KNGF Guideline on Self-Management

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Koninklijk Nederlands Genootschap voor Fysiotherapie

Royal Dutch Society for Physical Therapy

Vereniging van Oefentherapeuten

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All sections of the guideline, including the summary, are available at **kngf.nl/kennisplatform.**

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A General information

A.1 Introduction NOTE

Reason for guideline development

Self-management is a topic that transcends conditions and domains and can be applicable to every patient being treated by a physical therapist or exercise therapist. The need for self-management or self-management support for various conditions is growing and is becoming increasingly important, in part because more and more emphasis is being placed on personalised care. Beneficial effects of self-management include: obtaining more autonomy, self-confidence, improved quality of life and more optimal participation.
In the professional profiles of the physical therapist and exercise therapist, extensive attention is paid to self-management as a component of the treatment. By formulating generic recommendations, condition-specific or domain-specific guidelines will be able to refer to this guideline in the future.
The development of this guideline was a part of the FAST project (Physical Therapy/Exercise Therapy Approach Streamlining Quality Standards), which investigated the feasibility of the establishment and relevance of cross-condition guidelines.

Goal of the guideline

The aim of this generic guideline is to provide a guide for supporting self-management in the daily practice of physical therapists and exercise therapists in diagnosing and treating patients who have problems with movement-related functioning. By systematically evaluating scientific research and considering patient preferences and professional expertise, this guideline supports therapists and patients in the clinical decision-making process. In addition, this guideline provides transparency to other healthcare providers and involved stakeholders with regard to supporting self-management by physical therapists and exercise therapists.
Recommendations in a guideline are not laws or mandatory regulations. In principle, therapists should adhere to the recommendations, but substantiated deviation is legitimate or even necessary if this is commensurate with the individual patient's situation and wishes.

Target group

Patient group. This generic guideline is intended as self-management support in the treatment of all patients (with chronic and non-chronic conditions) with problems in movement-related functioning who are being treated by a physical therapist or exercise therapist.

Intended users of the guideline. This generic guideline is primarily aimed at physical therapists and exercise therapists who treat patients with problems with movement-related functioning, regardless of the setting (a primary care practice, hospital or rehabilitation facility; monodisciplinary or multidisciplinary setting).

Other healthcare providers. The guideline is also relevant for other healthcare providers who are involved in guiding and treating patients for whom self-management support is important, such as general practitioners, medical specialists, nurses, psychologists, occupational therapists, speech therapists, skin therapists and dieticians. This guideline is also relevant for patients, policy-makers

and other organisations involved in self-management support. The guideline provides a clear picture of what one can expect from physical therapists and exercise therapists with regard to self-management support.

Definition

This guideline is aimed at the diagnostic and therapeutic process of physical therapists and exercise therapists with regard to supporting self-management in the area of movement-related functioning. The recommendations in this guideline are generic. They apply to all patients with a need for assistance regarding self-management. However, recommendations regarding self-management that are included in condition-specific KNGF guidelines are leading in all cases.

Reading guide

This guideline consists of three sections. The general information in Section A contains the general introduction, background information about self-management and information about how the healthcare is organised. The facilitating and inhibiting factors regarding self-management are set out in section B. Section C concerns generic self-management support that applies to all patients being treated by a physical therapist or exercise therapist. The specific strategies that are used for patients with dominant inhibiting factors with respect to self-management are also discussed in this section.
The various topics within a section make up separate, stand-alone modules. In each module, the information is subsequently divided into three levels, which each level going more in-depth into the respective topic:

- The practical tips, the recommendations, are included in the Practice Guideline (the first level).
- The information about the topic being addressed and the considerations of the most important arguments that lead to the recommendation or description are contained in the Explanation, which consists of notes (the second level).
- The Justification (the third level) provides details about how this information was collected (including the search strategy, summary of results, evaluation of the evidentiary value and description of considerations), the process with which this consideration came about and the references of the (scientific) literature used.

Where this document refers to 'he', this can also mean 'she'. Where this document refers to 'therapist', this can mean either 'physical therapist' or 'exercise therapist'. Where this document refers to 'therapy', this can mean either 'physical therapy' or 'exercise therapy'.

Methodology

This guideline was developed in accordance with the KNGF Guideline Methodology 2019. In addition, a KNGF Guideline Methodology Addendum was formulated when developing this guideline, with a specific focus on the generic nature of this guideline. The way the methodology (including the addendum) was applied and the manner in which the relevant external stakeholders were involved in the development are described in the justification of this module.

A.2 Background of self-management NOTE

The following definition of **self-management** is used in this generic Self-Management Guideline: '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 connection 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.'

The following definition of **self-management support** is used in this generic Self-Management Guideline:
'Self-management support is the systematic provision of education and supporting 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 develops the skills and confidence needed to maintain healthy behaviour for the rest of his life.'

