

Evaluation of physicians' and surgeons' knowledge regarding physiotherapy in KPK, Pakistan

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Objective: To assess the physicians' and surgeons' knowledge and mode of referral of the patients for physiotherapy at Ayub Teaching Hospital, Abbottabad, Pakistan.

Methodology: A previously used questionnaire on the same subject was modified and used to collect information in this study. The questionnaire had three sections; A, B and C regarding the various aspects of the medical training during the medical colleges and their acquaintance with physiotherapy. Questions were related to age, gender, information on qualification, attainment of a degree from college of studies, year of graduation, working relationship with physiotherapist and mode of referral for physiotherapy.

Results: Out of 108 physicians and surgeons, majority did not have enough knowledge about the

physiotherapy profession and level of qualification. However, 50% had known the profession at the house job. More than 50% knew about the existence of the physiotherapy department at the teaching hospital in which, 37% did not know of existence of the physiotherapy department.

Conclusion: This study revealed poor knowledge and information about the physiotherapy discipline by physicians and surgeons. Most of them considered it as part of the complementary medicine. Steps need to be taken to improve the knowledge about physiotherapy at the undergraduate level. (Rawal Med J 202;45:850-853).

Keywords: Physiotherapy referrals, surgeons' belief, impairments.

INTRODUCTION

Physiotherapists assess, plan and implement rehabilitative programs that improve or restore human motor functions, maximize movement ability, relieve pain syndromes, and treat or prevent physical challenges associated with injuries, diseases and other impairments.¹ For the last 27 years, the World Confederation for Physical Therapy (WCPT) advocates and recognizes the autonomy of physiotherapist and states that physiotherapist "are able to act as first contact practitioners, and patients/clients may seek services directly without a referral from another health care professional".² Self-referral to a physiotherapy service is not an uncommon procedure and widely accepted in the developed countries.^{3,4} Self-referral or direct access to physiotherapy is extremely safe, with earlier recovery and reduced number of treatment session.⁵⁻⁸ A survey in this regard conducted by the WCPT revealed that self-referral and direct access to physiotherapy are in practice in 69% of the countries.⁹ Furthermore, it is revealed that

experienced therapists are rated higher in knowledge than medical students, physicians, interns and residents, and all physician specialists except for orthopedists.¹⁰ Higher satisfaction of musculoskeletal patients in Australia is attributed to a better understanding and trust between physiotherapists and medical professionals specialists.¹¹

Questions have been raised about the knowledge of medical ethics among the medical graduates and recommended that medical ethics should be a part of medical studies which essentially include beneficence and non-maleficence in the current context.¹² Long waiting lists of several months and prioritization of conditions in physiotherapy departments is a regular practice in developed countries, reflecting higher trust on the service, unlike Pakistan where the physiotherapy professional services are underutilized.¹³ Unfortunately, the curricula of various specialties and medical schools lack contents of physical medicine and rehabilitation.¹⁴ Therefore, this survey aimed to assess the physicians' and surgeons'

believes regarding the physiotherapy profession in Pakistan and explore the factors which hinder the trust in the patient-centered care in KPK Pakistan.

METHODOLOGY

The responders of the study were physicians and surgeons practicing in the various facilities in Ayub Teaching Hospital in different wards and different specialties. The questionnaire used was adopted and modified from a similar study "Evaluation of the Mode of Referral of Patients for Physiotherapy by Physician".⁸ The questionnaire had 22 items consisted of 3 sections and 6 open-ended questions. Section A was related to personal demographic information such as age, sex, hospital, and specialty. Section B collected information about the medical colleges and the interaction of various physicians and surgeons with the physiotherapists. Section C was related to their referral frequency for physiotherapy. The questionnaire was pilot tested on 10 physicians and surgeons to ensure it is correctly understood. The aims and objective of the survey was clearly stated in the information sheath enclosed with the questionnaire. Hundred and fifty hard copies were distributed in those who consented to participate in the survey. One hundred and eight were able to return partially or fully filled questionnaire.

Statistical Analysis: SPSS version 23 was used for analysis. Relative frequencies of each response were analyzed, and the result was obtained.

RESULTS

Out of 108 physicians and surgeons, 32% (n=34) were female and 68% (n=74) male. Sixty-one percent of the doctors had the experience of fewer than 3 years. Below 8 years of experience were 21.1% (n=22%) and under 12 years of experience were 14.4% (n=16). Only two of the respondent had the experience of more than twelve years. Year of graduation of group 1st from 1970 to 1980 were 8.9 % (n= 42), 2nd group 1981 to 1990 were 26% (n= 28), 3rd group 1991 to 2000 were 11.1% (n=12), 4th group were 2001 to 2010 were 8 (7.4%) and 5th group were 2011 to 2016 were 16 (14.8%). Most of the participants had done graduation from Ayub Medical College and Khyber Medical College (Fig.).

