

Drawing on Data from a Qualitative Study of a Small Group of Physiotherapists

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Description

Nine female physiotherapists (43.2 ± 8.5 years) each took part in a one-off semistructured interview. The most common kinds of hope used and offered by the physiotherapists in the process of working with people with neurological disease were evident in five themes. These are termed 1) Realistic Hope, 2) False Hope, 3) Accepting Hope and No Need to Hope, 4) Hope in Faith, and 5) No Hope. Neurological experience with patients in physiotherapy provides stories that relate to hope and this informs the way they understand it. It is important that when considering therapeutic outcome, the physiotherapists recognised the need for having a realistic hope and the danger of having a false hope. However, both were balanced with the need to accept that the unknown was possible and not limiting this or losing their dream. Where hope in relation to recovery was not possible, hope in other areas of life was emphasised. The implications of this dynamic process of working with different kinds of hope in relation to people with neurological disease are considered.

Rehabilitation and Community

Evidence-based practice involves the use of evidence from systematic reviews and randomised controlled trials. The extent of this evidence in neurological physiotherapy has not previously been surveyed. The aim of this study was to describe the quantity and quality of randomised controlled trials, and the quantity and scope of systematic reviews relevant to neurological physiotherapy. PEDro (the Physiotherapy Evidence Database) was searched for trials and reviews relevant to neurological physiotherapy (adult and paediatric). The quality and quantity of trials were analysed, and the topics and conclusions of reviews were synthesised. The search revealed a total of 265 records, consisting of 238 randomised controlled trials and 27 systematic reviews. Since the first trial was published in 1958, the number of trials has expanded exponentially. Fifty-four percent of trials were categorised as being of moderate to high quality, rating five or more out of ten. The first review was published in 1991. Many of the reviews have been unable to reach firm conclusions due to the paucity of available trials. The results show that there is a substantial body of evidence relevant to neurological physiotherapy. However, there remains scope for improvements in the quality

of the conduct and reporting of clinical trials. There is an urgent need for more randomised controlled trials and systematic reviews. Neurological physiotherapists recognize the need to include standardized Outcome Measures (OMs) in clinical practice but lack of information about the OMs available hampers utilization. This paper reports on the first stage of a project to identify the most robust OMs for use in neurological physiotherapy. Three separate workshops were held using patient vignettes to represent the acute, rehabilitation and community settings. Thirty senior neurological physiotherapists participated and were asked: 'What would you observe, test or measure if assessing this patient?' Data were analysed using thematic content analysis performed independently by each of the authors. Internal and external member checking ensured validity. In addition, the authors produced definitions of the items and domains identified in the data collection and subsequent content analysis.

Neurological Physiotherapy

Physiotherapy offers a great variety of movement therapies for patients with the same medical diagnosis, some of which appear to be diametrically opposed to each other. Many therapies have branched out into new derivative forms of treatment without settling the arguments with their predecessors. Many experts argue that the initial step in dealing with this problem of diversity is to establish a uniform, unequivocal language in order to prevent the participants from talking at cross-purposes. This paper, however, introduces an alternative approach to clarifying disagreements in physiotherapy presenting an analysis of a well-known controversy - the Brunnstrom/Bobath debate - as an example. Rather than applying a single language believed to be neutral to both therapies, the content of Bobath and Brunnstrom's textbooks has been contrasted as if these were written in two different languages, each therapeutic techniques, goals and rationales in a specific way. This "discourse" analytical approach throws a new light on the nature of diversity by articulated in neurological physiotherapy. Neurological physiotherapy was experienced by 25 (66%) of the 38 people with ataxia. The overarching themes emerging from the analysis were 'making a difference,' engagement and service provision. A majority of both samples felt that services should be organised so as to provide longer term therapy and support that goes beyond short

care packages followed by provision of home exercise programme. Engagement with services was linked to patient expectations, adherence and perception of outcomes. The most predominant codes in the data set were encapsulated by the

theme 'making a difference,' which further included concerns about how to measure perceived clinical improvement (as experienced by patients) in the context of progressive decline.