

Physiotherapy Update

February 2026



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1. Effects of manually applied force control training in physiotherapy students and experienced manual therapists

Item Type: Journal Article

Authors: Gnat, Rafał;Gogola, Anna;Wolny, Tomasz;Biały, Maciej and Muzalewski, Adam

Publication Date: 2026

Journal: The Journal of Manual & Manipulative Therapy 34(1), pp. 55–65

Abstract: Background: Manual therapists use manually applied physical force as their medium to achieve expected therapeutic effects. Force control ability based on proprioception is highly demanded for efficient 'hands-on' work and in the education process of manual therapy.; **Objective:** The aim of the presented study is to investigate the effects of manually applied, device-assisted force control training in manual therapy students and experienced manual therapists.; **Design:** A quasi-experimental design was applied with 2 groups of volunteers (students and experienced manual therapists), intervention in the form of 20-session manually applied, device-assisted force control training, and 3 measurements of dependent variables (baseline, post-training and 1-month follow-up).; **Method:** Force reproduction tests with no visual control were performed using a force plate and electronic dynamometer. Force control training was implemented using regular kitchen scales. A minimum of 1000 force reproduction trials was carried out during the training. Absolute errors of force reproduction were calculated.; **Results:** In the post-training and follow up-measurements students made significantly larger absolute errors than therapists. In follow-up they completely returned to their initial status, while the therapists retained much of the skills they had acquired.; **Conclusions:** Device-assisted force control training reduces the magnitude of the force reproduction error in students and therapists. Therapists seem to retain more of the training gains. Further research should consider effects of a mixed form of force control training (with human-partner and device-assisted ones) implemented for the longer periods of time. This could bring a new quality to the process of manual therapist education.

Access or request full text: <https://libkey.io/10.1080/10669817.2025.2512863>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40493917&profid=ehost>

2. Current Practice of Physiotherapists in the Management of Children With Cerebral Palsy in Benin Country: A Cross-Sectional Online Survey

Item Type: Journal Article

Authors: Sogbossi, Emmanuel Segnon;Gbaglo, Murielle;Dahoueto, Wilfried;Kpadonou, Toussaint and Mercier, Catherine

Publication Date: 2026

Journal: Child: Care, Health and Development 52(1), pp. e70192

Abstract: Background: In low- and middle-income countries, physiotherapy is often the only available rehabilitative care, making the quality of physiotherapy care particularly important. However, how well physiotherapy practice in managing children with cerebral palsy (CP) is supported by evidence-based guidelines remains unclear. This study aims to describe the current practice of physiotherapists in managing children with CP in Benin, a French-speaking country in Sub-Saharan Africa.; **Methods:** This study used a cross-sectional online survey, addressed to physiotherapists working in Benin.; **Results:** A total of 91 physiotherapists participated in the study, 52 of whom worked with children with CP. One-third of the children with CP treated were under 2 years old. Physiotherapy sessions were delivered twice or thrice weekly and lasted 30-45 min. Most of the physiotherapists working with children with CP (63.5%) received no certified paediatric neurorehabilitation training. About 54% rarely or never used a standardized outcome measure, and 36.5% used such measures occasionally. CP-specific common classification systems were mostly unused and unknown. The most common intervention modalities were handling techniques (muscle stretching, joint

mobilization and Bobath therapy for movement normalization]), but functional exercises (milestones) were also commonly used. About 58% felt confident in the management of children with CP, and the need for training on modern approaches was stressed.; **Conclusion:** The management of children with CP in Benin does not meet the standards of evidence-based practice. The results of this study will help develop strategies to improve the physiotherapy quality of care provided to children with CP in Benin and beyond. (© 2025 The Author(s). Child: Care, Health and Development published by John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1111/cch.70192>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41367238&prolid=ehost>

3. Early Physiotherapy for Post-Total Knee Arthroplasty Recovery: A Systematic Review of Randomized Controlled Trials on Quality of Life, Pain, and Range of Motion Outcomes

Item Type: Journal Article

Authors: Aftab, Saman;Ali, Hafiza Nida;Saeed, Bushra;Sarwar, Samaika;Dawood, Muhammad Hamza and Pervez, Maira

Publication Date: 2025

Journal: Musculoskeletal Care 23(3), pp. 1–11

Abstract: Background: Total knee arthroplasty (TKA) is a common procedure for managing advanced knee osteoarthritis, offering pain relief and functional restoration. However, post-operative rehabilitation is critical to optimise recovery. Early physiotherapy has been proposed to enhance range of motion (ROM), reduce pain, and improve quality of life (QoL), though its effectiveness remains debated. **Objective:** This systematic review evaluates the impact of early physiotherapy on pain, ROM, and QoL in post-TKA patients using evidence from randomized controlled trials (RCTs). **Methods:** A comprehensive literature search was conducted using PubMed and EBSCOhost for RCTs published in the past 10 years, following PRISMA guidelines. The methodological quality of the included studies was assessed using the Cochrane Risk of Bias tool. Nineteen RCTs were selected, covering rehabilitation protocols including conventional physical therapy, range of motion exercises, isotonic strengthening exercises, patellar resurfacing, acupoint quadriceps massage, standard manual therapy, continuous passive movement, neuromuscular electrical stimulation, and supervised outpatient rehabilitation. **Results:** The analysis demonstrated that early physiotherapy significantly improves pain relief, ROM, and overall QoL in post-total knee replacement patients. Several interventions, particularly strengthening programs and early mobilisation, showed statistically significant improvements in clinical outcomes. While some studies had unclear or high risk of bias, the overall risk across the studies was assessed to be low, supporting the reliability of findings. **Conclusion:** Evidence from RCTs supports the incorporation of early physiotherapy into post-TKA rehabilitation protocols to improve clinical outcomes. Future high-quality trials and standardized guidelines are needed to further refine rehabilitation approaches and promote adherence among patients.

Access or request full text: <https://libkey.io/10.1002/msc.70158>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=188175531&prolid=ehost>

4. Measuring guideline adherence in physiotherapy: A scoping review of methodological approaches

Item Type: Journal Article

Authors: Bahns, Carolin;Scheffler, Bettina;Bremer, Alexander and Kopkow, Christian

Publication Date: 2025

Journal: Journal of Evaluation in Clinical Practice 31(5), pp. 1–10

Abstract: Rationale: Clinical practice guidelines summarise the existing evidence on specific health conditions and aim to optimise quality of care by providing evidence-based recommendations. Studies have reported a gap between research findings and clinical practice in physiotherapy. Guideline adherence is often used as a measure of agreement between therapeutic care and guideline recommendations. However, there is currently no standardised methodological approach for measuring guideline adherence. **Aims and Objective:** The objective of this scoping review was to summarise the methods and results of studies that assessed guideline adherence in physiotherapy. **Methods:** MEDLINE, EMBASE, PEDro and CENTRAL databases were searched for relevant literature up to December 2022. Published reports of observational studies and controlled clinical trials that provided information on the assessment of guideline adherence in physiotherapists were included. The selection process was performed independently by two reviewers. The methodological quality of the identified reports was not assessed. Results were summarised narratively. **Results:** From a total of 2560 potentially relevant records, 53 reports were included in the analysis. Physiotherapists' adherence to guidelines was primarily assessed in the context of musculoskeletal conditions, such as low back pain (n = 25, 47.2%) and osteoarthritis (n = 8, 15.1%). A wide range of measurement approaches were used with the majority of reports using web-based surveys (n = 21, 39.6%), followed by chart reviews (n = 17, 32.1%). Most reports (n = 21, 39.6%) provided information on the level of adherence in terms of frequency dichotomising (self-reported) clinical practice as adherent or non-adherent. Adherence rates varied widely between included reports. **Conclusions:** Although the large number of included reports indicates a high level of interest in the topic of guideline adherence, there is considerable heterogeneity between studies regarding the methodological approaches used to assess guideline adherence in physiotherapists. This reduces the comparability of the study results. Trial Registration: INPLASY (registration no. 202250081). Registered on 12th May 2022.