The physical therapist or exercise therapist provides this self-management support, so that the patient obtains and experiences as much empowerment as possible. Personalised care aimed at self-management is, therefore, one of the essential components of the physical therapist's or exercise therapist's regular tasks. The therapist aligns the support with the patient's needs (need for assistance), within the limits of the patient's capacity to carry out self-management, and with the phase of life in which the patient living with the condition finds himself. The process is shaped as much as possible through joint decision-making.

A.3 Organisation of healthcare NOTE

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

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.

B Diagnostic process

B.1 Facilitating and inhibiting factors NOTE

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. See the box below for the relevant factors.

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)

Consider asking specific questions or using a measurement instrument for determining the degree of influence of a facilitating or inhibiting factor. Examples of relevant questions and measurement instruments are listed in Note B.1.

In the presence of dominant recovery-impeding factors regarding self-management, consider implementing a specific treatment strategy (see C.1 'Self-management support'). Within these interventions, take into account the factors that most affect the patient's self-management.

Refer the patient (back) to the GP/physician 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.

C Therapeutic process

C.1 Self-management support NOTE

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

Consider implementing the 5A model (Assess, Advise, Agree, Assist, Arrange) for self-management support, even if there are no dominant inhibiting factors with regard to self-management. The 5A model is included in the following table.

5A model for self-management support in general

Step within the 5A model	Explanation
Assess	Identify the patient's wishes, needs, preferences and impairments (think of physical and mental capacity, low health literacy) in order to assess what is needed in order to further clarify the condition, underlying mechanism and consequences of the condition.
Advise	Education is an interactive process between the patient and therapist, with the goal of changing the patient's thoughts or behaviour in relation to his health in a positive way.
Agree	Depending on what the patient deems important, specific goals can be set that are relevant for the patient in terms of self-management support. Working in a time-contingent manner with monitoring and feedback plays an important role in this.
Assist	Instruction, exercise and/or demonstration of specific acts, tasks or activities that are difficult for the patient in his daily setting. Effective factors for promoting empowerment and self-reliance are: making decisions together, discussing treatment options, sharing successful experiences (personal effectiveness) and working in the patient's authentic environment.
Arrange	Increasing social and societal support. This support can also be employed when communication with the patient is difficult. Here the therapist must take into account the patient's knowledge level, awareness and motivation.

Consider using a specific strategy for the self-management support for patients with one or more dominant inhibiting factor(s). Consider the strategy that is best aligned with the patient's dominant inhibiting factors or apply elements from the various strategies. For more information, see B.1 'Facilitating and inhibiting factors'.

Consider applying (elements from) Motivational Interviewing (MI) if motivation is a dominant inhibiting factor for self-management with respect to movement-related functioning. Information about the specific application of MI is included in note C.1.

Consider applying (elements from) Problem Solving Therapy (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. Information about the specific application of PST is included in note C.1.

Consider applying (elements from) Acceptance and Commitment Therapy (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. Information about the specific application of ACT is included in note C.1.

Consider applying (elements from) Solution-Focussed Brief Therapy (SFBT) to actively involve patients in coming up with solutions with respect to movement-related functioning. Information about the specific application of SFBT is included in note C.1.

Explanation

Note A.1 Introduction

The Practice Guideline explains the reason for and the objective of this guideline. This section of the guideline contains an explanation of the FAST project. The KNGF Guideline on Self-Management was developed in accordance with the 2019 KNGF Guideline Methodology (KNGF 2019). The Justification of this module describes how this methodology was applied to this specific guideline.

FAST project

Developing guidelines is an expensive and long process, and the way in which this process has been defined for physical therapy and exercise therapy to date (specifically, at the diagnosis/condition level) is not always aligned with daily healthcare practice. Based on the physical therapy and exercise therapy system advice, research was done on the possibilities of developing all-condition-encompassing guidelines for physical therapy and exercise therapy in a more efficient manner (Healthcare Institute of the Netherlands 2016). At the beginning of 2018, the VUmc (since 7 June 2018 Amsterdam UMC, location VUmc) and Ecorys compiled an action plan for the development of such all-condition-encompassing guidelines (both generic and domain-specific), due to which topics with mutual elements no longer need to be elaborated separately for each condition-specific guideline (VUmc/Ecorys 2018). The generic guidelines concern aspects of healthcare that can be applicable to all patients who see a healthcare provider, such as self-management, the topic of this guideline. The domain-specific guidelines concern aspects of healthcare that can be applicable to all patients who have closely related conditions, such as oncological conditions.
This advice from the VUmc and Ecorys was implemented in the FAST (Fysio-/oefentherapie Aanpak Stroomlijning kwaliteitsstandaarden [Physical Therapy/Exercise Therapy Approach Streamlining of Quality Standards]) project.

