2017 UK Parkinson's Audit
Physiotherapy
Standards and guidance

2017 UK Parkinson's Audit Physiotherapy

Audit of national standards relating to Parkinson's care incorporating the Parkinson's NICE guideline and the National Service Framework for Long Term Neurological Conditions quality standards.

Aim

The aim of the physiotherapy audit is to establish if physiotherapy services are providing quality services for people with Parkinson's, taking into account recommendations made in evidence-based guidelines.

Objectives

1. To evaluate if physiotherapy services are currently providing assessment and interventions appropriate to the needs of people with Parkinson's, taking into account recommendations made in evidence-based guidelines.

2. To identify areas of good practice and areas for improvement to inform local, regional and UK-wide discussions leading to action plans to improve quality of care.

3. To establish baseline audit data to allow:
   - UK-wide mapping of variations in quality of care
   - local and UK-wide mapping of progress in service provision and patient care through participation in future audit cycles

Background

The Parkinson's physiotherapy audit is part of the UK Parkinson's Audit coordinated by Parkinson's UK and led by a steering group of professionals.

This is the fourth round in which physiotherapists will be able to take part, along with occupational therapists and speech and language therapists. Consultants in elderly care and neurology (and their Parkinson's nurses) can participate in the parallel patient management audit. The audit questions for this round of the audit have been refined to reflect feedback from the 2015 audit.

Standards

The Parkinson's NICE guideline[1] states that physiotherapy should be available for all people with Parkinson's, and that particular consideration should be given to:

- re-educating gait (improving balance and flexibility)
- enhancing aerobic capacity
- improving movement initiation
- improving functional independence (including mobility and activities of daily living)
- providing advice about safety at home

The National Service Framework for Long Term Neurological Conditions (NSF LTNC)[2] is a key tool for delivering the government's strategy to support people with long term conditions such as Parkinson's. In particular, aspects of the quality requirements 1, 4, 5 and 7 have been highlighted as important when considering the needs of people with long term conditions.

A group of key clinical, academic and research physiotherapists undertook work to adapt the Dutch guidelines for physical therapy in Parkinson's disease *Quick Reference Cards*[3], principally in relation to the use of outcome measures, for use by physiotherapists working with people with Parkinson's in the UK[4]. In addition, this group worked to provide standards for service delivery.

The *European Physiotherapy Guideline for Parkinson's Disease*[5] is an evidence-based guideline, which is an update of the Dutch guidelines, and was developed according to international standards, including practice recommendations for physiotherapists.

Methodology

This audit is open to all physiotherapy services and individual physiotherapists that work with people with Parkinson's in the UK, whether hospital or community based, clinic or domiciliary service (excluding acute hospital inpatients).

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[1] National Institute of Health and Clinical Excellence. *Parkinson's Disease: Diagnosis and Management in Primary and Secondary Care Clinical Guidelines 35.* (2006) Available at https://www.nice.org.uk/guidance/CG35

[2] Department of Health. *National Service Framework for Long Term Neurological Conditions.* (2005) Available at www.gov.uk/government/publications/quality-standards-for-supporting-people-with-long-term-conditions

[3] Keus S et al. 'Guidelines for physical therapy in patients with Parkinson's disease.' *Dutch Journal of Physiotherapy.* (2004) 114 (3): Supplement 1–94.

[4] Ramaswamy B et al. *Quick Reference Cards (UK) and guidance notes for physiotherapists working with people with Parkinson's disease.* (2009) Available at http://www.parkinsons.org.uk/content/quick-reference-cards-uk-physiotherapists

[5] Keus S et al. *European Physiotherapy Guideline for Parkinson's Disease.* (2014) KNGF/ ParkinsonNet, The Netherlands

Standards agreed to be pertinent to physiotherapy have been transformed into a set of audit standards and statements reviewed by specialist physiotherapists. The full list of questions is given in Table 1 (Service audit) and Table 2 (Patient audit) at the end of this document.

A process flow chart (*How do I take part?*) can be found on page X of this document. Please note the importance of logging your participation in this national clinical audit with your Audit Department.

Patient sample

The minimum audit sample size is 10 consecutive patients with idiopathic Parkinson's , referred to a physiotherapy service and seen during the audit data collection period, which runs from 1 May 2017 to 30 September 2017.

Take account of the need to capture this minimum sample when deciding locally on your start date for collecting a consecutive patient sample. The data collection tool will have the capacity to capture as many consecutive patients as therapists wish to audit.

