

**FIRST CONTACT PHYSIOTHERAPY PRACTITIONER
(PERSPECTIVES OF PHYSITHERAPISTS IN BANGLADESH)**

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Bachelor of Science in Physiotherapy (B.Sc.PT)

Session: 2007-2008

BHPI, CRP, Savar, Dhaka



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Bangladesh

February, 2013

We the undersigned certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for the acceptance of this dissertation entitled

**FIRST CONTACT PHYSIOTHERAPY PRACTITIONER
(PERSPECTIVES OF PHYSIOTHERAPISTS IN BANGLADESH)**

Submitted by **Md. Shujayt Gani**, for the partial fulfillment of the requirements for the degree of Bachelor of Science in Physiotherapy.

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Declaration

I declare that the work presented here all my own. All sources used have been cited appropriately. Any mistakes or inaccuracies are my own. I also declare that for any publication, presentation or dissemination of information of the study. I would be bound to take written consent from my supervisor.

Signature:

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Acknowledgement

At first, I would like to thank Almighty Allah for the timely completion of this study. Secondly, I would like to express my deepest appreciation to my honorable supervisor Md. Rezaul karim who inspired me and provided necessary support to complete the study properly. I am grateful to all participants who gave their interview with great patience. I am thankful to my respectable course coordinator Md. Obaidul Haque.

I would like to give my special thanks to my friend Mustaque Ahmed who always gave enthusiastic encouragement and provided me with support to complete this study. Furthermore I would like to thanks my honorable teacher Md. Shofiqul Islam for providing me with excellent guidance. Finally I would like to thanks and very grateful to the physiotherapy department for giving me the opportunity to conduct the study.

Acronyms

| | |
|-------------|--|
| APA | Australian Physiotherapy Association |
| BHPI | Bangladesh Health Professions Institute |
| CRP | Centre for the Rehabilitation of Paralyzed |
| CSP | Chartered Society of Physiotherapy |
| PT | Physiotherapist |
| WCPT | World Confederation for Physical Therapy |

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Abstract

Purpose: To explore the first contact physiotherapy practitioner. *Objectives:* To determine physiotherapists perception regarding their profession as a first contact practitioner; to explore the opinion of physiotherapists in term of their working site; to find out the barriers which restricted their first contact practitioner; to identify their satisfaction as well as level of confidence in their job; and to develop the confidence level of the physiotherapists. *Methodology:* Face-to-face qualitative research approach is applied with a open ended questionnaire. Total number of sample was 21. Physiotherapist with age ranging (25-30), (76.19%), (31-36), (23.81%), from them male was 9 with 42.86% and female were 12 with 57.14%. Muslim participant were 19, Hindu 2 with a percentage of 90.47% and 9.53%. *Results:* This study result suggests that first contact physiotherapy practitioner was viewed positively by physiotherapists. Physiotherapists expressed that, they have enough knowledge to treat a disease condition especially musculoskeletal, some neurology and paediatric condition and they have enough knowledge for prescribing drugs. The opportunity for physiotherapist to extend and manage a disease condition, particularly need prescribing drugs. Physiotherapists also commented that, people are unaware about physiotherapy. To treat a patient, physiotherapist faces lots of problem. Physiotherapists expressed that another profession does not give respect them. But gradually it can be changed. Supervisor level of confidence in, and comfort with acting as first contact practitioner were voiced by the majority of the physiotherapist among all other professionals who are easily accessible. And they also expressed that, to solve the problem, need to establish a college of physiotherapy, and make a opportunity to government sector. *Conclusion:* First contact practice is possible for Bangladesh, if create job at government sector and appropriate council.

Key word: First contact, Physiotherapy

1.1Background

Physiotherapy is a health care profession established with maximizing mobility and quality of life by using clinical reasoning to select and apply the appropriate treatment. Physiotherapy practice has a long history and modern clinical practice, which is present evidence, based practice. Physiotherapy include from health promotion to injury prevention, acute care, rehabilitation, maintenance of functional mobility, maintenance of the best achievable health in people with chronic illness, patient and carer education. Occupational health (APA, 2012). Physiotherapists are first contact practioner in Australia (Richardson et al., 2002). In Nigeria, physiotherapist are included part of the basic health care team in the community with doctor and nurses. And already are established for physiotherapists (Bjorke, 1988).

Physiotherapy today manifests many of the attributes connected with profession: an ethical code, an incipient specific and systemic body of knowledge, and a discernible shift towards a greater degree of clinical and managerial autonomy (Sim, 1985). physiotherapists now manage of wide range of health related problem have to deal now demands a broad view on the profession and consideration of the relations between health problems, society problems and style of life (Bjorke, 1988). Physiotherapists practice in a wide variety of settings as clinicians, educators, administrators, consultants, researchers or any combination of these roles. Physiotherapists work both independently and in health care teams. Interdisciplinary teams may include doctors, nurses, occupational therapists, speech pathologists, social workers and psychologists (Higgs et al., 2007). The co-relation between physiotherapist and the patient are always necessary (Noronen & Grotell, 1999).

