

Active patient-therapist collaboration during physiotherapy treatment

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Abstract

Purpose: This study explores how physiotherapists collaborate with their patients in clinical practice.

Method: Six young physiotherapists were interviewed about their clinical experiences with special focus on how they collaborated with the patients. Clinical practice was defined as knowledge-based practice in accordance with the theoretical model designed by The Norwegian Knowledge Centre for Health Services. Research, clinical experiences and active patient participation are important elements in this model. The goal of the analyses has been to develop descriptions of interactions which can illuminate collaboration practices.

Results: Five examples selected from the interviews are presented in the article. These illustrate different ways of encouraging active patient participation in clinical practice. The sixth example illustrates the reflections of an experienced psychomotor physiotherapist on this issue.

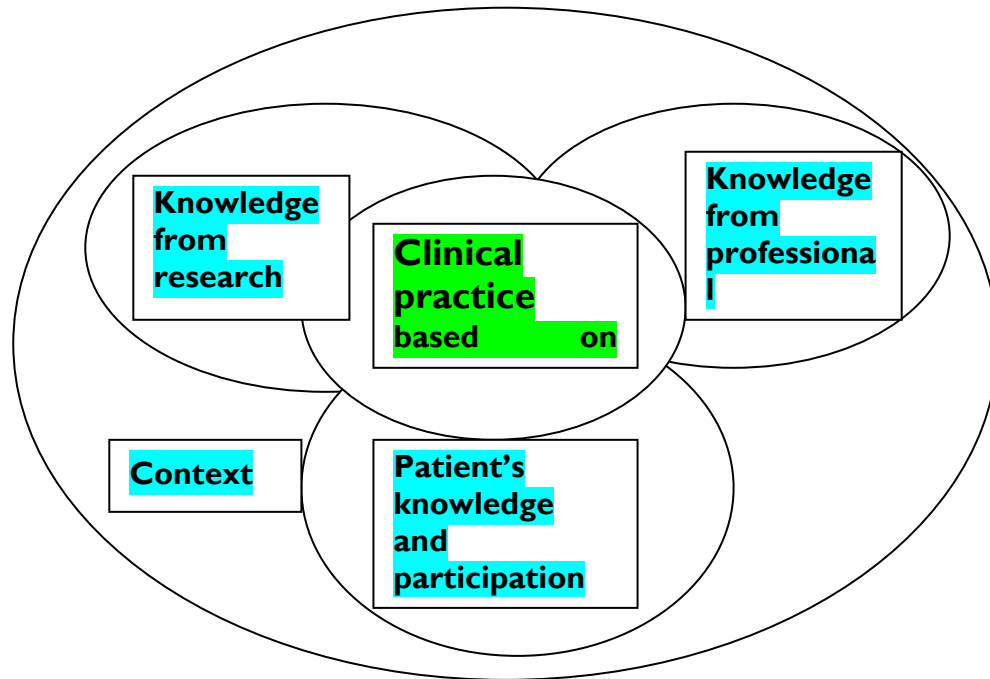
Conclusion: These examples illustrate how physiotherapists collaborate with their patient in clinical practice, illuminating an area of importance for others working in this field. This is an area of study that deserves greater attention, and it is hoped that this article will inspire further research.

Keywords: Collaboration, clinical practice, active participation

Introduction

When health services are discussed, many patients emphasise that the way in which the physiotherapist, the doctor or the nurse communicate is of critical importance for a successful treatment outcome. Many patients claim that health personnel do not listen enough to their reflections, and do not understand that the patient's perspective differs from their own. The ethical guidelines of the Norwegian Association of Physiotherapists (1) stresses that treatment is based upon the patient's right to participate as actively as possible in the treatment process. Many conflicts and much dissatisfaction could probably have been dealt with at an early stage of the treatment if the physiotherapist had focused more on letting the patient present his experiences and actively contribute in parts of the treatment process. Though clinicians may consider that this way of working, is time consuming, unsolved conflicts are even more time consuming and destructive for the both the patient and the physiotherapist.

