some form to make them more comfortable providing physical therapy treatment for HIV-related impairments in PLWHA.

Conclusions : This study further confirms the need for PTs to better understand occupational HIV exposure risk and pathophysiology of HIV/AIDS. It also confirms the need for training of PTs in PT interventions for PLWHA. The sample was limited to PTs in Atlanta, Georgia USA and therefore can only be generalized to this demographic.

Clinical Relevance : As HIV becomes a chronic instead of immediately terminal condition, HIV-related musculoskeletal, neurological and chronic pain issues contribute to the symptom burden experienced by PLWHA. As PT becomes more necessary in the overall medical management of this population, it is essential that PTs hold accurate information about HIV pathophysiology and proper interventions to manage these impairments.

ABSTRACT BODY: References (At Least 5 Within The Last 10 Years) (Abstract Submission - Research Report): 1. Centers for Disease Control and Prevention. HIV Among African Americans. Centers for Disease Control and Prevention: Department of Health and Human Services. <http://www.cdc.gov/hiv/risk/raciaethnic/aa/facts/index.html>. Published February 2013. Accessed October 6, 2013. 2. Centers for Disease Control and Prevention. HIV among Latinos. Centers for Disease Control and Prevention: Department of Health and Human Services. <http://www.cdc.gov/hiv/pdf/risk/latino.pdf>. Published November 2011. Accessed October 6, 2013. 3. Centers for Disease Control and Prevention. HIV among Youth. Centers for Disease Control and Prevention: Department of Health and Human Services. http://www.cdc.gov/hiv/pdf/library_factsheet_HIV_amongYouth.pdf. Published December 2011. Accessed October 3, 2013. 4. Centers for Disease Control and Prevention. HIV in the United States: at a glance. Centers for Disease Control and Prevention: Department of Health and Human Services. <http://www.cdc.gov/hiv/resources/factsheets/us.htm>. Published February 27, 2013. Accessed September 6, 2013. 5. Centers for Disease Control and Prevention. HIV and AIDS in the United States by Geographic Distribution. Centers for Disease Control and Prevention: Department of Health and Human Services. http://www.cdc.gov/hiv/pdf/statistics_geographic_distribution.pdf. Published June 2012. Accessed October 3, 2013.

Special Interest Report

TITLE: How to Merge Quantitative and Qualitative Data in Mixed Methods Research: Examples from Intervention Research in Individuals with Chronic Stroke

ABSTRACT BODY:

Purpose : The overall purpose of this platform is to introduce researchers to the mechanisms of “integration” – the merging of quantitative and qualitative data sets to create a more comprehensive picture of outcomes.

Description : The National Institutes of Health have recognized the need to develop new methodologies to improve the quality and scientific power of research.¹ Although randomized controlled trials continue to be the gold standard to identify causality, this method is not suited for every type of question or outcome. For this reason, mixed method designs are becoming increasingly more common. Despite this current trend in methodology, there remains a paucity of such literature related to rehabilitation in chronic stroke.

Mixed methods may be described as the combination of methodological approaches, typically a combination of quantitative and qualitative research.² The quantitative component is used to assess the magnitude and frequency of outcomes using statistical analyses to examine relationships and establish cause and effect. The qualitative piece assists in exploring the meaning and interpretation of those outcomes through in-depth interviews, observation and other methods to explore individual experiences and perceptions. Each method brings a set of strengths in the quest for answers to researchable questions.

Although mixed methods approaches are becoming increasingly more popular with rehabilitation researchers, there appears to be a disconnect in the integration of data – that is, combining the quantitative and qualitative data sets to form a comprehensive picture of outcomes.^{2,6} Without integration, the studies are only as strong as their individual parts and do not create a broader picture. Knowledge regarding the “how to” of integration has been identified as a major barrier to integrating data in health research. To combat this issue, literature is expanding to assist researchers on the process of integration. One method relevant to rehabilitation research is known as “triangulation protocol.”²⁻⁵

Summary of Use : For this platform, the triangulation protocol will be displayed and discussed with data collected from an American Heart Association funded randomized controlled trial held during 2008-2012 assessing the efficacy of intensive therapy on gait, and mobility on 43 individuals with chronic stroke (In Press, Topics in Stroke Rehab),⁷ combined with qualitative reports of outcomes associated with participation (manuscript, In Review).⁸ The findings from each method are combined and reviewed, looking for: agreement, complementarity and discrepancies. The data from the above trials will be presented for conference attendees to visualize the triangulation protocol process.

Importance to Members: This platform is designed to introduce researchers with an interest in mixed methods designs on how to merge quantitative and qualitative data sets via a triangulation protocol.

ABSTRACT BODY: References (at least 5 within the last 10 years) (Abstract Submission - Special Interest Report):

1. Creswell, J., et al. Best practices for mixed methods research in health sciences. 2011 [cited 2011 August].
2. O’Cathain, et al. Three techniques for integrating data in mixed methods studies, 2010. *BMJ*; 341; c4587.
3. Farmer T, Robinson K, Elliott SJ, Eyles J. Developing and implementing a triangulation protocol for qualitative health research. *Qual Health Res* 2006;16:377-94.
4. Foster RL. Addressing the epistemologic and practical issues in multimethod research: a procedure for conceptual triangulation. *Adv Nurs Sci* 1997;20:1-12.
5. Erzerberger C, Prein G. Triangulation: validity and empirically based hypothesis construction. *Qual Quant* 1997;31:141-54.
6. Driscoll, DL et al. Merging qualitative and quantitative data in mixed methods research. *Ecological and Environmental Anthropology*, 2007, 3 (1); 19-287.
7. Fritz SL, Merlo-Rains A, Peters DM, Middleton A, Greene JV, Blanck EL, Moran R. Body weight supported treadmill training is no better than overground training for individuals with chronic stroke, a randomized control trial. *Topics in Stroke Rehabilitation*. In Press.
8. Merlo, AR, Fritz, SL, Goodman, A. Participants’ perspectives on the benefits associated with an intensive, task-specific intervention for gait, balance and mobility in individuals with chronic stroke. In Review.