

# Major Challenges the Physiotherapy Profession Faces in Expanding its Role in Health, Prevention, and Wellness Services

Afzal F<sup>1\*</sup>

Department of Allied health sciences (physical therapy), Sargodha medical college, University of Sargodha, Sargodha, Pakistan

## Abstract

Every profession has to face a lot of challenges to flourish and maintain its dignity. Physiotherapy is one of them that have got strong roots throughout the world but still facing some challenges. Physiotherapy was recognized as a profession first time in a documented form in 1884 when four nurses established the society of trained masseuses in England which recognized later as a chartered society of physiotherapy. In USA 30 states have direct access of patients to therapist and 48 still required referral by other health professionals. In Pakistan most of the patients are referred by other medical health professionals. Many doctors, physicians, and surgeons do not make referral at time and many patients that can be best managed by a physiotherapist are managed by doctors, physicians, and surgeons themselves. Autonomy in physical therapy will not reduce the medical dominance, but will benefit to patients and maintain professional dignity.

**Keywords:** Physiotherapy; Medical health; Surgeons; Public awareness; Rehabilitation

## Introduction

Every profession has to face a lot of challenges to flourish and maintain its dignity. Physiotherapy is one of them that have got strong roots throughout the world but still facing some challenges. Physiotherapy was recognized as a profession first time in a documented form in 1884 when four nurses established the society of trained masseuses in England which recognized later as a chartered society of physiotherapy [1,2]. It was start of profession and its development continues. At the present time it had flourished to very much extent in States and being developed in Asian countries too [3] but facing some challenges enlisted below.

### Direct access and autonomous practice of physical therapy

In USA 30 states have direct access of patients to therapist and 48 still required referral by other health professionals [4,5]. In Pakistan most of the patients are referred by other medical health professionals.

### Professional dominance of other health professionals

Many doctors, physicians and surgeons do not make referral at time and many patients that can be best managed by a physiotherapist are managed by doctors, physicians and surgeons themselves. Autonomy in physical therapy will not reduce the medical dominance [6], but will benefit to patients and maintain professional dignity.

### Documentation and electronic health record

Documentation is necessary for future planning, conducting research and addressing present problem in spreading health care facilities [7]. As a profession it is necessary for the measurement of effectiveness and enhances autonomy. In states documentation is necessary in every step of management like history, assessment and evaluation, discharge and discontinuation [8]. In Pakistan, documentation is major challenge for working therapists.

### Competency among entry level therapists

In 2004 Cathryn Beggs in his back ground paper described twenty-one competencies for 21<sup>st</sup> century. Some of these are ethical and social

responsibility, professional activities, critical thinking and problem solving skills, practice leadership and work in interdisciplinary team [9].

### Up gradation of working therapists and continue professional development

In Africa physiotherapy profession is facing this problem. There are limited undergraduate training opportunities [10].

### Evidence based practice in physical therapy

Evidence based practice in physiotherapy is necessary to make the profession successful. It will enhance the autonomous practice. In Pakistan and other developing countries it will be a challenge for therapists to practice according to evidence.

### Boards/councils and functional associations

There is no board and council for the registration of therapist in Pakistan. Association exists but nonfunctional. These associations should be constructed under the ministry.

### Some other challenges

According to me profession is facing following challenges in Pakistan.

1. Undergraduate training opportunities are not sufficient.
2. Higher education and scholarships are not available for therapists or they are limited.
3. Public awareness.

**\*Corresponding author:** Farjad Afzal, Department of Allied health sciences (physical therapy), Sargodha medical college, University of Sargodha, Sargodha, Pakistan, Tel: 00923324861459/03324861459; E-mail: [afzalfarjad@gmail.com](mailto:afzalfarjad@gmail.com)

**Received:** December 12, 2017; **Accepted:** December 22, 2017; **Published:** December 27, 2017

**Citation:** Afzal F (2017) Major Challenges the Physiotherapy Profession Faces in Expanding its Role in Health, Prevention, and Wellness Services. *Physiother Rehabil* 2: 151. doi: [10.4172/2573-0312.1000151](https://doi.org/10.4172/2573-0312.1000151)

**Copyright:** © 2017 Afzal F. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

4. Cultural issues in practice.
5. There is no board or council for the registration of therapists under the ministry of health.
6. Associations exist in Pakistan but nonfunctional.
7. Professional dominance of other health professionals like physicians, surgeons.
8. No job structure for fresh graduates at Govt. and private level.
9. Lack of skill among therapist.
10. Awareness among people about physiotherapy is not sufficient.
11. Malpractice by some quakes.
12. Limited opportunities and resources to conduct research.
13. Lack of communication among leading therapist.
14. Skilled, genius and trained therapists get immigration and green cards.
15. Practicing therapists do not give attention to enhance their professional skill and continue conventional treatment.
16. Lack of positive attitude in fresh graduates.
17. Lack of funds and resources.
18. Lack of physiotherapy wards in hospitals.