Access or request full text: <https://libkey.io/10.1111/jep.14218>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=187574739&provid=e_host

5. What is the experience of healthcare professionals managing Achilles tendon ruptures in the National Health Service (NHS)?-a qualitative interview study in the United Kingdom

Item Type: Journal Article

Authors: Briggs-Price, Samuel;Yates, Thomas;Mangwani, Jitendra;Bhatia, Maneesh and O'Neill, Seth

Publication Date: 2025

Journal: BMJ Open 15(10), pp. e107575

Abstract: Objective: To explore National Health Service (NHS) healthcare professionals' experiences of delivering rehabilitation for patients with Achilles tendon rupture (ATR).; **Design:** Qualitative study using semistructured interviews and reflexive thematic analysis.; **Setting:** NHS hospital sites in the United Kingdom, providing non-surgical ATR management using the Leicester Achilles Management Protocol (LAMP).;

Participants: Twenty-one NHS healthcare professionals, including physiotherapists and orthopaedic consultants with a mean of 10.8 years of clinical experience, purposively sampled based on profession and experience managing ATR.; **Results:** Three main themes were identified: (1) clinical training on Achilles tendon ruptures, (2) rehabilitation following ATR and (3) the NHS service delivering rehabilitation. Participants reported limited training on ATR, leading to reduced confidence and slower rehabilitation progressions. Fear of re-injury influenced clinical decision-making, while discharge decisions were goal-oriented but constrained by service limitations.; **Conclusions:** This study highlights limited clinical training, inconsistent rehabilitation practices and NHS service constraints that collectively slow rehabilitation progress and affect return to sport following ATR. Enhanced training, service development and greater standardisation of ATR rehabilitation pathways are recommended to improve patient outcomes. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

Access or request full text: <https://libkey.io/10.1136/bmjopen-2025-107575>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41106861&prolid=e>

6. Pushing and guiding me towards home; patients' perspectives of person-centred physiotherapy in Intensive Care

Item Type: Journal Article

Authors: Carruthers, Helen;Derry, David and Astin, Felicity

Publication Date: 2025

Journal: Disability and Rehabilitation 47(21), pp. 5602–5610

Abstract: Purpose: Person-centred physiotherapy in Intensive Care Units (ICU) supports patients' early rehabilitation. Yet little is known about the activity required to enable person-centred physiotherapy in this setting. This study explores the experiences and interpretations of people who received physiotherapy.; **Methods:** A qualitative study using Interpretative Phenomenological Analysis was conducted. Eight participants, recruited from a Ventilation Unit in Northwest England, were interviewed. Data were transcribed and managed using NVivo 12 software.; **Results:** Participants described being "pushed" and guided by physiotherapists. The "emotional" pushing through motivation and encouragement, and "physical" pushing through setting goals, were perceived as person-centred activities, despite physiotherapists initially directing them. Other important aspects of individualised care were feeling safe and understanding how their body had changed.; **Conclusions:** Patients viewed physiotherapist led rehabilitation in ICU as being person-centred, despite the lack of collaboration during early recovery, because they were too ill. Models of person-centred physiotherapy could be made more applicable to clinical settings by fully integrating the patient perspective.

Access or request full text: <https://libkey.io/10.1080/09638288.2025.2466724>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39985385&prolid=e>

7. Management of musculoskeletal conditions with remotely delivered physiotherapy versus face-to-face physiotherapy: process evaluation of the REFORM trial using the Realist Evaluation and the RE-AIM Framework

Item Type: Journal Article

Authors: Chu, Jackie;Withers, Hannah G.;Glinsky, Joanne V.;Liu, Hueiming;Jennings, Matthew D.;Starkey, Ian J.;Palmer, Blake;Parmeter, Rachel;Cruwys, Jackson J.;Boulos, Max;Jordan, Ian;Duong, Maggie;Duong, Kitty;Wong, David;Lambert, Tara E.;Lucas, Barbara R.;Taylor, Deborah;Maher, Christopher G.;Sherrington, Catherine;Zadro, Joshua R., et al

Publication Date: 2025

Journal: BMJ Open 15(8), pp. e097770

Abstract: Objectives: The objectives of this process evaluation were to explain the results of the REFORM (REhabilitation FOR Musculoskeletal conditions) trial and identify potential facilitators and barriers to the future rollout of a remotely delivered physiotherapy model of care.; **Setting:** Outpatient physiotherapy units in five government-funded public hospitals in Sydney, Australia.; **Design:** This process evaluation was run alongside the REFORM trial. The REFORM trial (n=210) set out to determine whether remotely delivered physiotherapy (with one initial face-to-face session with a physiotherapist) was as good or better than a course of face-to-face physiotherapy. The process evaluation was informed by The UK Medical Research Council Process Evaluation Guidance. It was also based on the Realist Evaluation and the dimensions of the Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) Framework. Qualitative and quantitative data were collected. The qualitative data included semistructured interviews. The quantitative data included audits of screening logs and participants' self-reported satisfaction with service delivery. A thematic analysis using both inductive and deductive approaches was used for qualitative analysis. Multiple data were used to triangulate the process evaluation findings.; **Participants:** Quantitative data were collected on 210 participants. Qualitative interviews were conducted with 20 participants, 15 physiotherapists and 5 stakeholders.; **Results:** Some participants valued the convenience and accessibility of remotely delivered physiotherapy. It was also deemed to have the potential of improving the efficiency in the way physiotherapy is delivered. The findings from the RE-AIM framework were mixed. For example, the Reach was limited, and the Adoption and Maintenance were inconsistent across sites.; **Conclusion:** Remotely delivered physiotherapy has the potential to be rolled out across Australian clinical settings to participants similar to the REFORM trial. However, further research involving participants with different types and severity of musculoskeletal conditions is needed to improve the generalisability of our findings. Adoption might be improved with a hybrid model of care where physiotherapists' and patients' preferences are met.; Trial Registration Number: ACTRN12619000065190. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

Access or request full text: <https://libkey.io/10.1136/bmjopen-2024-097770>

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8. Exploring parental perspectives of physiotherapy in children with congenital heart disease: a qualitative study

Item Type: Journal Article

Authors: Clarke, Stephanie L.;Menzies, Julie C.;Shkurka, Emma and Drury, Nigel E.

Publication Date: 2025

Journal: BMJ Paediatrics Open 9(1)

Abstract: Background: Children with congenital heart disease demonstrate developmental and functional impairment throughout their life. Published literature is limited but suggests postsurgical physiotherapy

positively impacts developmental and functional outcomes in these children. We aimed to understand parental opinions of their child's development or function, their experiences of physiotherapy services, how they feel physiotherapy could be used to support their child and what impacted access to services.; **Methods:** A qualitative study using semistructured online interviews was conducted among parents of children with a diagnosis of congenital heart disease under the age of 16 years, who had undergone cardiac surgery in the UK. Data were collected between July and December 2024. The data were explored using reflexive thematic analysis and the study was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research checklist.; **Results:** 12 semistructured interviews were completed involving 12 mothers and 1 father. Themes identified were parental priorities; understanding and experience of physiotherapy; access to physiotherapy and ideal physiotherapy service. Parental expectations of their child's development were influenced by antenatal care and postnatal experiences. Parents continually evaluate the need for their child to access developmental and functional support. Engagement with physiotherapy is influenced by parental understanding, quality of service provision, impact of interventions on their child and the practical and emotional consequences to their family. Parents want physiotherapy services to deliver parental education and individualised support throughout their child's life, particularly around key life events.; **Conclusions:** Parental engagement with physiotherapy services is influenced by parental expectations of their child's development and function, and their understanding of the potential benefits of physiotherapy. Physiotherapists should prioritise promoting and increasing awareness of physiotherapists' role in children with congenital heart disease, alongside parental education and individualised care, to facilitate engagement. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY. Published by BMJ Group.)

Access or request full text: <https://libkey.io/10.1136/bmjpo-2025-003705>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41213833&provid=e_host

9. Healthcare professionals' views of physiotherapy after cardiac surgery in children with congenital heart disease: a UK and Ireland survey

Item Type: Journal Article

Authors: Clarke, Stephanie L.;Shkurka, Emma;Menzies, Julie C. and Drury, Nigel E.

Publication Date: 2025

Journal: BMJ Open 15(11), pp. e097314

Abstract: Objectives: To understand healthcare professionals' views on current physiotherapy service provision in children with congenital heart disease (CHD), how physiotherapy could be better used post-cardiac surgery and perceived barriers to service expansion.; **Design:** Cross-sectional survey using a one-off self-completed online questionnaire, with open and closed questions, in June-August 2024.; **Setting:** Each of the 12 level 1 paediatric cardiac surgical centres in the UK National Health Service and Children's Health Ireland.; **Participants:** Healthcare professionals providing clinical care to children undergoing cardiac surgery.; **Results:** 80 responses were obtained, with at least one response from each centre. Healthcare professionals conduct motor, developmental and functional evaluations across all age groups, with referrals to physiotherapy primarily based on physical examination (39, 87%). They expressed dissatisfaction with community physiotherapy services (64, 81%) compared with inpatient services (29, 36%), although they indicated that expanding services would positively impact patients and families. There is a lack of consensus regarding intervention frequency, duration and which patient groups should be prioritised. Respondents identified a lack of funding as the primary barrier to service expansion (76, 95%). Reported barriers for families included volume of medical appointments (69, 86%), transportation (66, 83%) and finances (62, 78%).; **Conclusions:** Healthcare professionals appreciate the positive impact physiotherapy can have on post-

surgical management of children with CHD. The importance of expanding services was emphasised. However, to effectively support clinical practice, it is crucial to understand which patient groups should be prioritised and at what stage, as well as determining the optimal amount of physiotherapy that positively impacts patient outcomes. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY. Published by BMJ Group.)