Since evidence-based or knowledge-based practice is now a key concept in the Norwegian Health System, the patient's knowledge, experiences and participation in the treatment is emphasized. In addition, knowledge acquired from scientific research and specialist literature, as well as the clinical experience and skill of the physiotherapist, are important elements in clinical practice. Finally, since physiotherapy is always practiced within a context, the contextual conditions provide opportunities as well as limitations for physiotherapy treatment.



A model of clinical practice from the Norwegian Knowledge Centre for Health Service 2005(2).

In clinical practice the physiotherapist will always focus on the problem presented by the patient, and then evaluate available knowledge from various sources, as illustrated in the model, in order to suggest a suitable treatment for the patient. This process requires clinical judgement, which means that the physiotherapist considers the professional rules, knowledge and practices in relation to the patient's needs, wishes and life situation. According to Blaaka (3), clinical judgement involves distinguishing the important elements in the actual situation from the less important ones in order to determine the best possible treatment.

The family therapists Juul and Jensen (4) assert that all therapists need relational competence. In *From obedience to responsibility* (4), they present a learning process model for professionals. According to this model, a competent therapist is able to combine his professional knowledge with personal insight and ethics, and also demonstrates good relational skills. These competences enable the physiotherapist to treat the patient according to his needs, to let him collaborate/participate actively in the treatment and thereby to develop strategies to cope with illness and pain.

Since the perspectives from which the physiotherapist and the patient view the patient's problems and suffering often differ, their views regarding the best treatment to choose may also differ. According to Bae (5), the patient looks at the world from a different position than the therapist. This phenomenon is explained by Carl Edvard Rudebeck (6), who contrasts the doctor's understanding of the body and the presentation of symptoms as physics, based on a scientific assessment, with the patient's view of his body as Me. These different ways of looking at the patient's body support the argument that it is essential for the physiotherapist to try to understand his patient's perspective and to listen to his needs and assessments. Without consulting the patient, the professional can never be sure that he understands how the other person experiences his physical problems and situation.

Bergland and Øyen (7) have studied how collaboration between patients and young physiotherapists develops. It seems that clinical practice most often emerge from the collaboration process between patient and physiotherapist. This can be explained by the fact that the patient and the therapist are in a relationship in which they both want to be accepted and respected. Each sets the premises for the other in the interaction, and thereby influences the outcome of the collaboration. One might say that each is dependent of the other in order to create a successful treatment process and outcome.

Six examples of collaboration

Six physiotherapy graduates were interviewed about their clinical experiences and how they had collaborated with their patients during the treatment process. The situations selected for discussion highlight different ways of encouraging patient's participation in their treatment. All the examples have been condensed, which means that some of the nuances have been left.

The first example shows a difficult treatment process that develops in a positive direction when the physiotherapist continues to show the patient respect and acceptance. In the second example the patient's wishes and priorities constitute the foundation of the treatment. The third situation involves a physiotherapist and a patient who start the treatment with some disagreements which are resolved during the treatment process, resulting in a successful outcome. Examples four and five focus on the treatment of children. In the first situation the physiotherapist tries to give a handicapped child the opportunity to play when exercising. In the fifth example the physiotherapist is collaborating actively with the parent's mother, facing the challenge of supporting the parents without becoming too engaged in all their worries. These examples illustrate how varied the clinical situations are, and how different the form of collaboration between patient and therapist can be. Following these presentations, a specialist in psychosomatic physiotherapy reflects upon the collaboration process.

Showing respect and acceptance in the collaboration process

The patient in this example suffered from severe muscle pain in his arms and numbness in his fingers. He had been diagnosed as hyperactive and in connection with this disorder he had been dissatisfied with the way he had been treated in the health system. This influenced his attitude to other forms of treatment. Initially, the patient and the physiotherapist disagreed about the treatment program. The patient was accustomed to training with heavy weights and he was not motivated to do the many small exercises required to stimulate blood circulation. The physiotherapist listened to the patient's thoughts about training but argued for a change in his programme. In the course of the treatment process, the patient changed his mind and agreed to try these new exercises. He told the physiotherapist that he felt respected since she had patiently listened to his point of view and that this, in turn, made him feel more open and willing to try something new. The physiotherapist said:

He feels that I am listening to him in the treatment process; we are having a good conversation, and that seems just as important as the exercises I am giving him. He now has less pain in his neck and shoulders, and no pricking pain in his little fingers.

