



PHYSICAL THERAPIST'S PERCEPTION REGARDING PATIENTS COMPLIANCE AND FACTORS RELATED TO EXERCISE REGIMENS DURING PHYSICAL THERAPY.

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ABSTRACT

BACKGROUND: The purpose of the present research is to examine the variables influencing patient adherence to exercise programmes prescribed during physical therapy (PT) and how physical therapists view patient adherence. Physical therapy (PT) is an essential component of the recovery process. It entails a combination of exercise routines and manual treatments with the goals of regaining physical function, enhancing mobility, and halting further health deterioration. **METHODS:** Using a cross-sectional approach, this study explores how physical therapists view exercise. Using a convenience sample method, physical therapists were chosen from a variety of healthcare facilities in Hyderabad, Karachi, and Nawabshah. A modified questionnaire modified from the Emmy M Study 1993 was administered to 240 physical therapists who matched the inclusion criteria. Through serial numbering and coding, confidentiality was protected while taking into account ethical issues. With the use of descriptive statistics like frequencies and percentages, the data was analysed using SPSS. **RESULTS:** There were 240 people in the sample, of which 63.3% were men and 36.7% were women. The majority of patients (73.8%) and reported feeling fatigued and having difficulty with the exercises (65.8%). A sizable percentage of patients (36.7%) were also concerned about their pain. Patients mentioned a variety of obstacles to exercise, including a lack of time, difficulty incorporating exercise into their daily routine, a tendency to forget to exercise, and financial worries. Patients also stated that the therapist was more significant than they were, and that their ailment would go away if they didn't exercise. Considering these obstacles and preconceived notions, the majority of clients saw the value of exercise in maintaining a healthy lifestyle and considered it to be beneficial. **CONCLUSION:** The findings offer insightful information about how patients feel about exercising, which can help in the creation of interventions that will encourage exercise adherence and enhance patient outcomes.

KEYWORDS: Patient compliance, Perception, Physical therapist, Regime.

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INTRODUCTION

Rehabilitation is an important phase in the cure of many illnesses and consequences. Physical therapy PT employs comprehensive routines of exercise and therapeutic interventions to restore physical function, increase mobility, and prevent further deterioration¹. However, if the patient does

not adhere to the exercise regimen, his or her rehabilitation may be impeded and recovery time lengthened².

Many factors influence exercise programme adherence, including patient attitudes towards the programme, motivation, knowledge, and mental health benefits³. By

better understanding these characteristics, physical therapists can create effective interventions to increase patient adherence to training programs, which will improve PT outcomes.

The variables influencing patient compliance with physical therapy exercise programs have been the subject of numerous studies. For instance, patients who had higher levels of self-efficacy and outcome expectations were more likely to stick to their exercise plans than those who had lower levels of these traits.⁴ Another study found that patients were more likely to adhere to home exercise regimens if they thought they were advantageous, practical, and simple to carry out⁵. Moreover, found self-efficacy, perceived barriers, social support, motivation, knowledge, and perceived knowledge as factors that affect patients' adherence to PT exercise regimens.⁶

It has been discovered that customized interventions increase patient adherence to PT exercise programs.^{7,8} It has been demonstrated that psychological factors and medical comorbidity can influence a patient's adherence to health interventions.^{9,10} The design of successful treatments to increase patient adherence to exercise regimens can be influenced by theories of behavior change, such as the social cognitive theory and the transtheoretical model.^{11,12}

In summary, patient non-compliance with exercise regimens can hinder the effectiveness of PT. Identifying the factors that affect patient adherence to exercise regimens can help physical therapists design effective interventions to enhance adherence and improve PT outcomes. So aim of the study is to physical therapist's perception regarding patients compliance and factors

related to exercise regimens during physical therapy.

METHODOLOGY

This study used a descriptive cross-sectional design to investigate the perceptions of physical therapists towards exercise. The study was conducted in different hospitals, clinics, OPDs, and rehabilitation centers in Hyderabad, Karachi, and Nawabshah where physical therapists were available. The study was conducted for six months after the approval of the synopsis. A non-probability, convenience sampling technique was used to select 251 physical therapists who met the inclusion criteria of being aged 25 years or older, having at least one year of experience, and being willing to participate in the study. A modified questionnaire adapted from Emmy M Study 1993 was used as a data collection tool. The data was collected through distributed structured questionnaires along with consent forms. Permission was taken from the ethical review committee of Isra University. Data was analyzed using Statistical Package for Social Sciences SPSS Version 21, and descriptive statistics frequencies and percentages were used. Ethical considerations were taken into account, and the data was kept confidential and followed by serial numbering and coding.

