

# Awareness about Physiotherapy in Rural Population that it can be Primary Mode of Practice without Needing a Referral: - A Survey Study

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## **Abstract**

**Background-** A physiotherapist is a primary contact practitioner and patients can have direct access to their treatment. Direct access signifies that an individual can refer themselves to a physiotherapist without any consultation from another health professional. In India, physiotherapy is majorly a secondary contact profession that is because of lack of awareness regarding health education and physiotherapy profession. However, the condition is improving in recent years.

**Methodology-** A sample size of sixty patients were taken for this study. Self-made questionnaire was made and this was completed by participants who were willingly participating in this.

**Result-** According to the survey conducted based on the sample size it was found out that most of participants consulted a Physiotherapist on the advice of a Physician and they are not aware that physiotherapy consultation can be taken directly.

**Conclusion-** Physiotherapy can be your go-to option for treatment without needing a referral. You can directly access the services and take control of your health journey. It's all about empowering yourself and getting the care you need. Rural population are not aware about this.

**Keywords-** *Physiotherapy, direct access, referral*

## **Introduction**

*" Physiotherapy is a systematic method of accessing musculoskeletal, neurological and cardio respiratory disorders, relief of pain, prevention of illness and psychosomatic disorders with the help of manual therapy and mechanical agents."*

Being a science-based field, physiotherapy places a strong emphasis on the "whole person" approach to wellness and health, which takes look at the patient's overall lifestyle. The patient's involvement in their own care, through education, awareness, empowerment, and participation in their treatment, is at the centre of the process.

Physiotherapy can be helpful to you at any stage of your life. The management of chronic medical conditions including asthma, back discomfort, and abrupt injuries, as well as labour preparation and athletic competition, are all helped by physiotherapy. Patients can directly consult a physiotherapist, who is a primary contact practitioner, for therapy. Direct access means a patient can refer themselves to a physiotherapist without seeking advice from another medical expert. Due to a lack of knowledge about the profession and health education, physiotherapy is

primarily a secondary contact profession in India. [1] Nevertheless, things have been better recently. [2] The primary interests of physiotherapists are the assessment, diagnosis, treatment, and prevention of movement dysfunction and impairment in people of all ages and in a variety of situations. [3]

Musculoskeletal, neurological, surgical and medical, paediatric, and community health issues can all be treated by physiotherapists. . One study on meniscal tears found that, in some cases, physical therapy can be as helpful as surgery. Both public and commercial facilities offer physiotherapy treatments in India. There are public physiotherapy services offered in hospital outpatient clinics, private clinics, and personal clinics. Professional firms and companies have been hiring physiotherapists to provide services for their employees and their families. Physiotherapy is a novel form of care that improve patient health while lowering healthcare costs. Physiotherapists are also educated to recognise warning signs and act on red flags [4] A large number of highly skilled physiotherapists are qualified to independently prescribe, order investigations, and organise sophisticated case management. [5]

Patients who refer themselves to physiotherapy are able to receive services without first seeing their general practitioner or anybody else in particular. Self-referral to physical therapy is 25% less expensive than going to a doctor. [6]

Change is already taking place in practise, with many general practitioners hiring skilled physiotherapists to collaborate with them as their patients' initial point of contact. Direct patient access to physiotherapists can save general practitioners time, decrease X-ray and MRI referrals, decrease orthopaedic referrals, decrease hospital admissions, significantly reduce hip fractures, decrease levels of anxiety and depression, increase confidence and ability to engage in daily activity, and allow general practitioners to focus on patients with many complicated health conditions who require their care.

Our bodies undergo several physical changes as we age. These modifications typically result in a reduction in muscle strength, stiffer joints, and occasionally falls and fractures. However, for senior citizens, exercise can be the secret to getting back to living. Physiotherapists are expert professionals who are able to recognise the obstacles preventing the elderly from being active and work to lessen the possibility and severity of illness. Furthermore, community rehabilitation minimises the number of persons who become disabled unnecessarily and keeps them from living inactive lifestyles. Additionally, it eases the strain on secondary care. For example, pulmonary rehab lowers readmission rates by 26%, cuts down hospital stays in half, and lowers morbidity and death. [7, 8] From the hospital to the patient's home, therapy must be continued in order to maximise freedom and minimise handicap.