Access or request full text: <https://libkey.io/10.1136/bmjopen-2024-097314>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41224311&prolid=ehost>

10. Effects of physiotherapy methods in post-operative women with breast cancer: systematic review with meta-analysis

Item Type: Journal Article

Authors: da Costa Sousa, Amanda Eduarda;Gama Linhares, Diego;de Menezes Nunes, André Salin;da Cruz Pinto, Camilly Eduarda;Gomes do Nascimento, Rodolfo and Joaquim Borba-Pinheiro, Claudio

Publication Date: Jan ,2025

Journal: Fisioterapia Em Movimento 38, pp. 1–12

Abstract: Introduction: Breast cancer is characterized by abnormal, disordered and rapid proliferation of breast tissue cells; however, early diagnosis and advances in treatment allow greater chances of a good treatment. **Objective:** To present the effects of physical therapy in postoperative breast cancer patients. **Methods:** This is a systematic review of the literature, with a selection of articles published in the PubMed, SCOPUS, Cochrane, Web of Science and SciELO databases. **Results:** A total of 1,380 publications were found in the search in the databases following the proposed research methodology. After using the selection criteria, six studies (four randomized clinical trials and two clinical trials) were included in this systematic review. Of these studies, three provided data for the meta-analysis. The results of this meta-analysis showed that the abduction variable did not differ significantly ($p = 0.11$; standardized mean difference SMD] = 1.48; 95% CI - 0.35 to 3.3]), as well as the flexion variable did not show differences ($p = 0.14$; SMD = 1.21; 95% CI 0.41 to 2.82]). **Conclusion:** According to this meta-analysis, no results were obtained that demonstrated improvements in physical therapy interventions in women after breast cancer surgery in the range of motion of the upper limbs.

Access or request full text: <https://libkey.io/10.1590/fm.2025.38202>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=190564858&prolid=ehost>

11. Evaluating Musculoskeletal Physiotherapist's Self-Perceived Knowledge and Understanding of the Assessment, Diagnosis and Management of Degenerative Cervical Myelopathy: A Cross-Sectional Survey

Item Type: Journal Article

Authors: Dawson, Esther and Macintosh, Fi

Publication Date: 2025

Journal: Musculoskeletal Care 23(3), pp. e70157

Abstract: Background: Degenerative cervical myelopathy (DCM) is often inadequately managed, leading to serious long-term consequences for patients. Limited awareness of DCM among healthcare professionals may contribute to this problem.; **Objective:** This study aimed to assess UK-based musculoskeletal (MSK) physiotherapists' knowledge and confidence in the assessment, diagnosis, and management of DCM.; **Methods:** An online cross-sectional survey was conducted to gather data on MSK physiotherapists' understanding of DCM. It also explored perceived barriers to care and the value of additional training. The survey was distributed via the Chartered Society of Physiotherapy's (iCSP) website, professional networks, and social media. Responses were collected in March 2024.; **Results:** A total of 108 physiotherapists participated, most with over 10 years of experience. Many reported that they had not received DCM-specific training in their undergraduate programs. While most were fairly or very confident in their knowledge of DCM, subjective questioning relating to DCM, and management, nearly half expressed concern about missing a DCM diagnosis. Most participants felt they would benefit from further training.; **Conclusion:** MSK physiotherapists are generally confident in their assessment and management of DCM but seek more comprehensive training, especially in symptomology and non-surgical management. The findings of this survey also suggest a gap in DCM education at the undergraduate level, highlighting an opportunity to improve training for early-career physiotherapists. (© 2025 The Author(s). Musculoskeletal Care published by John Wiley & Sons Ltd.)

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URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40754650&profiid=ehost>

12. Comparing the impact of interactive versus traditional e-learning on physiotherapists' knowledge, attitudes, and clinical decision-making in low back pain management: a randomized controlled trial

Item Type: Journal Article

Authors: Fourné, Antoine;Michielsen, Jef;Ris, Laurence;Darlow, Ben;Vanderstraeten, Rob;Bastiaens, Hilde;Demoulin, Christophe and Roussel, Nathalie

Publication Date: 2025

Journal: The Journal of Manual & Manipulative Therapy 33(6), pp. 505–518

Abstract: Introduction: Despite the recommendations to use a bio-psycho-social framework, many physiotherapists still manage their patients mainly from a biomedical point of view. The purpose of this study is to analyze the impact of two different e-learning interventions on knowledge, attitudes, and clinical decision-making of physiotherapists managing low back pain (LBP) to increase guideline-consistent care.; **Methods:** Physiotherapists were allocated (1/1) either to an experimental or a traditional e-learning intervention. Baseline and post-intervention assessment included the Health Care Providers' Pain and Impairment Relationship Scale (HC-PAIRS), Back Pain Attitudes Questionnaire (Back-PAQ), Neurophysiology of Pain Questionnaire (NPQ), and a clinical vignette. Participants had 2 weeks to complete the post-intervention assessment. Statistics were processed using ANCOVA and Fisher's t-tests.; **Results:** Four hundred nineteen physiotherapists were included in the analysis. Mean scores of HC-PAIRS, Back-PAQ, and NPQ significantly improved post-intervention in both groups. There was a significant effect of the intervention type (experimental versus traditional) on the scores of HC-PAIRS ($p < .001$; $\eta^2 p = .243$) and Back-PAQ ($p < .001$; $\eta^2 p = .135$) but not on NPQ scores. Return to work, recommendations assessed with the clinical vignette were significantly more guideline-consistent in the experimental group ($p < .001$) post-intervention.; **Conclusion:** An interactive

e-learning intervention which includes concrete clinical examples and focused on patient's reassurance, self-management, and importance of screening psycho-social factors had more impact than a traditional e-learning intervention to enhance physiotherapists' knowledge, attitudes, and clinical decision-making regarding LBP.

Access or request full text: <https://libkey.io/10.1080/10669817.2025.2476670>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40089875&prolid=e_host

13. Effectiveness of Physiotherapy Interventions in Improving Quality of Life, Pain, and Nerve Conduction in Patients with Chronic Distal Symmetric Lower Extremity Sensorimotor Diabetic Peripheral Nerve Disease: A Systematic Review with Meta-Analysis of Randomized Controlled Trials

Item Type: Journal Article

Authors: Goyal, Manu;Samuel, Asir John;Manaktala, Muskan and Goyal, Kanu

Publication Date: Oct ,2025

Journal: Journal of Diabetology: Official Journal of Diabetes in Asia Study Group 16(4), pp. 287–298

Access or request full text: https://libkey.io/10.4103/jod.jod_133_24

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=189015086&prolid=e_host

14. Using an outpatient physiotherapist-led behaviour change intervention to promote exercise adherence in people with vertebral fragility fracture: a longitudinal qualitative study

Item Type: Journal Article

Authors: Hannink, Erin;Room, Jonathan and Barker, Karen L.

Publication Date: 2025

Journal: BMJ Open 15(10), pp. e096314

Abstract: Objectives: To explore the longitudinal experience of taking part in a physiotherapy-led exercise adherence programme as part of the Osteoporosis Tailored exercise adherence INtervention (OPTIN) trial.; **Design:** Longitudinal qualitative study using semi-structured interviews analysed with reflexive thematic analysis-an interpretive approach.; **Setting:** UK National Health Service.; **Participants:** 12 participants with vertebral fragility fracture (VFF) within the exercise adherence intervention arm of the OPTIN trial (n=63 in each arm). Interviews were undertaken with each participant at three time points: (1) within the first 2 weeks of initial assessment, (2) at the end of the 16-week intervention and (3) a year post-baseline.; **Results:** We distilled five themes. (1) One size does not fit all: this focuses on the importance of a physiotherapist individualising the exercise programme and how participants adapt it into their lives. (2) My mind and body can be in conflict or work together: this spotlights the strong link between one's emotional and mental state with their physical state, and how they can work to positively or negatively affect exercise adherence behaviour. (3) Expanding my circle of support: this revolves around the need for support systems beyond family and friends to the

physiotherapist and other people with osteoporosis. (4) Transitioning from an exercise programme to a lifestyle change: this encompasses a longitudinal perspective of the exercise programme tapering, becoming intermittent or dropping off after a year, then being replaced by sustained lifestyle changes. (5) Moving from fear to empowerment: this explores the fear and loss of former identity after VFF diagnosis transforming into hope, confidence and empowerment through knowledge, advice and coping strategies.; **Conclusions:** Findings highlight the need to work with mind and body to empower lifestyle changes and the importance of educating, tailoring, empathising and allying with the participant-all critical areas clinicians can target when treating patients with VFFs.; Trail Registration Number: ISRCTN14465704. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

Access or request full text: <https://libkey.io/10.1136/bmjopen-2024-096314>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41083298&prolid=e>
[host](https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41083298&prolid=e)

15. Perspectives of UK Physiotherapists With Expertise in Rheumatology on the Barriers and Facilitators Influencing the Identification of Axial Spondyloarthritis by First Contact Practitioners in Primary Care: A Qualitative Study

Item Type: Journal Article

Authors: Jones, Carissa and Greene, Gerard

Publication Date: 2025

Journal: Musculoskeletal Care 23(1), pp. e70031

Abstract: Background: Axial spondyloarthritis (axSpA) poses a significant diagnostic challenge to health care professionals, with opportunities for early recognition often being missed in primary care. With musculoskeletal First Contact Practitioners (FCPs) rapidly becoming common place in primary care settings, the question is raised as to whether FCPs are adequately considering axSpA as a potential diagnosis. Swift recognition and timely referral are the antecedents to early diagnosis and better outcomes for people with suspected axSpA; therefore, it is imperative that FCPs can readily identify this condition. To date, no research has been conducted to thoroughly understand the determinants influencing axSpA identification by FCPs specifically.; **Aim:** To explore perceived barriers and facilitators to axSpA identification by FCPs in primary care according to UK physiotherapists with rheumatology expertise.; **Method:** A qualitative research design was undertaken using a constructivist methodological approach. Data were collected via virtual semi-structured interviews and analysed using a grounded theory coding strategy to identify key themes.; **Results:** Ten physiotherapists with expertise in rheumatology were recruited using purposive sampling. Four themes pertaining to barriers were identified: (1) disease-specific factors, (2) patient factors, (3) clinician factors, and (4) system factors. Five themes relating to facilitators emerged: (1) education and training, (2) axSpA screening, (3) referral pathways, (4) clinical governance around the FCP role, and (5) peer support.; **Conclusion:** Study findings highlight a multitude of barriers that may impede the identification of axSpA by FCPs. Participants also proposed several solutions to help overcome these obstacles, thereby facilitating earlier diagnosis for individuals with the condition. (© 2025 John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1002/msc.70031>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39746798&prolid=e>

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16. Exploring how to deliver person-centred physiotherapy with adolescents experiencing musculoskeletal pain: a qualitative study

Item Type: Journal Article

Authors: Joslin, R.;Harwood, C.;Donovan-Hall, M.;Barker, M. and Roberts, L.