Physiotherapists need a clear view of the purpose and intent of their profession and a conscious awareness of a professional identity which encompasses purposeful actions to pursue professional goals in changing practice contexts throughout the span of their chosen professional socialization (Richardson, 1999).

There is enough evidence to support the fact that PTs are the experts in the examination, evaluation, diagnosis and conservative treatment of Neuromusculoskeletal problems (Moore et al., 2005). Now the physiotherapists are seen first contact practice in primary care level (Ganiyu, 2007). The role of physiotherapy at the primary care level, which has traditionally been based on the biomedical model, is well supported by the literature. The public enjoys direct access to physiotherapy services across Canada for a wide variety of services. Physiotherapists are expertised in musculoskeletal assessment and treatment. Physiotherapists are already working in close primary contact with patients when intervening them for HIV/AIDS related chest complications like pneumonia and neurological complications (Salati, 2004). Physiotherapists are integral to community-based rehabilitation and undergo rigorous training in treatment strategies to help the community, especially persons with structural and functional disabilities. However, very few studies on the role of physiotherapy in community rehabilitation in India have been documented the physiotherapists' have expanded role of function includes evaluation and treatment of patients with non-surgical neuromuscular conditions, under the supervision of a physician (Narekuli et al., 2011).

This finding agrees with that of Kerssens and Groenewegen (1990) who observed that the majority of the Physicians that agreed that physiotherapist are highly qualified educated from medical schools with physiotherapy training programmers. The knowledge of the role of physiotherapy in health care delivery must have been acquired through the lectures received during their medical training and also through inter-professional clinical interactions with physiotherapists or physiotherapy students during ward rounds and clinical meetings. The possibility of interaction between the respondents and physiotherapy students is higher in universities with physiotherapy training programmers (Odebiyi et al., 2008).

1.2 Rationale

The aim of this study to explore the first contact physiotherapy practitioner. Literature suggest that Physiotherapy are first contact health care professionals maintained with assessment ,diagnosis and treatment. The basic aim of physiotherapy is to relive pain and restore normal function, movement to help return the body to its neutral site. Physiotherapy profession is developing profession in our country. To mention about this we need to know some up to date information that can help the therapist.

Research makes the profession strongest. So there is no alternative option to do research as a professional to develop the profession. After studies were conducted about physiotherapist mode of referral, scope of physiotherapy and patient satisfaction and experience in Australia, New Zealand, Nigeria. In Australia a study was done about effect of an extended scope physiotherapy service on patient satisfaction and the outcome of soft tissue injury, the physiotherapy experience in private practice. Research was done about the New Zealand health priorities, where do New Zealand private practice physiotherapists fit? Another research was confidentiality within Physiotherapy perception and attitudes of clinical practitioners. In Bangladesh there was no international study done yet about the physiotherapist. so it is necessary to find out the physiotherapy as first contact practitioner. Because physiotherapy is vast subject, to develop the profession need the practicing of first contact. This study helps the physiotherapists' perception regarding their profession as a first contact practitioner, their opinion, barrier, and confidence. As a result outcome of the study may help to improve their professional socialization.

1.3 Research question:

What are the Physiotherapy regarding their professions in terms of first contact practioner?

1.4 Aim

To explore the first contact physiotherapy practioner.

1.5 Objectives:

1.5.1 General objective

To determine physiotherapists perception regarding their profession as a first contact practioner.

1.5.2 Specific objective

- To explore the opinion of physiotherapists in term of their working site.
- To find out the barriers this restricted their first contact practioner.
- To identify their satisfaction as well as level of confidence in their job.
- To develop the confidence level of the physiotherapists.

Physiotherapy is a current health care profession which is developed by theoretical and Practical Knowledge in the state of being preserved, development and restoration of optimal physical functions (Odebiyi et al., 2010). Physiotherapy is first contact, independent, a lawyer's customer-focused health profession and physiotherapist primary health care provider. It is used in various ways like health institutions, private practices, schools, sports and work place settings (Hogue, 2005). Physiotherapists are first contact health care professionals maintained with the assessment, diagnosis, treatment and obstruction of the dysfunction and weaken of the movement of all ages in people (Odebiyi et al., 2010).

The basic aim of physiotherapy is to help alleviate pain and restore normal movement and function patterns to help return the body to its neutral state. Physiotherapy includes the assessment, diagnosis, planning, intervention and evaluation of patient's treatment (WCPT, 2012). Physiotherapy practice encompasses a broad range of activities that include management and research skills, in addition to an expanding range of techniques (Turner, 2002). A most valuable goal of physiotherapy practices to provide the right assessment or treatment to the right client at the right time (O'Brain, 2001). Physiotherapy units provide care either an individual or group basis for persons of all ages, ranging from maternity and child welfare clinics to the care of the elderly deal with manifold tasks and Most of the clients are working-age residents of the municipality suffering from musculoskeletal disorders the responsibility for the acquisition and maintenance of medical aids also bear by physiotherapist (Viitanen, 2000).