RESULTS:

The present study investigated the characteristics of participants, including their gender and educational backgrounds. 240 people made up the sample, of which 63.3% were men and 36.7% were women. Regarding the level of education, 58.3% of those who participated had successfully finished PPDPT, 19.6% had earned an MSPT, and 22.1% had a BSPT. **Table I**

Table I: Demographic Characteristics of Participants, by Gender and Education Level

Distributions		Mean	SD
Age		37.19	5.47
		Frequency	Percent
Gender of participants	Male	152	63.3%
	Female	88	36.7%
Education	PPDPT	140	58.3%
	MSPT	47	19.6%
	BSPT	53	22.1%

The patient replies to several questions on exercising are shown in table II. The majority of patients 73.8% said they were exhausted and that they found the workouts challenging 65.8%. A sizable percentage of patients 36.7% were also concerned about their pain. Numerous obstacles to exercise

were cited by patients, including a lack of time 38.3%, workouts that did not fit into their regular routine 65.4%, and a tendency to forget to exercise 67.1%. Financial issues were also mentioned; 44.6% of patients said they couldn't afford to exercise. Nearly half of the patients 47.1% stated that exercising

wouldn't make much of a difference and those therapists were ultimately responsible for their recovery 63.8%. Patients also stated that their therapist was more important to them than they were to themselves 68.8% and thought their ailment would go away if they didn't exercise 57.9%. A large number of patients 87.5% recognised the value of exercise in leading a healthy life and found it useful 86.7%, despite these obstacles and preconceptions. Patients 76.7% also thought that the therapist's interest was required.

Participants reported engaging in exercise once daily 15.8%, twice daily 30.8%, three times daily 29.2%, or five times daily 24.2%. Patient lifestyle 42.9%, pain 27.1%, and patient timing 30.0% were among the complaints that patients said the therapist should be worried with. The creation of interventions to encourage exercise adherence and enhance patient outcomes can be guided by these data, which offer insightful information about patients' attitudes and beliefs towards exercising.

Table II: Patient Perceptions and Barriers to Exercise Adherence

Questions	Response	Frequency	Percent
Patient get tired from exercising	Yes	177	73.8%
	No	63	26.3%
The exercises are difficult for patient	Yes	158	65.8%
	No	82	34.2%
The exercises are painful for patient	Yes	88	36.7%
	No	152	63.3%
Patient have too little time	Yes	92	38.3%
	No	148	61.7%
Exercises do not fit daily routine of patient	Yes	157	65.4%
	No	83	34.6%
Patient often forget to exercise	Yes	161	67.1%
	No	79	32.9%
Patient cannot afford to exercise	Yes	107	44.6%
	No	133	55.4%
Patient believe that exercising will not help much	Yes	113	47.1%
	No	127	52.9%
Patient can do little by themselves	Yes	157	65.4%
	No	83	34.6%
Patient believe that recovery depends on the therapist	Yes	153	63.8%
	No	87	36.3%
Patients believe that the therapist is more important	Yes	165	68.8%
	No	75	31.3%
Patient believe that their complaint will disappear without exercising	Yes	139	57.9%
	No	101	42.1%
Is exercise important in health life?	Yes	210	87.5%
	No	30	12.5%
Exercises are helpful	Yes	208	86.7%
	No	32	13.3%
Therapist showing interest is necessary	Yes	184	76.7%
	No	56	23.3%
How many times you can do exercise in a day?	Once a day	38	15.8%
	Twice a day	74	30.8%
	Three times a day	70	29.2%
	Five times a day	58	24.2%
For which complaint therapist should be concern	Patient life style	103	42.9
	Pain	65	27.1
	Patient timing	72	30.0

DISCUSSION

The findings of the present research provide important new insights into the characteristics of individuals undergoing physical therapy and their perspectives on engaging in exercise. A considerable level of education and training in physical therapy

was evident from the fact that the majorities of patients were male and had finished PPDPT. Patients reported encountering a variety of exercise-related obstacles, including a lack of time, a challenge incorporating exercise into daily routines,

and forgetfulness, despite their understanding of physical therapy. Financial worries were cited as another major deterrent to exercise. These results are in line with earlier study that found comparable barriers to exercise among physical therapy patients.¹³

In addition, the findings also showed that patients' perceptions regarding the importance of exercise in their recovery were varied, with nearly half of the patients saying that they did not think exercise would make a significant difference in their recovery and that it was more the responsibility of their therapist. Patients additionally stated that they lacked motivation to workout because their ailment will go away if they didn't work out. These opinions are worrying because they might have a negative effect on how well patients stick to their fitness regimens and, as a result, on their results. This result is consistent with other research that found patients receiving physical therapy had similar limiting beliefs.¹⁴

Besides these obstacles and unfavourable perceptions, the majority of patients in this study recognised the value of exercise and found it to be beneficial. Patients also thought that the therapist's interest in their development was important, demonstrating the value of patient-therapist communication in encouraging exercise compliance. This result is in line with earlier studies that have pointed out the therapist's function in encouraging patients to exercise and fostering exercise adherence.¹⁵

Overall, the findings of this study highlight the importance of addressing patients' beliefs and attitudes towards exercising and promoting exercise adherence to improve patient outcomes. Future interventions should focus on addressing the barriers to exercising and enhancing patient-therapist interaction to promote exercise adherence and improve patient outcomes.

CONCLUSION:

The study concludes with findings about the challenges and unfavourable attitudes that patients encounter in sticking with exercise regimens during physical therapy. Significant obstacles included lack of money, lack of time, difficulty incorporating exercise into daily activities, forgetfulness, and unfavourable ideas about the benefits of exercise for recovery. Patients did, though, recognise the value of exercise in leading a healthy lifestyle and found it to be beneficial, underscoring the need to address these issues and enhancing patient-therapist

contact to encourage exercise adherence and boost patient outcomes.

ETHICS APPROVAL: The ERC gave ethical review approval.

CONSENT TO PARTICIPATE: written and verbal consent was taken from subjects and next of kin.

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CONFLICT OF INTEREST: No competing interest declared.

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