Publication Date: 2025

Journal: Musculoskeletal Science & Practice 80, pp. 103437

Abstract: Background: Musculoskeletal pain in adolescents is common and can become a long-term problem and continue into adulthood. Person-centred care is recognised globally as best practice, but it is unclear how to personalise physiotherapy for adolescents experiencing musculoskeletal pain and injury.; **Objectives:** The aim was to understand adolescent perspectives on how physiotherapists can deliver person-centred care.; **Design:** A qualitative interview study was undertaken as part of a larger programme of research to design an intervention using the person-based approach.; **Method:** Semi-structured individual interviews were conducted with a purposive sample of 11 adolescents (6 young women and 5 young men) aged 14-17 years, receiving physiotherapy at a single NHS site in England. Their perspectives on how best to deliver personalised care within physiotherapy were sought.; **Results:** Six themes were developed from the interview data and portrayed the dynamic nature of person-centred care. These were labelled make it right for me, get to know me, explain to me, encourage me, hear me and let me choose.; **Conclusions:** New perceived needs specific to this population were highlighted. These included recognising the vulnerability and lack of control experiences by adolescents, as well the importance of adults (parents and physiotherapists) acknowledging the extent to which they facilitate or constrain the delivery of person-centred care. Adolescents with non-traumatic musculoskeletal pain expressed different service needs compared to those with traumatic musculoskeletal injuries. However, the need to address the social and emotional impacts of pain, injury, and rehabilitation was universally recognised.; **Clinical Trial Registration:** The wider programme of research including this qualitative study is registered and listed on the ISRCTN registry with study registration number ISRCTN18918987. (Copyright © 2025 The Authors. Published by Elsevier Ltd.. All rights reserved.)

Access or request full text: <https://libkey.io/10.1016/j.msksp.2025.103437>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41129836&profiid=ehost>

17. Development and validation of clinical vignettes to inform an educational intervention for physiotherapists to detect serious pathologies: a mixed-methods study

Item Type: Journal Article

Authors: Lackenbauer, Wolfgang;Gasselich, Simon;Lickel, Martina Edda;Schabel, Lars;Beikircher, Reinhard;Keip, Christian;Wieser, Manfred;Selfe, James;Mazuquin, Bruno;Yeowell, Gillian and Janssen, Jessie

Publication Date: 2025

Journal: BMJ Open 15(8), pp. e097107

Abstract: Objectives: To develop and validate educational clinical vignettes (CVs) based on real-life patients

with serious pathology from the disciplines of oncology, internal medicine and orthopaedics that are relevant for physiotherapists (PTs) working in a non-direct access system.; **Design:** A mixed-methods study using an iterative design was employed to develop and validate CVs that focused on serious pathology.; **Setting:** Academic and clinical settings within health faculties at three universities in Austria and the UK.; **Participants:** Medical doctors (MD) (n=3) and PTs (n=4) developed CVs in the disciplines of internal medicine, oncology and orthopaedics. Validation of the CVs was undertaken in three stages: internal validation by the research team (n=7), external validation by MDs (n=3) and external validation by PTs (n=18).; **Results:** 25 CVs focusing on internal medicine (9), oncology (8) and orthopaedics (8) were developed. Results of the consensus method of Haute Autorité de Santé ranged between 7 and 9 in the internal validation stage. In the external validation stage with MDs, one orthopaedic CV was excluded, resulting in a final total of 24 validated CVs.; **Conclusions:** This is the first time educational CVs have been developed and validated across such a broad range of pathologies for countries without direct access to physiotherapy, for use in the education of PTs. Furthermore, the approach described in the Methods section of this paper may serve as a template in similar future projects. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

Access or request full text: <https://libkey.io/10.1136/bmjopen-2024-097107>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40829847&profiid=e_host

18. Diagnosis and management of femoroacetabular impingement syndrome (FAIS): a survey of contemporary physiotherapy practice

Item Type: Journal Article

Authors: Lawrenson, P. R.;French, H. P.;Olivier, B.;Barker, K. L.;Kemp, J. L.;Whittaker, J. L. and Woodley, S. J.

Publication Date: 2025

Journal: BMC Musculoskeletal Disorders 26(1), pp. 924

Abstract: Background: Femoroacetabular impingement syndrome (FAIS) is a motion-related hip disorder characterised by altered hip-joint morphology and symptoms. Recent consensus statements have provided guidance on the diagnosis and management of FAIS but given the knowledge gaps in translating research into practice, it is unclear at what level this is being utilised by primary contact physiotherapists. This study undertook a cross-sectional multi-centre international survey to describe contemporary physiotherapy practice for the diagnosis and management of femoroacetabular impingement syndrome (FAIS).; **Methods:** An online survey comprising 32 questions based around current consensus recommendations for the diagnosis and management of FAIS, was developed. The survey was distributed to six English-speaking countries (Australia, Canada, Ireland, New Zealand, South Africa and the United Kingdom) where physiotherapists work as primary contact practitioners. Questions were answered with a 5-point Likert scale. To describe the 'most commonly' utilised tools for diagnosis and management, the two highest ranked responses ('always' and 'often') were combined for analysis and presented as a percentage of total respondents.; **Results:** Four hundred and twenty-nine (72%) of eligible respondents were included. Respondents varied across the six countries, 58% were female, and most worked in private practice (70%). When diagnosing FAIS, patient-reported signs/symptoms (90%), functional tests (88%), special tests (87%), and strength assessments (70%) were 'most commonly' used, while imaging (60%) and balance assessment (33%) were less frequently implemented. Most respondents employed strengthening exercises (97%) and education (96%) in their management of FAIS, and some utilised range of motion/stretching (62%), and manual therapy (62%). Half of the respondents (52%) use patient-reported outcome measures to assess treatment effectiveness.; **Conclusions:** Our findings of physiotherapy diagnosis and management of FAIS from six countries broadly

aligns with contemporary expert recommendations. Physiotherapy diagnosis of FAIS in practice is guided by patient-reported symptoms, and functional and special tests. Central to physiotherapy management is exercise and advice/education. Other modalities are less frequently utilised.; Clinical Trial Number: Not applicable. (© 2025. The Author(s).)

Access or request full text: <https://libkey.io/10.1186/s12891-025-08708-7>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41057802&prolid=ehost>

19. Does online clinical mentoring for physical therapists enhance clinical practice and patient outcomes? A randomized controlled trial

Item Type: Journal Article

Authors: Leahy, Edmund;Chipchase, Lucy;Cavalieri, Rocco and Blackstock, Felicity C.

Publication Date: 2025

Journal: The Journal of Manual & Manipulative Therapy 33(6), pp. 490–500

Abstract: Objectives: The aim of this study was to determine whether a short-term online clinical mentoring program was more effective than asynchronous online lectures at improving physical therapists' (PT) practice and their patients' outcomes.; **Methods:** In this randomized controlled trial, 27 PTs were randomized with allocation concealment to 6 h of online clinical mentoring sessions (experimental group) or 6-h of asynchronous online lectures (control group). The primary patient outcome was function, assessed using the Patient-Specific Functional Scale (PSFS), evaluated at baseline (initial consultation) and 4-week follow-up. Secondary patient outcomes were the Functional Rating Index (FRI) and Global Rating of Change Scale (GRC). Clinician (PT) outcomes were the 'Clinician Confidence Questionnaire for Patients with Spinal Pain' and the 'Self-Reflection Insight Scale', which were evaluated before and after the professional development interventions by blinded assessors. Linear mixed model regression analysis was used to explore differences in patient outcomes. PT outcomes were analyzed using analyses of covariance to control for any baseline differences.; **Results:** Twenty-three PTs and 122 patients completed follow-up assessments. There were no between-group differences for any patient clinical outcomes (PSFS MD = 0.02, 95% CI -0.83, 0.79, p = 0.95; FRI MD = -3.01, 95% CI -10.71, 4.69, p = 0.42; Global Rating of Change MD = -0.08, 95% CI -1.09, 0.92, p = 0.86). There were also no differences between groups in terms of PTs confidence (MD = -2.17, 95% CI -9.11, 4.76, p = 0.52) or self-reflection insight (MD = 3.66, 95% CI -1.94, 9.27, p = 0.19).; **Conclusion:** A 6-h online clinical mentoring program did not significantly influence PT confidence, self-reflection nor the outcomes of their patients when compared to 6 h of asynchronous online lectures.; **Impact:** The results from this study may inform those designing or seeking professional development. Future online clinical mentoring should consider alternative program designs, target PTs with capacity to improve their patient outcomes, and evaluate effects on patients with chronic pain.; Trial Registration: ACTRN12622000123741.