Primary contact means that physiotherapists take liability for diagnosis, decisions on treatment, appropriate solve problem, and costs related to benefits. For most physiotherapists, the most common clinical presentations relate to symptoms from musculoskeletal conditions (Kumar & Grimmer, 2005). Patient self-referral to physiotherapy is feasible, appropriate, cost-effective and well supported by patients and the public (Lasely et al., 1999). Physical therapist operates as independent. Practitioner as well as member of the health provider teams and subject to the ethical

principles. They are able to act as primary contact practitioner and seek the patient without referral from other health care professionals (WCPT, 2011).

The physiotherapy now practices as a prescription rather than as a referral in various countries (Child et al., 2005). In the United Kingdom now already developed first contact physiotherapy practice (Odebiyi et al., 2010). It is also important that any recommendations are placed in the context of the current New Zealand health environment and the role physiotherapists already play. Physiotherapists act as independent practitioners, as well as members of health service provider teams. The majority of physiotherapists (51%) work in either private practice as primary healthcare providers or as members of health provider teams, within the provider arm services of District Health Boards (30%). However, Physiotherapists are working in community based- based settings powered by principles of primary health care such as community participation, partnership with clients and their families and intersectoral collaboration (Baum, 1998).

Physiotherapists in Australia often work as primary contact practitioners to treat a range of various musculoskeletal conditions, like acute sprains and strains to chronic inflammatory conditions (Kumar & Grimmer, 2005). As highlighted by Moore et al., (1998) nonsteroidal anti-inflammatory drugs (NSAIDs) are used for managing these symptoms and, hence, are often adjunct therapy to physiotherapy management of musculoskeletal conditions. Now legislation in Australia physiotherapists are prescribing, supplying, or selling NSAIDs in their clinical settings. The scheduling of drug is instructed by the Standard for the uniform Scheduling of drugs and poisons, which is choose the south Australia controlled substances(poisons) Regulation,1996 (Kumar & Grimmer, 2005).

The quarter of general practitioner are said, physiotherapist are frequently worked in musculoskeletal in origin. In Nigeria physiotherapy are not first contact profession and they are depend on referral from physician from the different field of practice of medicine (Odebiyi et al., 2010). Physiotherapist in Nigeria are working to play a big changing the status of disability and care of people with disability (Amusat, 2009). Balugun (1998) said that the greatest challenge facing physiotherapists in Nigeria is educating the masses and other healthcare providers on the role of physiotherapy in

health care delivery. According to Odebiyi (2010), lack of or poor knowledge about a profession may lead to misconceptions about the profession and inter-professional conflicts. Thus, good awareness of the role of physiotherapy in health care delivery may influence its use. The University of Graduation of the physician has been identified as an important factor which may influence physicians' knowledge of physiotherapy.

The fact that GPs recognize physiotherapists as competent practitioner for the management of musculoskeletal conditions is well documented (Lasely et al., 2008). The level of this competence has been established formally by studies that examined the knowledge of experienced physiotherapists, identifying that they had higher levels of knowledge compared with medical students and doctors of all grades with the exception of consultant orthopaedic surgeons (Childs et al., 2008). Some musculoskeletal conditions presenting in accident & energy are suitable for physiotherapy assessment but may be missed. 3–5 early physiotherapy involvement in accident & energy may be positively beneficial clinically with potential to reduce referrals to review clinics and other services and Bakewell (Richardson et al., 2005).

In an in-depth analysis of a physiotherapist-patient consultation, Thornquist (1997) states that the physiotherapist controls almost every aspect of the consultation and dominates the interaction, with patient questioning designed to elucidate the problem(s) requiring treatment. However, Thornquist (1997) also concedes that how a physiotherapist exerts control is important, particularly the physiotherapist's use of language, active listening skills and promoting patient involvement. This highlights the importance of practitioner communication skills in the interaction, and is endorsed by research indicating that effective communication promotes patient adherence and enhances patient satisfaction (Gyllensten et al., 1999).

Physiotherapy units provide care either on an individual or group basis for persons of all ages, ranging from maternity and child welfare clinics to the care of the elderly deal with manifold tasks and most of clients are working age residents of the municipality suffering from musculoskeletal disorders the responsibility for the acquisition and maintenance of medical aids also bear by physiotherapist (Viitanen, 2000). Physiotherapists are educating themselves for many years to become experts and to

have professional status, financial support, and legislative and protection a view of the body that distinguishes them from other practitioner (Nicholls et al., 2010).

