

Scope of Integrating Physiotherapy to Treatment Protocol: An Experiential Discussion



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Abstract

Amongst the cases that hit the clinics daily approximately around 30 to 40 % have pain due to muscle involvement. The frequent cases of mild to moderate injuries, joint pains, back pain, neck pain etc. can be easily traced down to the musculoskeletal involvement. Physiotherapy a hands on drug free method of alleviating pain in various illnesses and injuries and is widely used across the world since ages. This article is an experiential discussion of the spectacular results of integrating physiotherapy to routine practice whether Contemporary medicine or alternative medicine such as Homeopathy, Ayurveda, Acupuncture, Unani etc. and through this paper the author intends to bring attention to the scope and ease of integrating physiotherapy to routine treatment protocol in various diseases for the benefit of the suffering of any age and gender. Physiotherapy carried out under the supervision of a certified physiotherapist will not only help the patient's recovery but also provides immense satisfaction to the treating doctor as the goal of every physician is to restore the sick to health in the most rapid and gentle manner in the most harmless way.

Keywords: Physiotherapy, Integrated Medicine, Complementary Therapy, Homoeopathy

Introduction

Physiotherapy is one of the most ancient and widely used complementary therapies. It involves, physical manipulations and various other techniques to help a patient in a range of conditions to manage pain, increase the mobility, gain strength and improve the patient's health related quality of life. Its beneficial effects are known to the medical world in conditions like trauma, post-surgery, palsy and other musculoskeletal disorders. Referring the patient to undergo physiotherapy for some particular disease conditions basing on the degree of involvement of musculoskeletal system have always proved to be beneficial to the patient. Same has been the case within our setup. Cases like osteoarthritis, lumbar spondylosis, cervical spondylosis etc. were referred initially where there is severe restriction of movement and pain, as such patients are in deep suffering they would not let any stone unturned to obtain relief, resulting in their attendance in the physiotherapy department and they have followed the instructions given there religiously with relief in less time as compared to the ones those did not get physiotherapy for the same condition. The results were so astounding which encouraged more cases being referred to physiotherapy along with the regular treatment mentioning the area or disease condition for which physiotherapy is desired whether the patient might be suffering from single or multiple diseases and almost all of them got relief from their complaints sooner and were happy as they could cope up with their pain and day to day work easily and enjoyed an improvement in their health related quality of life. Integrating physiotherapy into treatment protocol of any system of medicine for almost all musculoskeletal disorders gave the doctor and the patients lot of satisfaction as the only goal of any physician is to provide relief and cure to the patients in an easy and comprehensible way [1][2]. With such positive results, integrating physiotherapy has become a part of regular treatment procedure which helped patients with many other diseases involving various other organ systems like the respiratory system, female organ system etc. also be benefitted by physiotherapy.

Aim of the Study

Musculoskeletal disorders are one of the most common reasons for seeking medical advice and help in routine clinical practice. This paper is an attempt

1. To share the scope and benefits of integrated medicine in treating such cases with a focus on the results of integrating physiotherapy to regular treatment methods from the experience of following the same for nearly a decade.
2. This paper also throws light on the possible conditions where physiotherapy can be integrated apart from already known areas.
3. To illustrate the importance of seeking a professional advice while undergoing physiotherapy.

Discussion

Physiotherapy is one of the most widely accepted and used complementary therapy around the world. The effectiveness of this therapy in various conditions are verified and well documented [4]. Lot of research is initiated during the past few decades to establish the effectiveness of physiotherapy in various conditions [5]-[12]. Physiotherapy involves different procedures and techniques including hot and cold therapies, ultrasound, electrical stimulation etc. depending on the disease, organ systems involved, intensity of pain and restriction of movement. The effectiveness of different techniques in various conditions are also documented [5]. For example Various conditions where physiotherapy can prove to be helpful are

1. Musculoskeletal conditions like osteoarthritis [6], rheumatoid arthritis, back pain, frozen shoulder [7], temporomandibular joint disorders, fractures, tendinitis, bursitis, coccydynia etc.
2. Neurological conditions like stroke [8], trigeminal neuralgia, hemi and paraplegia, Parkinson's disease[9] etc.
3. Spinal conditions such as disc indentation, disc prolapse, degenerative conditions of the spinal cord etc.
4. Injuries like muscular sprains, ligament tear, meniscial tear, tennis elbow, fractures etc.
5. Cardiopulmonary conditions such as chronic obstructive pulmonary disorder COPD [10][11][12], bronchial asthma[18]etc.
6. Genitourinary conditions such as urinary incontinence[13], uterine prolapse[19] etc
7. Paediatric conditions such as developmental delays, flat foot, knock knees , bow legs etc
8. All kinds of degenerative conditions such as spondylosis [3], osteoporosis, multiple sclerosis [14] etc.
9. Integrating physiotherapy in critical care were also elicited [16][17][20].