The FAST project is comprised of the following:

- **Sub-project 1** Development of an addendum to the KNGF guideline methodology for the development of generic/domain-specific guidelines and process evaluation.
- **Sub-project 2** A proof-of-concept of a generic guideline with 'self-management' as the topic.
- **Sub-project 3** A proof-of-concept of a domain-specific guideline with 'oncology' as the topic.

If the action plan appears to be feasible and produces relevant guidelines for the professional field, the addendum (sub-project 1) will be incorporated into the KNGF guideline methodology (KNGF 2019). This can then also be used to develop other generic and domain-specific guidelines (also by other paramedical professional groups).
By referring to these generic and domain-specific guidelines in condition-specific guidelines and not having to answer similar clinical questions multiple times, which is currently the norm, guideline development within physical therapy and exercise therapy will be able to go more efficiently.

Status of a guideline

Recommendations in a guideline are not laws or mandatory regulations. In principle, therapists should adhere to the recommendations, but substantiated deviation is legitimate or even necessary if this is commensurate with the individual patient's situation and wishes (AQUA 2021).
PRACTICE GUIDELINE ^

Note A.2 Background of self-management

The need for self-management or self-management support for various conditions is a growing and important component of healthcare (Grady 2014; Holman 2000; Rijken 2008; Trappenburg 2013). The literature uses various terms and definitions that refer to self-management. These terms include self-help, self-direction, self-reliance and self-management support. Supporting patients is becoming increasingly important. This is due in part to the growth of personalised care, which has shifted the focus from the therapist's traditional role to a more coaching role (Van Staa 2008).

Definitions of self-management

The various definitions of self-management stem from the fact that there are multiple opinions about the goal of self-management.
The WHO defines self-care as 'the ability of individuals, families and communities to promote their own health, prevent disease, maintain health and to cope with illness and disability with or without the support of a health worker' (WHO 1983).
Another international definition of self-management is 'the individual's ability to manage the symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent in living with a chronic condition. Efficacious self-management encompasses the ability to monitor one's condition and to effect the cognitive, behavioural, and emotional responses necessary to maintain a satisfactory quality of life. This brings about a dynamic and continuous self-regulation process' (Barlow 2002).
Other definitions of self-management that are used more in the Dutch context include the definition by the National Self-Management Action Programme (Landelijk Actieprogramma Zelfmanagement). Their definition of self-management is 'coping with the chronic condition (symptoms, treatment, physical, psychological and social consequences and associated lifestyle changes) in such a way that the condition is optimally integrated into one's life. Self-management entails that people with a chronic illness can choose themselves to what extent they want to keep control of their own lives and be able to help decide how the available healthcare is employed in order to achieve or maintain an optimal quality of life' (LAZ 2010).
Another Dutch definition of self-management is that of the Self-Management Core Group, which defines self-management as: 'the degree to which someone with one or more illnesses and/or impairments is able to keep control of their life to the extent he or she wants to and can, by

properly coping with the symptoms, treatment, social and psychological consequences of the illness(s) and/or impairments and the associated lifestyle changes in conjunction with the social environment' (CBO 2014).

In this generic Self-Management guideline, a combination of the above definitions and expert opinion was chosen. Because self-management is a broad term, a clear definition was needed in order to establish the scope of this guideline. The definition also had to be applicable to both physical therapists and exercise therapists. This resulted in the formulation of the following definition of self-management as described in the Practice Guideline.

Personalised care aimed at self-management

The patient and his specific need for assistance in his own living environment is the focus of physical therapy and exercise therapy activities. Together with the patient, the therapist determines the treatment goals that are aligned with the patient's need for assistance, capabilities and skills, such as self-management and health literacy. The important aspects regarding personalised care are listed in the box below.

Personalised care (NHG 2020)

Personalised care is aimed at the patient's demand for healthcare and falls within the scope of joint decision-making. It concerns a core value in exercise care:

- healthcare in which the entire person is the focus and not his illness or impairment: one of the fundamental attitudes of the physical therapist and exercise therapist is to apply all aspects of the biopsychosocial model (Engel, 1977);
- which is tailored to the patient's individual characteristics, capabilities, wishes, needs, learning strategy and context;
- which is based on jointly deciding which healthcare is needed and is most suited to the person, with the basic principle that the therapist and the patient will together consider the diagnosis, treatment, guidance and follow-up of the patient and make a decision;
- with continuity, so that it is possible to build a relationship of trust.