Jensen et al (2000) identify the patient as the key source of knowledge in the consultation. They report that expert physiotherapists recognize the importance of gaining an understanding of the social and psychological context of the patient's world rather than just focusing on the diagnostic process. To achieve this, they note that expert physiotherapists have effective listening skills and adopt a patient-centered approach. A key issue in the success of a patient-centered approach involves the practitioner and patient reaching a mutual understanding of the problem, as well as goals and priorities for management. To be effective, there must be a thorough exploration of the agendas of both the practitioner and the patient (Brown et al., 1989).

However, the practitioner generally directs assessment according to his or her agenda (Faulkner, 1998). This gives the practitioner the potential to develop and promote power in the practitioner-patient relationship. Patient care should be tailored to meet specific patient needs, and that effective treatment outcomes require not only competence in certain techniques, but also that physiotherapists have a range of interpersonal skills to assist in patient management. Aside from the aforementioned studies, few projects have focused entirely on exploring the patient's perspective in physiotherapy. The main purposes of this study, therefore, were to explore patients' perspectives regarding the qualities of a 'good' physiotherapist and to gain insight into the characteristics of good and bad experiences in private practice physiotherapy. It was anticipated that these findings would contribute to emerging research focused on enhancing patient-centered service delivery in private sector physiotherapy (Potter et al., 2003).

3.1. Study design

Qualitative study design was used in this study. Hicks (1999) said that “Qualitative research is exploratory in nature by which can gain insight into another person’s views, opinions, feelings and beliefs, within their own natural setting.” So this methodology was chosen to meet the study aim as an effective way to collect data.

3.2. Study settings

- Centre for the Rehabilitation of paralyzed centre (CRP), Savar 25 Kilometer away from the capital named Dhaka.
- The physiotherapy Department where was placed in savar and Dhaka.

3.3 Population

All B. Sc in graduate physiotherapists health professional who are complicated their graduation and working as a professional in Bangladesh.

3.4 Sample

The sample size consisted of 21 participants, both male and female. The investigator selected this small number of participant and investigated their perspective deeply. Usually the qualitative method supports small number of participant. They also stated that a small number of participants provided a representative picture of the phenomenon or focus of the study.

3.5 Sampling procedure

The participants were selected by using purposive sampling from the population who meet the inclusion criteria. Purposive sampling is based on some inclusion criteria.

3.6 Inclusion criteria

- Participants were B. Sc. in physiotherapist
- Physiotherapists must authorized by medicine faculty of Dhaka university
- Male and female both were the participants.
- Physiotherapist must have 1 years clinical experience excluding internship.

- Physiotherapists who agreed to participate and easily accessible.

3.7 Exclusion criteria

- Physiotherapists from institutes that are not authorized by Dhaka University.
- Diploma physiotherapists
- Assistant physiotherapist or other course students.

3.8 Data collection

The base of any study is data collection. This study has followed all rules of data collection including method of data collection, duration and procedure of data collection.

3.8.1 Method of data collection

Face-to-Face interview by the researcher were held by providing a semi a structured questionnaire form. It is useful because this technique ensure that the researcher will obtain all information required, while at the same time gives the participants freedom to respond and illustrate concepts.

3.8.2 Questionnaire

For data collection a semi structured questionnaire were used to find out the view of physiotherapist about first contact practitioner. Which includes close ended question in part-1 to obtain socio demographic information and open ended question in part-2?

3.8.3 Duration of data collection

Data was collected carefully and confidentiality and maintained all ethical consideration. Each participant provided particular time to collect data. Each questionnaire took approximately 20-25 minutes to complete.

3.8.4. Procedure of data collection

Data was collected by the researcher himself. The questionnaire from were complicated or filled up in front of the researcher.

3.8.5 Data analysis procedure

Data was analyzed by themes. After completing the data collection researcher made some themes based on the response of the participant. calculator was used to find out the percentage of participant response .

3.9 Ethical consideration

- All the participants and the authority were informed about the purpose of the study.
- Researcher ensures the confidentiality of participants and share the information only with research supervisor.

3.10 Informed consent

All the information was explained clearly about the study and verbally informed to the participants. the interview notes and recording words was not be shared or discussed with others. The study would not harm or embarrasses her or him in order to participate in the study. Participants also ensure that their. Participation was voluntary and they can reject or withdraw from the study any time.

3.11 Rigor

Researchers always try to maintain trustworthiness and honesty in his study. The study conducted in a clear and systemic way to reducing the sources of error and bias. When conducting the study the author take help from his supervisor and follows his direction appropriately.

3.12 Limitations

- This is the first one in Bangladesh. But time was too limited. And all participants were busy.
- The study was conducted only savar area. But there is huge amount physiotherapists' lives different district in Bangladesh. so the findings of this study therefore cannot be generalized to all physiotherapist in Bangladesh.
- The interviewing skills of researcher were not good enough to get in depth information from participants.
- This study has provided for the first time data on the first contact physiotherapy practioner. No research has been done before on this topic. So there was little evidence to support the result of this project in the context in Bangladesh.
- The research project was done by an undergraduate student and it was first research project for him. Therefore, the researcher had limited experience with techniques and strategies in terms of the practical aspects of research. So, there were some mistakes that overlooked by the supervisor and the honorable teacher.

