Abstract

Introduction: Adherence to homecare exercises/recommendations has been previously researched, but not for a general population of complementary healthcare users. The purpose of this study was to investigate patient adherence and reasons for non-adherence with homecare exercises/recommendations.

Method: A questionnaire was developed and sent to 4 different CAM clinics (3 Canberra and 1 Invercargill).

Results: From 89 participants, 80% reported receiving homecare exercises/recommendations; 64% of those adhered sometimes. The most common reason for non-adherence was forgetting.

Conclusion: Strategies suggested by patients to improve adherence included: the patient’s need to be reminded regularly (phone call, sms or email) and to supply documentation to take home.

Background

As part of complementary healthcare treatments, practitioners often prescribe patients exercises to perform at home to complement their clinic treatments. Patient adherence is often a crucial step toward improving treatment status and achieving good health (Morisky, 2009).

Methodology

- **What**: Cross sectional descriptive survey, n=6 (closed questions), n=11 (open questions). Completed in clinic waiting room (approximately 5 mins to complete).
- **Who**: CAM patients from 4 clinics – Chiropractic n=17, Massage n=10, Osteopathy n=44 and Physiotherapy n=18, aged over 18 years. Total N=9 (female n=35 and male n=9). Voluntary convenience sample, questionnaire administered by receptionist or practitioner.
- **When**: August 2009 post SIT ethics approval.
- **How**: Analysis achieved using descriptive statistics (SPSS) and thematic analysis of open-ended questions.

Aim

To determine the frequency of adherence and to discover if practitioners could be doing more to assist adherence.

Reasons Patients Adhere

(CH13) "To assist in improving my condition". (MT4) "Because they assist with decreasing pain/discomfort". (OS19) "They are important in the overall treatment". (PH3) "Am convinced they are beneficial". (PH7) "Because they make sense".

Key Findings

- The most common form of homecare given was stretching.
- 74% of participants reported to ‘always’ or ‘sometimes’ adhering to their homecare.
- The most common reason for non-adherence was forgetting.
- 44% of the participants reported that there was nothing more practitioners could do to increase adherence.
- Suggestions to improve adherence included: Regularly reminding (email, text message, phone call) and to provide documentation.

References