#### Challenges for individual therapist:

Individually a therapist is facing following challenges.

1. Lack of job structure.
2. Lack of funds and resources.
3. Professional development and skill enhancement.
4. Research activities.
5. Malpractice.
6. Cultural issues.
7. Professional dominance of other health professionals.
8. Autonomy and direct access.
9. Board registration.
10. Documentation.
11. Work load (single therapist has to treat many patients).
12. Increased population and increased chronic illness [1].

#### Benefits of autonomous, direct-access practice outweigh the risks for individual PTs?

##### Autonomous practice in physical therapy (direct access):

Direct access is providing health care facility without referral by a health professional. It refers to self-determination and independent practice.

##### Advantages:

1. It maintains professional dignity and develops the profession.
2. It facilitates the patient and decreases the patient frustration. Public is best served when access is direct.

3. It eliminates the burden of unnecessary visits.
4. According to Mitchell and Lissovoy in their research report, direct access episodes are shorter and less costly.
5. Autonomous practice shows the professional ability of therapists to make medical diagnosis and to identify medical needs.
6. Direct access extends consumers' choice of health care providers, improves access to services that promote prevention and rehabilitation, and reduces delays before commencing therapy.
7. Direct access will increase the competency of therapist.

#### Risks of direct access

Although direct access is necessary for the development of physiotherapy and providing the benefits to patients, but there are some issues enlisted below.

**Misdiagnosis:** In direct access there may be a chance of misdiagnosis by some incompetent and novice therapists. Risk of misdiagnosis can be eliminated by proper educational planning and advanced teaching methodology.

**Responsibility and disciplinary action:** Therapist will be answerable to his act. Documentation and electronic health records will be necessary for evidence.

**Private practice:** Increase autonomy practice would shift the therapist to private practice and making money.

**Third party payer:** Another drawback of direct access is regarding payments to therapists. Therapists are paid by third parties in States.

These issues are not obstruction in direct access and can managed but autonomy is the dignity of profession and can be achieve by managing these issues. Benefits of direct access outweigh the risk of individual therapist.

#### Conclusion

Physiotherapy and rehabilitation is an essential part of health care and functioning. It is an autonomous profession and need more attention to develop the job structure for physical therapist in Pakistan. Use of electronic health records and documentation will move this profession more towards an independent and autonomous practice among physiotherapists. There is an immediate need to form a physiotherapy council in Pakistan under the ministry of health. There is limited research and scholarship opportunity for fresh graduates in Pakistan.

#### References

1. Nicholls D, Larmer P (2005) Possible futures for physiotherapy: An exploration of the New Zealand context. *New Zeala J Physiother* 33: 55.
2. Chipchase LS, Galley P, Jull G, McMeeken JM, Refshauge K, et al. (2006) Looking back at 100 years of physiotherapy education in Australia. *Australi J Physiother* 52: 3-7.
3. Barradell S (2017) Moving forth: Imagining physiotherapy education differently. *Physiother Theory Pract* 33: 439-447.
4. Baldwin A (2017) Best practices for public policies for palliative care physical therapy: A critical review of the literature.
5. Phillips TD, Shoemaker MJ (2017) Early Access to physical therapy and specialty care management for american workers with musculoskeletal injuries. *J Occup Environ Med* 59: 402-11.
6. Maehle AH, Geyer-Kordesch J (2017) Historical and philosophical perspectives

- 
- on biomedical ethics: from paternalism to autonomy? From paternalism to autonomy? Routledge.
7. Parker C, Reeves M, Weiner M, Adler-Milstein J (2017) Health information exchange organizations and their support for research: current state and future outlook. *J Health Care Organiz Provision Financ* 54.
8. Butler A, Dehner M, Gates RJ, Shane P, Chu M, et al. (2017) Comprehensive medication management programs: 2015 status in Southern California. *Res Social Adm Pharm* 13: 63-87.
9. Beggs C (2004) Background paper: current and future competency requirements for physiotherapists, Ottawa: NPAG (Canadian Physiotherapy Association).
10. Frantz JM (2017) Challenges facing physiotherapy education in Africa 5.