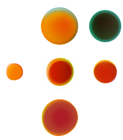

KNGF Guideline on Self-Management

SUMMARY

This is an overview of the most important recommendations in the KNGF Guideline on Self-Management (KNGF, 2022).
You can find the complete guideline on the KNGF knowledge platform.

Definitions	**Self-management** Self-management is a patient's ability to deal with the physical, psychological and social consequences of a condition/impairment and the associated adjustments in lifestyle, in conjunction with the social environment. Self-management means that patients can choose themselves to what extent they want to keep control of their own lives and help determine how the available healthcare is applied.
	Self-management support Self-management support is the systematic provision of education and support interventions to patients (and possibly to their family and social network) so that patients can cope with the consequences of their illness in daily life (at the physical, mental and social level). The patient thus develops the skills and confidence needed to maintain healthy behaviour for the rest of his life.

Organisation of healthcare	Support a patient in his self-management solely within the limits of your own competencies in self-management support.

Limited health literacy	• Be alert to signs of a patient's limited health literacy and keep this constraint in mind during the entire therapeutic process. • During self-management support, align the communication with the patient's health literacy. • For patients with limited health literacy, consider working together with caregivers involved with the patient, such as the district team, social counsellor and/or immigrant healthcare consultant.

Facilitating and inhibiting factors

Consider asking each patient about factors that can facilitate or inhibit the patient's self-management. Determine which factors are the most relevant for the patient regarding the course of the underlying condition and movement-related functioning.

Factors that could affect self-management	• Perception of the illness, condition or injury (e.g. knowledge and understanding of the health status); • Perception of the therapy (e.g. expectation of the therapy result); • Motivation (e.g. self-reliance); • Behaviour related to physical activity (e.g. experience from exercise history); • Social support and guidance (e.g. support from peers); • Environmental factors (e.g. practical barriers in one's surroundings); • Factors specific to an illness or condition (e.g. dyspnoea with COPD); • Health literacy (e.g. comprehensible communication); • Coping (e.g. acceptance).

Questions and measurement instruments	Consider asking specific questions or using a measurement instrument for determining the degree of influence of a facilitating or inhibiting factor.

Dominant recovery-impeding factors	• When compiling the treatment plan, consider implementing a specific treatment strategy in the presence of dominant recovery-impeding factors regarding self-management. Within these interventions, take into account the factors that most affect the patient's self-management. • Refer the patient to the GP if self-management cannot be adequately supported due to the presence of one or more dominant recovery-impeding factors within the physical therapist's or exercise therapist's domain.

Self-management support

Encourage self-management in every patient, even if there are no dominant inhibiting factors with regard to self-management.

The 5A model	Consider using the 5A model for self-management support in therapeutic actions.
	The five steps of the 5A model are: • Assess: Explore the patient's situation, wishes and needs. • Advise: Give tailored advice, based on need and at the patient's request (so not unsolicited or with general information and advice). • Agree: If the patient is sufficiently informed, the therapist and the patient can set goals together. • Assist: The therapist explores together with the patient which instruction or support is needed in order to achieve the goals and who can help with this. • Arrange: Agreements are made with the patient about the continued healthcare. Sometimes the therapist will transfer certain tasks to another caregiver. When there is renewed contact with the patient, the process starts anew. This way, 'Arrange' will again turn into 'Assess': How did it go with the agreements/goals and are there new needs?

Specific strategies for self-management support	• Consider using a specific strategy for the self-management support for patients with one or more dominant inhibiting factors. • Consider the strategy that is best aligned with the patient's dominant inhibiting factors or apply elements from the various strategies.

Motivational Interviewing (MI)	Consider applying (elements from) MI if motivation is a dominant inhibiting factor for self-management with respect to movement-related functioning.
	The five principles of MI: 1. Be empathetic. By using active and reflective listening, the therapist shows that he understands what the patient is saying, feeling and thinking. 2. Adapt to the patient's resistance instead of immediately pushing against this. 3. Support self-reliance and optimism. 4. Discuss and create awareness of the discrepancy between the patient's goals or values and the current behaviour. 5. Avoid arguing and direct confrontation. The patient is responsible for decisions affecting his own life.

Problem Solving Therapy (PST)	Consider applying (elements from) PST if the patient's perception of the illness or condition is a dominant inhibiting factor for self-management with respect to movement-related functioning. Be cautious with applying PST in patients with serious psychosomatic problems, such as clinical depression or anxiety disorder.

	The core elements of PST entail identifying a problem and applying the steps of PST: 1. defining the problem and the goals; 2. brainstorming about the solutions; 3. assessing the positive and negative aspects of each solution; 4. deciding which solution should be implemented and coming up with a plan to do this; 5. implementing the solution; 6. evaluating satisfaction with the result.

Acceptance and Commitment Therapy (ACT)	Consider applying (elements from) ACT in patients with chronic conditions in whom not accepting the health problem is a dominant inhibiting factor for self-management with respect to movement-related functioning.
	ACT consists of six different processes/skills: 1. Acceptance: Acceptance is taught as an alternative for experiential avoidance. Make room for unpleasant experiences. 2. Cognitive Defusion: ACT tries to change the way one deals with thoughts by creating contexts in which their non-helpful functions are decreased. Distance yourself from your thoughts. 3. Self as Context: The self as context is in part important because you can be aware of your own experiences from this standpoint without being attached to them, thereby promoting defusion and acceptance. Be flexible with yourself. 4. Contact with the Present Moment: Reflect on the here and now. 5. Values: Really think about what is important to you. 6. Committed Action: Spend time on your values.

Solution-Focused Brief Therapy (SFBT)	Consider applying (elements from) SFBT in patients with chronic conditions in whom not accepting the health problem is a dominant inhibiting factor for self-management with respect to movement-related functioning.
	The central principles of SFBT are: 1. Understanding an individual problem isn't necessary in order to resolve the problem. 2. Talking about problems and shortcomings is not enough to bring about change in patients and can lead to a lack of hope and a feeling of powerlessness in both the patient and therapist. 3. The therapist's role is to identify what the patient wants to be different, explore that difference and then work it out. 4. SFBT acknowledges that a fast or complete solution of problems is unrealistic and that small, feasible goals are preferable. 5. The assumption in SFBT is that the patient has the ability to figure out what he wants, what he needs in his life and to what extent he is willing to do something for what he wants to achieve. 6. The goal of SFBT questions is to flesh out the patient's past successes, individual strengths and possibilities, coping skills, resources and vision of the future, thereby helping to formulate solutions to problems instead of focusing on the problems themselves. 7. However serious or persistent the problem is, there are always exceptions; and it is these exceptions that contain the seed of the personal solutions.

Koninklijk Nederlands Genootschap voor Fysiotherapie
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The KNGF Guideline on Self-Management is a publication of the Royal Dutch Society for Physical Therapy (Koninklijk Nederlands Genootschap voor Fysiotherapie – KNGF) and the Association of Cesar and Mensendieck Exercise Therapists (Vereniging van Oefentherapeuten Cesar en Mensendieck – VvOCM).