In this situation the patient felt that the physiotherapist treated him with respect. This experience made him more open to new suggestions. His willingness to try the new exercises is a way of showing his respect for the physiotherapist. The importance of treating each other with mutual respect seems to be central for all participants in the collaboration situation. Haaland (9) has written that the clinician, as well as the patient, needs to feel acceptance and respect. If this is absent, there is a great possibility that one or both parties will lose their motivation and inspiration, and the collaboration process will go slower, and eventually stop.

Patient priorities as the foundation of the physiotherapy treatment

The 50-year-old woman in this case suffered from headache and pain in her neck and shoulders. She was a part-time student and also ran her own company. However, she was willing to quit her studies if the physiotherapist felt that this would relieve her muscular problems. The physiotherapist wanted to help the patient to cope with all her different tasks without getting too stressed, and started a program of massage, stretching exercises and other small exercises.

She told me that she was eager to continue her studies and take her exams unless I recommended that she quit school in order to reduce the muscle pain. I told her we could start a treatment program and try to teach her to cope with the pain so that she could continue her studies.

The physiotherapist focused on helping the patient to cope with her studies and the rest of her work by teaching her relaxation exercises. This was the basis for her collaboration with the patient. This is in accordance with Bae's (5) claim that relations of acceptance must be

established in order to strengthen the patients so that they can develop more self-confidence. This, in turn, enables them to master their everyday life. Thus, the physiotherapist can strengthen the patient by respecting his understanding of the situation and by letting his ideas and reflections play an important part in the framing of the treatment.

Overcoming disagreements and working towards a mutual understanding

The young man in this case had hurt his hand seriously in an accident at his workplace. Initially, the physiotherapist and the patient disagreed regarding their roles, and what each of them should contribute to the rehabilitation process. The patient expected that the physiotherapist would make his hand fit and healthy, while he himself played a rather passive role. After several discussions he agreed to be more active and started to do exercises at home. As the function of his hand improved, he became more optimistic and took more responsibility in the rehabilitation process.

He was the kind of guy who thought it was my job was to 'cure' his hand. When he understood that he himself had to do his utmost, his way of thinking changed. What I remember most about this patient was not the exercises and the treatment itself, but all the discussions we had to go through.

Their joint effort in the rehabilitation process was successful, although the patient's hand never fully recovered. A great deal of this treatment consisted of talking and discussions since the two parties had different expectations. This is what Bae (5) is referring to when he states that discussions, agreements and disagreements are accepted in a good and healthy relationship. Some debates are necessary in order to let new perspectives and new solutions develop. Nevertheless, it is essential for the therapist and the patient to find strategies to resolve their disagreements, if they are not to end in open conflicts. However, since the relation between the professional and the patients is always asymmetrical, the therapist must take a somewhat greater responsibility in resolving disagreements so that the collaboration and the treatment process can continue in a constructive manner.

Collaborating with a handicapped child to give her as normal a life as possible

The three-year-old girl in this case suffered from cerebral palsy and spasticity in her legs. She was receiving physiotherapy in order to learn to stand and walk. The training consisted of standing exercises and leg stretching to prevent contractures/contractions in her legs after botox injections. The physiotherapist wanted to collaborate with the child and to be sensitive to her reactions to this treatment, both current and future.

It is important to me that she does not get fed up with physiotherapy and physiotherapists, since she will be having physiotherapy for years. The child,

the assistant and I play catch or read a book during the treatment sessions to get the focus away from the stretching exercises. We also play during the standing and stretching exercises, and when we stimulate movements such as creeping and climbing. She is just a little kid who will have to do exercises all her life and I think she needs to be protected from too much treatment.

