

EXPERIENTIAL ACCOUNT

Evolution of Community Physiotherapy in India

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ABSTRACT

Despite the urgent need for physiotherapy services for underprivileged communities, Community Physiotherapy is not a sought-after specialisation in India. Physiotherapists tend to serve in institutions rather than at community level, as a result of which this field of healthcare has stagnated. This article, based on an interview with one of the country's eminent community physiotherapists, gives a first person account of the evolution of community physiotherapy in India and provides qualitative inputs to deal with the prevalent issues. While the need for services has increased, there has been no matching growth in the pool of physiotherapists willing to work in the community. Several recommendations have been made, including changes in approach to community physiotherapy by both physiotherapists as well as community organisations in India.

INTRODUCTION

Community Physiotherapy in India needs attention, since there is an imbalance between the demand and supply in this field (Rajan, 2012a, 2012b, 2014). Although this specialisation has been offered for many years, the pool of physiotherapists willing to work with the communities has not increased as per the need. With a view to trace the evolution of community physiotherapy in India and obtain qualitative insights into this problem, Professor Ashok Kumar Patil, one of the eminent community physiotherapists in the country, was interviewed on the 12th of February, 2014.

Since 2007, Prof. Ashok Kumar Patil has been the Principal and Professor at Smt. Kashibai Navale College of Physiotherapy in Pune, India. He worked for the Government of India's first Community-based Rehabilitation (CBR) project in Thane district of Maharashtra, in 1983. In the role of Chief Coordinator, he has been associated over the years with various CBR programmes for injured earthquake survivors of Latur (1993), Kutchh (2001) and Kupwara-Baramullah (2005), along with various non-Governmental Organisations (NGOs) and the Indian Association of Physiotherapists – which is the National Licensing Body for Physiotherapists in India.

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The author's interaction with Prof. Ashok Kumar Patil dates back to June 2002, when she began her undergraduate studies in Physiotherapy at the Physiotherapy Teaching and Treatment Centre in Mumbai, India. Professor Patil was one of the few teachers who challenged the conventional notions about learning and education,

"I realised that my education of physiotherapy was not going to be sufficient to deal with the issues of clients, as one cannot separate the physical health from the other equally important aspects of life. A physiotherapist has to take charge of all the issues affecting the client if he/she would like to be a successful Rehabilitation therapist or a Community Physiotherapist"-
Professor Ashok Kumar Patil.

especially in a rehabilitation setting. As a result of his village upbringing, he had seen how people from remote places struggled to receive even the most basic healthcare facilities. This made him aware of the importance of community rehabilitation at a very young age, and the need for provision of better healthcare facilities. This paper presents a history of community physiotherapy in India, starting from the early 1980s based on the interview with Professor Patil.

Community Physiotherapy in the 1980s (Figure 1)

