

Community-based Physiotherapy in Western India: Some Findings from Surveys

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ABSTRACT

Purpose: *The aim of this seven-year project was to understand the perceptions of different client populations (including physiotherapists) towards community health and rehabilitation methods and identify the “gaps” in the existing system.*

Method: *A series of surveys were conducted on several populations with functional disabilities in different parts of western India.*

Results: *It was found that community physiotherapists with adequate motivation, knowledge and skills are insufficient in number. It appears that the community at large is in need of cost-effective preventive strategies to deal with health problems. Future research should identify the interests of community physiotherapists, and provide adequate resources to increase their existing numbers.*

Key words: *rehabilitation, preventive strategies, survey, socio-economic status*

INTRODUCTION

India is one of the world's most populated countries, and the morbidity and mortality rates are very high mainly due to poor living conditions and lack of education, especially among the lower socio-economic groups (Dhillon et al, 2012). It has been seen that a cost-effective intervention targeted at and tailored for a particular audience produces longer-lasting effects than random interventions (Christian Medical College, 2010).

Many researchers have found institutionalised treatment to be less effective in treating a community (Kikwilu et al, 2009), than community rehabilitation. However, one of the major problems in community-based rehabilitation is to find ways to approach a community and improve its participation. One major advantage of community rehabilitation over institutionalised rehabilitation is that the cultural sensitivities are taken into consideration. Each member is a part of the

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process, due to which acceptance of the procedures and treatment methodologies could be much better than treating individual members of the community at an institution, remotely located from their homes (Christian Medical College, 2010).

Physiotherapists are integral to community-based rehabilitation and undergo rigorous training in treatment strategies to help the community, especially persons with structural and functional disabilities. However, very few studies on the role of physiotherapy in community rehabilitation in India have been documented (Narekuli et al, 2011).

The aim of the current study was to understand the perceptions of community groups with structural and/or functional disabilities (belonging to different socio-economic backgrounds) about preventive strategies, and the perceptions of physiotherapists about community work.

METHOD

The author conducted a series of 10 community surveys (in the form of focus group discussions/workshops/physiotherapy treatment sessions to identify health-related issues) over a period of seven years, in different populations of persons with functional/structural disabilities in various parts of western India. The main reason for conducting surveys/workshops and therapy sessions was to address the needs of treatment (for individuals and communities) and teaching (for physiotherapy staff/students). The perceptions of different communities and physiotherapy students/staff were noted.

RESULTS

The details of each survey (year, nature of population, treatment set-up, socio-economic status and inference) are presented below.

2005: At a long-term care facility for persons of low to middle socio-economic status, who were diagnosed with chronic neurological diseases (cerebral palsy, spinal cord injuries, and stroke) and with structural/functional disabilities, it was observed that the treatment was delivered by physiotherapy interns. Adults and children were being treated at the facility for an average of 6 to 12 months. The ratio of community interns to persons under treatment was 1:3. Each intern worked for only about 2 hours a day, and the therapy sessions tended to be hurried through for everybody to be treated. The facility did not have interns throughout the year because only few physiotherapy students enrolled themselves in the programme,

and many lacked motivation to serve this community. Most of the people at the long-term care facility appreciated the one-to-one personalised therapy sessions provided by the interns, and expressed the need for such sessions on a long-term basis.

Inference: Increasing the awareness and motivation in physiotherapy students could help this section of the society.

2006: Personalised interviews were held (as a part of the treatment process) during home visits to nearly 100 persons with different kinds of disabilities in the community. Irrespective of their socio-economic status, diagnosis, type of disability and age, all of them realised the importance of rehabilitation for quicker recovery. They identified and appreciated the positive outcomes after physiotherapy treatment. Most of them expressed the need for more knowledge about health conditions and better access to rehabilitation services closer to their homes/communities.

Inference: There seems to be a pressing need to develop a bigger pool of physiotherapists to cater to the requirements of this home-bound community.

2008: An exercise session was conducted for young employees (n=57; well educated with an undergraduate degree) working at a corporate firm in one of the bigger cities in western India. It was noticed that there were mixed reactions about preventive medicine and the importance of physiotherapy. Most of them knew what physiotherapy entailed, and close to 30% had visited a physiotherapist before (although all of them claimed to suffer from aches and pains). However, there still were many who were unaware about how physiotherapy could be used as a “preventive” therapy.

Inference: There probably is a lack of knowledge about physiotherapy and preventive therapy even among educated people of higher socio-economic status.