Application of self-management support

The therapist provides support for self-management, so that the patient obtains and experiences as much self-management of his life as possible. Self-management support is hence a part of the physical therapy and exercise therapy activities (KNGF 2021; VvOCM 2019). For the purposes of this guideline, the definition of the Institute of Medicine (2004) is used (Institute of Medicine 2004). This support is a process in which the patient is the focus and whereby the patient himself can take control in order to indicate the type of support he can use in living with the condition (CBO 2014).

The therapist aligns the support with the patient's need (need for assistance) and takes into account the treatment phase in which the patient finds himself. In practice, this means that a therapist cannot split up the diagnostic process and the treatment process, but that the support is given in a continuous interplay between the therapist and the patient within these processes. The therapist is able to let go of the fixed structures of a strategy and implement elements of the strategies based on the need for assistance. PRACTICE GUIDELINE

Note A.3 Organisation of healthcare

Exercise care given by the physical therapist or exercise therapist is a paramedical intervention which has at its core attention to movement and functioning and provision of personalised care. The therapy sessions are there to exercise, reflect and give the patient tools so that he is able to implement what he learned in daily life. The therapy facilitates the degree of self-management, whereby exercise can be applied in a lasting and flexible manner.

Competencies and focus areas for self-management support

Providing self-management support by the physical therapist or exercise therapist requires a methodology based on personalised care. This means that therapists must have the required competencies in order to allow the treatment to succeed. These competencies are described in the professional profiles (KNGF 2021, VvOCM 2019).
In addition, specific focus areas are described in the literature that are important for proper self-management support. Dwarswaard (2013), for example, describes the core values of 'cooperation', 'evocation' and 'autonomy' plus the core message that the therapist 'should not take over but rather support'. Other people described the following focus areas for the healthcare provider in relation to self-management:

- jointly determining with the patient how much control or care the healthcare provider will take over from the patient (Vilans 2021);
- having a vision of self-management and self-management support (NDF 2014);
- having knowledge of various theoretical models and strategies in the area of self-management (education) and the developments that occur within this philosophy (NDF 2014).

Collaboration

This guideline explains how collaboration can be organised so that this collaboration is effective and efficient. The guideline focuses primarily on describing what high-quality healthcare is and provides guidance – where possible based on the content – on the organisation of this healthcare. There is no consensus about the criteria for when a patient should be referred to a specialised physical therapist or exercise therapist for self-management support. The competencies of general physical therapists and exercise therapists and physical therapists and exercise therapists with a specialisation or special certification are described in the professional profiles. It is important for physical therapists and exercise therapists to have knowledge of and insight into the expertise of both the physical therapists and exercise therapists with a specialisation or special certification and other (para)medical professionals who are involved in the treatment (KNGF 2021).

Physical therapy, exercise therapy and specialisations

Physical therapists and exercise therapists are specialised in movement-related functioning. They treat patients through Direct Access to Physical Therapy (DAPT) or Direct Access to Exercise Therapy (DAET) or by referral from general practitioners or medical specialists. The role and position of the physical therapist and the exercise therapist in healthcare, i.e. the domain description, can be found in the professional profile of the physical therapist and the professional profile of the exercise therapist (KNGF 2021; VvOCM 2019).

Specialisations within physical therapy and exercise therapy are described whose specific expertise is recognised by the KNGF or the VvOCM. These specialisations are included in the Quality Register for Physical Therapy and the Quality Register for Para(medical) Professionals, which ensures that these healthcare professionals raise their knowledge and skills to a good level and maintain this level. For all these specialisations, the goal of the treatment is maintenance or recovery of daily functioning. However, the manner of treatment can vary for each specialisation.

Self-management support for patients with limited health literacy

When providing self-management support, physical therapists and exercise therapists regularly deal with patients who do not read or write well and/or only have limited health literacy. For these people it is difficult to understand and apply the information and advice, due to which they apply exercises or advice incorrectly or not at all. Treatment and guidance will not have the desired result in this case (Heijmans 2016). This situation can even lead to a worsening of the patient's health. Additionally, patients must be able to make the right choices. It is important for healthcare professionals to recognise which patients have limited health literacy (Murugesu 2018). Adapting the communication and healthcare to this group of patients' health literacy requires perseverance, curiosity and creativity on the part of healthcare professionals.
Communication with patients with limited health literacy can be adapted as follows:

- aligning with the patient's language usage;
- forming short sentences and using simple words;
- not making any 'detours' in the story;
- being as concrete as possible and avoiding metaphors and abstract concepts;
- limiting the number of messages per consult – at most two or three per consult;
- repeating the most important points;
- setting feasible and realistic goals that are aligned with someone's living environment and context;
- giving the patient lots of room to ask questions by asking 'What questions do you have?' instead of 'Do you still have questions?';
- using tested visual educational materials, including digital ones (Meppelink 2015);
  making appointments for on the hour or half-hour and drawing an analogue clock on a card with the agreed time;
- using the teach-back method, which entails asking the patient to repeat the information in his own words (Muregesu 2018).

