

**Integrating Research into practice**

PO1-AP-002

**APPOINTMENT REMINDER SYSTEMS ARE EFFECTIVE BUT NOT OPTIMAL: RESULTS OF A SYSTEMATIC REVIEW AND EVIDENCE SYNTHESIS EMPLOYING REALIST PRINCIPLES**

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**Background:** Missed appointments are an avoidable cost which impacts upon the health of patients, treatment outcomes and service efficiency. Non-attendance rates of between six to 46 per cent are frequently reported in physiotherapy-led clinics. Reminder systems are used increasingly to counter these negative effects and improve the efficiency of the appointment system and many healthcare organisations are increasingly investing in SMS, telephone and email reminder systems. However they frequently employ a 'one-size-fits-all' approach, with little evidence of differential effectiveness or acceptability for particular populations or subgroups.

**Purpose:** To review the effectiveness of reminder systems for promoting attendance, cancellation and rescheduling of appointments and set out the evidence which shows that reminder systems are not being employed optimally.

**Methods:** We conducted three inter-related reviews of quantitative and qualitative evidence involving a review of conceptual frameworks of reminder systems and adherence behaviours (review 1), a review of the reminder effectiveness literature (review 2) and a review informed by realist principles to explain the contexts and mechanisms which explain reminder effectiveness (review 3). Firstly, using pre-existing models and theories, we developed a conceptual framework to inform our understanding of the Contexts and Mechanisms which influence reminder effectiveness. Secondly, we performed a review following Centre for Reviews & Dissemination (CRD) guidelines to investigate the effectiveness of different methods of reminding patients to attend health service appointments. Finally, to supplement the effectiveness information, we completed a review informed by realist principles to identify factors likely to influence non-attendance behaviours and the effectiveness of reminders.

**Results:** The preliminary database searches yielded 1200 records; following screening stages a total of 466 records were included for Reviews 2 and 3. Findings from 31 randomised controlled trials and 11 separate systematic reviews (Review 2 only) revealed consistent evidence that all types of reminder systems are effective at improving appointment attendance across a range of health care settings and patient populations. Reminder systems may also increase cancellation and rescheduling of unwanted appointments. "Reminders plus", which provide additional information beyond the reminder function, may be more effective than simple reminders at reducing non-attendance at appointments in particular circumstances. We also identified six areas of inefficiency which indicate that reminder systems are being used sub-optimally.

**Conclusion:** The results of this review showed that unless otherwise indicated, all patients should receive a reminder to facilitate attendance at their physiotherapy appointment. The choice of reminder system for a physiotherapy service should be tailored to the individual service and informed by a variety of contextual factors. To optimise appointment and reminder systems, healthcare services need supportive administrative processes to enhance attendance, cancellation, rescheduling and re-allocation of appointments to other patients.

**Implications:** Physiotherapy services should install optimised reminder systems to enhance attendance, cancellation, rescheduling and re-allocation of appointments to other patients

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**Ethics Approval:** None required for this evidence synthesis

**Disclosure of Interest:** None Declared

**Keywords:** None

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**PELVIC ORGAN PROLAPSE – WOULD YOU MOVE DIFFERENTLY IF YOUR UTERUS WAS FALLING OUT – A NARRATIVE REVIEW**

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**Background:** Initial Literature review for PHD research looking at the relationship of movement and pelvic organ prolapse (POP)

**Purpose:** Narrative literature review to define future research examining the relationship of POP and a women's movement.

**Methods:** Narrative literature review

**Results:** This is a narrative review of Pelvic organ prolapse (POP) and its relation to a women's movement. POP is defined as the symptomatic descent of the pelvic organs from their normal anatomical position. The integrated lifespan model, proposed by DeLancey et al. (2008) may help explain causal factors for the development of POP, suggesting that instead of there being one risk factor, cumulative damage and overload of the tissues may lead to the development of POP. This perhaps suggests poor loading of the tissues from altered movement with normal everyday activities over a long time may lead to changes within the tissues. Although, POP is not life threatening it can affect a women's quality of life. The overall movement of a woman before and after she develops POP maybe the key in optimising overall muscle function of the pelvic and abdominal muscles in their role to support the pelvic organs.

**Conclusion:** There is a need to investigate how a women with POP moves on simple clinical tests for failed load transfer and if these tests and qualitative information gained for her experiences of how the POP has affected her movement and activities can be used to develop a clinical predictive tool for identifying POP and developing rehabilitation guidelines.

**Implications:** Pelvic organ prolapse is a growing concern due to lack of awareness with women and an increasing incidence with an aging population. Although there is evidence for pelvic muscle training to help reduce the symptoms of POP, it is expensive and limited to those with access to specialist women health physiotherapist. There is a need to look differently at the organ support to inform preventive and rehabilitation management.

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**Ethics Approval:** University of Canberra ethics committee

**Disclosure of Interest:** None Declared

**Keywords:** Failed load transfer, Movement, Pelvic organ prolapse

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**ADVERSE EVENTS ASSOCIATED WITH THE USE OF CERVICAL MANIPULATION OR MOBILIZATION AND PATIENT CHARACTERISTICS: A SYSTEMATIC REVIEW**

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**Background:** Cervical spinal manipulation (CSM) and cervical mobilization are frequently used in patients with neck pain and headache. Pre-manipulative cervical instability and arterial integrity tests appear to be