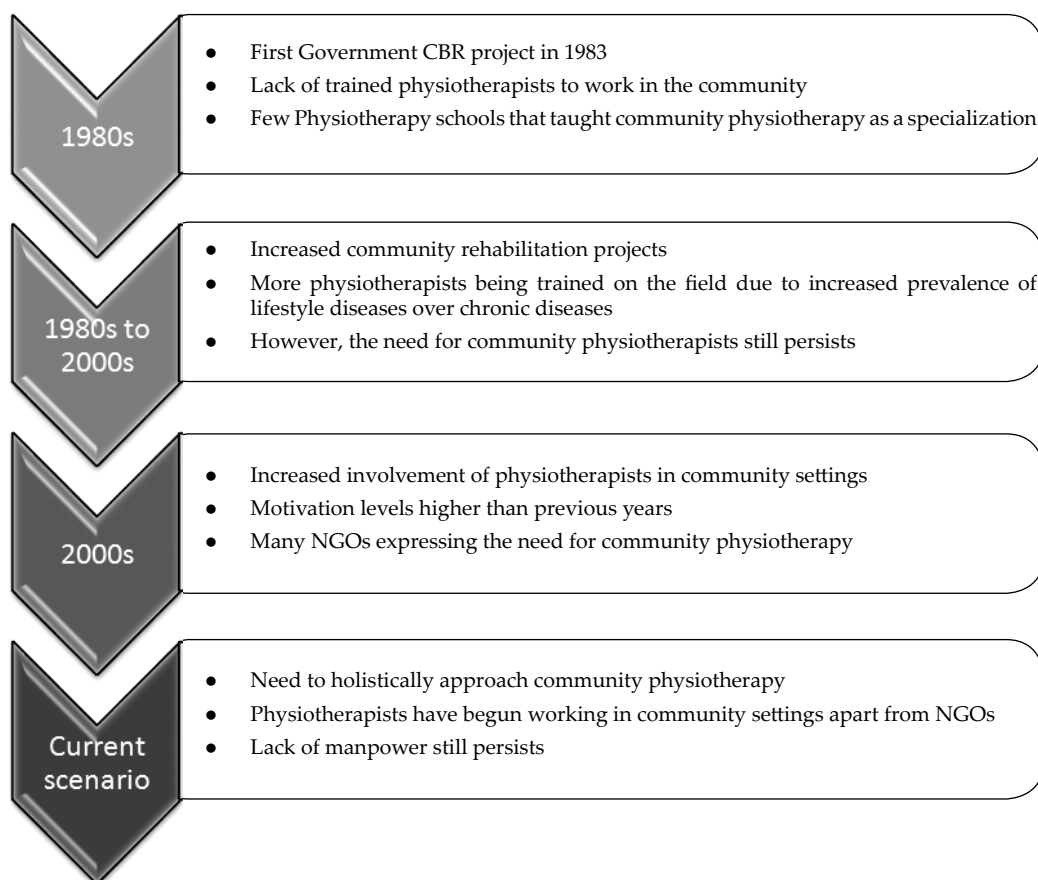
Community Physiotherapy was not a very popular profession in the early 1980s. There were few educational institutes that offered specialisation in the subject and getting admission into such programmes was competitive. Nevertheless, in 1981, Professor Patil, a brilliant student, joined the graduate course at the All India Institute of Physical Medicine and Rehabilitation, after completing the undergraduate course from a Physiotherapy School attached to the Government Medical College in Nagpur, Maharashtra. In his words, *"All India Institute of Physical Medicine and Rehabilitation was one of the best centres for Physical Rehabilitation in India. During this time, I came across clients from various parts of the country. They would come for their treatment and rehabilitation of Post-Polio Residual Paralysis, Cerebral Palsy, Amputations, Paraplegia and Stroke. I then realised the need of specialised healthcare facilities for such clients, not only in the metro cities but all over the country"*. Thus, the need for physiotherapists to help underprivileged communities was realised as early as the 1980s, almost three decades ago. This requirement was further substantiated in 1983, when the Ministry of Social Justice and Empowerment in India started a pilot project in CBR for the district of Thane, Maharashtra. As one of the first CBR professionals to have been invited to work on this project, an enthusiastic Professor adds, *"This project was based at one of the*

typical geo-socio-economical parts of the country, where we had the urban, semi-urban, rural and remote hilly areas in our project. We had a mix of population in which some were well-versed with metro life, while the others were from tribal communities. Those from the tribal communities were almost illiterate and hence socially backward. This led to low economy, negligence to health and disregard for modern healthcare systems. I did not have any specific skills to address the given scenario as it was my first experience in a CBR programme”.

