

Reflexology Specific Guidance for using the Template for the Intervention Description and Replication (TIDieR): a Delphi study

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What is reflexology?





How well are reflexology interventions reported?



References: [1-6]



Does poor documentation matter?





1. Brief Name – Describe the intervention

Reflexology as a therapy has evolved from a number of different origins each rooted in distinct theories and emphasizing different techniques. It is therefore important to understand the precise type of reflexology being practiced within the intervention to allow the study to be accurately replicated.

- Original Ingham method [13]
- Western or classic reflexology
- Father Joseph or Rwo shur method foot reflexology [14,15]
- Reflexotherapy reflexology [16]
- Zone Therapy [17]
- Acupuncture Influenced reflexology [18]



2. Why or rationale

Describe any rationale, theory, or goal of the elements essential to the reflexology intervention.

- Reflexology is a manual therapy which is suggested to affect the sympathetic and para-sympathetic activity of the body [19]. It is hypothesised that this is achieved by working specific reflexes to encourage the body to normalise.
- Reflexology, is a complementary therapy based on the premise that application of pressure on the reflex points on the feet, hands, ears or face, have an effect on the organ or body part corresponding to reflex.



3. What Materials

Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in the training of intervention providers.

Study authors should consider including the following items in this section:

- Reflexology-specific equipment used within the treatment
- Medium used during the intervention, e.g., cream, powder, aromatherapy oil
- The prescribed reflex sequence documentation and/or protocol document designated for use by the reflexologist, ensuring standardized and replicable procedures
- Reflex chart or the specific location...



4. What procedures

Study authors are encouraged to consider including the following elements within their study write-up, either as an appendix, or within the main text: (1) The areas of the foot, hand, ear or face worked including the approach used, e.g., sequential treatment of each hand or foot, corresponding zones, (2) Emphasis or key aspects of the treatment, including if relevant, the targeting of specific body systems ...

• The aim of the intervention was to work the digestive system. The treatment started with the right foot which was warmed up for 6 min by stretching, shaking and effleurage. This was followed by 1 min of pressure applied to the solar plexus ...



5. Who provided

Study authors should consider including: (1) Number and background of individuals providing reflexology (e.g., professional reflexologist, research investigator or other); (2) Qualifications held by the reflexologist (e.g., do they meet the professional standards within their country)...

- The reflexology intervention was applied by 3 reflexologists, all trained to the professional level required in Taiwan, with 4- 6 years of practitioner experience.
- The reflexology was applied by dyad partners, trained by a reflexologist to UK professional standards. The trainer had 12 years of practitioner experience and also assessed competency of the dyad partners...



6. How provided, e.g. face to face

Reflexology is a complementary therapy which is almost exclusively provided in-person on a one-to-one basis. If the reflexology is not being provided in person, or is being administered in a group setting, then this should be stated explicitly.

- Reflexology was administered on a one-to-one basis.
- Carers were instructed to administer the reflexology technique to their loved one in their own home, with the support of an online therapist who joined the first session via a Zoom call.



7. Where

Study authors should consider including: (1) The number of locations used for the intervention; (2) Details of the intervention location, providing any details about the setting which may have contributed to the effectiveness or unique aspects of the intervention; (3) If recipients of the treatment paid for their own treatments or if they were funded through other means

- The intervention was performed in a private room at xx Hospital during the morning shift using the medical bed already in the room.
- The intervention was carried out at the patients' home by their carer...



8. When and How much

Study authors should consider including the following (1) Total treatment time (duration of treatment sessions); (2) Total number of treatments; (3) Frequency at which the treatments were conducted, whether daily, weekly, monthly etc...

- Reflexology was delivered for 45 minutes, once per week, for four weeks (four sessions in total), on the same day each week.
- A single 30-minute reflexology treatment was delivered to each patient 4 hours after their medical procedure...



9. Tailoring or personalisation

Some studies will use a fixed protocol and there will be no individual personalisation. However, if personalisation does occur, either allowed for within the protocol, or carried out by the reflexologist, it is important for the replication of the study that details of this are documented.