The inclusion criteria for audited patients are as follows:
a) Patients who are currently receiving active intervention (including education/counselling) at the start of the audit period.
b) Those who are seen on review appointment (irrespective of whether they then go on to start another period of active treatment) during the audit period.
c) Patients newly referred to your service who undergo full assessment (again irrespective of whether they then proceed to immediate active intervention rather than being placed on review).

Data collection and entry

The audit tool contains three sections:

- A **service audit** section, which consists of some general questions about your service (which needs to be completed only once by a manager or senior colleague familiar with the service set-up and running).

- A **patient audit** section, which allows you to enter data on individual patients. These include both newly seen people with Parkinson's and follow ups, but each person should only be documented once, even if they attend more than once during this period.

- An **instant reporting** section, which will build automatically as you enter your data, and produces pie charts for selected questions.

In some circumstances, people may have to audit notes from across a department, although we would prefer that, where possible, information is audited from one specific service in a particular type of setting.

Ideally the person entering data on the tool should not be the person who completed the notes but this may not always be possible. When reviewing someone else's notes, it may be necessary to speak with the clinician or therapist who wrote them.

It is good practice for the auditor to keep the physiotherapy notes separate from the medical notes. If possible, both sets of notes should be used to complete the audit.

Patient data can be entered on the data collection tool which you have downloaded and saved locally and added to at your convenience. Complete a separate entry for each patient with Parkinson's. Remember to save the data each time you add new information.

 Appendix A of this document is a version of the patient questions that you can print and use to record data in your clinics, if this would be useful.

 A user guide for the data collection tool will be available, providing full instructions.

All data must be submitted by 30 October 2017. No submissions will be accepted after that date.

'No, but…' answers
This concept has been borrowed from the National Stroke Audit. A 'No, but…' answer implies there is a pre-determined accepted reason for non-compliance with the standard. The denominator for compliance can then be determined only for those patients where the standard was relevant – ie 'No, but…' answers can be removed from calculations of compliance.

Confidentiality

Patients
Please ensure that any information you submit for the audit does not include any personally identifiable information about your patients. Identifiable information is any information you hold about a service user that could identify them. This includes personal details such as names, addresses, pictures, videos or anything else which might identify the service user. Anonymised information is information about a service user that has had all identifiable information removed from it[6].

When you complete the patient section of the audit, you will see that there is space for a patient identifier. It is suggested that you use code letters or a number here to help you keep track (for example the patient's initials or hospital number). **This data will**

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[6] Health Professionals Council. *Confidentiality – guidance for registrants*. (2012) Available at http://www.hpc-uk.org/assets/documents/100023F1GuidanceonconfidentialityFINAL.pdf [accessed 6 January 2017]

not be included in the data you submit to Parkinson's UK – the data collection tool will prevent this. It will help if you keep a list of the code letters or numbers securely yourself, so that if there is any query about the information you have submitted, you can track back to the original patient.

Employers

The Healthcare Quality Improvement Partnership (HQIP) recommends that services participating in a national clinical audit should be named in the audit reports. The audit reference report will list all participating organisations. It is therefore vital that you inform your clinical audit department about your participation in the audit.

Participants

Individual therapists who participate and submit data will not be named in the audit report.

Data Security

The data collection tool which will be available for download from the audit webpage will be password protected, allowing no one but eligible participants to enter and make changes to the data. The password will be emailed to the named lead for each service. Please make sure that the password is protected and can't be accessed by other people. To ensure the security of your data, we also advise you to save and use your version of the tool on a secure computer at work and not on your personal computer at home. We ask you to comply with your organisation's Data Protection guidelines at all times

After the data has been submitted to Parkinson's UK it will be stored in password-protected files at Parkinson's UK in accordance with NHS requirements. Within Parkinson's UK, access to the raw data set is restricted to Kim Davis, Clinical Audit Manager, members of the Clinical Steering Group and Alison Smith, the Data and Analytics Adviser.

Raw data will not be accessible in the public domain. Services will be asked to report any discrepancies in the data received by the audit team in a summary sheet before data analysis begins.

Patient Reported Experience Measure

All services participating in the audit are encouraged to participate in the Patient Reported Experience Measure (PREM). The PREM takes the form of a short paper questionnaire to be distributed to up to 50 consecutive patients between 1 May and 30 September 2017. These patients do not necessarily have to be those included in the main clinical audit.