Close collaboration with other healthcare providers, such as the GP, is important. As is knowing the available community resources. Patients with low health literacy often come from a disadvantaged background and generally have to deal with social, financial and/or child-raising problems more frequently. It is therefore important to establish contact with the district team, social counsellor and/or immigrant healthcare consultant, for example, but to also know which community centres offer inexpensive sports facilities. It lowers the barrier to healthcare and service provision when a healthcare provider establishes the initial contact. Offering guidance when referring a patient also leads to a greater chance of success in resolving social, financial or other problems. Guidance with social, financial or other problems, in turn, contributes to better health. For more information about recognising patients with limited health literacy and how to deal with them, see the website of the national expertise centre on health differences Pharos. PRACTICE GUIDELINE

Note B.1 Facilitating and inhibiting factors

Clinical question

Which facilitating and inhibiting factors with respect to self-management are relevant for the therapist to identify for a patient so that these factors can be taken into account in the treatment plan?

Reason

Factors that inhibit or facilitate the patient's self-management can play an important role in the treatment's success. It is therefore important to identify these factors.

Method

To identify the relevant facilitating and inhibiting factors, a systematic search took place for existing evidence-based guidelines and systematic reviews. Based on the quality assessment conducted in the existing systematic reviews, the evidentiary value of the individual factors was described. The identified factors were then clustered into overarching factors and incorporated into an overview (see the Justification of this module). Based on this overview and the considerations of the guideline panel (e.g. regarding patient preferences and relevance for the physical therapy and exercise therapy practice), the relevant factors that should be identified by a therapist were selected.

Conclusions based on the literature

Based on six systematic reviews, the inhibiting and facilitating factors regarding self-management were assessed (Abaraogu 2018; Christensen 2016; Coll 2017; Devan 2018; Essery 2017; Lavallée 2019). These were then clustered into the following overarching factors:

- Perceptions of the illness, condition or injury:
  - The patient's perception of his current health status and his knowledge and understanding thereof.
- Perceptions about the therapy/exercise/self-management:
  - Agreement between the intensity and frequency of the therapy aimed for by the therapist and the patient's attitude, along with the patient's expectations of the results.
- Motivation:
  - The patient's motivation and the aspects that positively bolster the patient.
- Behaviour related to physical activity:
  - Exercise history, current activity level and cognitive aspects, such as depression and distress.
  - Being able to go through a behavioural change process with a (renewed) condition and lifestyle. The exercise history, current activity level and cognitive aspects are important in this respect.
  - Social support and guidance. The patient's relationships and social network, such as family, peers and possibly other (healthcare) professionals.
- Environmental factors:
  - Practical barriers that can impede self-management, such as excessive costs of gym membership or difficult access to potential peer contact groups.
- Factors specific to an illness or condition:
  - Factors that are condition-specific, such as dyspnoea with COPD.

Conclusions and additions based on the considerations

Based on the conducted literature review, the facilitating and inhibiting factors were subsequently discussed, and the guideline panel added two overarching factors to the factors that had already been formulated. These were not identified in the literature review:

Coping:
- Being able to determine the training limits, dealing with impairments, acceptance and purpose.

Health literacy:
- Skills that people need in order to find, understand and apply information about health and illness.

Suggestions for identifying facilitating and inhibiting factors

To identify the facilitating and inhibiting factors that play a role, the therapist asks 'moving questions' and/or a measurement instrument is used. This way the therapist explores together with the patient to what extent the patient has control or wants to take control, which issues and problems he is encountering and what he needs in order to find a solution for this. The conversation has a positive angle and invites the patient to voice his opinions, insights and preferences.
The following table contains suggestions for moving questions for each overarching factor and suggestions for measurement instruments.

Suggestions for moving questions and suggestions for measurement instruments*

The perception of the illness, condition or injury	Ask questions about what the patient thinks of or knows about his condition, or exactly which information the patient needs. Possible measurement instrument: the Illness Perception Questionnaire (IPQ-K).
The perception of therapy/exercising/self-management	Ask questions about what the patient can or wants to do himself or what the patient would really like to work on. Possible measurement instruments: the Patient-Specific Complaints (PSC) or the Patient-Specific Goal-setting method (PSG).
The motivation	Ask questions about what the patient finds important in his life, or how much confidence the patient has in his own abilities. Possible measurement instrument: the Intrinsic Motivation Inventory (IMI).
Behaviour related to physical activity	Ask questions about which activities the patient does or can do himself. Possible measurement instruments: the Four-Dimensional Symptom Questionnaire (4DSQ), the Physical Activity Monitor (PAM) or the Self Management Screening (SeMas).
Social support	Ask questions about from whom the patient can expect support in his environment.
Environmental factors	Ask questions about the practical barriers a patient encounters. Possible measurement instrument: the Working Alliance Inventory-Short Form Revised (WAI-SFR).

