



RESEARCH REPORT

# Physiotherapy management of knee osteoarthritis in Nigeria—A survey of self-reported treatment preferences



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## KEYWORDS

knee osteoarthritis;  
physiotherapists;  
treatment preference

**Abstract** *Background:* knee osteoarthritis (OA) is a prevalent condition. Little is known about whether treatments provided by physiotherapists to patients with knee OA in Nigeria follow recommended clinical practice guidelines.

*Objective:* The aims of this study were to investigate Nigerian physiotherapists' treatment preferences for knee osteoarthritis (OA) and to evaluate if their preferences were in line with contemporary clinical practice guidelines and recommendations.

*Methods:* A cross-sectional survey of 267 physiotherapists from various health institutions in Nigeria were surveyed, using a structured questionnaire incorporating a clinical vignette on knee OA.

*Results:* Based on the clinical vignette, the majority of the respondents (68.2%) recommended review of x-rays as part of the diagnostic process for knee OA. Thermotherapy was the most utilized modality (86.1%), followed by therapeutic exercise (81.3%). Only 11.1% of the physiotherapists used therapeutic exercise alone. Manual therapy in conjunction with other modalities was the choice for 18% of the physiotherapists. Only 49.1% of the physiotherapists reported including advice on weight control and up to 39% reported bed rest as part of the treatment approach.

*Conclusion:* There was a poor consensus among the physiotherapists in Nigeria on how knee OA is managed compared with contemporary clinical guidelines and recommendations which emphasized application of core modalities, such as therapeutic exercises, patients' education, and weight control over passive modalities. Some areas of practice are in line with contemporary guidelines, while some were in conflict with evidence-based practice.

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## Introduction

Osteoarthritis (OA) is a degenerative disorder of synovial joints characterized by focal loss of articular cartilage with reactive changes in the subchondral and marginal bone, synovium, and para-articular structures [1]. According to the National Institute for Health and Care Excellence [2], OA refers to a clinical syndrome of joint pain accompanied by varying degrees of functional limitation and reduced quality of life. It is the most common form of degenerative joint disease, affecting 15% to 40% of people aged 40 and above [3]. The disease is a leading cause of disability and has a slow, progressive course that ends with joint failure and subsequent disability [4,5].

Clinically, knee OA is characterized by pain during weight bearing, tenderness, limitation of knee movement, crepitus, occasional effusion, and variable degrees of local inflammation [6]. Pain is the most frequent reason for patients with knee OA to seek medical attention and rehabilitation [6]. If left untreated, pain and stiffness will result in a loss of physical function and independence. Knee OA is a global problem but unfortunately there is no authoritative data on the prevalence of knee OA in Nigeria as a whole. However, according to findings from a hospital-based study and research findings from two out of the six geopolitical zones in Nigeria, it is evident that knee OA constitutes an important problem among the Nigerian population [7–9].

Management of pain and other associated problems in patients with knee OA is multidisciplinary and it involves application of pharmacological and nonpharmacological modes of therapy [5,10]. According to Hay et al [11] physiotherapy, as a mainstay of conservative treatment for knee OA should provide proven and efficacious therapy that must be shown to adequately address patients' needs above that which is provided by a pharmacologic mode of therapy. Relevant to effective physiotherapy treatment for knee OA are the clinical practice guidelines and systematic review recommendations on the management of knee OA that emphasise the need for appropriate management of the disease. In Nigeria, physiotherapy is a key stakeholder in the health care system. Physiotherapy is readily available at most of the government-owned public health care facilities and private settings across the six geopolitical zones. Consequently, patients with knee OA are in a position to access this service. However, despite the reported prevalence of knee OA in Nigeria and the prominent role played by physiotherapists in its management, there is a dearth of published literature on how physiotherapists in Nigeria, a sub-Saharan African nation, manage this problem. This is despite the abundance of clinical practice guidelines in existence which are developed to facilitate knowledge translation to clinicians in order to promote evidence-based clinical practice [2,12–17]. This study was conceived to investigate the treatment of knee OA by physiotherapists in Nigeria in order to find out if their management approach is consistent with contemporary clinical practice guidelines and recommendations that exist in rheumatology [2,12–17]. We also compared management of knee OA in Nigeria with approaches used in Western countries

[2,13–16] such as the UK, Canada, and USA, where there are similar physiotherapy educational programmes and practices.

## Materials and methods

### Research design

The study was a cross-sectional survey of physiotherapists practicing in private, secondary, and tertiary hospitals across Nigeria.

### Participants

Participants for this study were all practicing physiotherapists (458) drawn from medical facilities across Nigeria's six geopolitical zones. To be eligible for recruitment, participants must have practiced as physiotherapists in Nigeria for at least 1 year and must hold a current practice licence of the Medical Rehabilitation Therapists Registration Board of Nigeria. Sample size calculation was not required because the purpose of the study was to capture national practice.

### Materials

The questionnaire for the study was adapted from a similar study conducted by Ayanniyi et al [18] among physiotherapists in Nigeria. The questionnaire was originally designed to ascertain attitudes and treatment preferences of physiotherapists for the management of low back pain. The adapted version was modified for use in this study to ascertain the treatment preferences of physiotherapists in the management of knee OA. The questionnaire (Appendix 1) consists of two sections, A and B. Section A consists of questions that probe into the socio-demographic and practice settings of the physiotherapists, such as age, sex, years of practice, practice settings, and patient load. Section B is comprised of a clinical vignette on knee OA, followed by a series of questions probing into the diagnostic process and treatment preferences.

The modified questionnaire was assessed by physiotherapists from the College of Medicine, University of Ibadan and the University College Hospital, Ibadan, Nigeria to ensure its face and content validity. The original version did not include shortwave diathermy, peripheral joint mobilization, and myofascial release as possible choice of treatment techniques and modalities. The question "reason for your choice" was also not included in the original version. The modifications in the questionnaire were carried out based on recommendations of the expert physiotherapists. The questionnaire was pretested for clarity and comprehensibility among 20 physiotherapists across the professional grades, and minor corrections were made to accommodate suggestions made by the intended participants.

### Questionnaire administration

The protocol for the study was approved by University of Ibadan and University College Hospital Ethics Committees.

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