Access or request full text: <https://libkey.io/10.1080/10669817.2025.2481605>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40145896&prolid=ehost>

20. The Effect of Early Post-Operative Outpatient Physiotherapy on Outcomes Following Lower Limb Arthroplasty: A Systematic Review and Meta-Analysis

Item Type: Journal Article

Authors: LeBel, Simõne;King, Matthew G.;Semciw, Adam I. and Snowdon, David A.

Publication Date: 2025

Journal: Musculoskeletal Care 23(3), pp. 1–12

Abstract: Background: Although joint arthroplasties are generally successful, many patients experience persistent impairments. It is unknown whether early outpatient physiotherapy can address these persistent impairments. **Objective:** To determine whether early outpatient physiotherapy, compared with delayed physiotherapy, improves pain, physical function and quality of life (QOL) in patients following lower limb arthroplasty. **Method:** A systematic review and meta-analysis was conducted following the PRISMA guidelines. Searches were conducted across MEDLINE, Embase, CINAHL, Cochrane and PsycINFO. Eligible studies included randomised control trials (RCTs) comparing early and delayed physiotherapy in patients after lower limb arthroplasty. Data were pooled using a random-effects model. Risk of bias assessment was completed using the Physiotherapy Evidence Database scale. The Grading of Recommendations Assessment, Development and Evaluation approach was used to assess the certainty of evidence. **Results:** Three RCTs involving 224 participants undergoing joint arthroplasty (lateral uni-compartment knee replacement, total knee replacement and total hip replacement) were included. Meta-analyses demonstrated no significant differences in pain, physical function or QOL between early and delayed physiotherapy in short, medium or long term follow-ups. The certainty of evidence ranged from very low to low, with negligible to minimal effect sizes indicating minimal clinical relevance. **Conclusion:** The systematic review and meta-analysis found low to very low quality evidence that early outpatient physiotherapy following knee or hip joint arthroplasty does not improve pain, physical function or QOL compared with delayed physiotherapy. Future research should aim to confirm modifiable risk factors contributing to poor outcomes post-operatively and evaluate the effectiveness of early targeted physiotherapy in these high-risk subgroups.

Access or request full text: <https://libkey.io/10.1002/msc.70162>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=188175535&prolid=ehost>

21. Emergency physicians' perspectives on integrating physiotherapists into emergency departments: a national survey from France

Item Type: Journal Article

Authors: Malcuit, Justine;Lesieur, Emilie;Ghazali, Daniel Aiham and Sarhan, François-Régis

Publication Date: 2025

Journal: Emergency Medicine Journal : EMJ

Abstract: Background: Emergency departments (EDs) worldwide are facing increasing patient volumes and thus crowding, prolonged waiting times and rising healthcare costs. In France, ED visits rose from 8.5 to 16 million between 2014 and 2024. To address these challenges, several countries (including Australia, the UK and Canada) have integrated physiotherapists into EDs in advanced practice roles-primarily for musculoskeletal (MSK) conditions. In contrast, this type of integration is rare in the French healthcare system. The objective of the present study was to assess the attitudes of French emergency physicians to the incorporation of physiotherapists into ED teams.; **Methods:** A nationwide, cross-sectional survey of emergency physicians practising in France was conducted between 22 November 2023 and 15 February 2024. The study questionnaire assessed the physicians' willingness to collaborate with physiotherapists, the

perceived benefits of collaboration and views on task delegation. Descriptive statistics and χ^2 tests were used to analyse the data.; **Results:** Of the 420 respondents, 333 (79.3%) expressed willingness to collaborate with physiotherapists in EDs. The most commonly cited benefits were improved quality of care n=321 (76.4%), greater patient satisfaction n=318 (75.7%), a lower physician workload n=276 (67.5%) and enhanced ED efficiency n=211 (50.2%). The conditions most frequently considered for delegation included suspected ankle sprains n=313 (74.5%), knee sprains n=277 (66.0%) and lower back pain n=271 (64.5%). Compared with junior colleagues, senior physicians with five or more years of experience were significantly more supportive of delegating cases of neck pain (n=110, 41.7%, p=0.017).; **Conclusions:** French emergency physicians are generally supportive of integrating physiotherapists into EDs, especially for the management of non-urgent MSK conditions. The physicians see physiotherapists as capable of providing on-site care and patient education, potentially improving patient flow and alleviating pressures in overcrowded EDs. These findings offer valuable insights for countries in which the integration of physiotherapy into emergency care is still emerging. (© Author(s) (or their employer(s)) 2025. No commercial re-use. See rights and permissions. Published by BMJ Group.)

Access or request full text: <https://libkey.io/10.1136/emered-2024-214746>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40998571&prolid=e>
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22. Identifying Systems Developed for Classifying Physiotherapy Interventions in Neurological Rehabilitation: A Scoping Review

Item Type: Journal Article

Authors: Marrocco, Stephanie L.;Graham, Laura J.;Lizotte, Daniel J. and Wolfe, Dalton L.

Publication Date: 2025

Journal: Physiotherapy Canada 77(4), pp. 534–545

Abstract: Purpose: The purpose of the study was to conduct a scoping review of classification systems developed for physiotherapy interventions of persons with neurological conditions, describing the information captured, organizational structure, and methods used in development. **Method:** Five electronic databases and grey literature were searched, three journals were hand searched, and all articles identified in electronic databases were forward searched. All article types except conference proceedings were considered. Articles were included if they were in English and described: a classification system developed to capture physiotherapy interventions, the contents of the classification system, and its use with neurological patient populations. **Results:** Twenty unique classification systems were identified that differed greatly in the amount of intervention detail described and in how they were developed and structured. **Conclusions:** There is significant heterogeneity in the amount of detail and structure between the classification systems. There is a need for continued work to develop a system or refine an existing system. A system should describe therapy activities in sufficient detail for communication and evaluative purposes, while considering the feasibility and acceptability across various contexts to ensure successful implementation.

Access or request full text: <https://libkey.io/10.3138/ptc-2023-0103>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=190261549&prolid=e>
[host](#)

23. Tackling health inequalities in UK Physiotherapy: Why cultural competence matters

Item Type: Journal Article

Authors: May, Pauline;Connell, Louise;Middlebrook, Nicola and Yeowell, Gillian

Publication Date: 2025

Journal: Musculoskeletal Science & Practice 78, pp. 103343

Abstract: Health inequalities, avoidable, unjust differences in health outcomes, are driven by intersecting social and economic factors, including ethnicity and disability. While the NHS promotes patient-centred care as a strategy to reduce these disparities, the distinct role of cultural competence is often under-explored. Cultural competence goes beyond tailoring care to individual preferences; it requires healthcare professionals to acknowledge systemic bias, reflect on their own cultural identity, and adapt practice in ways that address diversity and discrimination. This paper differentiates cultural competence from patient-centred care and argues that without explicit attention to culture, equity-oriented care risks falling short. It also highlights the lack of UK-based research in this area and calls for systematic investigation into how cultural competence is understood, practiced, and evaluated across UK physiotherapy settings. (Copyright © 2025 Elsevier Ltd. All rights reserved.)

Access or request full text: <https://libkey.io/10.1016/j.msksp.2025.103343>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40334572&profid=e_host

24. Work related well-being in the UK physiotherapy workforce: Part 2. Documentary analyses of the qualitative data from the YOURvieWS cross-sectional e-survey

Item Type: Journal Article

Authors: Minns Lowe, C. J.;Donovan, M.;Herbland, A. and Moulson, A.

Publication Date: 2025

Journal: Physiotherapy 129, pp. 101805

Abstract: Objectives: To explore and understand the replies to the quantitative findings (Part 1) from the work related well-being e-survey, provide greater depth information about the topic and identify new issues/areas from respondents in Part 2 of this two part paper.; **Design:** Cross-sectional, convenience, voluntary, open e-survey.; **Setting:** Online.; **Participants:** UK physiotherapy workforce, including physiotherapists, students, support workers across all workplace settings and across the UK.; **Methods:** Following development, pre-testing and ethics approval, the e-survey was widely advertised and ran from 08/03/2023 to 30/04/2023 via Bristol Online Survey. The open comments question in the e-survey was: 'We are keen to hear your views, please type up to three key factors that you think impact most upon work-related well-being within physiotherapy'.; **Analyses:** Open comments analyses using content analysis to interpret meaning from the content of text data.; **Results:** 612 respondents provided 1649 overall comments to. One overarching theme and three subthemes incorporating seventeen factors were developed from 138 initial codes. The overarching theme was moral distress and moral injury reducing work related well-being (WRWB) within the physiotherapy workforce. Subthemes were 1. Impact on me. 2. 'You aren't able to do your job properly'. 3. Management and support. Subthemes and factors fitted within the overarching theme.; **Conclusions:** Moral distress and injury

explained the quantitative findings (Part 1) regarding poor work-related well-being, burnout and stress within the physiotherapy workforce. Moral injury is the consequence of organisational processes and broken health care systems, strategies to improve WRWB across all UK physiotherapy settings are urgently required. CONTRIBUTION OF THE PAPER. (Copyright © 2025 The Authors. Published by Elsevier Ltd.. All rights reserved.)