2008: A workshop was conducted by a team of musculoskeletal specialists (orthopaedic surgeon and the author who is a community physiotherapist) for 200 middle-class men and women (age 55 years and above) with disabling knee pain/ knee osteoarthritis. Some of them had already undergone total knee replacement and a few of them had been advised replacement surgery due to structural deformity and difficulties with activities of daily living. Feedback after the workshop revealed that these people lacked access to preventive services. Post-surgery rehabilitation was limited due to financial constraints.

Inference: Availability of community rehabilitation specialists to devise cost-effective treatment plans could help this community with disabling knee problems.

2011: While interacting with young third-year physiotherapy graduates (during a presentation) the author observed that the students were more inclined to specialise in orthopaedics, neurology and pediatrics than in community health.

Inference: This might be an important finding which accounts for the scarcity of physiotherapists in the field of community health, and the resultant lack of knowledge about physiotherapy among certain communities.

A similar workshop was conducted with the post-graduate students and staff of a physiotherapy department in a neighbouring city. These students appeared to be more knowledgeable about the use of preventive treatment but did not seem inclined to pursue it as a career. The main reason for this seemed to be a lack of awareness as to how they could help the community. The staff however seemed well-informed about the importance of community-based physiotherapy. They claimed that they were not getting enough opportunities for the same.

Inference: Although some qualified physiotherapists seem to be inclined towards community rehabilitation, they should be made more aware about the need for their expertise in the field.

2012: Due to the increased incidence of disabling pain among the employees with desk jobs, the author was invited to conduct a workshop at a University in western India. While all the participants suffered from musculoskeletal pain, many of them were on pain medication without having consulted a doctor. Exercises to correct bad ergonomics and posture were taught, and a lot of positive feedback was received after the workshop.

Inference: It is evident that the community is receptive to preventive or, in this case, preventive-curative strategies to deal with their problems and prevent further complications.

2012: While conducting a focus group discussion with poor women who lived in the slums of western India, it was alarming to find that all of them, including one who was pregnant, had been suffering from musculoskeletal pain for an average of 3 to 5 years. Many of them reported that they considered "*pain as a part and parcel of their lives*". They were never visited by a community physiotherapist nor

did they visit a physiotherapist at a healthcare facility. While it is very difficult to get rid of chronic pain, this internalisation of pain and increased morbidity could have been avoided if a community physiotherapist had worked with them from the very beginning.

Inference: It seems necessary to improve the access of the underprivileged communities to preventive therapies like physiotherapy, in order to stop conditions from becoming chronic.

2012: While conducting two separate focus group discussions with school-going children (boys and girls) from poor families in the slums, it became evident that most of the adolescents would end up with musculoskeletal health problems a few years down the line. A few teenage school girls were already complaining of intermittent back-aches. Bad ergonomics could be the cause of musculoskeletal pain in this group and, if not attended to at the right time, could eventually lead to chronic aches and pains.

Inference: The reason for pain among young school children could be attributed to the lack of knowledgeable, skilled and motivated manpower to help create awareness in this community.

DISCUSSION

Over the years it is seen that the community at large in India (irrespective of the age group, socio-economic status and medical condition) is in need of cost-effective preventive strategies to combat health problems, including musculoskeletal dysfunction. In a study done by the community rehabilitation team at Vellore, India, it was found that despite cooperation from most of the communities in Southern India, there was a lack of volunteers, leave alone qualified manpower (like community physiotherapists), to conduct rehabilitation of these communities (Christian Medical College, 2010).

On the basis of surveys conducted over the past seven years, it can be said that there has been difficulty in approaching certain communities and gaining their confidence to promote preventive-curative physiotherapy strategies. This has been overcome to some extent with the help of local non-profit organisations. Despite this, there are still not enough physiotherapists who could join the community rehabilitation team and produce effective community-based outcomes. A pool of community physiotherapists with specialised knowledge, skills and most importantly motivation, needs to be created. A study conducted by Deepak et

al in 2011 found that community based workers could identify different skills that they felt they lacked. In this study as well, the physiotherapists reported that they lacked expertise and access to the needy population in the community. They were also not very aware about the existing needs and how they could help the communities. It is important for physiotherapists to be well-equipped (with necessary knowledge and skills) to conduct surveys and focus group discussions, identify problems, and devise preventive plans in a cost-effective manner for the needy sections of society.

CONCLUSION

It is seen that communities are now more open to rehabilitation, but an adequate number of physiotherapists with required expertise/motivation is still lacking in the country. Studies have looked into different ways to approach and effectively manage the health problems arising in communities (Christian Medical College, 2010). It is also necessary to examine the perceptions of physiotherapists about community-based rehabilitation. Future research should be directed towards identifying the interests of physiotherapy students, providing them with adequate knowledge and motivating them, with a view to increasing the existing talent and adding the unique skills of physiotherapy to community-based rehabilitation.

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