

# Breakout 1: Rate a POEM

# Exercise:

## Bedtime leg stretching

1. Read it
2. Rate it
3. Discuss your rating with your neighbour
4. Share your thoughts

# Bedtime leg stretching reduces frequency and severity of nocturnal leg cramps

 [4 Comments](#)

## Clinical Question

Do leg stretching exercises immediately before bedtime reduce the frequency and severity of nocturnal leg cramps in older adults?

## Bottom line

Exercises for stretching calf and hamstrings muscles immediately before bedtime significantly reduce both the frequency and severity of nocturnal leg cramps in older adults.

[1b-](#)

## Reference

Hallegraeff JM, van der Schans CP, de Ruiter R, de Greef MH. Stretching before sleep reduces the frequency and severity of nocturnal leg cramps in older adults: A randomized trial. *J Physiotherapy* 2012;58(1):17-22.

## Study design:

Randomized controlled trial (single-blinded)

## Funding:

Unknown/not stated

## Setting:

Outpatient (any)

## Synopsis

The value of bedtime exercises in the treatment of nocturnal leg cramps is currently uncertain. These investigators enrolled 80 consenting adults, 55 years or older, experiencing nocturnal leg cramps at least once per week. Exclusion criteria included current use of quinine or sleep-assisting medication. Patients randomly received (concealed allocation assignment) instructions on daily leg stretches before sleep or were advised not to stretch at all. Stretches used in the experimental group included calf stretch while standing, hamstrings stretch while standing, and hamstrings and calf stretch while sitting (see the original article for pictures and more detailed print directions on performing the maneuvers). Individual patients, unmasked to their treatment group assignment, self-assessed outcomes using daily diaries. Outcomes included the change in the average number of nocturnal leg cramps per day and the severity of nocturnal leg cramps as measured on a 10-cm visual analog scale (VAS; from 0 = no pain to 10 = the worst pain imaginable). Complete follow-up occurred for all patients at 6 weeks. Using intention-to-treat analysis, the frequency of nocturnal leg cramps reduced significantly more in the experimental group than in the control group (1.2 fewer cramps per night 95% CI, 0.6 - 1.8). The severity of cramps did not improve in the control group, but was significantly reduced in the experimental group (1.3 cm less than baseline on the 10-cm VAS). In most studies using a 10-cm VAS pairscale, a change of at least 2 cm is needed to be considered clinically significant.



# With respect to objective 1

- Should this type of program be used to stimulate **reflective learning** among residents and medical students?

## MEI "PUSH" - évaluation des alertes e-mail

### Q1. Quel impact a cette information sur vous ou sur votre pratique?

Cochez tout ce qui s'applique à la situation.

Note: Vous pouvez cocher plus d'une case.

Note to programmer: MUST check at least one

J'ai appris quelque chose de nouveau

Je suis motivé(e) à apprendre davantage

Cela a confirmé que j'ai fait (je fais) ce qu'il fallait (faut)

Je suis rassuré(e)

Cela me rappelle quelque chose que je savais déjà

Je ne suis pas satisfait(e)

Il y a un problème avec la manière dont cette information est présentée

Si oui, quel est le problème rencontré?

- Il y a trop d'information
- Il n'y a pas assez d'information
- L'information est mal rédigée
- C'est trop technique
- Autre

If 'Yes', TEXT BOX with mandatory comment.

Instruction: **Veillez décrire ce problème**

Je ne suis pas d'accord avec le contenu de l'information

Cette information peut être dommageable

If 'Yes', TEXT BOX with mandatory comment.

Instruction: **Veillez décrire la façon dont cette information peut être dommageable**

### Q2. Est-ce que cette information est pertinente pour au moins un de vos patients?

- Tout à fait pertinente
- Partiellement pertinente
- Non pertinente

Answering "No" will disable question 3

**Q3. Utiliserez-vous cette information pour un patient en particulier?**

Oui      Non      Peut-être

          

Answering "No" or "Possibly" will disable items of 'use' and question 4

If YES: Cochez tout ce qui s'applique à la situation

Note: Vous pouvez cocher plus d'une case.

