HOW DOES IMPLEMENTATION SCIENCE APPLY TO FOOT AND ANKLE CARE?

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I am at the airport just wrapping up a day and a half of discussions at the *2019 CoHSTAR Implementation Science Institute* meeting. CoHSTAR stands for Center on Health Services Training and Research. The director is Linda Resnick, PT, PhD, Professor in the Department of Health Services, Policy and Practice in the Brown University School of Public Health and VA RR&D funded Research Career Scientist at the Providence VA Medical Center.

The conference focused on translating evidence-based interventions to practice. A theme of the meeting was the gap between evidence-based practice and the actual practice a physical therapist delivers. There were several compelling examples of good treatments that could benefit patients that therapists were hesitant or could not adopt for many practical reasons. I imagined many therapists wanting to implement a novel foot and ankle treatment that promises to really make an impact but wondering how a single therapist can make this happen. *I think we have all been there*. What are the steps? How do I get administration buy in? How do I get consensus from other therapists? Will patients and referring physicians really buy in? Will insurance companies pay for these new treatments? These are real challenges we all face and were included in the day and a half seminar. Several different frameworks to facilitate the conversion of evidence to practice were presented and discussed. Some standout examples we might consider for the FASIG were presented by Dr. Jennifer Moore on the knowledge to action (KA) framework[1,2] and Dr. Julie Tilson's physical therapist education for actionable knowledge (PEAK) translation.[3-5] Dr. Moore demonstrated that using the KA framework could be used to award grants to clinicians for implementation of *known* evidence-based strategies to improve clinical care. Dr. Tilson presented evidence that using the PEAK process engaged clinicians and that clinicians were committed to evidence-based care. Dr. Paterno also presented a focused process to achieve over 90% compliance with patient-reported outcomes in routine clinical care. This was especially impressive, because therapists appeared to change their beliefs associated with patient-reported outcomes. Initially, therapists had poor adoption (37%), likely believing these scales were redundant with standard physical therapy assessment. After, implementing knowledge translation approaches routine clinical practice incorporated these scales into clinical decision-making for greater than 90% of patient interactions. Therapists appeared to see these scales as representing a different, but important construct, compared to the routine physical assessments they were typically performing. As a clinician, researcher, and FASIG Vice President I took away several key important lessons from this conference. First, that good evidence of a treatment, prognostic factor, or diagnostic test does not assure that therapist adoption will occur. Second, there are important actions that the AOPT and special interest groups can take to facilitate implementation of key evidence-based treatments, prognostic factors, and/or diagnostic tests. Third, that clinicians, working in teams with appropriate facilitation and support of administration can be empowered to change everyday practice.

The immediate mandate of the *2019 CoHSTAR Implementation Science Institute* meeting is that there is important work to do to implement evidence-based care for patients with foot and ankle problems. And, that clinician-initiated efforts working in collaboration with researchers and other stakeholders constitute the ideal team to lead these efforts. The FASIG is ideally positioned to engage clinicians and other stakeholders to lead these efforts.

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