Community Physiotherapy between 1980s and 2000s (Figure 1)

After 8 years of working in a Government Project for District Rehabilitation Centre which was the first CBR project in the country, Professor Patil was involved with many CBR organisations in different capacities. He was the Rehabilitation

Figure 1: Changing Trends in Community Physiotherapy in India



Planner and Chief Coordinator for many projects. Some of these programmes needed his expertise in developing healthcare logistics, and in the establishment of Medical, Surgical and Rehabilitation teams and infrastructure for the earthquake survivors at Latur, Maharashtra state (1993), Kutchh, Gujarat state (2001) and Kupwara-Baramullah, Kashmir state (2005). Professor Patil was impressed by the flexibility

“It was an observation of one of the leading psychiatrists working with the earthquake survivors in 2001 that, among his cases of Post-Traumatic Stress Disease (PTSD) in the affected zone, there was a marked absence or fewer cases of survivors with PTSD. One of the major reasons was interactions with the physiotherapists working in the CBR project. The communication of the physiotherapist with the affected and their family members acted as psychotherapy”-Professor Ashok Kumar Patil.

and adaptability of the physiotherapists once they were introduced into the community sectors. *“These were programmes with a long tenure, where we had to hire the services of many physiotherapists. All of these physiotherapists needed brief training and constant supervision. They did a successful role as the Community Physiotherapists. Along with their professional services, they performed as coordinators - from imparting general healthcare services to specialty services like organising pathological or radiological investigations, arranging surgical consultations, and organising orthotic or prosthetic appliances. They also performed non-medical roles like fund raisers for the treatment expenses, counsellors or as social workers”.* During these twenty years, the need was slowly being realised, with the training of more physiotherapists in the community sector and the creation of a larger pool.

Community Physiotherapy in the 2000s (Figure 1)

The need for community physiotherapy has always been on the rise, especially with the shifting paradigm from chronic diseases to lifestyle diseases. In Professor Patil's opinion, *“Role of prevention of lifestyle diseases, epidemics and harnessing a better lifestyle are of prime importance in the health intervention. Community Physiotherapists are going to be the right personnel to do this job rather than any other medical professionals, as they can bridge the gap between medical knowledge and counselling skills. Rampant urban life leads to physical stress, which in turn is responsible for the psychological stress. This is the first cause for cardiovascular and various psychosomatic dysfunctions. These changing trends need to be dealt with, using physiotherapeutic skills for a larger population in the community. Increased medical treatment costs are also forcing the*

health planners, health insurance sector and general masses to turn to preventive measures and maintain a healthy state of the mind and body. Community Physiotherapists shall be in great need to fill the gap between increasing number of clients and the trained healthcare workers available in the world”.

“Non-availability of trainers with practical experience in the field is probably the main reason why most students do not pursue this subject or show keenness in taking up this subject. In fact, many Universities do not consider this subject as the core part of the under-graduate physiotherapy curriculum”- Ashok Kumar Patil.

Current scenario of Community Physiotherapy in India (Figure 1)

Although the conventional picture of community physiotherapy is slowly changing in the country, the lacunae in the health system still need to be filled. Community rehabilitation projects are run mainly by NGOs in India. However, very few of them work in the health segment, mainly due to lack of motivated health professionals willing to work in the communities. One of the major reasons for this is attributed by Professor Patil to the “*thinking of the current generation of practitioners rather than opportunities*”.

According to him, “A huge opportunity is presented by treatment of acute or sub-acute conditions leading to the necessary fame and monetary gains to physiotherapists. Musculoskeletal, Neurosciences, Cardiovascular Physiotherapy specialisations offer faster results for the improvement and normalisation of dysfunctions of individuals. Secondly, most physiotherapists consider themselves as an integral part of the hospital healthcare set-up and staff. It becomes very difficult for them to imagine working in any other set-up where they may have to work with a different set of colleagues. Many are reluctant to shoulder the responsibility all by themselves or as a leader of a mixed professional group which has an integration of experts from medical, allied health, paramedical, non-health related backgrounds and society at large. It is not easy for many physiotherapists to play a multi-professional role in the community set-up”.