This physiotherapist is concerned about how years of intensive training can influence the child's quality of life, and how he can best collaborate with the child. To address these concerns, he has chosen to incorporate the exercises in ordinary play activities. In addition, he is concerned that the child should be protected against too much treatment in order to make her childhood as normal as possible. There are other physiotherapists, however, who think that children with cerebral palsy ought to have as much training as possible during their childhood in order to develop their physical abilities so that, as adults, they can function as normally as possible physically. It is not easy to determine what is best in such situations. Næss (10) states that quality of life is a subjective concept, and that it is difficult to have a common understanding of the concept. Suffice it to stress that, in this context, the feedback from the child is always of the greatest importance, and the treatment priorities must be decided in collaboration with the parents.

Recognizing parental concerns and providing sufficient support in childrearing

In the last example the patient was a little boy with several motor, social and mental health problems. The main goal was to increase his ability to jump and run since he wanted to join children of his own age in their play. As a result of treatment, his physical level improved, and the physiotherapist stopped the treatment for some time while the boy was followed up elsewhere. However, the mother was still very worried, and since she felt she could rely upon the physiotherapist, she went on contacting him about everything that happened to the boy in their consultations with other the health and social services.

She uses me, and it is difficult to say no. I have to be careful not to become too engaged in all the problems she is raising. On the other hand, I think it is right to give her some support, especially since the child may need more physiotherapy later on.

The physiotherapist listened to the mother and supported her in her fight on behalf of her child. However, it was difficult for him to make her understand that he could not continue to be actively engaged in what was happening to the boy in other departments of the health services. The situation had to be handled with care, since he knew he was probably going to treat the child in the future. The child needed his family, and the family needed sufficient support when the child was being treated.

Psychomotor physiotherapy

In this section, the cases presented here are juxtaposed to the reflections of a physiotherapist who is a specialist in psychomotor physiotherapy. She is experienced in collaborating with patients and in giving them the opportunity to participate actively in the treatment process. There are many similarities between the views she expresses and the way all physiotherapists think about collaboration. The following quotation illustrates the views of the specialist:

I think it is right to be open and to listen to the patient. So when I suggest exercises in the treatment, there is no form of compulsion, something you are asked to do or have to do. I am very careful about this, since the exercises will then be more or less mechanical for the patient, and they will have little cognitive or emotional content. By listening and maintaining this openness, you will be there for your patient. You will make suggestions and provide experiences that he can take further. The exercises must be simple so that the patient can do them in his daily life which is important. The exercises are not something he should stand there and do every day at three o'clock. Exercises should be natural and fit so well into the work situation that they are experienced as meaningful, and then the patient will do them because they are so easy to accomplish. It is important to make them easy and allow the patient think about the things he is doing. If the exercises are too difficult, they are done mechanically. I think the key is to mobilize the curiosity of the patient (11).

This specialist physiotherapist collaborates with the patient by letting him explore how experiences and exercises are linked together, and the patient participates actively in the rehabilitation process by doing health-related activities as a natural part of his daily life.

Conclusion

The key question in this study was: How can the physiotherapist collaborate actively with the patient in the treatment process, understand his needs and use his knowledge and experiences? As the examples illustrate, the physiotherapist can collaborate actively with the patient in many ways. The five cases described by physiotherapy graduates have highlighted this issue, as have the reflections of the specialist in psychomotor physiotherapy. The situations all emphasise that respect and acceptance are important elements in the treatment process; the patient's priorities must be understood. It seems that a common understanding of the patient's health problems is necessary if the treatment is to achieve a successful outcome. In the case of handicapped children, they are not only patients and need as normal a childhood as possible. Their parents also need to feel that the professional health workers are a source of support. Both the patient and the physiotherapist are responsible of creating a good relationship and a constructive treatment situation.

However, the relationship between the two parties is asymmetrical in this context, so more responsibility for the treatment collaboration rests on the professional. The therapist and the patient are sources of mutual inspiration during the treatment process; they learn and develop throughout the collaboration process.

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