Illness-related factors	Ask questions about what the patient knows about his illness, condition or injury and ask if the patient experiences barriers with regard to illness-specific or condition-specific activities. See the condition-specific KNGF guidelines for the measurement instruments.
Coping	Ask questions about how the patient is working on goals/therapy and how the patient is coping with his complaints. Also find out if the patient can accept the situation. Possible measurement instrument: the Partners in Health scale (PIH).
Health literacy	Ask questions about how the patient is succeeding in making decisions about his treatment and whether the patient is able to repeat the information. Possible measurement instrument: the Health Literacy Questionnaire (HLQ).

* Most measurement instruments mentioned are available at www.meetinstrumentenzorg.nl.

Strategy choice

Based on the identified factors, the therapist can formulate an answer in consultation with the patient to the question of whether self-management support is necessary, and if so, to what extent. Based on the dominant inhibiting factors regarding self-management, the therapist can make the choice to implement (aspects of) specific strategies during the therapy. Here it is important to take into account the patient's expectations regarding the therapy. If there are no dominant inhibiting factors, supporting self-management with the recommendations from the 5A model can be considered (see C.1 'Self-management support').

Referral

It is important for the treating therapist to stay within the discipline (and within the associated competencies) of physical therapy or exercise therapy (KNGF 2021; VvOCM 2019). If there is a serious inhibiting factor with regard to self-management that does not fall within the physical therapist's or exercise therapist's discipline, the patient should be referred back to the GP. In this case, there may be an indication for involving another healthcare professional and/or caregiver.

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Note C.1 Self-management support

Clinical question

How should a therapist support self-management with regard to movement-related functioning? In order to answer this clinical question, it was decided, in consultation with the guideline panel, to split up this clinical question as follows:

1. A general response to the clinical question regarding self-management support which is basically applicable to all patients being treated by a therapist.
2. A response to the clinical question focused on specific strategies for patients with dominant inhibiting factors with regard to self-management.

1. Self-management support in general

In consultation with the guideline panel and the review panel, it was decided not to conduct a systematic search for this part of the clinical question but rather to use the professional profiles of the physical therapist and exercise therapist as the basis and supplement these with literature that was collected in a non-systematic manner.

Goal of the physical therapy and exercise therapy healthcare provision

Physical therapy and exercise therapy healthcare is aimed at enabling people to maintain or recover control over their movement-related functioning as independently and as best as possible in their own living environment. Here the therapist's reasoning is based on the biopychosocial model, and the patient's movement-related functioning (in his own living environment) is the priority.

Formulation of treatment goals

Together with the patient, the therapist determines the treatment goals that are aligned with the patient's need for assistance, capabilities and skills, including health literacy. The therapist provides support for self-management, so that the patient obtains and experiences as much self-management of his life as possible. Personalised care aimed at self-management is, therefore, one of the essential components of the physical therapist's or exercise therapist's regular tasks (KNGF 2021;VvOCM 2019).

The 5A model

The 5A model is a frequently used model in healthcare (Glasgow 2003). Going through this model is an active and cyclical process, meaning that you can always go through the 5A model again, as well as return to the previous step.

The five steps of the 5A model (Glasgow 2003)

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 healthcare professional or caregiver. When there is renewed contact with the patient, the process starts anew. This way, 'Arrange' turns into 'Assess': How did it go with the agreements/goals and are there new needs?

The following table shows examples of the steps in the 5A model within the physical therapy and exercise therapy domain. The examples focus on the patient's cognition, emotion and behaviour (Main 2011). These examples can be integrated into therapeutic activities either alone or in combination.

Examples of the 5A model for self-management support in general regarding cognition, emotion and behaviour