The questionnaire asks 11 questions about patients' views of their Parkinson's service, and should take only five to 10 minutes to complete. If a carer has accompanied the patient on

their clinic visit, they may assist the patient in completion of the form. Patients should feel comfortable and not overlooked while completing their questionnaire.

No identifiable information is collected, and the patient will seal their completed questionnaire in the envelope provided. These envelopes will then need to be collected before the patient leaves the clinic, and all the envelopes will then be returned to the audit team at Parkinson's UK in the large postage-paid envelope provided.

Each service will be provided with the following resources:

- 50 x copies of a paper questionnaire.

- 50 x sealable envelopes.

- 50 x patient information leaflets.

- An A3 laminated poster.

- A large postage-paid envelope for return of sealed envelopes to the audit team.

A minimum of 10 questionnaires will need to be returned for a service's data to be included in the data analysis.

How the audit results will be communicated

The findings of both the clinical audit and the PREM will be presented in the form of a UK-wide summary report and an individual report for each service, benchmarking the results of individual services against the national average for each audit question in their specialty.

The summary report will contain detailed analysis and comments on the data along with key recommendations for commissioners and clinicians. A bespoke patient and carer version of the summary report will also be produced, along with a reference report which will include all of the results, and a list of all participating services.

A link to the reports will be sent to all audit participants, trust audit contacts and strategic health authority/health board audit contacts. The reports will also be in the public domain via the Parkinson's UK website.

Data collected during the audit will be used to generate a national picture of service delivery and to compare this with the expectations detailed in national guidance. This data will provide valuable information about priority areas within the existing healthcare provision and will support the development of commissioning. Information generated through this collaboration will be used in campaigning on behalf of people with Parkinson's.

The UK Parkinson's Excellence Network brings together health and social care professionals to transform the care that people with Parkinson's receive across the UK. The Network is there to ensure:
- that everyone affected by Parkinson's has access to high quality Parkinson's services that meet their needs. Their care should be delivered by an expert, integrated, multi-disciplinary team including a consultant, specialist nurse and

range of therapists, whose involvement is key to maximising function and maintaining independence

- there are clear pathways to timely, appropriate information, treatments and services from the point of diagnosis, including access to specialist mental health services and the full range of information and support to take control of the condition offered by Parkinson's UK
- services will be involved in continuous quality improvement through audit and engagement of service users in improvement plans

The data from the Physiotherapy audit will enable individual services to assess how well their service complies with guidance and whether physiotherapists working within that service are using appropriate outcome measures and treatment strategies. It will also give important information about access to training in Parkinson's related physiotherapy.

Participating in the PREM will give individual physiotherapy services direct feedback from their service users about the quality of care, accessibility and general satisfaction.

How do I take part

Am I eligible to take part?

Any healthcare professionals who work regularly with people with Parkinson's can take part. This includes speech and language therapists, physiotherapists, occupational therapists, Parkinson's nurses, neurologists and geriatricians. You need to submit data on a minimum of 20 (patient management) or 10 (therapies) patients seen during the audit period (1 May to 30 September 2017) for your data to be included in the audit.

How do I take part if I am eligible?

Register your service

Complete and submit a registration form at **parkinsons.org.uk/audit** by 31 March 2017 for each service you wish to audit. You will then be emailed a service number and a password for the data collection tool – you will need these to enter your audit data. In mid-April you will be sent an Audit Pack containing Patient and Carer Information Leaflets and the materials required for the Patient Reported Experience Measure (PREM).

Inform your audit department

Please log your participation in this clinical audit with your audit department and discuss with Information Governance to determine if Caldicott approval is required.

Establish a local audit project group

Include key professional and medical staff collecting data – discuss the logistics for running the audit, and plan for disseminating the results and action planning. Agree a start date for acquiring patient sample. Agree a target sample size.

Data collection

You will be able to download a copy of the data collection tool from parkinsons.org.uk/audit from mid-April 2017, along with a data collection tool. Data entry begins on 1 May 2017.

1. Enter brief details about your service (the Service Audit).

2. Enter details of consecutive patients seen during the audit period 1 May 2017 to 30 September 2017 (the Patient Audit).

3. During this period, hand out Patient Reported Experience Measure questionnaires to up to 50 consecutive patients – these do not need to be the same patients you include in the main audit.