- The pressure applied during the treatment was adapted based on the patients' pain threshold.
- The length of treatment was varied depending on the patients' individual needs, so treatment times ranged from 50 to 55 minutes ...



10. Modifications to intervention

Study authors should consider including: (1) Statement confirming if the intervention was modified during the course of the study; (2) If the intervention was modified during the course of the study, inclusion of a description of the changes, including the what, why, when and how

- No modifications to the intervention were made during the course of the study.
- After phase 1 of the study the intervention was adapted to reduce the treatment time to 50 minutes to allow patients' to be scheduled on the hour...



11. How well (planned) and 12. How well actual

Treatment adherence can substantially alter the treatment effect [20] and therefore it is an important factor to consider when interpreting study results.... Study authors should consider including the following items in this section:

- Statement of whether or not adherence was assessed
- If adherence was assessed, statement of how and by whom
- Description of any strategies used to maintain or improve fidelity ...
- All sessions ran as planned, with each of the 54 participants receiving a 30-minute reflexology session, three times a week for the 4-week period (n = 12 sessions per patient). There was a 100% completion rate ...



Conclusion





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References

- Najafpour, Z., & Shayanfard, K. (2020). Effect of Reflexology in Treating Cancer Pain: A Meta-Analysis. International Journal of Cancer Management, 13(7), Article e102195. <u>https://doi.org/10.5812/ijcm.102195</u>
- 2. Chandrababu, R., Rathinasamy, E., Suresh, C., & Ramesh, J. (2018). Effectiveness of reflexology on anxiety of patients undergoing cardiovascular interventional procedures: A systematic review and meta-analysis of randomized controlled trials. *Journal of Advanced Nursing*, *75*(1), 43–53. <u>https://doi.org/10.1111/jan.13822</u>
- 3. James, J., Costello, T. J., Drahota, K. A. (2024). A benchmark for the quality of reflexology intervention reporting using the Template for Intervention Description and Replication (TIDieR) checklist: a systematic review. *European Journal of Integrative Medicine*. <u>https://doi.org/10.1016/j.eujim.2024.102391</u>
- Hoffmann, T. C., Glasziou, P., Boutron, I., et al. (2014) Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. BMJ: British Medical Journal, 348. <u>https://doi.org/10.1136/bmj.g1687</u>
- 5. Glasziou, P., Meats, E., Heneghan, C., & Shepperd, S. (2008). What Is Missing from Descriptions of Treatment in Trials and Reviews? BMJ: British Medical Journal, 336 (7659), 1472-1474. <u>https://doi.org/10.1136/bmj.39590.732037.4761</u>
- 6. Duff J, Leather H, Walden E, LaPlant K, George T. (2010). Adequacy of published oncology randomised controlled trials to provide therapeutic details needed for clinical application. *J Natl Cancer* Inst2010;102:702-5.



References (continued)

- Basir, S. M.A., Manaf, Z. A., Mazri, F. H., Ludin, A.F. M., Shahar, S., & Manaf A. (2022). Description of a Hybrid Mindfulness-Integrated Multidisciplinary Workplace Weight Management Intervention Module "Mind-SLIMSHAPE" Using the TIDieR Checklist. *Nutrients, 14*(15), Article 3140. <u>https://doi.org/10.3390/nu14153140</u>
- 8. Cumming, J., & Quinton, M. L., (2022). Improving the reporting of sport imagery interventions with TIDieR. *Asian Journal of Sport and Exercise Psychology*, 2(2), 80–90. <u>https://doi.org/10.1016/j.ajsep.2022.07.003</u>
- 9. Rhon, D. I., Fritz, J. M., Kerns, R. D., McGeary, D. D., Coleman, B. C., Farrokhi, S., Burgess, D. J., Goertz, C. M., Taylor, S. L., & Hoffmann, T. (2022). TIDieR-telehealth: precision in reporting of telehealth interventions used in clinical trials - unique considerations for the Template for the Intervention Description and Replication (TIDieR) checklist. *BMC Medical Research Methodology, 22*(1), Article 161. <u>https://doi.org/10.1186/s12874-022-01640-7</u>
- Howick, J., Webster, R. K., Rees, J. L., Price, A., Collins, G. S., Hopewell, S., Lamb, S., Madigan, C., Papanikitas, A. N., Turner, R., Macdonald, H., Evers, A. W. M., Bokelmann, K., Bishop, F., Knottnerus, A., Napadow, V., & Hoffmann, T. (2020). TIDieR-Placebo: A guide and checklist for reporting placebo and sham controls. *PLoS Medicine*, *17*(9), 1–15. <u>https://doi.org/10.1371/journal.pmed.1003294</u>
- Campbell, M., Katikireddi, S. V., Craig, P., Hoffmann, T., Armstrong, R., & Waters, E. (2018). TIDieR-PHP: a reporting guideline for population health and policy interventions. *BMJ (Clinical Research Ed.), 361,* Article
 https://doi.org/10.1136/bmj.k1079

