

# Physiotherapist-Patient Interaction in Private Practice Physiotherapy

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## Description

The aim of this study was to identify the qualities of a 'good' physiotherapist and to ascertain the characteristics of good and bad experiences in private practice physiotherapy from the patients' perspective. The nominal group technique was implemented with separate groups of patients (n = 26) and revealed that communication ability, professional behaviour and organisational ability, and characteristics of the service provided were the main qualities of a 'good' physiotherapist. In particular, communication ability of the physiotherapist was ranked first or second in importance by all groups of patients. Good experiences in physiotherapy were most often attributed to effective communication by the physiotherapist, while bad experiences most often related to dissatisfaction with the service followed by poor physiotherapist communication. Based on the findings from this study, we suggest physiotherapists should actively seek to involve patients in their management. To do this effectively, physiotherapists would benefit from further training in communication skills to ensure that they can successfully adopt a patient-centered approach and to optimise the physiotherapist-patient interaction in private practice physiotherapy.

## Optimal Physiotherapy

The methodological quality of the included trials was assessed by two independent reviewers according to a list of predetermined criteria, which were based on the PEDro scale specifically designed for the assessment of validity of trials of physiotherapy interventions. Outcome data was extracted and entered into Revman 4.1. Means and standard deviations for continuous outcomes and number of events for binary outcomes were extracted where available from the published reports. All standard errors of the mean were converted to standard deviation. For trials where the required data was not reported or not able to be calculated, further details were requested from first authors. If no further details were provided, the trial was included in the review and fully described, but not included in the meta-analysis. Results were presented for each diagnostic sub group (rotator cuff disease, adhesive capsulitis, anterior instability etc) and, where possible, combined in meta-analysis to give a treatment effect across all trials. Most of the members of the therapeutic team in stroke rehabilitation take

the effectiveness of physical treatments after stroke for granted. Yet, published data show that the evidence is not so straightforward or easy to evaluate. The majority of the hard evidence, however, does imply that stroke patients benefit from rehabilitation with physiotherapy. This benefit may be statistically small, but for a given individual, it could mean the difference between living at home or in an institution. Few studies address the question of the optimal physiotherapy in stroke rehabilitation. The evidence available today suggests that it does not matter which form of treatment is chosen and that any of the available approaches will improve the patient's functional status. In other words, if an optimal treatment exists, we have, so far, failed to identify it. Until further evidence emerges, we should therefore select therapies that are most cost-effective and that can be given to the largest number of patients. Well-planned clinical trials aimed at finding the best approach and discriminating potential responders from nonresponders are urgently needed.

## Physiological

Physiotherapy is reported to be an integral part of patient management in the intensive care unit (ICU) of hospitals in industrialized countries. There is substantial literature which supports the role of respiratory management and rehabilitation of critically ill patients, although there is a paucity of randomised controlled trials in this area and trials examining patient outcomes. The aims of this review are to present the current evidence for the role of physiotherapists in the adult ICU. The efficacy of 'chest physiotherapy' on short-term patient physiological outcomes has been studied extensively and there is moderate-to-strong evidence in support of its role. The safety of physiotherapy treatment in ICU has also recently been established. In addition, there is growing evidence for the role of exercise rehabilitation beginning in ICU and extending to beyond ICU discharge. Urgent research is required by physiotherapists to establish the effectiveness of such treatments. Knee osteoarthritis (OA) is a prevalent chronic joint disease causing pain and disability. Physiotherapy, which encompasses a number of modalities, is a non-invasive treatment option in the management of OA. This review summarizes the evidence for commonly used physiotherapy interventions. There is strong evidence to show short-term beneficial effects of exercise on pain and function, although the type of exercise does not seem

to influence treatment outcome. Delivery modes, including individual, group or home exercise are all effective, although therapist contact may improve benefits. Attention to improving adherence to exercise is needed to maximize outcomes in the longer-term. Knee taping applied with the aim of realigning the patella and unloading soft tissues can reduce pain. There is also evidence to support the use of knee braces in people with knee OA. Biomechanical studies show that lateral wedge shoe insoles

reduce knee load but clinical trials do not support symptomatic benefits. Recent studies suggest individual shoe characteristics also affect knee load and there is current interest in the effect of modified shoe designs. Manual therapy, while not to be used as a stand-alone treatment, may be beneficial. In summary, although the research is not equivocal, there is sufficient evidence to indicate that physiotherapy interventions can reduce pain and improve function in those with knee OA.