It can take longer for the patient to receive treatment in some countries where a patient can only see a physiotherapist after being referred by a physician.

Clients who have direct access to physiotherapy can receive an expert clinical examination and develop a treatment plan to reduce pain and address any future dysfunction at an early stage (less than or equal to 3 months). This ought to lessen the amount of effort required in special healthcare as well as avoidable imaging and surgery. [3]

With a greater focus on evidence-based practises, the physiotherapy profession has become recognised as a specialty area of medicine. [9] Direct access to physiotherapy enables patients to receive an expert clinical examination and create a treatment plan to alleviate pain and address early prevention of future dysfunction. Additionally, this should lessen the amount of work required in special healthcare as well as avoidable imaging and surgery. [3]

The World Health Organisation now acknowledges long-term COVID, sometimes known as "Post-Covid Condition." Long-term COVID may develop in even young people or those who had "mild" initial infections. Breathing pattern abnormalities, which are frequently observed in long-term COVID patients, can be evaluated and treated by a physiotherapist. Initially infected with COVID-19, breathing habits may alter. Even after the initial illness is healed, these modifications could become habitual and last. Breathlessness and other symptoms resulting from faulty breathing may be controlled using breathing retraining exercises.

### Methodology

The study was carried out in Krishna Vishwa Vidyapeeth, deemed to be University, Karad. An approval for the study was obtained from the protocol committee and ethical committee of Krishna Vishwa Vidyapeeth Deemed to be university. The protocol number is 055/2022-2023 and reference number is KIMSDU/IEC/08/2022.

This was a survey study. Patients were given enough information about the research before taking their permission. Patients who agreed to take part in the study were separated from the general population in order to protect their anonymity. With their full agreement, 60 patients were recruited for this study.

Using simple random sampling, participants were chosen in accordance with the inclusion and exclusion criteria. Inclusion criteria: Patients who were willing to participate in this study, patients till the age of 80yr and patients who were undergoing physiotherapy treatment.

Exclusion criteria: Patients above the age of 80yr, patients that were not willing to participate in this study and those who have never undergone any physiotherapy treatment.

The participants were informed of the study's methodology and goal. A self-made questionnaire was created, and participants who participated in the study filled it out. Name, age, gender, department, and mode of referral—doctor, friend, or locals—are all included in the form.

NAME	AGE	GENDER	DEPARTMENT	MODE OF REFERRAL		
				DOCTOR	FRIEND/LOCAL	SELF

The table shown above was provided to all the 60 participants and they were asked to fill it. Participants were asked to fill up their name, age, gender, and the department to which they are consulting. They were also asked to put a tick mark on their mode of referral to physiotherapy. Participants were also asked a yes or no question about whether they are aware about direct access to Physiotherapy treatment.

Statistical analysis-

The formula for calculating sample size for the study is,

$$n = 4pq/l^2$$

$$n = 30$$

### Data Analysis

**Table 1. Age range of research participants**

Age range	Number of participants
0-18years	4
19-30years	6
31-45 years	16
46-60years	21
61-70years	9
71-80years	4

Interpretation: the above table shows the number of patients of various age groups that participated in this study

**Table 2. Mode of reference**

Referral method	Number of participants
Physician	31
Friends or locals	11
Self-Referred	18

Interpretation: the above table shows the specific number of patients that took physiotherapy treatment with specific modes of referral like physician's, friend or local or self-referred.

**Table 3 Department wise number of participants with direct consultation of Physiotherapy treatment**

Department	Number of participants
Musculoskeletal Department	11
Neuroscience Department	7
Cardiopulmonary Department	0
Paediatric Department	0

Interpretation: The above table shows that musculoskeletal department had a greater number of participants who took direct consultation of physiotherapy treatment without reference from anywhere else.