More information

If you have any queries, or for more information, please contact Kim Davis, Clinical Audit Manager, on 020 7963 3916 or email **audit@parkinsons.org.uk**

Table 1: Physiotherapy Service Audit – questions, data items/answer options and help notes

No.	Question	Data items/ Answer options	Help notes
Your details			
1.1	Name of Lead Therapist completing the Service Audit	Free text	
1.2	Contact email of Lead Therapist	Free text	
Service Description			
2.1	Describe the setting in which you usually see individuals with Parkinson's	• Integrated medical and therapy Parkinson's clinic • In-patient acute service • In-patient rehabilitation service • Acute outpatient rehabilitation • Community rehabilitation service • Social services • Other (please specify)	Choose one – the most common setting for the service
2.2	Does your service specialise in the treatment of individuals with neurological conditions?	• Yes • No	
2.3	Does your service specialise in the treatment of individuals with Parkinson's?	• Yes • No	
Individuals with Parkinson's			
3.1	Approximately how many referrals of individuals with Parkinson's are	• Free text	New referrals, i.e. not those 'referred' for review who have previously been seen by

	made to your service per year?		this service.
3.2	Approximately what percentage of the individuals referred to your service annually have a diagnosis of Parkinson's?	• 0-19% • 20-39% • 40-59% • 60-79% • 80-100%	
Physiotherapy professionals			
4.1	Within your service, can you access Parkinson's related continuing professional development (at least yearly)?	• Yes • No	Training includes in-service within the Trust/similar body/Board/Local Health Board or external courses
4.2	Are there any documented induction and support strategies for new physiotherapists working with individuals with Parkinson's?	• Yes • No	
4.3	What support (e.g. education, advice) is available to individual therapists working in the service?	• They can consult any member of the Parkinson's specialist MDT as they are a member themselves • They can consult members of a general neurology/elderly care specialist service of which they are a member • They do not work directly in specialist Parkinson's clinics but can readily access a Parkinson's specialist MDT/Parkinson's Nurse Specialist • They do not work directly in a specialist clinic but can readily access advice from a specialist neurology or elderly care MDT • They have no access to more specialised advice	Choose one

Clinical Practice			
5.1	How does your service offer assessment of a patient with Parkinson's?	• MDT assessment • Physiotherapy assessment • Other (please specify)	Tick all that apply
5.2	How do you usually see your clients with Parkinson's?	• Individually • In a group setting • Both individually and in groups	
5.3	If your intervention includes group work, what needs are addressed in these groups?	• Education • Exercise • No group work • Other (please specify)	

Table 2: Physiotherapy Patient Audit – questions, data items/answer options and help notes

No.	Question	Answer options	Help notes
1. Demographics			
1.1	Patient identifier	This can be used by you to identify audited patients	This data will be removed by the data entry tool when you submit your data
1.2	Gender	• Male • Female	

1.3	Ethnicity	• White
		   o British,
		   o Irish
		   o Traveller
		   o Any other White background)
		• Asian/Asian British
		   o Bangladeshi
		   o Chinese
		   o Indian
		   o Pakistani
		   o Any other Asian background
		• Black/Black British
		   o African
		   o Caribbean
		   o any other Black background
		• Mixed/multiple ethnic backgrounds
		   o mixed - White and Black
		   o mixed White and Asian
		   o mixed any other background)
		• Other
		   o Arab
		   o Other	

		o prefer not to say)	
1.4	Year of birth		
1.5	What setting does this client live in?	• Own home • Residential care home • Nursing home • Other (please specify)	
1.6	In what health setting was the patient seen?	• NHS – inpatient • NHS – outpatient • NHS – Community • Private physiotherapy clinic • At home • Other (please state)	
1.7	Parkinson's phase	• Diagnosis • Maintenance • Complex • Palliative	**Definitions of phases** **Diagnosis** • From first recognition of symptoms/sign/problem • Diagnosis not established or accepted. **Maintenance** • Established diagnosis of Parkinson's • Reconciled to diagnosis • No drugs or medication 4 or less doses/day • Stable medication for >3/12 • Absence of postural instability. **Complex** • Drugs – 5 or more doses/day • Any infusion therapy (apomorphine or duodopa) • Dyskinesia • Neuro-surgery considered / DBS in situ • Psychiatric manifestations >mild symptoms of depression/anxiety/hallucinations/psychosis

