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**Title**

*Development of a multi-component intervention to improve the management of shoulder pain in primary care*

**Priority 1 (Research Category)**

Musculoskeletal and rheumatology

**Presenters**

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**Abstract**

Context: Suboptimal primary care management of shoulder pain has been reported in several studies. Identifying barriers and facilitators to using recommendations from clinical practice guidelines (CPGs) is needed to ensure that knowledge translation interventions are tailored and promote better shoulder pain management.

Objective: 1- To identify determinants (barriers and facilitators) to implementing recommendations from shoulder CPGs. 2- To map these determinants to implementation strategies for developing a multi-component intervention to improve shoulder pain management in primary care.

Study design and Analysis: Using a qualitative study design, we conducted semi-structured interviews that were recorded and transcribed into verbatims. Deductive thematic analysis based on the Theoretical Domains Framework (TDF) was performed. Using the Behaviour Change Wheel (BCW) method, determinants were mapped to Capability – Opportunity- Motivation – Behaviour components, intervention functions and behaviour change techniques (BCT). Based on this information, we identified relevant strategies to implement recommendations from CPGs.

Setting: Several primary care settings in Quebec, Canada.

Population studied: Family physicians and physiotherapists managing patients with shoulder pain.

Intervention/Instrument: We developed a semi-structured interview guide informed by the TDF including questions related to determinants to implementing recommendations from shoulder CPGs.

Results: Sixteen family physicians and 19 physiotherapists were interviewed. We identified 17 determinants to implementing shoulder CPGs' recommendations across seven domains of the TDF (knowledge, skills, beliefs about capabilities, beliefs about consequences, intentions, environmental

context and resources and social influence). We identified six interventions functions and 12 BCTs based on the determinants and TDF domains. Implementation strategies that were identified included the development and distribution of educational material, interactive workshops, support from clinical champions, audit and feedback, revision of professional roles and creation of interdisciplinary teams.

Conclusion: We used a theory-based approach in the initial development of an intervention to implement shoulder CPGs recommendations in primary care. The intervention will be tailored to optimize its clinical implementation. This will likely result in better uptake by clinicians and more efficient shoulder pain management.