# CHAPTER 10

# PHYSIOTHERAPY

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Physiotherapy is "*a holistic approach to the prevention, diagnosis and therapeutic management of disorders of human movement to enhance the health and welfare of the community*" (Australian Physiotherapy Association (APA) 2001). Physiotherapy practice consists of a wide range of clinical specialties which address the varying needs of clients. This is reflected in the fact that physiotherapists may be involved in the management of diverse populations such as: children with cystic fibrosis or developmental issues, women following childbirth, adults following hip replacement surgery or stroke, workers with low back pain, elderly people with mobility issues through to elite athletes with sports injuries.

## TASKS OF THE PROFESSION

Physiotherapy is an autonomous profession in some countries. Depending on local regulations, physiotherapists may variously assess, diagnose, formulate and carry out a management regime and evaluate outcomes. In many countries, as primary contact practitioners, physiotherapists' tasks include assessment (i.e. diagnosis of condition via history taking, subjective and objective assessment), and management (direct or indirect treatment or intervention strategies). In conjunction with these tasks, physiotherapists also provide education and counselling in order to provide patients with self-management strategies for ongoing management and prevention. Depending on the level of training and area/location of practice, some physiotherapists may be responsible for the manufacture of aids and appliances such as splints and casts, or in the prescription and customisation of equipment such as wheelchairs and mobility aids.

The ongoing evaluation of management outcomes is an integral part of professional accountability, and is a requirement of the Australian Physiotherapy Competency Standards. The APA view is that outcome measures (impairment, activity limitation,

participation or quality of life) should be routinely used as clinical justification for physiotherapy services (APA 2003). Thus, where possible, clinical justification of treatment should be based on the judicious use of the evidence-base underpinning interventions, or where this is not available, the use of validated outcome measures to demonstrate improvement.

### *PHYSIOTHERAPY CASE STUDY*

*Mary*, a 58-year old pensioner, presented to the Physiotherapist with severe right shoulder pain and restricted movement, that has been diagnosed via ultrasound as a 1cm tear in her supraspinatus tendon. The pain started suddenly after lifting her grandson approximately one month ago. She has a past history of rotator cuff surgery on the left shoulder approximately 10 years ago. Her GP has referred her for five physiotherapy sessions under the Medicare Enhanced Primary Care scheme. *Mary* is unable to tolerate NSAID's as she has a history of stomach ulcers, and a steroid injection is not feasible given the possibility that the supraspinatus could tear further. She is on the waiting list to see an orthopaedic surgeon at the local hospital, but has been told that she may have to wait a year for surgery. Over the last month she has attempted to manage the pain with panadol and panadeine forte at regular intervals throughout the day. There is a constant ache in her shoulder and a sharp pain whenever she attempts to move it in any direction.

Objectively she has restricted range of movement (ROM) in every direction, with 60 degrees flexion, 40 degrees abduction, hand behind back to buttock (internal rotation) and 10 degrees external rotation. Other tests of the rotator cuff and impingement were not possible given the degree of pain and restriction of movement. The aims of treatment with *Mary* are to firstly reduce pain, and to increase her pain free range of movement in her shoulder. A secondary aim is to strengthen her rotator cuff musculature in preparation for potential surgery to repair the tear in her supraspinatus tendon.

The Australian Medicare funding scheme (Medicare Plus) offers up to five visits each calendar year for eligible patients to consult allied health practitioners. This makes it particularly important to incorporate evidence-based treatments from the first contact with the patient. Although there is currently no high level evidence specific to partial rotator cuff tears, the evidence relating to physiotherapy for shoulder problems suggests that mobilisation in conjunction with home exercises is likely to be the most effective treatment for increasing shoulder ROM and function. However, given that pain management is our primary aim, and the research evidence is inconclusive as to the most effective pain management strategies in this population, management decisions must rely on clinician experience and clinical judgment, and take into account patient preferences. Since the Physiotherapist has found that interferential (IFT) and heat therapy can be useful for managing extremely irritable shoulder pain and the patient