Recommendations to improve the current situation

Firstly, the pool of physiotherapists in the community sector needs to be increased. This could be effectively done when the physiotherapists are enrolled into a programme. Professor Patil has played a major role in the development of the Physiotherapy Undergraduate Curriculum in Maharashtra state in India. He shares certain insights into strengthening the community physiotherapy education, *“We still have to enrich the role of physiotherapists in various health and social programmes which are established either by government or non-governmental organisations. We have to include subjects like Management and Leadership skills along with an update of Socio-Cultural-Economical issues of the country. This will help the physiotherapists to be more capable and inclined to take the jobs in the administration of the organisations and explore beyond their healthcare knowledge and skills”*.

Secondly, the classic image of a physiotherapist “as a healer in disease or distress” needs to be shed. A physiotherapist is equally required in resource-limited settings like remote areas of the country. In Professor Patil’s words, *“In situations where resources are limited, we would be in charge of taking care of every aspect of physiotherapy treatment. There could be little or no availability of a graduate physiotherapist in such situations. Our clinical judgement about the health condition plays a pivotal role for the outcome for the needy, especially in a remote situation. We have to work towards being accepted as multi-role professionals who can balance both health and social issues with equal ease and expertise”*.

Thirdly, it is important for physiotherapists in India to realise their full potential and try to get involved completely with the community organisation rather

“We must strengthen our belief in our capacities” - Prof. Ashok Kumar Patil

than play the solitary role of providing physiotherapy services. The Professor has had many experiences where most decision-makers were unaware of a physiotherapist’s capacity to handle community programmes. He was of the opinion that, *“No doubt, many of us are doing a great job, but we still have a great capability. We must aspire to reach the lead position in different organisations to be able to do justice to our knowledge and capacity. Involvement of a NGO in general or specialised aspects of healthcare projects may ensure limited good as against those organisations who are focussed on health issues and are exclusively working for improvement in the scenario. It has been noted that in few NGOs where the physiotherapist is the decision-maker and the one responsible for the implementation, this has resulted in distinctly*

better results in quantity and quality of ongoing programmes in addition to programmes like post-disaster rehabilitation of the survivors. Unless we voice our concerns openly and boldly, we will not be able to receive acceptance from the professionals, planners, government organisations or non-government organisations around the world”.

Finally, the dynamic situation of community rehabilitation can prove challenging. In India, the private sector manages implementation of healthcare to a very large extent, in contrast to the countries in the west like USA, UK, Canada and Australia. Therefore, infrastructure planning and financial budgeting are decided by the private sector rather than the Government sector. As opined by the Professor, *“Afro-Asian continent has a diverse population in terms of socio-cultural, educational, and economical purview. An uniform system is a big problem for effective implementation of any preventive, curative and rehabilitative health programme. We have to make a special needs-based programme for each part of the continent or country, which should have availability of trained personnel, logistics by good governmental or non-governmental agency. It should be cost-effective, such that the success and continuity of the programme can be assured. Physiotherapists can definitely take a lead role in feasibility surveys, designing the community health programmes and their implementation. They will have to create tie-ups with governmental or non-governmental agencies for financial assistance as well as managing logistics for the ongoing programme”.*

CONCLUSION

Community physiotherapy can be a useful addition to the public health system in India. Given the challenging situation of community rehabilitation in the country, the scenario of community physiotherapy has undergone certain positive changes over time. Nevertheless, there seem to be certain lacunae that continue to persist in the system. These need to be duly addressed so that Indian communities get the benefit of physiotherapy services.

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REFERENCES

- Rajan P (2012a). Community-based physiotherapy in Western India: Some findings from surveys. *Disability, CBR and Inclusive Development*; 23 (4): 90-6.
- Rajan P (2012b). The power of volunteerism in community based rehabilitation in India. *International Journal of Therapy and Rehabilitation*; 19 (10): 539-40. <http://dx.doi.org/10.12968/ijtr.2012.19.10.539>
- Rajan P (2014). Socio-economic status and patient rehabilitation in India: A community physiotherapist's odyssey. *Research & Reviews: A Journal of Health Professions*; 4 (1): 22-23.