Experiential Discussion of Integrating Physiotherapy in Not So Commonly Referred Conditions

1. Many patients with chronic obstructive pulmonary disease COPD, who have followed case specific cardiopulmonary exercises were

able to manage with less and milder medications as compared to their counterparts.

2. Patients with uterine prolapse, especially first and second degree, noticed a lot of improvement in pain and discomfort.
3. Physiotherapy is also useful in pregnant women to cope up with their low back ache, posture etc.
4. Urinary incontinence and cough incontinence could be managed well even in the elderly patients
5. Physiotherapy helped patients with Frozen shoulder to recover their range of movement and pain management
6. Patients with Parkinson's disease could find improvement in their mobility and balancing issues which makes them feel more comfortable and less dependent.
7. Paediatric conditions such as bow legs could also be helped by physiotherapy to some extent.

The above mentioned are only few among many other diseases where integrating physiotherapy to the treatment protocol in routine clinical practice proved not only an easy but a better way of rendering relief to the patients when added on to the any treatment protocol and can be prescribed to the patients of any age and gender.

Scope of Integrating Physiotherapy

1. Physiotherapy mostly involves noninvasive procedures.
2. It is just an add on to the existing treatment which needs no change.
3. Its beneficial effects in various diseases has documented evidence.
4. It can be modified according to the necessity of the patient.
5. Patients with multiple diseases can also be benefitted by individualized physiotherapy procedures.
6. Few procedures can be carried out by the patient at home after learning from the physiotherapist which will help in maintaining the continuity of treatment.
7. Its effects can be easily assessed by the physician.
8. It also works as rehabilitation therapy in certain diseases like hemiplegia.
9. Management of pain with reduced use of analgesics.
10. Has the potential to help avoid surgery in some cases.
11. It can help improve balance and there by avoid fall in certain diseases like Parkinson's disease, cervical spondylosis etc.

Outcome

The outcome of integrating physiotherapy to routine clinical practice has always proved to be beneficial to the patients from the author's experience. To obtain better results the patient must follow the instructions religiously and meticulously till the end of the treatment. It has been noted that those patients who do not follow the instructions completely or till the stipulated time also have some relief but for a lesser time span and may have to repeat the process early.

No other undesirable effects are observed but for this the prerequisite is to team up with properly trained and certified physiotherapist.

Limitations

In some cases when the physician suggested taking physiotherapy for their condition, few patients started doing exercises following instructions from various websites on the internet. And many of them were observed to have turned worse as the directions couldn't be either properly understood or executed by the patients[15]. When it comes to few exercises and procedures it is important that they should be carried out under supervision else it can cause increased pain and disability which will have an opposite effect rather than the desired.

Conclusion

We encounter various types of diseases in our daily clinical practice where we know that we cannot provide complete cure to the patient but only have the choice of palliation and helping them in pain management and improve their health related quality of life. Certainly in such conditions integrating complementary systems of medicine will boost the outcome. And importantly there is no intervention in the line of treatment so it is even easier to integrate. The only important thing to note is that the physician must follow up the case thoroughly, and if the physician can have a cordial relationship with the physiotherapist it will help in the better understanding of certain obstacles in evaluating the case during the follow up sessions. Researchers across the globe have documented the benefits of physiotherapy in various disease conditions especially musculoskeletal disorders, but the authors experience conclude that physiotherapy can be prescribed for many other conditions as well. A few to name where author could help alleviate the patient's suffering are low back ache during menstruation, low back ache in pregnancy and postpartum, rheumatoid arthritis, osteoarthritis, obesity, cervical spondylosis, lumbar spondylosis, lumbar disc prolapse, post fracture rehabilitation, myasthenia, COPD etc. Thus integrating physiotherapy to treatment protocol where ever possible will only enhance the outcome without interfering with the line of treatment and will definitely help the patient in better pain management and health related quality of life which is the ultimate goal of the physician.

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Biography

The author is a homeopathic physician and have been working for past 7 years in a multi-specialty charitable hospital in the city of Taj, Agra, Uttar Pradesh, India. This hospital offers a wide range of specialist services, including a fully equipped

physiotherapy department and a certified physiotherapist under the same roof. This enabled the author to refer patients suffering from a variety of conditions to undergo physiotherapy. Specialists from other departments also refer a wide variety of cases to physiotherapy which is helping a majority of them to get better in a less time. The experience of other doctors was also considered and it reflects in the paper.