Fig. College of graduation of participants.

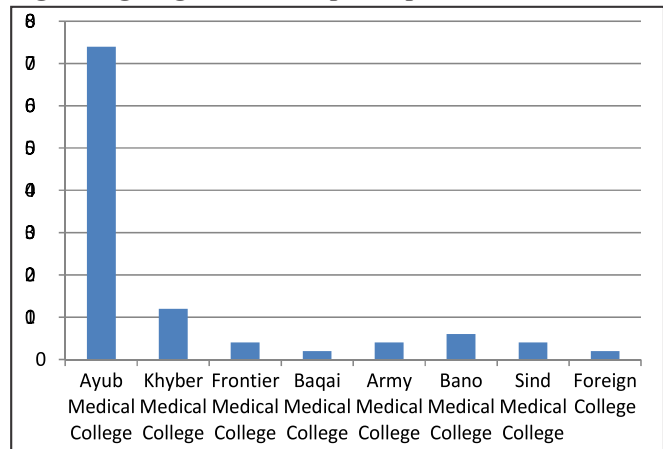


Table. Responses to the questions with "yes or no" option (n=108).

Question	Yes Frequency (%)	No (Frequency, %)	Did not Answer (Frequency, %)
Did your medical college has associated Physiotherapy department/education?	40 (37.0)	60 (55.5)	4 (7.4)
Did you receive any form of lecture physiotherapy as part of your training in your medical college?	50 (46.3)	52(48.1)	6 (5.5)
Did you have friends among the physiotherapy students in your college?	53(49)	45(41.6)	10 (9.2)
Did you receive special training, one way or the other, on some cases that can benefit from physiotherapy?	24 (22.2)	84 (77.8)	0 (0)
Do you think physiotherapists are well trained to be able to deduce what treatment to give to patients that requires physiotherapy?	86 (79.6)	22 (20.4)	0(0)
Do you include prescriptions in the referral you send to physiotherapists?	60(52)	44 (48)	0(0)
Do you know about the science or knowledge base of physiotherapy which is pathokinesiology?	18 (17)	70 (65)	20 (18)

A question in relation to the first contact with the physiotherapist was responded by 93 respondents. Replies were 50% during house job, 9% through an acquaintance, 7 % during the medical college, 10% during the specialist training, 5% casual contact and 19% had no contact at all with the physiotherapist. Many thought physiotherapists were well trained (Table). The prescription was included in referral by the 36% respondents while 58% did not and 6 did not answer the question.

DISCUSSION

Referrals to the physiotherapy department were extremely low, which might be due to dissatisfaction, lack of trust, or lack of knowledge of the physicians and surgeon about the physiotherapy profession. These findings are similar to those reported from Saudi Arabia.¹⁵ In contrast, a Scottish study reported 96% of GPs confidence and comfort of referral to the physiotherapist.¹⁶ Furthermore, the study reported that 78% of GPs even felt comfortable if the physiotherapist could prescribe and monitor the non-steroidal anti-inflammatory drugs.

Participants knowledge about the physiotherapy profession even at the specialist level was very limited, which should be a major concern about the management of medical colleges and their regulatory authority such as Pakistan Medical and Dental Council. Questions have been raised about the knowledge of medical ethics in medical students especially with respect to the principles of beneficence and non-maleficence.¹² Other areas of deficiencies and lack of knowledge of medical ethics are also observed in terms of drug prescription and financial benefits from the pharmaceutical companies.¹⁷ In some instances such as antibiotic prescription, sufficient knowledge has been reported but gaps in the knowledge of medical ethics identified.¹⁸

Studies have revealed that physiotherapists have far greater understanding of pain management, neurological and musculoskeletal condition in comparison to medical graduates and students.¹⁹ A UK based study reported that frequent referrals are made for physiotherapy by those who received lectures of physiotherapy during their studies.²⁰ In

developed countries, physiotherapist enjoys higher economic benefits, reputation among the health professionals.²¹

Self-referral is regular practice to Physiotherapy in the technologically advanced countries. Significant cost-effectiveness by self-referrals and GP referrals has been reported in this regard and higher satisfaction of patients of may result from a better understanding of each other role and referrals.¹¹ Improved understanding of the physiotherapy profession by the physicians and surgeon would therefore improve patients' satisfaction and utilization of physiotherapy services, similar to the developed countries.¹³

The gap is even visible on the top level such as Pakistan Medical and Dental Council who issued a public notice and notices to the provinces in relation to the role of physiotherapist, provoking an outburst of protest among physiotherapist which has increased the gap, rivalry and distancing.²³

CONCLUSION

There is an insufficient understanding of the physiotherapy profession among the physicians and surgeons in the Abbottabad region of KPK Pakistan.

