



The Scope and Nature of Exercise Prescription in Current UK Physiotherapy Practice

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Introduction

There is an established body of evidence to support exercise for health and for the prevention, rehabilitation, and treatment of many conditions. (DOH 2011) Traditionally physiotherapists have worked with exercise predominantly in the rehabilitation setting and other exercise professionals have worked with healthy populations, this balance has been shifting over the last decade. These developments have opened up opportunities for physiotherapists to work alongside other exercise professionals, however the overlap of roles makes it important for professionals involved in exercise prescription to identify their unique role in this field. Physiotherapy as a profession is not articulating how they prescribe and manage exercise interventions to draw out approaches that may be unique to physiotherapists. It has been speculated that this may be leading to a lack of recognition of the exercise expertise within the profession. (Moore 2012)

Purpose

The aim of this study is to investigate the scope and nature of exercise prescription in current physiotherapy practice in the UK, in order to articulate the role of the physiotherapist as an exercise professional.

Participants

HPCP registered Physiotherapists working in the UK with adults over the age of 16 years were invited to take part in the study

Methods

The study design was a cross sectional survey via an on-line questionnaire distributed via professional networks within the UK. Participants completed an online questionnaire including contextual information regarding their area of clinical practice, level of experience and detail of their most recent exercise prescription. The survey was open for a 3 month period from 11th October 2012 – 11th January 2013. Initial results were analysed using Statistical Package for the Social Science Version 20 (IBM Corporation, New York, USA). Descriptive statistics and frequencies were used to analyse the quantitative data. Data analysis is on-going.

Results

435 participants accessed the online questionnaire, 82.3% fully completed the questionnaire.

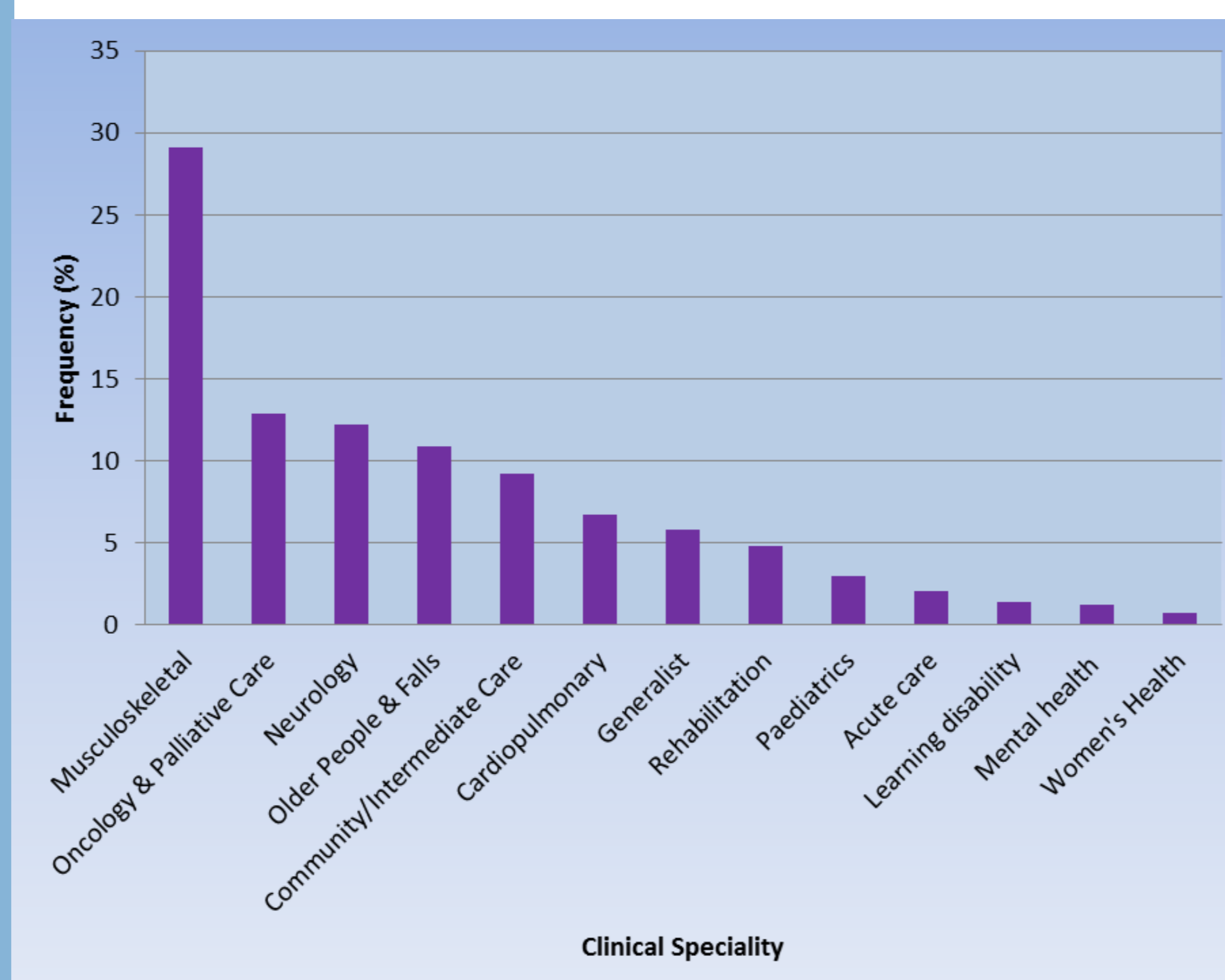


Figure 1 Areas of clinical practice of the participants.

Results

The average number of years qualified as a physiotherapist was 16.0 years (SD 10.6 years), ranging from <1 to 43 years.