**Table 4. Age group wise number of participants with direct consultation of physiotherapy treatment.**

Age range	Number of participants
0-18year	0
19-30year	3
31-45year	4
46-60year	6
61-70year	4
71-80year	1

Interpretation: The above table shows that participants from the age group 46-60year took direct consultation of physiotherapy treatment the most without a reference from anywhere else

**Table 5. Number of males and females with direct consultation of physiotherapy treatment.**

	Number of participants
Males	8
Females	10

Interpretation: the above table shows that compared to males, females took direct consultation of physiotherapy the most without a reference from anywhere else

## Discussion

This study was designed to take a survey of the mode of referral of patients for Physiotherapy in Krishna College of Physiotherapy, Karad and whether they are aware that they can consult a Physiotherapist directly. Participants in this study range in age from neonates to individuals up to the age of 80 who took treatment at the Krishna College of Physiotherapy. Upon informing the participants of the study, their consent was obtained.

Data was collected by asking the participants their mode of referral to Physiotherapy treatment. We also explored whether they were aware about direct access to physiotherapy treatment. This is the first study to look at how patients are referred to physiotherapy and their knowledge about it. The findings of the present study have demonstrated that participants primarily received Physiotherapy care on a doctor or other medical professional's referral. We also found that some participants thought that a diagnosis can only be provided by a doctor.

The inability to put into practise what Physiotherapist's have learned during their entry-level education due to working in a referral-based practise was cited by physiotherapists as a reason why they felt their professional knowledge was undervalued. As a result, they felt their scope of practise was constrained. Additionally, because of the referral-based practise, physiotherapists have difficulty applying clinical judgement and implementing evidence-based care.[10] Medical dominance has a detrimental effect on the growth of professional autonomy.[11] Limited professional autonomy had negative effects on physiotherapists worldwide, including low

self-esteem, work-related stress, burnout, and migration from the profession. At first, medical dominance served as administrative domination to oversee and judge the performance of other allied health professionals, including physiotherapists.[11]Despite the physiotherapy profession's rapid growth over the past few decades, some nations have not yet implemented the corresponding professional regulatory adjustments.[11] The major goals of direct access are to guarantee that patients have quick access to physical therapy, to identify the root causes of issues, to manage pain, and to prevent recurrence and chronicity. Also the benefit for the patient and patient satisfaction were what the physiotherapists believed they had accomplished in direct access practise. Physiotherapists who had direct access appeared to present physiotherapists' job with constructive challenges and changes. Direct access has given them the chance to advance their knowledge and abilities, which has impacted their job satisfaction. They also noticed an improvement in the worth and professional self-esteem of their work at the same time.

Physiotherapy is a degree-based healthcare profession. Physiotherapists use their knowledge and skills to treat a broad spectrum of conditions linked to various body systems, such as neurological (stroke, multiple sclerosis, Parkinson's), musculoskeletal (back pain, whiplash associated disorder, sports injuries, arthritis), cardiovascular (chronic heart disease, heart attack rehabilitation), and respiratory (asthma, chronic obstructive pulmonary disease, cystic fibrosis). Physiotherapists work in a variety of medical and social care specialties. Some physiotherapists additionally engage in research, management, and education.

### Conclusion

In this study we discovered fewer people seeking physiotherapy without a reference whereas more individuals took physiotherapy treatment with a doctor's referral. Physiotherapy educators and/or clinicians should continue to educate physicians on the new trend of physiotherapy's role in health care delivery, particularly during gatherings involving health providers, so that physicians who graduated from medical schools without knowledge of physiotherapy can have a better understanding of the role of physiotherapy in health care. Engaging physical therapists in primary healthcare settings will benefit us all by increasing public awareness of our professional expertise as well as exposing more people to our clinical abilities and knowledge. When people begin to view Physiotherapists as service providers of the kind that can only be done by qualified and independent professionals, our professional image will improve.

Physiotherapists provide movement and exercise, manual therapy, education, and counselling to those who have been injured, ill, or are disabled. They assist patients in controlling pain and illness prevention, thereby preserving health for people of all ages. The profession encourages development and facilitates rest and recovery, allowing people to stay in work while remaining as autonomous as possible.

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