

The Poor Image of Physiotherapy - Are You Contributing to the Problem or Helping with the Solution?

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SUMMARY

Physiotherapy has a poor image amongst certain medical practitioners and laymen. It is essential to change this if the future of Physiotherapy is not to be seriously endangered. It is the purpose of this article to identify certain areas responsible for this poor image, such as poor quality of treatment, lack of communication and unprofessional conduct, and to suggest possible solutions to the problem.

It is stressed that each physiotherapist needs to examine the quality of his/her own work and his/her attitude to the profession and then to move towards the future, setting new goals of higher standards and effectiveness.

OPSOMMING

Fisioterapie het 'n swak beeld onder sekere mediese praktiseerders en oningeligtes. Dit is belangrik om dié swak beeld te verander om sodoende die toekoms van fisioterapie te verseker. Die doel van hierdie artikel is om die gebiede wat die swak beeld veroorsaak, te identifiseer bv. swak kwaliteit behandeling, kommunikasie gebrek, onprofesionele houding en sodoende oplossings te vind vir die probleem.

Dit word beklemtoon dat elke fisioterapeut die kwaliteit van sy/haar werk en houding tot die beroep moet bestudeer en sodoende in die toekoms nuwe doelwitte, hoër standaarde en effektiwiteit daar te stel.

The approaching Diamond Jubilee Congress of the South African Society of Physiotherapy seems an appropriate occasion to consider the present status of Physiotherapy and to redefine goals for the future.

"The pattern of the future is being ordained now, by the extent to which we energise ourselves. As physiotherapists, we sit in a treasure-house of potential, which can be realised only by the manifest merit of how we think and what we do. We do not earn the respect of professional peers and colleagues by just talking, we earn it by effectively **doing**."

We as physiotherapists know that Physiotherapy is an essential profession, which benefits the patient by improving the quality of his life and which at times is life-saving. Unfortunately many medical practitioners and laymen are either unaware of the possible benefits or disenchanted by the results, hence our "poor image" in certain quarters. A serious effect of this state of

affairs is a reluctance on the part of medical practitioners to accept us as fellow professionals. If this problem is not tackled as a matter of urgency we may well find ourselves "an endangered species".²

It is the purpose of this article to identify certain problem areas and to suggest some solutions. In my opinion the major problem areas are:

- 1) Poor quality of treatment
- 2) Lack of communication
- 3) Unprofessional conduct.

1. Poor quality treatment

This is often due to a heavy work load and lack of time; occasionally it is due to apathy and lack of dedication.

- a) No real caring for each individual patient who has a problem which, to him, is unique and important. The patient senses such an attitude.
- b) No careful and comprehensive initial assessment, both subjective and objective (lung function tests, muscle tests, passive and active movement tests, functional ability tests or whatever is appropriate), and therefore treatment cannot be specifically aimed at the precise problem, and treatment is ineffective or inefficient.

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- c) lack of continual reassessment at each treatment and retrospectively after several treatments, thus the physiotherapist cannot know for certain whether there is improvement or deterioration, in what manner, and to what degree.
- d) No well-written, precise records of treatment, or no records at all. How can progress be assessed? How can another physiotherapist take over treatment of the patient?
- e) Treatments which are curtailed to a minimum so that the patient feels rushed and unwanted, and hospital or home visits which are so brief that the patient finds the account disproportionately high.
- f) Too many changes of therapist. This can be inefficient and may distress the patient.
- g) No handling or insensitive handling of the patient. Machines certainly have their place but the value of skilled and sensitive handling must not be underestimated, whether it be in the field of respiratory or musculo-skeletal disorders.

2. Lack of communication

- a) Written reports should be sent to doctors informing them of the details of treatments given to their patients and of the results of such treatments. This is a very effective way of improving the knowledge which the medical profession has of the scope of physiotherapy.
- b) A patient who is not improving after 3 or 4 treatments (excluding long-term rehabilitation patients) needs a different approach. It is not an admission of defeat but an act of intelligence to refer such a patient to a doctor or specialist, together with a full report of treatments given and their effects. Severe or potentially dangerous problems can be detected at an early stage in this manner, and the reputation of the physiotherapist is enhanced as well. Alternatively, another physiotherapist more specialized in a particular field can be called to give a second opinion — surely this is one of the benefits of belonging to a professional body.
- c) There is a great deal to be achieved by reaching out to communicate — with laymen and members of the medical team — rather than sitting around when the work load is low, for example:
 - i) organize a lecture/patient presentation/demonstration of treatment techniques to a group of doctors or specialists
 - ii) write a paper for a physiotherapy journal,³ or write a paper for a medical journal — a case history or a description of an approach to the treatment of a certain condition is another excellent way of informing the medical profession of the scope of physiotherapy;
 - iii) start a clinical research project and publish the results. A simple clinical trial is most valuable and will often provide interesting and possibly unexpected information. This should then be published in medical journals (as well as in

physiotherapy journals) to draw the attention of the medical practitioner to the physiotherapist as a scientific worker;

- iv) attend operations, seminars and ward rounds, thus broadening your knowledge as well as improving contacts with other members of the medical team;
- v) organize lectures for the nursing staff (e.g. on methods of lifting, or the application of hospital traction). Organize lectures and classes for patients (e.g. back care and back exercises).

3. Unprofessional Conduct

Many of the points mentioned under 2 and 3 above could fall under this heading, but the following points can particularly be labelled in this way:

- a) Some physiotherapists describe themselves as specialists, for example in the field of "Maitland" Manipulative Therapy when they have very little training in that field. The results of treatment are then ineffective or dangerous and doctors as well as laymen become disillusioned with the whole concept of, in this example, manipulative therapy.
- b) Reports have been received of unqualified persons being instructed to give physiotherapeutic treatments, including the use of machines, while the physiotherapist is absent.
- c) There is occasionally an attitude amongst physiotherapists which may best be described as one lacking in responsibility. Once a patient has been referred for treatment it is the physiotherapist's sole responsibility to:
 - i) inform himself/herself of all relevant information relating to the case;
 - ii) make decisions regarding frequency of treatment required by that particular patient, including night visits if this should be necessary;
 - iii) re-assess the patient regularly and make appropriate alterations to the treatment plan;
 - iv) liaise with other members of the medical team when necessary.

In Conclusion

If we are to avoid becoming "an endangered species" we need to examine ourselves critically and honestly, and then to implement constructive changes where they are appropriate. By so doing we have "nothing to lose but our blinkers and chains",¹ and we have everything to gain, for ourselves as individuals and for our profession as a whole, by setting new goals for the future of **higher standards and effectiveness.**

References

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