Access or request full text: <https://libkey.io/10.1016/j.physio.2025.101805>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40858402&provid=ehost>

25. Work related well-being in the UK physiotherapy workforce: Part I. Quantitative findings from the YOURvieWS cross-sectional e-survey

Item Type: Journal Article

Authors: Minns Lowe, C. J.;Newman, M.;Herbland, A.;Heneghan, N.;Moulson, A.;Owusu, N. and Beeton, K.

Publication Date: 2025

Journal: Physiotherapy 129, pp. 101806

Abstract: Objectives: To explore burnout, professional fulfilment, work related stress, well-being and working patterns within the physiotherapy workforce.; **Design:** A cross-sectional, convenience, voluntary, open e-survey.; **Setting:** Online.; **Participants:** UK physiotherapy workforce, including physiotherapists, students, support workers across all workplace settings and across the UK.; **Intervention:** Following development and pre-testing, the e-survey was widely advertised and ran from 08/03/2023 to 30/04/2023 via Bristol Online **Survey.**; **Main Outcome Measures:** Stanford Professional Fulfilment Index (SPFI), a score for work related and private life related stress, work-life balance, WHO 5 well-being questionnaire and questions to capture working patterns, diversity and inclusivity questions and demographic data.; **Results:** Following data cleaning, 666/764 (87%) female and 92/764 (12%)male respondents. SPFI: burnout prevalence was 49%(376/764). 436/564 respondents (57%) reported feeling stressed "often" or "very often" (past month). WHO 5 scores had a median of 45 (IQR: 30-60) indicating many have score ≤50 indicating poor wellbeing. 45%(340/764) respondents reported their work-life balance over the previous 2 weeks as unbalanced/very unbalanced. 57%(435/764) reported that they worked full time and 43%(329/764) part-time. 78%(598/764) reported having one physiotherapy role, 18%(139/764) reported having two roles, 3%(23/764) having four roles and 1%(4/764) having five roles and unpaid hours were raised as problematic. 54% (411/764) reported being absent from work/study in the last year and 10%(76/764) reported adjusted work/study. 9%(72/764) reported additional non-physiotherapy roles/jobs.; **Conclusions:** This e-survey obtained snapshot views from self-selecting participants. The positive workforce developments being experienced within the physiotherapy profession are threatened by poor work-related well-being, including burnout and stress. Action is required. CONTRIBUTION OF THE PAPER. (Copyright © 2025 The Authors. Published by Elsevier Ltd.. All rights reserved.)

Access or request full text: <https://libkey.io/10.1016/j.physio.2025.101806>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40835516&provid=ehost>

26. Tailored exercise management versus usual care for people aged 80 years or older with hip/knee osteoarthritis and comorbidities (TEMPO): multicentre feasibility randomised controlled trial in England

Item Type: Journal Article

Authors: Nicolson, Philippa J. A.; Holden, Melanie A.; Marian, Ioana; Saeedi, Elnaz; Williamson, Esther; Moylan, Dianna; Stone, Megan; Hopewell, Sally and Lamb, Sarah E.

Publication Date: 2025

Journal: BMJ Open 15(9), pp. e104813

Abstract: Objective: To assess the feasibility of conducting a definitive randomised controlled trial (RCT) to test the clinical and cost-effectiveness of a tailored exercise intervention compared with usual care for people aged 80 years and older with hip and/or knee osteoarthritis (OA) and comorbidities.; **Design:** Two-arm, parallel-design, multicentre, pragmatic, feasibility RCT.; **Setting:** Four National Health Service outpatient physiotherapy services across England.; **Participants:** Adults aged 80 years and over with clinical hip and/or knee OA and ≥ 1 comorbidity.; **Interventions:** Participants were randomised 1:1 via a central web-based system to be offered: (1) a 12-week tailored exercise programme or (2) usual care. Participants and outcome assessors were not blinded to treatment allocation. **FEASIBILITY OBJECTIVES:** (1) Ability to screen and recruit participants; (2) retention of participants at 14-week follow-up; (3) intervention fidelity (proportion of participants who received ≥ 4 intervention sessions as per protocol) and (4) participant engagement (assessed by home exercise adherence).; **Results:** Between 12 May 2022 and 26 January 2023, 133 potential participants were screened, of whom 94 were eligible. The main reasons for ineligibility were symptoms not consistent with hip or knee OA (10/39, 25.6%) or already having had a physiotherapy appointment (8/39, 20.5%). 51 of 94 (54%) eligible participants were recruited. Participants had a mean age of 84 years (SD 3.5), 31 (60.8%) were female and 96.1% reported their ethnicity as White British (n=49/51). 45 of 51 participants (88%) provided outcome data at the 14-week follow-up time point. Four or more intervention sessions were attended by 13/25 (52%) participants. Home exercise log completion declined over time: 6/23 participants (26.1%) returned completed exercise logs for all 12 weeks. The median number of days home exercises were recorded each week was 5 (range 0-7).; **Conclusions:** This study demonstrated that a definitive trial would be feasible. Before proceeding, modifications to ensure recruitment of a diverse population and intervention fidelity should be addressed.; Trial Registration Number: ISRCTN75983430. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY. Published by BMJ Group.)

Access or request full text: <https://libkey.io/10.1136/bmjopen-2025-104813>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40983572&profid=e_host

27. Physiotherapy for the Management of Polymyalgia Rheumatica: Results From a UK Cross-Sectional Survey

Item Type: Journal Article

Authors: O'Brien, Anne V.; Muller, Sara; Liddle, Jennifer; Thomas, Martin J. and Mallen, Christian D.

Publication Date: 2025

Journal: Musculoskeletal Care 23(3), pp. 1–10

Abstract: Introduction: Polymyalgia rheumatica (PMR) international management guidelines advocate patient education and individualised exercises but lack evidence and physiotherapy practice for PMR is unknown. PMR is typically treated with glucocorticoids, but side effects are frequent and concerning to patients. This study investigated UK physiotherapy practice in PMR. **Method:** Physiotherapists recruited from UK rheumatology and physiotherapy professional networks and university alumni were invited to complete a postal or online questionnaire. Topics included experiences of managing PMR, perceived role and value of physiotherapy in

PMR, assessment and management priorities and physiotherapists' education about PMR. Results were summarised using descriptive statistics. **Results:** 4288 invitations to participate were sent, and 1072 (25%) responses were received. Physiotherapy referrals for PMR were infrequent; 5.8% of respondents had treated \geq 10 patients in the previous year. 80% of respondents advocated a physiotherapy role for PMR. 38% reported receiving some pre-registration education about PMR within their qualifying physiotherapy programme. Establishing patients' knowledge and understanding of PMR, pain levels, and ability to undertake activities of daily living were physiotherapists' assessment priorities. 90% of respondents promoted self-management approaches, including pacing and activity modification. Prioritising upper limbs, 89% prescribed individualised graded exercises to improve movement, muscle strength and activities of daily living function. **Conclusion:** A positive role for physiotherapy was reported for some people with PMR. Exercise, education and advice to improve daily functioning may be useful adjuncts to glucocorticoids. The limited PMR education for UK physiotherapists warrants attention. Further research is needed to evaluate the effectiveness of physiotherapy approaches for PMR.

Access or request full text: <https://libkey.io/10.1002/msc.70155>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=188175528&prolid=e>

28. Effect of Different Physiotherapeutic Interventions in Plantar Fasciitis: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

Item Type: Journal Article

Authors: Raj, Sona; Sharma, Chanchal and Sundus, Habiba

Publication Date: 2025

Journal: Musculoskeletal Care 23(3), pp. 1–16

Abstract: Background: Plantar fasciitis (PF) is a prevalent cause of heel pain and is commonly managed through conservative physiotherapeutic interventions. Despite widespread clinical use, the relative effectiveness of various modalities remains unclear. **Objective:** To evaluate the efficacy of different physiotherapeutic interventions on pain and function in adults with plantar fasciitis through systematic review and meta-analysis of randomized controlled trials (RCTs). **Methods:** A comprehensive literature search was conducted in PubMed, Scopus, and Web of Science (January 2020–May 2025) for RCTs assessing physiotherapy-based interventions for PF. Primary outcomes included pain (Visual Analog Scale VAS) and function (Foot Function Index FFI). Meta-analyses were performed using random-effect models, and the GRADE framework was applied to assess evidence certainty. **Results:** Twenty-one RCTs ($n = 1196$) were included. Interventions included extracorporeal shock wave therapy (ESWT), kinesiology taping, laser therapy, manual therapy, and needling techniques. At 1-month follow-up, physiotherapy yielded a non-significant trend towards pain reduction (SMD = -0.390 , 95% CI: -0.888 to 0.109 , $p = 0.125$; $I^2 = 88.7\%$). Functional outcomes showed no significant improvement (SMD = 0.000 , 95% CI: -0.195 to 0.195 , $p = 1.000$). Heterogeneity was high, and overall evidence quality was rated low. **Conclusion:** Physiotherapeutic interventions may modestly reduce pain in the short term but show limited impact on functional improvement in plantar fasciitis. ESWT and kinesiology taping appear most promising. Further high-quality, long-term studies are warranted to clarify their clinical utility.

