

LETTER TO EDITOR

Dear Editor,

Musculoskeletal Physiotherapy in the Community: Some Lessons for India from Successful Strategies

Musculoskeletal health conditions are widely prevalent and disabling, especially in the developing world (Baidya et al, 2015). Physiotherapy plays an important role in preventive and curative services for musculoskeletal health conditions in the community (Patrick, 1974; Penny et al, 2007). This speciality could also prove cost-effective in resource-constrained developing countries (Sahu and Bharati, 2014).

The prevalence and incidence of musculoskeletal problems among the communities in India is increasing (Deshmukh et al, 2014). Certain successful strategies that have been adopted in the developed world could be tailored to the needs of the communities and the cultural context of India, as per the availability of resources.

One such model comes from Wales in the United Kingdom. The number of waitlisted clients seeking musculoskeletal services was on the rise, with inadequate number of staff to attend to them and inappropriate referrals. To tackle the problem, multidisciplinary clinics, run by specially trained general practitioners and physiotherapists, were established in the community. This led to better treatment and improved care for uncomplicated musculoskeletal problems (Maddison et al, 2004). This strategy could easily be implemented in India where various community health schemes have been launched, notably the National Rural Health Mission. With the available infrastructure, it would be a relatively simple matter to further the involvement of the musculoskeletal physiotherapist in community settings.

In the year 2000, direct access to physiotherapy services was provided to local communities in the Arctic region of Canada. Earlier, the community had to travel to nearby areas for physiotherapy. This initiative not only attracted the attention of more community members but also generated response from an increasing number of physiotherapists. A review of the physiotherapy services found that clients with musculoskeletal problems were most often referred (Achtemichuk et al, 2004). While this strategy of direct physiotherapy access for the target

communities in India is a distinct possibility, there could be two major hurdles. First, the number of physiotherapists interested in working in the community is not promising (Rajan, 2013); second, the communities in India might not be as aware (Johnsey et al, 2013) or as interested in seeking physiotherapy services (Rajan, 2012).

In Australia, the “rural” physiotherapist has played a very important role in delivering community services (Sheppard, 2001). However, the physiotherapist seems to provide general services rather than specialised ones. While the number of clients from the community who are keen to access physiotherapy services is large, the need for more trained healthcare personnel was mentioned. This is similar to the prevailing scenario in India, where provision of more physiotherapy services would benefit the communities.

There is very little research published about community physiotherapy services for musculoskeletal conditions in India (Rajan and Koti, 2013a, 2013b; Shishir et al, 2013; Dalal et al, 2014). Hence, it is difficult to gauge the existing strategies for musculoskeletal rehabilitation of communities in the country. While a few suggestions for increasing access to physiotherapy services for musculoskeletal conditions in the community have been highlighted, there is ample scope for further research to assess the feasibility of these strategies in the Indian context.

REFERENCES

- Achtemichuk M, Mckenzie B, Fricke M, Cooper J, Macaulay A, Durcan A (2004). Community based physiotherapy services in the Kivalliq Region of Nunavut, Canada. *Int J Circumpolar Health*; 63 Suppl 2: 98-100. <http://dx.doi.org/10.3402/ijch.v63i0.17866>
- Baidya S, Khadgi B, Acharya RS (2015). Disability themed community diagnosis of rural population in Dhulikhel: A different standpoint. *International Journal of Current Research and Review*; 7(23): 14-20.
- Dalal VP, Sheth MS, Vyas NJ (2014). Effect of home-based ankle mobility and ankle strengthening exercises on balance in community dwelling older adults. *Indian Journal of Physical Therapy*; 2 (2): 9-11.
- Deshmukh SA, Kalkonde Y V, Deshmukh MD, Bang AA, Bang AT (2014). Healthcare seeking behaviour for back and joint pain in rural Gadchiroli, India: A population-based cross-sectional study. *Indian Journal of Community Medicine*; 39: 229-234. <http://dx.doi.org/10.4103/0970-0218.143026>. PMID:25364147 PMCID:PMC4215504
- Johnsey T, Swaminathan N, Rebello S, Vishal K (2013). Awareness of physiotherapy among the Anganwadi workers in Dakshina Kannada: A survey. *Muller J Med Sci Res*; 4: 57-63. <http://dx.doi.org/10.4103/0975-9727.118224>

Maddison P, Jones J, Breslin A, Barton C, Fleur J, Lewis R, Mcsweeney L, Norgain C, Smith S, Thomas C, Tillson C (2004). Improved access and targeting Of musculoskeletal services in Northwest Wales: Targeted early access to musculoskeletal services (Teams) programme. *BMJ: British Medical Journal*; 329: 1325-1327. <http://dx.doi.org/10.1136/bmj.329.7478.1325>. PMID:15576743 PMCID:PMC534845.

Patrick M K (1974). Physiotherapy in the community. *Physiotherapy*; 60: 208-209. PMID:4445312.

Penny N, Zulianello R, Dreise M, Steenbeek M (2007). Community-based rehabilitation and orthopaedic surgery for children with motor impairment in an African context. *Disabil Rehabil*; 29: 839-43. <http://dx.doi.org/10.1080/09638280701240052>. PMID:17577718

Rajan P (2012). Community-based physiotherapy in Western India: Some findings from surveys. *Disability, CBR and Inclusive Development*; 23(4): 90-6.

Rajan P (2013). Community based physiotherapy in India: an obscure profession? *Health Promot Perspect*; 3: 135-6. PMID:24688962 PMCID:PMC3963677

Rajan P, Koti A (2013a). Musculoskeletal health in urban underprivileged school children in Western India. *International Journal of Management and Behavioural Sciences*; 3: 47-51.

Rajan P, Koti A (2013b). Ergonomic assessment and musculoskeletal health of the underprivileged school children in Pune, India. *Health Promot Perspect*; 3(1): 37-45.

Sahu KS, Bharati B (2014). Role of physiotherapy in public health domain: India perspective. *Indian Journal of Physiotherapy and Occupational Therapy*; 8(4): 134-137. <http://dx.doi.org/10.5958/0973-5674.2014.00026.4>

Sheppard L (2001). Work practices of rural and remote physiotherapists. *Aust J Rural Health*; 9: 84-90. <http://dx.doi.org/10.1046/j.1440-1584.2001.00340.x>. <http://dx.doi.org/10.1111/j.1440-1584.2001.tb00398.x>

Shishir S M, Abraham M M, Kanagasabai R, Najimudeen S, Gnanadoss J J (2013). Home based exercise programme for frozen shoulder-follow-up of 36 idiopathic frozen shoulder patients. *Indian Journal of Physiotherapy and Occupational Therapy*; 7(3): 221-226. <http://dx.doi.org/10.5958/j.0973-5674.7.3.096>

Pavithra Rajan*

*Corresponding Author: Pavithra Rajan, Fellow, Shastri Indo-Canadian Institute, Canada. Email: docpatsy21@gmail.com