

Community Physiotherapy in Different Regions

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ABSTRACT

Community physiotherapy is unique to every country. The successful implementation of community physiotherapy depends on various factors, such as the local community settings, the availability of resources, the type of health conditions prevalent at the time of rehabilitation, and the national health laws, to name a few. Certain challenges are common to most countries, especially the developing ones. If major challenges like lack of adequate training and research opportunities and inadequate awareness about the importance of physiotherapy among communities, are addressed, community physiotherapy can prove to be cost-effective tool of rehabilitation. The progressive community physiotherapy models that are being used in developed countries can serve as a guide to countries that are struggling to further community health. In addition, cross-country and/or cross-continent collaborations could help in knowledge dissemination and faster adoption and implementation of effective community physiotherapy models. This brief report discusses certain community rehabilitation practices and strategies that have been put to use in different parts of the globe. In addition, some of the effective examples have been highlighted.

Key words: Rehabilitation, international health, global health.

INTRODUCTION

Community physiotherapy is unique to every country. For instance, the strategies adopted by a team of physiotherapists to rehabilitate school children in India may not be the same in Canada. Nevertheless, the challenges faced by countries in the same geographic location could be similar (Raja et al, 2008). It has been observed that the rehabilitation structures adopted by neighbouring countries (like the United States and Canada) are similar. Treatment of clients living in remote and rural communities can be difficult. Every country, whether developed or developing, has adopted different strategies for the rehabilitation of these communities. This brief report discusses certain aspects of community physiotherapy in different countries across the globe.

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Community physiotherapy in Asia

There is limited research available on community physiotherapy in Asia. South Asia, in particular, could benefit from effective community physiotherapy interventions. However, the South Asian countries seem to have different community physiotherapy models, with India and Sri Lanka having better CBR structures than Nepal and Bangladesh (Raja et al, 2008). In a detailed review of the health models for child and maternal health and nutrition in South East Asia, the Sri Lankan health model was found to be highly progressive in terms of government policies and dedication to reduce the maternal and child mortality rates (Rajan et al, 2014). India too is trying to meet the increasing health demands through policy changes and increased staff and funding for public health. In Thailand, integration of physiotherapists into the CBR model to rehabilitate remote communities has shown promising results (Nualnetr and Anpatcha, 2012). The role of the physiotherapists, apart from treatment, was to train the local community in early diagnosis and referral. In Bangladesh, efforts are being made to integrate physiotherapy services into the CBR model (Ellangovin, 2009). Although there is a greater need for community physiotherapy in this country, the resources are limited. Nepal, as well, is struggling to put physiotherapy on the map of community health (Acharya et al, 2015).

In the Philippines, integration of governmental and non-governmental organisations has helped in the effective implementation of community projects. It had taken few years for the community projects to grow; however, the outcomes of these projects have been positive (McGlade and Aquino, 1989). These projects involved training the communities to ensure effective implementation and long-term sustainability. The caregivers were enrolled into the programme to implement the intervention; a component of this training was executed by the physiotherapists.

A similar pattern was adopted in Pakistan where large-scale community-based rehabilitation projects were implemented only a decade ago. The awareness about community physiotherapy is still lacking in the country (Darain et al, 2013). With the help of national and international organisations, comprehensive rehabilitation teams with physiotherapists have been constituted.

In certain parts of Vietnam, community programmes are run by medical professionals, while in other regions it is a multisectoral team (including physiotherapists) that delivers community health services. Research has shown that there are more positive outcomes with a cross-sectoral approach as compared

to running a community programme with only medical professionals. However, as seen in other parts of the world, lack of adequate human resources is still a major challenge (Mijnarends et al, 2011).

The Indian model of community physiotherapy has grown over the past three decades. The number of physiotherapists who are interested in helping communities is increasing. Lack of knowledge among communities about the role of physiotherapy in rehabilitation is one of the major reasons for ineffective implementation of projects (Rajan, 2014).

Community physiotherapy in Africa

Published research on community physiotherapy in Africa focusses primarily on the academic aspect. There is not much published evidence on the different community models that have incorporated physiotherapy as one of their components. Hence, this section talks more about the efforts of African physiotherapists to incorporate community physiotherapy into the existing educational curriculum.

Physiotherapy training in Africa varies from country to country. The number of physiotherapists in the continent is less than required. More of them work in institution-based service delivery sector (hospitals, clinics, and private practice) than in community services. The physiotherapy curriculum needs to accommodate community as a specialisation (Mostert-Wentzel et al, 2013a).

In South Africa, each university within the country has different provisions for community physiotherapy education in the curriculum, due to which there seems to be a lack of consensus on community physiotherapy methodologies (Mostert-Wentzel et al, 2013b). Since the past decade, changes have been made to the undergraduate community physiotherapy curriculum to ensure better service delivery to disadvantaged populations (Futter, 2003). An increase in the community placements of physiotherapy students has been incorporated in order to improve service delivery to the communities.

In Nigeria, the awareness about community physiotherapy is limited among underserved communities as well as among physiotherapy students. This is the major obstacle in the rehabilitation of underserved communities (Chinonso, 2012).

Community physiotherapy in the Americas

In Canada, as well as in the United States of America, increased networking among community health professionals is established in order to improve knowledge dissemination about research in this area. This facilitates the partnership between universities, research and community organisations to enhance service delivery to needy communities. A well-established community physiotherapy structure has not only helped the underserved populations but also proved cost-effective (Canadian Physiotherapy Association, 2012).

Following the lines of development in community-based service delivery in North America, South America too adopted CBR many decades ago (Koch-Weser, 1987). Several aspects of CBR have been incorporated into the educational curriculum. In addition, liaisons between universities and community organisations are well-established.

Community physiotherapy in Australia and the Pacific

The need for community physiotherapy was realised as early as the 1970s as institution-based treatment was proving to be very costly (Forster, 1975). Despite this, there still seems to be a dearth in the number of community physiotherapists. Over the years, it has been realised that building solid relationships with the target communities through effective communication over extended periods of time has helped in the successful implementation of community-based physiotherapy projects (Tasker et al, 2012). In a special case of Papua New Guinea, the need to improve the existing system was addressed by modifying the existing educational curriculum in community physiotherapy (Karthikeyan and Karthikeyan, 2014).

CONCLUSION

A physiotherapist could hold an important position in community rehabilitation (Mijnarends et al, 2011), with the importance placed on the health component of the CBR Matrix (Bowers et al, 2015). The roles are varied and depend on the circumstances and the needs of the community. Some of the commonly faced challenges in community physiotherapy are the inadequate training and research opportunities for physiotherapy students, lack of sufficient number of community physiotherapists and, most importantly, the need to recognise physiotherapy as an important component of community health (Frantz, 2007).

Physiotherapists possess adequate knowledge and flexible approaches that make them competent community health professionals. The success of such programmes lies in sustained efforts coupled with effective communication and community participation. Nevertheless, the first step towards achieving this is the development of a community rehabilitation-centred educational curriculum for physiotherapy students.

Developed countries have established community physiotherapy models which are not only long-term and sustainable but also cost-effective. These models have been shown to reduce the public healthcare costs (Long, 2015). While the nature of the target communities, the needs and the challenges of each country are unique, some features from successful community models that are feasible and could prove useful, could be incorporated into existing models in developing countries. In addition, cross-country and/or cross-continent collaborations could help in knowledge dissemination and faster adoption and implementation of effective community physiotherapy models.

Limitations

Only the countries for which research papers on community physiotherapy were available have been included in this article.

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