Note to programmer: MUST check at least one

En raison de cette information, je modifierai la manière dont j'interviens avec ce patient

J'avais plusieurs options pour ce patient, et j'utiliserai cette information pour justifier un choix

Je pensais que je savais quoi faire, et j'ai utilisé cette information pour être plus sûr de la manière dont j'interviens avec ce patient

J'ai utilisé cette information pour mieux comprendre un des problèmes de ce patient

J'utiliserai cette information dans une discussion avec le patient, ou avec d'autres professionnels de la santé au sujet de ce patient

J'utiliserai cette information pour persuader le patient, ou persuader d'autres professionnels de santé, de modifier la manière dont on intervient avec ce patient

**Q4. Pour ce patient, prévoyez-vous des bénéfices en ce qui a trait à la santé en raison de cette information?**

Oui      Non

    

Answering "No" will disable items of 'health benefit'

If YES: Cochez tout ce qui s'applique à la situation. Vous pouvez cocher plus d'une case.

Note to programmer: MUST check at least one.

Cette information contribuera à améliorer l'état de santé de ce patient, son fonctionnement ou sa résilience (capacité à s'adapter aux facteurs de stress importants de la vie)

Cette information contribuera à prévenir une maladie ou l'aggravation d'une maladie pour ce patient

Cette information contribuera à éviter un traitement, une procédure diagnostique, une intervention préventive ou une orientation (par ex., vers un autre spécialiste) inutile ou inapproprié

Commentez cette information ou ce questionnaire:

**Display thank you message - acknowledge credit earned.**

## IAM (PUSH version)

**Q1. What is the impact of this information on you or your practice? *Please check all that apply***

Note: You can check more than one type of impact.  
Note to programmer: **MUST check at least one**

- I learned something new
- I am motivated to learn more
- This information confirmed I did (am doing) the right thing
- I am reassured
- I am reminded of something I already knew
- I am dissatisfied
- There is a problem with the presentation of this information

*If Yes, what problem do you see?*

*Too much information?*

*Not enough information?*

*Information poorly written?*

*Too technical?*

*Other? If 'Yes', TEXT BOX with mandatory comment. Instruction:  
**Please describe this problem.***

- I disagree with the content of this information
- This information is potentially harmful

- **If 'Yes', TEXT BOX with mandatory comment. Instruction:  
*Please describe how this information may be harmful***

**Q2. Is this information relevant for at least one of your patients?**

- Totally relevant
- Partially relevant
- Not relevant

**Answering "No" disables question 3**

- Q3. Will you use this information for a specific patient?**
- |  | Yes                   | No                    | Possibly              |
|--|-----------------------|-----------------------|-----------------------|
|  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Answering "No" or "Possibly" will disable items of 'use' and question 4**

If YES: ***Please check all that apply***



Note: You can check more than one type of use.

Note to programmer: **MUST check at least one**

- As a result of this information I will manage this patient differently
- I had several options for this patient, and I will use this information to justify a choice
- I thought I knew what to do, and I used this information to be more certain about the management of this patient
- I used this information to better understand a particular issue related to this patient
- I will use this information in a discussion with this patient, or with other health professionals about this patient
- I will use this information to persuade this patient, or to persuade other health professionals to make a change for this patient

**Q4. For this patient, do you expect any health benefits as a result of applying this information?**      **Yes**      **No**

Answering "No" will disable items of 'health benefit'           

If YES: Check all that apply. You may check more than type of health benefit

Note to programmer: **MUST check at least one**

- This information will help to improve this patient's health status, functioning or resilience (i.e., ability to adapt to significant life stressors)
- This information will help to prevent a disease or worsening of disease for this patient
- This information will help to avoid unnecessary or inappropriate treatment, diagnostic procedures, preventative interventions or a referral, for this patient

**Comment on this information or this questionnaire.**

**Display thank you message - acknowledge credit earned.**