There were twenty one physiotherapists from Various department of centre for the rehabilitation of the paralysed (CRP) and outside of CRP.

4.1 Sociodemographic information at a glance

Among twenty one physiotherapists (25-30) year old participant were 16 with 76.19% and 31-36 year old participant were 5 with 23.81% from them male were 9 with 42.86% and female were 12 with 57.14%. Muslim participant were 19, Hindu 2 with a percentage of 90.47% and 9.53%.

| Socio-demographic Information | Number | Percentage (%) |
|-------------------------------|--------|----------------|
| Age | | |
| 25-30 | 16 | 76.19 |
| 31-36 | 5 | 23.81 |
| Sex | | |
| Male | 9 | 42.86 |
| Female | 12 | 57.14 |
| Religion | | |
| Muslim | 19 | 90.47 |
| Hindu | 2 | 9.57 |

Table-1: Sociodemographic information of the participant.

Working area of participated from Paediatric unit (4), Neurology department (5), spinal cord injury unit (3), Musculoskeletal unit (7) and out of CRP (2) with percentage of 19.04%, 23.82%, 14.29%, 33.33%,and 9.52%. Shown in table-2

| Working area | Number | Percentage (%) |
|-------------------------|---------------|-----------------------|
| Pediatrics unit | 4 | 19.04 |
| Neurology department | 5 | 23.82 |
| spinal cord injury unit | 3 | 14.29 |
| Musculoskeletal unit | 7 | 33.33 |
| out of CRP | 2 | 9.52 |

Table-2: Participant location

4.2 Following Themes and sub themes are emerged on the basis of data analysis

4.2.1 Physiotherapy as first contact practitioner

- Physiotherapy can be first treatment some specific condition like musculoskeletal condition
- Physio have Enough knowledge for diagnosis and managing the disease condition
- Our curriculum is so much enrich to treat and manage condition
- In our circumstances it is to tough to establish physiotherapy as first treatment

4.2.2 Physiotherapist should prescribe drugs in some specific condition like Musculoskeletal and neurological condition

- It is right to prescribe some drugs to manage a patient during first contact practice
- Main practice should not be drugs ,it could be relevant
- Can prescribe pain killer, NSAIDs, Vitamin drugs

4.3.3 General people do not know about physiotherapy

- Physiotherapy is one kind of exercise and combination of different type of machine on electrotherapy
- Not idea about manual therapy
- Lack of awareness is the main barrier to treat patient
- Malpractice is the barrier

4.3.4 Neglect behavior from physician with physiotherapist

- Other health profession think that it is paramedical course
- Physician consider a physiotherapist as a competitor and have a poor knowledge about disease condition

4.3.5 Most of the physiotherapist are confident with patient management

4.3.6 People have poor perception about patient management

4.3.7 Idea for increasing public understanding about physiotherapy

- Can do seminar ,workshop, improve facilities
- Increase awareness and public post

4.3.8 After physiotherapy treatment patient feel better or should go physician

- Most of the time patient get benefit after treatment but sometime need to refer physician for consultancy
- There is no alternative way of physiotherapy who have pain, paralysis, SCI and disability.

Discussion according to the themes are provided below

1. Physiotherapy as first contact practitioner

Physiotherapy can be first treatment some specific condition like musculoskeletal condition

All most all the participants said that physiotherapy can be the first treatment in our circumstances. one individual said. *“physiotherapy can be first treatment some specific condition like musculoskeletal condition and some condition it may be second treatment like neurological or spinal cord injury patient”* ones added that *“not only physiotherapy can be first treatment musculoskeletal but also paediatric and adult neurological condition”*. ones gives answers, *“Any mechanical problem physio can manage early”*.

“Definitely physiotherapy could be the first treatment because our profession is totally autonomous profession and our treatment procedure is totally autonomous from other profession”. Mentioned by one. Most of the time medical professions is cited as an ideal profession and physiotherapy as semi or paraprofessionals implying that it is subordinate to medical practice and not attributed full professional status .

In Australia, physiotherapy is already developed first contact profession when practice in private ambulatory settings (Kumar & Grimmer, 2005). One participant view that, *“There is no doubt, physiotherapy can be the first treatment in our circumstances. Because now a days, It become the demands of present science of treatment”*.

Physios have enough knowledge for diagnosis and managing the disease condition

Already all of the physiotherapist mentioned that physiotherapist have appropriate knowledge for diagnosis and managing the disease condition. *“yes, physiotherapist have essential knowledge and essential diagnosis as well as give plan for managing different disease because during studentship every physio get enough clinical knowledge and practical attendant placement in every field of physiotherapy”* said by

one. Another participant added that *“Both knowledge, physio achieved by their 4 years bachelor degree with 1 year internship time”*.