		- Autonomic problems – hypotension either drug or non-drug induced - Unstable co-morbidities - Frequent changes to medication (<3/12) - Significant dysphagia or aspiration (for this audit, dysphagia should be considered a prompt for considering end of life issues). **Palliative** - Inability to tolerate adequate dopaminergic therapy - Unsuitable for surgery - Advanced co-morbidity (life threatening or disabling).	
2. Referral			
2.1	Year of Parkinson's diagnosis		
2.2	Has the person received previous physiotherapy specifically for Parkinson's?	- Yes, please go to Q 2.3 - No, please skip to Q 3 - Offered but declined - Unknown	This question asks whether the person with Parkinson's had physiotherapy specifically for Parkinson's before the current referral.
2.3	Date of the first referral letter	(dd/mm/yyyy)	We are trying to establish the length of time between diagnosis and first referral to physiotherapy. If the actual date is not known please give the estimated year of that initial referral in the following format - 01/07/2016 (for July 2016)
3. Time from referral to initial assessment			
3.1	Date of referral letter to this episode	(dd/mm/yyyy)	This is the date that the letter was written. If the actual date is not known please give the estimated month/year of that initial referral in the following format - 01/07/2016 (for July 2016). If your service runs a series of rolling appointments, rather than 'new' referrals, please use the date of the initial referral as long as this is within the last 18 months. If the patient initially was referred to your service more than 18 months ago, please exclude them from the audit.

3.2	Was the referral urgent or routine?	• Urgent • Routine • Unknown	Urgent or routine may be stated on referral letter or the physiotherapy department/ physiotherapist may have decided whether to treat as urgent of routine according to details in the letter
3.3	Date of initial physiotherapy assessment	(dd/mm/yyyy)	If the actual date is not known please give the estimated month/year of that initial referral in the following – 01/07/2016 (for July 2016).
3.4	Did it meet your local standard for time from referral to initial assessment for urgent or routine?	• Yes • No • No local standard	The department /physiotherapist may have a local standard of seeing people with Parkinson's within a certain time frame e.g. 4 weeks from receipt of referral
3.5	Were reports made back to the referrer/other key people at the conclusion of the intervention period (or in interim reports where treatment lasts a longer time)?	• Yes • No, but will be done at the end of this intervention • No	

The next set of questions captures implementation of national recommendations from NICE CG35, the NSF LTNC and the Quick Reference Cards (UK).

4. Implementation of national recommendations			
4.1	Do the physiotherapy notes include an action/goal plan?	• Yes • No	
4.2	Were outcome measures used in this case?	• Yes • No	
	If yes, please tick all that apply	• UPDRS • MDS – UPDRS	

		- Lindop Parkinson's Assessment (LPAS) - Berg - Six minute walk distance 10 metre walk - Time Up and Go (TUG) - Modified Parkinson's Activity Scale (M-PAS) Gait - Modified Parkinson's Activity Scale (M-PAS) Chair - Modified Parkinson's Activity Scale (M-PAS) Bed - Activities Balance Confidence scale (ABC) - Retropulsion Test - Push & Release Test - Tragus to wall - Five times sit to stand test (FTSTS) - Dynamic Gait index - Functional Gait Assessment - New Freezing of Gait Questionnaire - Rapid turns test - History of Falls Questionnaire 3-Step Falls Prediction model - Goal attainment scaling - The Falls Efficacy Scale - International (Short FES-I) - Mini BEST - EQ-5D tool - Patient Specific Index for Parkinson's Disease (PSI-PD) - Other (please list)	
5. About the physiotherapist			
5.1	What band (grade) is the physiotherapist who assessed this person?	- Band 4 - Band 5 - Band 6 - Band 7	

		• Band 8a • Band 8b • Band 8c • Other	
5.2	Approximately what percentage of people seen by the audited physiotherapist in a year have Parkinson's?	• 0-19% • 20-39% • 40-59% • 60-79% • 80-99% • 100% • Unknown	
6. Evidence base			
6.1	Which of the following did the physiotherapist use to inform clinical practice or guide intervention?	• Clinical experience • Advice from colleague or supervisor • European Physiotherapy Guideline for Parkinson's Disease (2013) • Quick Reference Cards (UK, 2009) • Information from Parkinson's UK website • NICE - Parkinson's disease: diagnosis and management in primary and secondary care (2017) • Published evidence in a peer reviewed journal (read within last 12 months) • Postgraduate training (e.g. attending courses/lectures specific to Parkinson's) within last 24 months • Other (please state) • None	Tick all that apply