Access or request full text: <https://libkey.io/10.1002/msc.70151>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=188175524&prolid=e>

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29. Physical therapist characteristics and therapeutic relationship process construct factors that improve patient health outcomes in physical therapy: a systematic review

Item Type: Journal Article

Authors: Rodríguez-Nogueira, Óscar;Alba-Pérez, Eduardo;Álvarez-Álvarez, María José and Moreno-Poyato, Antonio

Publication Date: 2025

Journal: Physiotherapy Theory and Practice 41(9), pp. 1952–1967

Abstract: Background: It appears that the therapeutic relationship in physiotherapy practice facilitates the success of patient health outcomes, although the process by which it is carried out has been poorly studied.; **Objective:** To explore the influence of the therapeutic relationship on any patient health outcomes in physical therapy settings.; **Methods:** PubMed, Web of Science, Scopus, CINAHL, LILACS and Dialnet databases were systematically searched following PRISMA guidelines. The searches were completed in August 2024. Qualitative and quantitative studies measuring the therapeutic relationship and assessing its influence on health outcomes of patients treated with physical therapy were included.; **Results:** The search yielded a total of 769 results. 13 studies ultimately retained for analysis. A total of 1555 individuals were studied who had suffered injuries such as low back pain; osteoarthritis; underwent cardiac surgery; hip fracture and elite athletes recovering from injuries. The results obtained were classified into three main themes: characteristics and skills of physical therapists (interpersonal, organizational, leadership and communication skills), therapeutic relationship factors (shared decision making, trusting relationships, motivating the patient and individualization of care) and patient health outcomes influenced by therapeutic relationship (functional outcomes, disability, pain intensity, outcome expectations, perceived global effect, adherence, self-efficacy, sports performance and lung function).; **Conclusions:** Through physical therapist's soft skills, therapeutic relationship factors are built under the paradigm of person-centered care and shared decision making, having a positive influence on certain patient health outcomes. Therefore, evidence support that therapeutic relationship contributes to improved patient health outcomes.

Access or request full text: <https://libkey.io/10.1080/09593985.2025.2469162>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39987510&provid=ehost>

30. Evaluating Transcranial Direct Current Stimulation as an Adjunct to In-Patient Physiotherapy in Paediatric Acquired Brain Injury: A Randomized Feasibility Trial

Item Type: Journal Article

Authors: Ryan, Jennifer L.;Beal, Deryk S.;Fehlings, Darcy L.;Levac, Danielle E.;Tendera, Anna and Wright, F. V.

Publication Date: 2025

Journal: Physiotherapy Canada 77(3), pp. 405–415

Abstract: Purpose: Evaluate the feasibility of transcranial direct current stimulation (tDCS) as an adjunct to in-patient physiotherapy for children and youth with acquired brain injury (ABI). **Method:** This randomized

feasibility trial allocated children (5–18 years of age with moderate to severe ABI) to receive either active or sham anodal tDCS immediately prior to 16 of their existing in-patient physiotherapy sessions. Participants, physiotherapists, assessors, and primary investigators were blinded to treatment allocation. Eligibility, recruitment, retention, tolerance, and preliminary treatment outcomes were evaluated against a priori feasibility targets. **Results:** Of 232 children admitted over 21 months, 6 were eligible (2.6%) and 4 were recruited (66.7%). One participant completed the entire study protocol, two were withdrawn for unrelated changes in medical stability, and one could not commence the study due to COVID-19 restrictions. Participants completed all tDCS sessions that were started with the primary transient side effect being sub-electrode itchiness. **Conclusions:** While the study was infeasible from eligibility and retention perspectives, study procedures (e.g., assessment, treatment, side effect tracking, physiotherapy documentation) were viable and should be applied to future paediatric tDCS studies.

Access or request full text: <https://libkey.io/10.3138/ptc-2023-0015>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=187899179&prolid=e>
[host](https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=187899179&prolid=e)

31. Expectations for Adopting Virtual Reality to Promote Health Literacy in Patients With Persistent Pain: Qualitative Analysis of UK-Based Physiotherapists

Item Type: Journal Article

Authors: Skidmore, N.; Ryan, C. G.; Mankelov, J. and Martin, D.

Publication Date: 2025

Journal: Pain Research & Management 2025, pp. 5547227

Abstract: Background: Persistent pain is a complex global issue, which has a significant impact on quality of life. Poor health literacy further impacts the quality of life in people with persistent pain. It is recommended that education be provided to improve health-related knowledge. VR is an engaging learning tool and could improve health literacy. Research exploring the feasibility of physiotherapists using VR to develop health literacy is minimal. **Objectives:** To determine the feasibility of a VR-based pain education system among physiotherapists and understand barriers and facilitators to its adoption in clinical practice. **Methods:** Semistructured interviews were conducted with physiotherapists in the United Kingdom after they used a VR-based pain education system, which combines sensory-altering experiences with pain science education. Thematic analysis was used to identify considerations related to its feasibility and its potential to influence health literacy in patients with persistent pain. **Results:** All participants (n = 12) believed that the VR system could develop several aspects of health literacy, such as information understanding and appraisal. Challenges to clinical integration include allowing for increased clinical time and system training and ensuring the use of VR represents both personalized and evidence-based care. **Conclusion:** The VR pain management system was considered a feasible adjunct to address health literacy by increasing the plausibility of information and addressing health-related understanding, appraisal, and application. Future research is required to validate the effectiveness of VR-based education systems to improve health literacy. (Copyright © 2025 Nathan Skidmore et al. Pain Research and Management published by John Wiley & Sons Ltd.)

Access or request full text: <https://libkey.io/10.1155/prm/5547227>

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[host](https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40918612&prolid=e)

32. Effect of Different Physiotherapeutic Interventions in Patients With Rheumatoid Arthritis: A Systematic Review and Meta-Analysis

Item Type: Journal Article

Authors: Sundus, Habiba;Khan, Zoheb Alam;Rashid, Harun;Agarwal, Archita and Khan, Sohrab Ahmad

Publication Date: 2025

Journal: Musculoskeletal Care 23(3), pp. 1–14

Abstract: Background: Rheumatoid arthritis (RA) is a chronic inflammatory autoimmune disorder causing joint damage, pain, and functional limitations. While pharmacotherapy remains central to management, physiotherapeutic interventions are increasingly recognised for their supportive role in symptom alleviation and quality of life enhancement. **Objective:** This systematic review and meta-analysis aimed to evaluate the effectiveness of various physiotherapeutic interventions in reducing pain and improving function and quality of life in patients with RA. **Methods:** Following PRISMA guidelines, a comprehensive search of PubMed, Scopus, and Web of Science (2010–2025) identified randomized controlled trials (RCTs) assessing physiotherapy modalities in RA. Methodological quality was appraised using the Cochrane RoB 2.0 tool. Pain outcomes were synthesised via meta-analysis using a random-effects model. **Results:** Seventeen RCTs involving 1362 participants were included. Interventions encompassed aerobic/resistance exercise, hydrotherapy, manual therapy, electrotherapy, and multimodal approaches. Meta-analysis of five trials ($n = 307$) revealed a statistically significant reduction in pain favouring physiotherapy (SMD = -0.347 ; 95% CI: -0.571 to -0.124 ; $p = 0.002$; $I^* = 0\%$). No significant publication bias was detected. Narrative synthesis indicated potential benefits in functional and cardiorespiratory outcomes, especially with combined exercise and lifestyle interventions. **Conclusions:** Physiotherapeutic interventions, particularly structured exercise programs, demonstrate moderate evidence for pain reduction in RA. Integrating multimodal physiotherapy with diet and adjunct therapies may enhance patient outcomes. Further high-quality, standardized RCTs are warranted to optimise intervention protocols and assess long-term benefits.

Access or request full text: <https://libkey.io/10.1002/msc.70173>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=188175545&prolid=e_host

33. Physiotherapists' perceptions on the management of musculoskeletal conditions in women of perimenopausal and menopausal age: a qualitative focus group study

Item Type: Report

Authors: Turner, K., Crampton, J.S. and Dobbin, N.