Physiotherapists are highly qualified in the assessment and diagnosis of musculoskeletal disorders, including arthritis and back pain. These skills are frequently provided as first contact practitioners. The physical therapist's have extensive knowledge of the body and its movement needs and potential is central to evaluate strategies for diagnosis and intervention. Physical therapists create as an independent practitioners, as well as members of health service provider teams, and are subject to the ethical principles of WCPT (WCPT, 2011).

Our curriculum is so much enrich to treat and manage condition

Most of the participant expressed, Physiotherapist have knowledge, because now a days our curriculum is so much enrich. Beside there are several different therapeutic way to ensure the diagnosis”. one participant directly said, *“during treatment session we have to complete assessment form which include history taking, diagnosis and treatment plan. Physiotherapist has good academic knowledge in anatomy, physiology, pathology, biochemistry, pharmacology, general surgery, geriatric and psychiatry”*. One participant added, *“physiotherapist could be able physical examination, pathological investigation and x-ray, MRI, CT scan. Another said “physiotherapist have vast knowledge about disease condition and treat the patient”*.

In our circumstances it is to tough to establish physiotherapy as first treatment

“In our circumstances it is too tough to establish physiotherapy as a first treatment. because a large part of our people are illiterate and unaware about their health. they knows only the physician can treat patient” one participant expressed. another participant said that, *“ In our circumstances it is not possible because of social barrier, many institutional conflict can harm the physiotherapy treatment and physician do not want as physiotherapy could first treatment”*

2. Physiotherapist should prescribe drugs in some specific condition like Musculoskeletal and neurological condition

It is our right to prescribe some drugs to manage a patient during first contact practice

All of participant said that physiotherapist should know all related drugs but prescribe some drugs because pharmacology include in their curriculum. Another participant expressed, “it is our right to prescribe some basis drugs to manage a patient during first contact practice”. One participant said that, “Physiotherapist should practice special drugs such as rheumatic disease, neurological condition”

Main practice should not be drugs, it could be relevant

Large number of participant said, “Physiotherapist main practice should not be drugs, it could be relevant”. *“a physiotherapist can prescribe NSAID, Ranitidine, omeprazole, vitamins, mineral and calcium because of biochemistry and pharmacology include in my course curriculum”*, Said by one.

Can prescribe pain killer, NSAIDs, Vitamin drugs

Most of the participant said, physiotherapist can prescribe pain killer, NSAID, vitamin. Another participant expressed that, *“Yes, because we have to think about our socioeconomic condition and general public emotion. Only prescribe NSAIDS, anti inflammatory, anti muscle relaxant, vitamin may prescribe”*. In Australia, some physiotherapist may use non steroidal anti inflammatory drugs as an adjunct to treatment (Kumar & Grimmer, 2005).

3. General people do not know about physiotherapy

Physiotherapy is one kind of exercise and combination of different type of machine on electrotherapy

Almost the entire participant said that, general people do not know about physiotherapy. *“Most of the patient think that physiotherapy is one kind of exercise and combination of different type of machine or electrotherapy. most of the patient likes machinery or electrotherapy”*. Said by one participant. There is separate lack of

knowledge about physiotherapy by the general public which already hampered self-referral (Webster et al., 2008).

Not idea about manual therapy

Most of the participant said that, it's really poor, most of the people think that physiotherapy means only electrotherapy. They don't have any idea about manual therapy.. *"It's really poor. Public just understand that physiotherapy means doing exercises, Nothing else. Sometimes they neglect it"*. One participant expressed. *"Physiotherapy is a new profession. so it not spread out through the network"*. Stated by another one. The physiotherapy profession in Australia is rapidly changing of health sector service and now seems to lack of identity and vision.

Lack of awareness is the main barrier to treat patient

Physiotherapist face some barrier which affect to treat the patient. one participant said, *"lack of awareness is the main barrier for physio to treat patient as initial treatment. because general people are not aware about physiotherapy and role in different disease."*. one participant said that *"Physiotherapist do not have any legal council"*. More than two third of the participant said that, cultural view, general practioner, medical association, lack of knowledge about physiotherapy, malpractice, patient demand drugs, lack of early referral form other professional are the key point of barrier which may affect the initial treatment. Australian physiotherapy association (2012) stated that, some barrier which may influence both rural and remote recruitment and retention in the related health professions, particularly in physiotherapy.

Malpractice is the barrier

"Malpractice is main barrier", stated by one. Most of the participant expressed, actually it is a new profession, people called as therapist not doctor. so some patients don't want to give proper respect These include such issues as lack of career path, isolation, lack of professional and peer support including networking, access and support to attend continuing professional development activities and postgraduate study, lack of remuneration and recognition, staff shortages, and lack of locum availability.