Appendix A: Printable Patient Audit sheet

No.	Question	Answer options
1. Demographics		
1.1	Patient identifier	
1.2	Gender	• Male • Female

1.3	Ethnicity	• White
		    ○ British,
		    ○ Irish
		    ○ Traveller
		    ○ Any other White background)
		• Asian/Asian British
		    ○ Bangladeshi
		    ○ Chinese
		    ○ Indian
		    ○ Pakistani
		    ○ Any other Asian background
		• Black/Black British
		    ○ African
		    ○ Caribbean
		    ○ any other Black background
		• Mixed/multiple ethnic backgrounds
		    ○ mixed - White and Black
		    ○ mixed White and Asian
		    ○ mixed any other background)
		• Other
		    ○ Arab
		    ○ Other
		prefer not to say)

1.4	Year of birth	
1.5	What setting does this client live in?	• Own home • Residential care home • Nursing home • Other (please specify)
1.6	In what health setting was the patient seen?	• NHS – inpatient • NHS – outpatient • NHS – Community • Private physiotherapy clinic • At home • Other (please state)
1.7	Parkinson's phase	

		• Diagnosis • Maintenance • Complex • Palliative
2. Referral		
2.1	Year of Parkinson's diagnosis	
2.2	Has the person received previous physiotherapy specifically for Parkinson's?	• Yes, please go to Q 2.3 • No, please skip to Q 3 • Offered but declined • Unknown
2.3	Date of the first referral letter	
3. Time from referral to initial assessment		
3.1	Date of referral letter to this episode If your service runs a series of rolling appointments, rather than 'new' referrals, please use the date of the initial referral as long as this is within the last 18 months. If the patient initially was referred to your service more than 18 months ago, please exclude them from the audit.	
3.2	Was the referral urgent or routine?	• Urgent • Routine • Unknown
3.3	Date of initial physiotherapy assessment	
3.4	Did it meet your local standard for time from referral to initial assessment for urgent or routine?	• Yes • No • No local standard
3.5	Were reports made back to the referrer/other key people at the conclusion of the intervention period (or in interim reports where treatment lasts a longer time)?	• Yes • No, but will be done at the end of this intervention • No

	4. Implementation of national recommendations		
4.1	Do the physiotherapy notes include an action/goal plan?	- Yes - No	
4.2	Were outcome measures used in this case?	- Yes - No	
	If yes, please tick all that apply	- UPDRS - MDS – UPDRS - Lindop Parkinson's Assessment (LPAS) - Berg - Six minute walk distance 10 metre walk - Time Up and Go (TUG) - Modified Parkinson's Activity Scale (M-PAS) Gait - Modified Parkinson's Activity Scale (M-PAS) Chair - Modified Parkinson's Activity Scale (M-PAS) Bed - Activities Balance Confidence scale (ABC) - Retropulsion Test - Push & Release Test - Tragus to wall - Five times sit to stand test (FTSTS) - Dynamic Gait index - Functional Gait Assessment - New Freezing of Gait Questionnaire - Rapid turns test - History of Falls Questionnaire 3-Step Falls Prediction model - Goal attainment scaling - The Falls Efficacy Scale - International (Short FES-I) - Mini BEST - EQ-5D tool - Patient Specific Index for Parkinson's Disease (PSI-PD) - Other (please list)	
	5. About the physiotherapist		
5.1	What band (grade) is the physiotherapist who assessed this person?	- Band 4 - Band 5 - Band 6 - Band 7 - Band 8a - Band 8b - Band 8c - Other	
5.2	Approximately what percentage of people	0-19%	

	seen by the audited physiotherapist in a year have Parkinson's?	• 20-39% • 40-59% • 60-79% • 80-99% • 100% • Unknown
6. Evidence base		
6.1	Which of the following did the physiotherapist use to inform clinical practice or guide intervention? Tick all that apply	• Clinical experience • Advice from colleague or supervisor • European Physiotherapy Guideline for Parkinson's Disease (2013) • Quick Reference Cards (UK, 2009) • Information from Parkinson's UK website • NICE - Parkinson's disease: diagnosis and management in primary and secondary care (2017) • Published evidence in a peer reviewed journal (read within last 12 months) • Postgraduate training (e.g. attending courses/lectures specific to Parkinson's) within last 24 months • Other (please state) • None