Approximately one third of practitioners (n=141; 32%) reported having undertaken some form of additional training in exercise prescription.

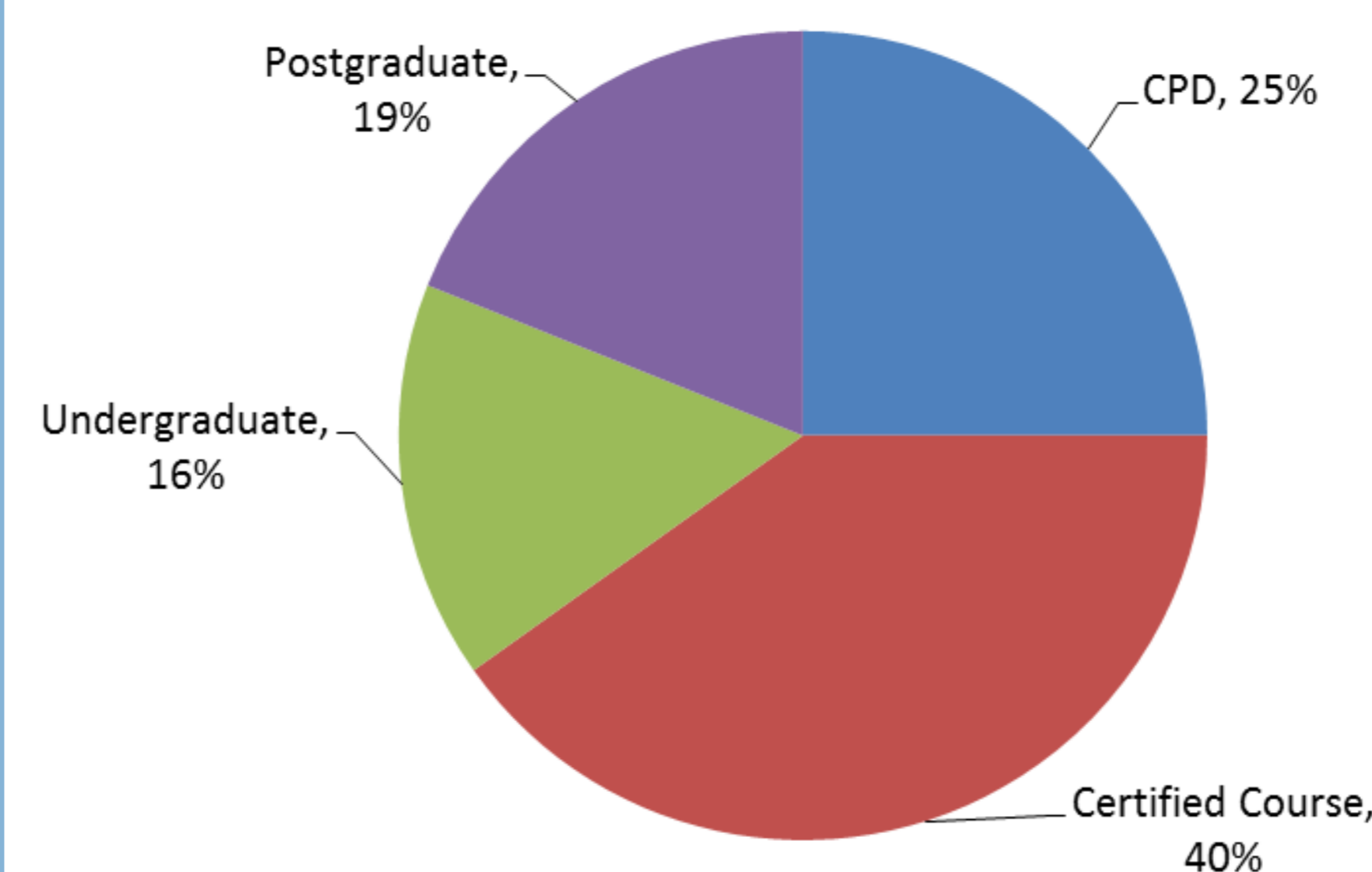


Figure 2 Additional training in exercise undertaken

Almost all practitioners (n=430; 99.8%) said they prescribed exercise in their role. Of those, 96.3% (n=416) had prescribed exercise within the last week. The majority of their patients were aged between 40 and 90 years (79%), most frequently in the age range 80 - 89 years.

Physiotherapists were asked to report on the number of exercises prescribed for the patient, the most frequently reported was four (range 1 to >8). Higher numbers of exercises tended to relate to either an exercise circuit class or the inclusion of home based exercises.

Results

Physiotherapists were asked to identify the aim of the prescribed exercises, this revealed an interesting variation in terminology and made classifying the aims a challenge. However from the data analysed to date, improving balance, function, muscle strength and range of motion were the most common aims of exercise prescribed by the respondents.

Discussion & Conclusions

Exercise is widely used by physiotherapists, predominantly with the older population group. Physiotherapists are using exercise to improve function, and a high proportion of the exercises target muscle strength. Physiotherapists use a wide range of terms to describe the aims of their exercise intervention which may not be common to other exercise professionals and understood by commissioners. This requires further analysis.

Future work

- Further analysis of data to explore the exercise prescription given in relation to current guidelines
- Further analysis of aims of exercise to aid articulation in common language, and analysis by clinical area.
- Further investigation to explore the clinical reasoning underpinning the exercise prescription.

References

- Department of Health. Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officer (2011) Available at <https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers> accessed 27.03.15.
- Moore A., Jull G. Physical activity/exercise – What does it mean to students, clinicians, patients and researchers? Manual Therapy, Vol 17, Issue 2, April 2012, P99.