5A model step	Explanation	Examples within the physical therapy and exercise therapy domain
Assess	Find out whether the condition, underlying mechanisms and consequences of the condition are known	The first step is to find out what the patient already knows. In addition, the wishes, needs, preferences, support and impairments (e.g. physical and mental capacity, low health literacy) of patients are identified in order to assess what is needed in order to further clarify the condition, underlying mechanisms and consequences of the condition (Hutting 2019; McGowan 2012).
Advise	Coordinated targeted education	Patient education enables patients to play a greater role in empowering themselves. It is more than giving instructions, information or advice. Education is an interactive process between the patient and therapist, with the goal of changing the patient's thoughts or behaviour in relation to his health. The therapist does not suggest random solutions, but encourages the patient to come up with solutions himself first (CBO, Self-Management Healthcare Module 1.0).
Agree	Setting specific goals that are useful for the patient within his daily context	Depending on what the patient deems important, specific goals can be set for encouraging the patient's self-management and actions can be planned. A goal describes where the patient wants to go and where the patient ultimately wants to end up within a foreseeable time. It is very important for the therapist to align with the patient's wishes. The goals must fit with the intrinsic motivation, so that there is a greater chance that someone will start moving in the direction of his ultimate goal. Setting goals starts with exploring the patient's convictions and values. In the primary care setting the term 'setting mutual goals' is often used, defined as a process in which healthcare professionals and patients achieve agreement about health-related goals. Action planning is defined as achieving agreement between the patient and healthcare provider about the conduct of the patient (and/or healthcare provider), including questions such as 'what', 'when', 'where' and 'how often'. Both setting goals as well as action planning are often used in programmes for self-management support, because they appear to improve patients' self-efficacy, help patients change their behaviour and improve their health results (Bodenheimer 2009; Lenzen 2017; Lorig 2006).
	Working in a time-contingent manner with monitoring and feedback	In order to achieve personal goals, patients must learn to obtain insight into (current) behaviour, for example by using a journal or 'wearables' or other e-health applications. It is advisable to provide feedback in a positive way because the patient can become discouraged otherwise. Feedback should be as simple as possible and transmit important information about achieving the goal. The choice to use monitoring depends on the wishes and needs of both the therapist and the patient. One example of making agreements about goals is working in a time-contingent manner (graded activity). For specific information about graded activity, see Geilen 2006, Prestwich 2016.

Assist	Instruction, exercise and/or demonstration of specific acts, tasks or activities that are difficult for the patient in his daily setting.	Instruction, exercise and/or demonstration of specific acts, tasks or activities require the patient to be able to use skills that vary from planning and organising learning experiences to actually being able to apply instructions and processing feedback information. Physical therapists and exercise therapists must provide clear exercise information about the goal of the task – whether this is a specific exercise habit or a specific outcome – and give feedback aligned with the goal to be achieved. If the patient doesn't try new behaviour based on only intrinsic feedback, targeted instruction may be needed (Hodges 2002).
	Encouragement of the patient's own capacity	Self-efficacy is identified as an important determinant of health behaviour, future health behaviour and change in health behaviour. Proven effective factors for promoting self-management and self-reliance are: making decisions together, discussing treatment options, sharing successful experiences (personal effectiveness) and working in the patient's authentic environment. The degree of self-efficacy determines the amount of effort the patient is willing to expend and how long he will keep up the effort. The patient's perseverance and efforts depend on his level of perceived self-efficacy. The greater his perceived self-efficacy, the more robust and resolute his efforts will be. Vice versa, with a lower level of perceived self-efficacy, the patient will be more inclined to stop his efforts (Bandura 1983).
Arrange	Integration of social and societal support by identifying the home environment and/or job situation	Environmental factors (both physical and social) can affect the patient's behaviour. Physical therapists and exercise therapists who want to help patients with behavioural change can increase their chances of success when they focus on the patient's awareness by increasing social and societal support. This support can also be employed when communication with the patient is difficult. It is important to take relevant determinants into account, such as knowledge level, awareness and motivation. Social and societal support can be both positive and negative. Literature confirms the important roles that friends and family members play in self-management (Achterberg 2011).

2. Self-management support in the presence of dominant inhibiting factors

Strategies for supporting self-management are aimed at providing patients the tools to actively manage their chronic condition, with the goal of allowing the patient to function as optimally as possible in daily life (Trappenburg 2014). Although the strategies have different goals, their most important characteristics are aimed at increasing the patient's ability to cope with the daily consequences of their illness.

Within this guideline, recommendations are formulated regarding the four specific strategies a therapist can use to promote a patient's self-management, specifically: Motivational Interviewing (MI), Problem Solving Therapy (PST), Acceptance and Commitment Therapy (ACT) and Solution-Focussed Brief Therapy (SFBT). These strategies can be applied when general self-management support is not sufficient.

Method

To answer this part of the clinical question, a systematic search was conducted in various databases for studies about the effectiveness of MI, PST, ACT and SFBT with respect to physical functioning. Based on the literature (if available) and considerations, a recommendation was compiled for every strategy regarding whether and for whom the therapist can best apply the strategy in order to support self-management.

Results of the literature review

In order to assess the effectiveness, seven systematic reviews were identified with respect to MI. However, due to the variation in the found effects and the quality of the studies, it was not possible to draw a conclusion about the effectiveness of MI with respect to physical functioning in the short or long term. With regard to PST, ACT and SFBT, no studies were identified that assessed the effectiveness of the strategy with respect to physical functioning. Because of this, the effectiveness of these interventions cannot be estimated based on the literature. See the Justification for this module for more information about the literature review.