Author Contributions

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REFERENCES

1. WHO. Classifying health workers: Mapping occupations to the international standard classification. In: Organization WH, editor. 2010.
2. Therapy WCFP. Policy Statement: Autonomy . London, United Kingdom: World Confederation for Physical Therapy. 2011.
3. Silva DM, Clark SD, Raymond G. California physicians' professional image of physical therapists. *Phys Ther.* 1981;61:1152-7.
4. Piscitelli D, Furmanek M, Meroni R, De Caro W, Pellicciari L. Direct access in physical therapy: a

- systematic review. *La Clinica Terapeutica*. 2018;169:249-60.
5. Mintken PE, Pascoe SC, Barsch AK, Cleland JA. Direct Access To Physical Therapy Services Is Safe in a University Student Health Center Setting. *J Allied Health*. 2015;44:164-8.
6. Mabry LM, Notestine JP, Moore JH, Bleakley CM, Taylor JB. Safety events and privilege utilization rates in advanced practice physical therapy compared to traditional primary care: an observational study. *Mil Med*. 2020;185:290-7.
7. Lankhorst NE, Barten JA, Meerhof R, Bierma-Zeinstra SM, van Middelkoop M. Characteristics of patients with knee and ankle symptoms accessing physiotherapy: self-referral vs general practitioner's referral. *Physiotherapy*. 2020;108:112-9.
8. Piano L, Maselli F, Viceconti A, Gianola S, Ciuro A. Direct access to physical therapy for the patient with musculoskeletal disorders, a literature review. *J Phys Ther Sci*. 2017;29:1463-71.
9. Bury TJ, Stokes EK. A global view of direct access and patient self-referral to physical therapy: implications for the profession. *Phys Ther*. 2013;93:449-59.
10. Childs JD, Whitman JM, Sizer PS, Puglia ML, Flynn TW, Delitto A. A description of physical therapists' knowledge in managing musculoskeletal conditions. *BMC Musculoskelet Disord*. 2005;6:32-4.
11. Fatimah I, Khattak S, Sultan M, Ibrahim M, Noor A. Referral pattern and satisfaction level of patients with musculoskeletal disorders towards physiotherapy. *Ann Allied Health Sci*. 2019;5:10-3.
12. Rabbani MW, Mujtaba M, Naeem F, Ullah E. Knowledge and awareness of medical ethics among medical graduates from two medical colleges in Lahore, Pakistan. *Rawal Med J* 2014;39:341-3.
13. Deslauriers S, Raymond M-H, Laliberté M, Hudon A, Desmeules F, Feldman DE, et al. Prioritization of referrals in outpatient physiotherapy departments in Québec and implications for equity in access. *Can J Bioeth*. 2018;1:49-60.
14. Laskowski ER, Moutvic M, Smith J, Newcomer-Aney K, Showalter CJ. Integration of physical medicine and rehabilitation into a medical school curriculum: musculoskeletal evaluation and rehabilitation. *Am J Phys Med Rehabil*. 2000;79:551-7.
15. Al-Eisa ES, Al-Hoqail H, Al-Rushud AS, Al-Harhi A, Al-Mass B, Al-Harbi BM, et al. Awareness, perceptions and beliefs about physiotherapy held by physicians working in Saudi Arabia: a cross-sectional study. *J Phys Ther Sci*. 2016;28:3435-9.
16. Holdsworth LK, Webster VS, McFadyen AK, Group SPSRS. Physiotherapists' and general practitioners' views of self-referral and physiotherapy scope of practice: results from a national trial. *Physiotherapy*. 2008;94:236-43.
17. Lotfi T, Morsi RZ, Rajabbik MH, Alkhaled L, Kahale L, Nass H, et al. Knowledge, beliefs and attitudes of physicians in low and middle-income countries regarding interacting with pharmaceutical companies: a systematic review. *BMC Health Serv Res*. 2016;16:57.
18. Ahmed H, Bhimani S, Khanum I, Khan A, Khetpal A, Abbas MA, et al. Knowledge, attitude and perception survey of doctors regarding antibiotic use and resistance in Karachi, Pakistan. *J Pak Med Assoc*. 2020;70:1023-8.
19. Ali N, Thomson D. A comparison of the knowledge of chronic pain and its management between final year physiotherapy and medical students. *Eur J Pain*. 2009;13:38-50.
20. Fertig A, Roland M, King H, Moore T. Understanding variation in rates of referral among general practitioners: are inappropriate referrals important and would guidelines help to reduce rates? *BMJ*. 1993;307:1467-70.
21. Lee K, Sheppard L. An investigation into medical students' knowledge and perception of physiotherapy services. *Aust J Physiother*. 1998;44:239-45.
22. Holdsworth LK, Webster VS, McFadyen AK, Group SPS-RS. What are the costs to NHS Scotland of self-referral to physiotherapy? Results of a national trial. *Physiotherapy*. 2007;93:3-11.
23. PMDC divests pharmacists, physios of doctor title. Chaudry A. *DAWN*. August 7, 2015.