End Notes

1. *Samuel Hahnemann- Organon of Medicine by William Boericke*
2. *Lectures on homeopathic philosophy- J T Kent*
3. Singh, A., & Rastogi, A. (2018). A clinical study of 30 cases of effectiveness of cervical traction in cervical spondylosis. *Global journal for research analysis, 7(3)*.
4. Gibson, B. E., & Martin, D. K. (2003). Qualitative research and evidence-based physiotherapy practice. *Physiotherapy, 89(6)*, 350-358.
5. Miao, Q., Qiang, J. H., & Jin, Y. L. (2018). Effectiveness of percutaneous neuromuscular electrical stimulation for neck pain relief in patients with cervical spondylosis. *Medicine, 97(26)*.
6. Campbell, R., Evans, M., Tucker, M., Quilty, B., Dieppe, P., & Donovan, J. L. (2001). Why don't patients do their exercises? Understanding non-compliance with physiotherapy in patients with osteoarthritis of the knee. *Journal of Epidemiology & Community Health, 55(2)*, 132-138.
7. Green, S., Buchbinder, R., & Hetrick, S. E. (2003). Physiotherapy interventions for shoulder pain. *Cochrane database of systematic reviews, (2)*.
8. Pohl, M., Werner, C., Holzgraefe, M., Kroczeck, G., Wingendorf, I., Hoölig, G. & Hesse, S. (2007). Repetitive locomotor training and physiotherapy improve walking and basic activities of daily living after stroke: a single-blind, randomized multicentre trial (DEutsche GAngtrainerStudie, DEGAS). *Clinical rehabilitation, 21(1)*, 17-27.
9. Tomlinson, C. L., Patel, S., Meek, C., Herd, C. P., Clarke, C. E., Stowe, R., & Ives, N. (2013). Physiotherapy versus placebo or no intervention in Parkinson's disease. *Cochrane database of systematic reviews, (9)*.
10. Tang, C. Y., Taylor, N. F., & Blackstock, F. C. (2010). Chest physiotherapy for patients admitted to hospital with an acute exacerbation of chronic obstructive pulmonary disease (COPD): a systematic review. *Physiotherapy, 96(1)*, 1-13.
11. Thomas, M. J., Simpson, J., Riley, R., & Grant, E. (2010). The impact of home-based physiotherapy interventions on breathlessness during activities of daily living in severe COPD: a systematic review. *Physiotherapy, 96(2)*, 108-119.
12. Pryor, J. A. (1999). Physiotherapy for airway clearance in adults. *European Respiratory Journal, 14(6)*, 1418-1424.
13. Blowman, C., Pickles, C., Emery, S., Creates, V., Towell, L., Blackburn, N. & Walkden, B. (1991).

- Prospective double blind controlled trial of intensive physiotherapy with and without stimulation of the pelvic floor in treatment of genuine stress incontinence. Physiotherapy, 77(10), 661-664.*
14. Wiles, C. M., Newcombe, R. G., Fuller, K. J., Shaw, S., Furnival-Doran, J., Pickersgill, T. P., & Morgan, A. (2001). Controlled randomised crossover trial of the effects of physiotherapy on mobility in chronic multiple sclerosis. *Journal of Neurology, Neurosurgery & Psychiatry, 70(2), 174-179.*
 15. Jack, K., McLean, S. M., Moffett, J. K., & Gardiner, E. (2010). Barriers to treatment adherence in physiotherapy outpatient clinics: a systematic review. *Manual therapy, 15(3), 220-228.*
 16. Anaf, S., & Sheppard, L. A. (2007). Physiotherapy as a clinical service in emergency departments: a narrative review. *Physiotherapy, 93(4), 243-252.*
 17. Gosselink, R., Bott, J., Johnson, M., Dean, E., Nava, S., Norrenberg, M. & Vincent, J. L. (2008). Physiotherapy for adult patients with critical illness: recommendations of the European Respiratory Society and European Society of Intensive Care Medicine Task Force on physiotherapy for critically ill patients. *Intensive care medicine, 34(7), 1188-1199.*
 18. Bruton, A., Lee, A., Yardley, L., Raftery, J., Arden-Close, E., Kirby, S., & Gibson, D. (2018). Physiotherapy breathing retraining for asthma: a randomised controlled trial. *The Lancet Respiratory Medicine, 6(1), 19-28.*
 19. Frawley, H. C., Neumann, P., & Delany, C. (2018). An argument for competency-based training in pelvic floor physiotherapy practice. *Physiotherapy theory and practice, 1-14.*
 20. Guilcher, S. J. (2018). The Value of Physiotherapists in Primary Health Care Clinics: Optimizing (Self-) Management Supports for Persons with Complex Health and Social Needs.