3. Neglect behavior from physician with physiotherapist

Other health profession thinks that it is paramedical course

Majority of the participant said that, Other health profession do not give respect, they think that it is paramedical or diploma course. but day by day its become changing. Actually it depends upon how much other professionals are known about physiotherapy. Many of them said that, they did not get respect from other health professionals. “Most of the think that it’s an assistant or diploma”. But those who know properly about physiotherapy they really respect physiotherapist and refer patient with confidence.

Physicians consider a physiotherapist as a competitor and have a poor knowledge about disease condition

Most of the health professionals specially doctors consider a physiotherapist as a competitor and some of the physician think that, physiotherapist has poor knowledge about disease condition, diagnosis and treatment. Stated most of the participant. one participant expressed, *“physiotherapist do not get proper respect specially from orthopedics and neurologist”*. *“but if we can show our enough skill, knowledge, confidence, approach and professionalism ,then our profession will also go up to the standard”*, another participant explained. In Australia this condition are different from our country. general practioner always consider physiotherapy to manage of musculoskeletal condition. General practioner said, Physiotherapist have skillful knowledge to manage a musculoskeletal condition (Lesely, 2008).

4. Most of the physiotherapist are confident with patient management

Physiotherapist confidence level should be too much strong to diagnose and manage the condition. *“if therapists will be confident, then they can utilize their knowledge to differential diagnosis which will helpful to manage the patient”*. one participant said. *“because physiotherapist have evidence based practice”*, stated by another. all most two third participant said that, physio have the supervisor level of confidence among all other professionals who are easily accessible to all patient. *“I think that it depends on his/her experience. if a physiotherapist treated so many patient and correctly diagnose different types of condition and give him accurate treatment”*. expressed by

another”. Physiotherapist main confidence is about his knowledge, clinical reasoning and practical skills, most of the participant said.

People have poor perception about patient management

Public understanding about physiotherapy is very poor all of the participant give same answer. one participant said that “*general people don’t know what is physiotherapy and and who is qualified physiotherapist and what is quality*”. “*It’s very poor. public just understand that physiotherapy means only electrotherapy*”, said another participant. one third of the participant give same answer, most people know physiotherapy is one kind of exercise and combination of different type of machine or electrotherapy. most of the patient likes machinery and electrotherapy. But now a day it can be changed. one participant expressed that, “*Now a days people are much more aware about physiotherapy*”. In Australia, public understandings of physiotherapy 34% are affirmative, 55% reporting not and 11% remaining unsure (Lesely et al., 2008).

5. Idea for increasing public understanding about physiotherapy

Can do seminar, workshop, improve facilities

Most of the participant expressed that to increase public understanding need seminar, workshop, improve facilities, health camp, advertisement about physiotherapy, paper/book, multimedia, radio/television. Another participant said that, “*Advertising about our services, publish articles about physiotherapy, ensure better professional relationship with other professionals. so, that they will also focus our profession positively towards the patient*”. “*Face to face conversation, poster presentation, advertisement, give proper treatment*”, one expressed. Another participant said, “*Physio should upgrade his knowledge and practical skills, should have motivation power and should write about their roles mass media such as news paper, television, radio etc*”.

Increase awareness and public post

Two third of the participant expressed that, increase awareness program by public printing and electronic media, book list, school. College University, NGO etc, stop mal practice and awareness raising program among general people, create government post. one participant comments, *“awareness programme, avoid malpractice .motivation. skill develop”*. *“Need education .improve facilities and improve accessibility of service”*, said another participant.*“Mass media, campaign, physiotherapeutic health camp are necessary to improve the situation”*, expressed by another.

6. After physiotherapy treatment patient feel better or should go physician

Most of the time patient gets benefit after treatment but sometime need to refer physician for consultancy

Most of the participant expressed that most of the time patients feel better after physiotherapy treatment. When patient get proper treatment protocol and get well then he/she can understand what physiotherapy is and how much valuable in their life. one participant said, *“After treatment most of patient get benefit but if need then refer to patient to other physician”*. *“If physio fulfill their goals then why should they go to other professionals, they became more and more motivated about physiotherapy”*, said by another. Another participant expressed that at, *“CRP most of the patient are satisfied .maximum patient are referred by another and few of the patient go to physician after talking physiotherapy service”*.

There is no alternative way of physiotherapy who have pain, paralysis, SCI and disability

Most of the participant expressed that in 90% clients, feel better. There is no alternative, of physiotherapy treatment for the clients who those are patient of pain, paralysis, child disability, SCI and others. One participant expressed that, *“As I am working in stroke unit so patients are very motivated and don't want to go to physician”*.

