



Research

Adults attending private physiotherapy practices seek diagnosis, pain relief, improved function, education and prevention: a survey

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KEY WORDS

Physiotherapy
Physical therapy
Primary care



ABSTRACT

Questions: How important are different aspects of physiotherapy care to patients presenting to a primary care physiotherapist? Are patient factors (eg, age and gender) associated with how important different aspects of physiotherapy care are to individual patients? **Design:** A cross-sectional survey with consecutive recruitment. **Participants:** A total of 500 adults aged ≥ 18 years who presented to a primary care physiotherapist. **Methods:** Participants were recruited from 10 private practices within the Sydney metropolitan area. Participants completed a survey assessing how important five aspects of physiotherapy care were in their initial decision to present to a primary care physiotherapist. These aspects were: *diagnosis*; *information and education*; *treatment for pain relief*; *treatment to improve function*; and *prevention*. The survey also collected characteristics of the patients and information about their presentation to the physiotherapist, to assess whether these factors were associated with the aspects of physiotherapy care that they considered most important. **Results:** A total of 500 surveys were completed, with a response rate of 94%. All five aspects of physiotherapy care were considered either 'quite important' or 'extremely important' by most participants (*diagnosis* 65%; *information and education* 68%; *pain relief* 89%; *improved function* 93%; *prevention* 90%). Patient factors were associated with the participants' ratings of importance. Female participants and those with spinal pain more commonly rated *pain relief* as highly important. Participants with lower educational levels were more likely to rate *diagnosis* and *information and education* as important. **Conclusion:** This study demonstrated that most patients presenting to primary care physiotherapists value all aspects of physiotherapy care and do not simply want treatment for pain. Patient characteristics were associated with what individual patients considered the most important reason for presenting to a private primary care physiotherapist. [McRae M, Hancock MJ (2017) Adults attending private physiotherapy practices seek diagnosis, pain relief, improved function, education and prevention: a survey. *Journal of Physiotherapy* 63: 250–256]

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Introduction

In some, but not all, countries, physiotherapists work as primary care health practitioners. In Australia, over 40% of the approximately 26 000 registered physiotherapists work in a primary care private practice setting.^{1,2} Their primary care role includes different aspects of care such as making a diagnosis, providing information and education, treating pain and/or poor function, and implementing prevention strategies.³

While physiotherapists work in primary care, and in many countries their training is directed at providing the broad skills needed for this role, it is unclear how patients perceive the role of physiotherapists working in primary care. It may be that patients see physiotherapists as primary care clinicians, like general practitioners, who can provide a range of services – including diagnosis, advice, education, treatment and prevention – or they may primarily see physiotherapists as practitioners who provide physical treatments for pain. Physiotherapists working in primary care are well trained to help health systems cope with the enormous and growing burden of musculoskeletal conditions. Their training in assessment and treatment of musculoskeletal

conditions typically exceeds that of medical practitioners, yet this is potentially wasted if those presenting to physiotherapists see them only as clinicians to treat pain, rather than well-trained primary care practitioners with knowledge and skills to diagnose and manage musculoskeletal conditions.

In many countries, including Australia, governments appear to acknowledge physiotherapists' primary care skills by granting primary contact status; however, they do not rebate the costs for a patient who chooses to see a primary care physiotherapist rather than a general practitioner. If physiotherapists are to lobby government and other funders to rebate physiotherapy services in primary care they need evidence that patients perceive them as having all the skills necessary to provide high-quality primary care management of musculoskeletal conditions.

We have been able to identify almost no research that has been conducted on patients' reasons for presenting to primary care physiotherapists. Privately commissioned studies have been conducted by bodies representing physiotherapy in Australia;⁴ however, this information is not published or widely available. Evidence on why patients present to physiotherapists will provide insight into whether or not patients perceive physiotherapists as

primary care clinicians who provide a range of services, including diagnosis, information, education and prevention. This information is important to clinicians as well as educators and professional bodies advocating for physiotherapy. If patients consider a range of physiotherapy services, including diagnosis, advice and reassurance, as important reasons to attend physiotherapists, then it is important that physiotherapists themselves value these services and do not focus only on treating pain, when this is not the primary or sole reason that a person presents for care. Evidence on why people present to a primary care physiotherapist can also be used by professional bodies to advocate for physiotherapists as primary care practitioners and to push for rebate for patients with musculoskeletal conditions who choose to present to physiotherapists instead of general practitioners.