Considerations

The guideline panel formulated considerations based on the literature and expert opinion which ultimately resulted in recommendations regarding MI, PST, ACT and SFBT. See the following boxes for more information about the four strategies.

Motivational Interviewing (MI)

Motivational Interviewing is a directing, person-oriented style of communication, intended to promote behavioural change by helping clarify and resolve ambivalence toward change (Miller 2002). Patients are encouraged to take responsibility for the treatment choice (DiabeteszorgBeter 2007; Treasure 2004), which results in the motivation to change stemming from the patient himself and not from the therapist.

The five principles of Motivational Interviewing are (DiabeteszorgBeter 2007):

1. Be empathetic. By using active and reflective listening, the healthcare professional 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. Resistance is a sign of the patient's involvement, even though the patient isn't yet ready to carry out the desired behavioural change.
3. Support self-reliance and optimism. The therapist supports the patient's self-confidence to do what is necessary to achieve the treatment goals. Believing in one's own abilities is one of the most important preconditions for behavioural change.
4. Discuss and create awareness of the discrepancy between the patient's goals or values and the current behaviour. In a motivational talk, an attempt is made to tip the balance between the undesirable and the desirable healthy behaviour towards the healthy behaviour. The therapist can discuss the benefits and disadvantages of the patient's current lifestyle and the benefits and disadvantages of the desirable behaviour with the patient.
5. Avoid arguing and direct confrontation. The patient is responsible for decisions affecting his own life.

For more information about MI, see Miller (2002).

Problem Solving Therapy (PST)

Problem Solving Therapy (PST) is a cognitive behavioural therapy intervention aimed at training a person in adaptive problem-solving attitudes and skills (Bell 2009). PST can be used to treat psychological problems caused by exposure to problem situations and can also be used as a preventive measure (Eskin 2012).

The core elements of PST entail identifying a problem and applying the steps of PST (Beaudreau 2017):
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.

For more information about PST, see Eskin (2012).

Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy is a behavioural therapy that helps patients cope with the obstacles they encounter (Acceptance), so that they can continue to invest in the things they find truly important (Commitment) (Schreurs 2013).

ACT consists of six different processes/skills, frequently portrayed in the ACT hexaflex:
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. Being flexible with yourself is a main focus.
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.

For more information about ACT, see Schreurs (2013).

Solution-Focused Brief Therapy (SFBT)

Solution-Focused Brief Therapy (SFBT) is a short-term, targeted therapeutic approach that incorporates positive psychology principles and practices, and that helps patients change by constructing solutions instead of focusing on problems (Bakker 2008; Bartelink 2013; Quick 2007). There is extensive literature available that describes the SFBT principles, strategies and techniques. Although this is not an exhaustive list, the following points summarise the central principles of SFBT (Wand 2018):

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.

For more information about SFBT, see Wand (2018).

The effectiveness with respect to physical functioning has not been clearly scientifically proven for any of the strategies. However, there are indications for proof of its effectiveness within other healthcare disciplines. Undesirable effects were not found and are also not plausible for the listed four strategies. From the patient's perspective, all strategies have value, given that they permit joint decision-making. However, not every strategy addresses the barrier patients may experience with regard to self-management.
MI is considered to be most useful if motivation is a dominant inhibiting factor. PST is considered to be most useful when a low locus of control is a dominant inhibiting factor, but not when there is a serious problem, such as clinical depression or anxiety. ACT is considered to be most useful for patients with chronic conditions and when not accepting the health problem is a dominant inhibiting factor. SFBT is considered to be most useful for all patients who experience dominant inhibiting factors for self-management, because this method is suitable for involving patients in coming up with solutions regarding movement-related functioning.
MI is regularly applied within physical therapy and exercise therapy, compared to PST, ACT and SFBT. However, all strategies fit within the domain of the physical therapist and exercise therapist, and it is also possible to integrate aspects of the strategies into the treatment. All strategies are therefore considered to be acceptable and feasible.

Conclusions

Conditional recommendations are formulated for all strategies (MI, PST, ACT and SFBT), aimed at the inhibiting factors regarding self-management to which the strategy applies most effectively. PST is conditionally not recommended for patients with clinical depression or anxiety. SFBT is conditionally recommended for all patients who experience dominant inhibiting factors regarding self-management. **PRACTICE GUIDELINE**

Colophon

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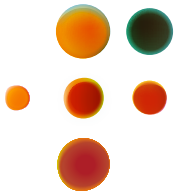
The KNGF aims to create the conditions in which high-quality physical therapy care can be provided that is accessible to the entire Dutch population, whilst recognising the professional expertise of the physical therapist.
The KNGF represents the professional, social and economic interests of over 18,000 registered physical therapists.



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