Publication Date: 2025

Publication Details: Philadelphia, Pennsylvania: Taylor & Francis Ltd

Accessed:

Abstract: Background: The perimenopause and menopause are characterised by a reduction in estrogen that can affect tendons, fascia, cartilage, pain perception, and inflammatory processes, which may contribute to musculoskeletal pain. It is largely unknown if this is considered by physiotherapists when managing patients with musculoskeletal conditions. **Objective:** To explore UK physiotherapists' perceptions of managing women of perimenopausal and menopausal age presenting with musculoskeletal conditions. **Methods:** Using an

interpretative qualitative phenomenological approach, eleven physiotherapists participated in semi-structured focus groups. The data were transcribed and analysed using reflexive thematic analysis. **Results:** The three broad themes that relate to the overall research question included: 1). Knowledge, knowledge construction, and knowledge sharing; 2). Attitudes toward menopause in a changing healthcare landscape; and 3). How knowledge and attitudes combine to impact patient management. Our results indicate that knowledge of the perimenopause and menopause was limited to some common symptoms primarily drawn from personal experiences or nonscientific sources, and that this knowledge is rarely shared with others. Some participants indicated some, but limited, consideration of the menopause when managing musculoskeletal complaints. However, all participants agreed that the menopause should receive greater attention in musculoskeletal management in practice, education, and from key organisations to improve diagnoses and patient management. **Conclusion:** This study provides insight into physiotherapists' perceptions of the perimenopause and menopause in musculoskeletal care. It highlights the importance of constructing knowledge from evidence-based sources, transferring knowledge to patients and colleagues, and understanding the menopause within a changing healthcare landscape to improve patient outcomes.

Access or request full text: <https://libkey.io/10.1080/09593985.2025.2510380>

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=rzh&AN=188855873&provid=e_host

34. What do physiotherapists find useful in e-learning interventions to improve their knowledge, attitudes and beliefs on low back pain management: a nested qualitative study from an educational randomized clinical trial

Item Type: Journal Article

Authors: Vanderstraeten, R.;Fourré, A.;Demoulin, C.;Michielsen, J.;Bastiaens, H.;Roussel, N. and Anthierens, S.

Publication Date: 2025

Journal: BMC Primary Care 26(1), pp. 325

Abstract: Background: Physiotherapists encounter many barriers in their management of low back pain (LBP). However, little attention has been paid to what content physiotherapists find useful to improve their LBP management. **We aimed to:** (1) explore the experiences of physiotherapists regarding the educational content after completing either an "experimental" or "traditional" e-learning intervention, (2) identify in both interventions which content physiotherapists reported beneficial or lacking in order to enhance their management of LBP.; **Methods:** A purposive, criterion-based sampling strategy was employed to process-evaluate the experiences of 269 Dutch-speaking physiotherapists who participated in an RCT consisting of two different interventions aimed to improve LBP management. Both interventions were based on the same clinical guidelines, but emphasized different aspects. While the traditional e-learning discussed these guidelines in a more theoretical approach, the experimental e-learning demonstrated them in a concrete, practical, and interactive way. An inductive thematic framework approach was used to analyse and categorise responses to seven open-ended questions in a post-intervention online.; **Results:** All 269 physiotherapists' responses were analysed, identifying four broad themes. The first theme, 'Practical application', revealed contrasting views between groups: physiotherapists in the "experimental" intervention highly appreciated the inclusion of concrete communication strategies, whereas those in the "traditional" group criticized the absence of such content as a major shortcoming. Both groups emphasized the need for clearer examples of effective exercises to treat LBP. The second theme, 'Relevancy and adequacy of the intervention', highlighted divergent attitudes. While some participants valued content on red flags, spinal pathologies, and pain mechanisms, others considered such information irrelevant or outside their professional scope. The third theme, 'Knowledge',

showed more consistency: participants in both interventions appreciated content that offered practical tools and biopsychosocial strategies. The final theme, 'Confirmation of practice', captured the view of physiotherapists who felt reassured that their current clinical approach aligned with scientific recommendations.; **Conclusion:** These qualitative findings suggest that educational interventions to enhance LBP management may benefit from prioritising clear communication strategies, supporting physiotherapists' confidence in prescribing individualised exercise therapy, and considering tailored approaches that reflect differing views on spinal pathologies and red flags. (© 2025. The Author(s).)

Access or request full text: <https://libkey.io/10.1186/s12875-025-03032-4>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41146025&prolid=ehost>

35. Burnout in occupational therapy and physiotherapy students: a systematic review of the risk and protective factors

Item Type: Journal Article

Authors: Vedamuttu, Mineka;Hood, Michelle;Eastgate, Lindsay and Bialocerkowski, Andrea

Publication Date: 2025

Journal: Physiotherapy Theory and Practice 41(9), pp. 1986–2001

Abstract: Background and Purpose: Studies consistently suggest that work as an occupational therapist or physiotherapist is associated with burnout, yet no review has been conducted on the risk and protective factors of burnout in physiotherapy and occupational therapy students (collectively termed allied health students). This systematic review identified and synthesized the risk and protective factors associated with burnout in allied health students.; **Methods:** Eight databases, Google Scholar, and Connected Papers were searched in November 2024 systematically for mixed-method or quantitative studies containing primary data on the risk and protective factors of burnout. Titles, abstracts, and full-text articles were reviewed by two authors independently against the selection criteria. Risk of bias was evaluated in included studies, and the level of evidence was classified using National Health and Medical Research Council guidelines. Risk and protective factors were collated and summarized as modifiable or non-modifiable.; **Results:** Eleven studies (10 physiotherapy, 1 occupational therapy) with 2,444 participants were included. The risk of bias was variable, and the level of evidence was satisfactory. Fifteen risk and protective factors were identified. Protective factors including higher grit and resilience, more physical activity and self-care, and more time spent supported by family, peers, faculty, and academic advisors, were consistently related to lower burnout. The relationships of other variables with burnout were unclear.; **Conclusion:** The factors identified in this study can be targeted in wellbeing, preventative, and intervention recommendations and strategies for students. Examples include increasing family and faculty support, and physical activity, to protect against burnout.

Access or request full text: <https://libkey.io/10.1080/09593985.2025.2478091>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40098242&prolid=ehost>

36. Do pre- and post- rehabilitation influence hospital length of stay and patient recovery following total hip replacement in the UK? A systematic scoping review and Delphi study

Item Type: Journal Article

Authors: Willis, Rebecca;Edris, Rania;Akehurst, Sally and Ferraro, Francesco V.

Publication Date: 2025

Journal: International Journal of Orthopaedic and Trauma Nursing 58, pp. 101209

Abstract: Pre-operative rehabilitation is an effective means of reducing Length of Stay (LoS), but little evidence is available on its influence on Total Hip Replacement (THR) patients. Hence, a review of UK-based experimental studies to evaluate the effect of physical therapy on LoS was performed. Subsequently, a narrative synthesis was employed to develop a three-round Delphi study targeting UK clinicians. The review and Delphi results showed that patients had higher satisfaction with education clinics, but nurse-led assessment and physiotherapist education were not superior to standard pre-operative practices. The Delphi highlighted the challenges and benefits of (p)rehabilitation and provided suggestions for THR best practices. In conclusion, the study shows that there is a lack of evidence on the effectiveness of (p)rehabilitation on LoS; further research is recommended into education, (p)rehabilitation and patient self-efficacy interventions to enhance THR patients' pathways. (Copyright © 2025 The Authors. Published by Elsevier Ltd.. All rights reserved.)

Access or request full text: <https://libkey.io/10.1016/j.ijotn.2025.101209>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40540944&profiid=ehost>

37. Perception gaps between healthcare professionals and people with CLBP: an online survey of current primary care management practices in the United Kingdom

Item Type: Journal Article

Authors: Zhou, T.

Publication Date: 2025

Journal: Annals of Medicine 57(1), pp. 2553216

Abstract: Background: This study examined differences in perspectives and perceptual gaps in the management of chronic low back pain (CLBP) between healthcare professionals-general practitioners (GPs) and physiotherapists-and people with CLBP in United Kingdom primary care.; **Methods:** A cross-sectional online survey was completed by 32 GPs, 53 physiotherapists, and 138 people with CLBP. Closed- and open-ended questions assessed management strategies, perceived effectiveness, treatment goals, and alignment of perspectives. Quantitative data were analysed descriptively and qualitative responses through content analysis.; **Results:** GPs most frequently recommended exercise (87.5%), analgesics (84.4%), and referral to physiotherapy (62.5%). Physiotherapists emphasised exercise (98%), pain education (73.6%), and active lifestyle advice (47.2%). Both groups prioritised active management, while patients most often reported analgesic use (44.9%) and passive treatments such as manual therapy (12.3%) and electrotherapy (12.3%). Regarding treatment goals, GPs and physiotherapists prioritised functional improvement, pain reduction, mental health, daily activity, and quality of life (all $\geq 80\%$), reflecting a biopsychosocial approach. Patients, however, focused mainly on pain relief (52.2%) and return to activity (33.3%), underscoring expectation gaps.; **Conclusions:** While GPs and physiotherapists generally follow guideline-recommended, active strategies for CLBP, substantial differences remain between clinician recommendations and patient-reported practices and goals. Addressing these gaps requires enhanced communication, shared decision-making, and more person-centred care.

Access or request full text: <https://libkey.io/10.1080/07853890.2025.2553216>

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