Therefore, the research questions for this cross-sectional survey were:

1. How important are different aspects of physiotherapy care (*diagnosis, information and education, treatment for pain relief, treatment to improve function, and prevention*) to patients presenting to a primary care physiotherapist?
2. Are patient factors (eg, age and gender) associated with how important different aspects of physiotherapy care are to individual patients?

Method

Design

This study was a cross-sectional survey of consecutively sampled, adult patients presenting to primary care physiotherapists. Patients were invited to complete the survey either before or immediately after their appointment.

Participants, therapists, and centres

Participants were recruited from 10 physiotherapy practices that were purposely selected to achieve varied geographic and socioeconomic characteristics in the Sydney metropolitan area. Socioeconomic indexes were referenced to the Australian Bureau of Statistics' Socio-Economic Indexes For Areas (SEIFA) advantage/disadvantage index.⁵

Participants were adults aged ≥ 18 years, who were consecutively sampled when presenting to the recruiting physiotherapy practices. No other eligibility criteria were used. Consecutive patients were recruited at each site until 50 completed surveys were obtained. Data collection was completed over multiple practice sessions or days, as required, depending on the number of patients attending the clinic.

Consecutive patients were invited to participate in the survey by the practice secretary, who briefly informed them about the study and requirements. If a patient agreed to participate, they completed an appropriate consent form and a non-identifiable hardcopy survey while waiting for, or immediately after, their appointment. A researcher immediately reviewed completed surveys to ensure no missing data. If patients preferred, they were given the option of a take-home survey pack to complete away from the clinic and return either by mailed hardcopy or online. The number of patients who chose not to participate was recorded and was used in conjunction with the completed survey numbers to calculate the response rate. The stated reason for not participating was also recorded.

Outcome measures

No existing survey met the needs of the study, so a 12-item survey was designed; it was piloted with physiotherapists and patients prior to implementation within this study. Existing

Table 1
Characteristics of participants.

Characteristic	n = 500
Age (yr), mean (SD)	49 (16)
Gender, n female (%)	286 (57)
SEIFA index for residential postcode (0 to 10), mean (SD)	6.8 (2.5)
Low education, n (%)	287 (57)
Not born in Australia, n (%)	164 (33)
No financial support for treatment, n (%)	117 (23)
Completed survey before treatment, n (%)	273 (55)
Presented with a spinal condition, n (%)	226 (45)
Return visit, n (%)	400 (80)
Medical practitioner referral, n (%)	247 (49)

SEIFA = Socio-Economic Indexes for Areas, where lower scores indicate greater disadvantage.

Low education defined as below university level.

literature on survey design was used to guide the survey development.^{6–11}

To investigate how important different aspects of physiotherapy care (*diagnosis, information and education, treatment for pain relief, treatment to improve function, and prevention*) were to patients presenting to a primary care physiotherapist, we asked the following question using a 5-point Likert scale: 'Please indicate how important the following reasons were in your **initial** decision to present to a physiotherapist for your **current** health condition'. An open-ended question was included in the survey prior to the Likert scales, to ask for participants' main reason for presenting to the physiotherapist. This was used to identify any other aspects of physiotherapy care that were important to patients but not covered in the five predetermined questions.

The survey also collected information on demographics and patient factors that could influence what aspects of physiotherapy care individual participants considered to be the most important.^{10,12,13} The factors that were investigated are listed in Table 1.

Data analysis

Descriptive statistics were used to summarise the participants' demographic and other presenting characteristics. To evaluate how important patients considered each of the five aspects of care, we calculated the median (IQR) score on the 5-point Likert rating scale for each aspect of care. The frequency values were also plotted to assess the spread of importance ratings across the five aspects of care. Finally, for each aspect of care, we calculated the proportion of participants who scored that aspect highest or equal highest on the Likert scales.

Multivariate logistic regression models were performed to evaluate if each of the 10 patient factors were associated with different responses to each of the five questions about how important different aspects of care were. We dichotomised responses on the 5-point Likert scale by pooling 'quite important' or 'extremely important' into 'highly important' and the other three responses into 'not important'.

The responses to open-ended questions were reviewed to identify other aspects of physiotherapy treatment that may not have been considered for the five Likert scale items. Any new presenting reason categories were noted during data entry and were reviewed by the researchers.

Results

Flow of participants and centres through the study

The survey was conducted at 10 private primary care physiotherapy practices located within the Sydney metropolitan area during March and April 2015 and in March and July 2016. Each participant in this study had presented to one of 16 physiotherapists working at these sites. According to Australian Bureau of Statistics data,⁵ three sites were from low socioeconomic areas,

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