6.1 Conclusion

This study result suggests that first contact physiotherapy practioner was viewed positively by physiotherapists. Physiotherapists expressed that, they have enough knowledge to treat a disease condition especially musculoskeletal, some neurology and paedriatic condition and they have enough knowledge for prescribing drugs. The opportunity for physiotherapist to extend and manage a disease condition, particularly need prescribing drugs. Physiotherapists also commented that, people are unaware about physiotherapy. To treat a patient, physiotherapist faces lots of problem. Physiotherapists expressed that another profession does not give respect them. But gradually it can be changed. Supervisor level of confidence in, and comfort with acting as first contact practioner were voiced by the majority of the physiotherapist among all other professionals who are easily accessible. And they also expressed that, to solve the problem, need to establish a college of physiotherapy, and make an opportunity to government sector.

6.2 Recommendations

The aim of the study was to explore the first contact physiotherapy practitioner. However, the study had some limitations and some further steps were identified that might be taken for the better accomplishment of further study. The main recommendations would be as follows:

- The duration of the study was short, so in future wider time would be taken for conducting the study.
- Investigator used only 21 participants as the sample of this study, in future the sample size would be more.
- In this study, the investigator took the sample from Savar area, it was a small area to take an available sample. So for further study, the investigator strongly recommended to include the Physiotherapist from all over Bangladesh to ensure the generalizability of this study.

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APPENDIX 1: CONSENT FORM (English)

CONSET FORM (English)

(Please read out to the participant)

Dear Sir,

Assalamualaikum, my name is Md. Shujayt Gani. I am conducting this study for partial fulfillment of Bachelor of Science in physiotherapy degree, titled, “first contact physiotherapy practioner (perspectives of physiotherapists in Bangladesh)” From Bangladesh Health Professions Institute (BHPI), University of Dhaka. I would like to know about some information. You will answer some questions which are mentioned in this form. This will take approximately 10-20 minutes. The objectives of this study to determine physiotherapists’ perception about first contact practicing. To find out the barriers which restricted their practicing; to measure the reality of their original perception about first contact practice; to identify their satisfaction in the profession; and to develop the confidence level of the physiotherapists? The participation must be voluntary. You have the right to withdraw consent and discontinue participation at any time. You might be benefited or not, but in future may benefit and would not harmful. This project is only for the development of the profession. If you have any query about the study or right as a participant, you may contact with, researcher Md. Shujayt Gani.

I(Participant) have read and understand the contents of the form. I agree to participant in the research without any force.

Do you have any questions before I start?

So, may I have your consent to proceed with the interview or work?

Yes

No

Signature of the Participant and Date: _____

Signature of the Interviewer and Date: _____

APPENDIX II: Questioner (English)

Questionnaire Sheet

Title: first contact physiotherapy practitioner (perspectives of physiotherapists in Bangladesh).

Code no:

Date:

Name:

Address:

Mobile no:

Part –A: Sociodemographic information

1. Age: years

2. Gender:

a) Male b) Female

3. Religion:

a) Muslim b) Hindu C) Buddu d) Christian

4. Working Area:.....

5. How long are you working as physiotherapist?

.....Years Months

6. Nature of job: a) Full time

b) Part time

7. Working Hours:..... Hours

Part-B: This part is designed to explore first contact physiotherapy practioner (perspectives of physiotherapists in Bangladesh).

1. What is your opinion in term of, physiotherapy can be the first treatment in our circumstances?

Answer:

2. Have a physiotherapist appropriate knowledge for diagnosis and managing the disease condition? How?

Answer:

3. If patient have soft tissue injury, what should patient first see general practioner or physiotherapist or orthopaedic surgeons? Why?

Answer:

4. What barriers does a physiotherapist face to treat his patients physiotherapy as initial treatment?

Answer:

5. What should know a physiotherapist to treat patient physiotherapy as first treatment?

Answer:

6. How much a physiotherapist is confident to diagnosis and manage a disease condition?

Answer:

7. How much is public aware about physiotherapy?

Answer:

8. Do you have any idea or suggestion for increasing public understanding about physiotherapy?

Answer:

9. Do you think, that a physiotherapist should prescribe drugs? If yes, what kind of drugs? If no, why?

Answer:

10. How much Physiotherapist get respect from other health professionals in practice?

Answer:

11. After your treatment, what does patient think he/she feel better or he/she should go to physician?

Answer:

“Thank you for your participation “

Permission letter

Permission letter

Date:28-03-2013

To

The Honourable Physiotherapist

The Physiotherapy Department.

Savar,Dhaka.

Subject: Application for permission to collect data to conduct a research study.

Sir,

I respectfully to state that I am Shujayt Gani student of fourth year B.Sc in physiotherapy at Bangladesh Health professions Institute(BHPI).I am conducting a research on " First contact practioner of physiotherapists view" as part of our course curriculum. I want to collect data from yours.

I therefore, pray and hope that you would be kind enough to grant me and give me some time for collecting data and oblige thereby.

Sincerely yours

SHUJAYT GANI

Shujayt Gani

4th year B.sc in physiotherapy

Session:2007-2008

BHPI,CRP,Savar,Dhaka-1343.

*He is permitted for data collection.
please cooperative with him.*

[Signature]
Md. Obaidul Haque
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