References (continued)

- 12. Glenton, C., Winje, B. A., Lewin, S., Carlsen, B., Eilers, R., Wennekes, M. D., & Hoffmann, T. C. (2022). Using qualitative research to develop an elaboration of the TIDieR checklist for interventions to enhance vaccination communication: short report. Health Research Policy & Systems, 20(1), Article 31. https://doi.org/10.1186/s12961-022-00833-2
 - 13 Doğan, H. D., & Tan, M. Effects of Reflexology on Pain, Fatigue, and Quality of Life in Multiple Sclerosis Patients: A Clin.al Study Alternative Ther., 27(5) (2021). https://pubmed.ncbi.nlm.nih.gov/33789252/
 - 14 Chen, Y-S., Pagaduan, J. C., Lu, W.A., et al. Acute Effects of Foot Reflexology Massage on Arterial Pulse Wave Characteristics after Aerobic-based and Anaerobic-based Intermittent Exercises: A Preliminary Study. The Open Sports Sci. J., 14 (2021) 34-42. https://doi.org/10.2174/1875399X02114010034
 - 15 Davodabady, F., Naseri-Salahshour, V., Sajadi, S., et al. Randomized controlled trial of the foot reflexology on pain and anxiety severity during dressing change in burn patients. Burns, 47 (1) (2021) 215-221 https://doi.org/10.1016/j.burns.2020.06.035
 - 16 Vieira, A. K. S., Turrini, R. N. T., Nagumo, M. T., et al. Effect of Foot Reflexology Protocol on Premenstrual Syndrome Symptoms in Nursing Students: a Pre–Post Pilot Study. Int. J. Ther. Massage Bodyw., 14 (4) (2021). https://Doi.org/10.3822/ijtmb.v14i4.631



References (continued)

- 17. Shafaie, F. S., Shirazi, H. D., Kamalifard, M., et al. The effect of Foot Medical Zone-Therapy Reflex on the Intensity of PMS Symptoms in Students (double-blind random controlled clinical trial). Mashhad University of Med. Sci., 21(7) (2018) 10–19. https://doi.org/10.22038/ijogi.2018.11792
- Kotruchin, P., Imoun, S. I., Mitsungnern, T., et al. The effects of foot reflexology on blood pressure and heart rate: A randomized clinical trial in stage-2 hypertensive patients. J. of Clin.al Hypertension, 23(3) (2020). https://doi.org/10.1111/jch.14103
- 19. Chen, Y. S., Lu, W. A., Clemente, F. M., et al. Increased Parasympathetic Activity by Foot Reflexology Massage after Repeated Sprint Test in Collegiate Football Players: A Randomised Controlled Trial. Sports, 7(11) (2019) 228. https://doi.org/10.3390/sports7110228
- 20.Matsui, D. Strategies to Measure and Improve Patient Adherence in Clin. Trials. Pharm. Med., 23(5/6) (2009) 289-297. https://doi.org/10.1007/BF03256784

