Lost in translation? How patients perceive the extended scope of physiotherapy in the emergency department

Sophie Anaf\textsuperscript{a,}\textsuperscript{*}, Lorraine A. Sheppard\textsuperscript{a,}\textsuperscript{b}

\textsuperscript{a} Discipline of Physiotherapy, School of Public Health, Tropical Medicine and Rehabilitation Sciences, James Cook University, Townsville, Queensland 4811, Australia

\textsuperscript{b} University of South Australia, School of Health Sciences, Adelaide, South Australia 5000, Australia

Abstract

Objectives To investigate the perceptions of emergency department physiotherapy practice by emergency patients in metropolitan and regional Australia with a view to probing how consumers interpret the place of physiotherapy in such an acute, non-traditional setting.

Design A qualitative investigation using a descriptive open-ended questionnaire technique was administered to emergency patients in order to thematically analyse their perceptions of emergency physiotherapy practice.

Setting Case 1 was a metropolitan emergency department in Melbourne, Australia. Case 2 was a regional emergency department in North Queensland, Australia.

Participants A purposeful, convenience sample of 80 emergency department patients (\(n=40\), Case 1; \(n=40\), Case 2) responded to the open-ended questionnaire.

Analysis Data were thematically analysed using NVivo software and manual analysis, facilitating constant case comparison, and were reflected upon continually within an interpretivist framework.

Results Participants at both emergency departments had a general, but limited, awareness of the role of physiotherapy. Among multiple themes identified were six key domains which participants could recognise as both the role of general physiotherapy and also relevant to the emergency setting. These were sports injury management, musculoskeletal care, rehabilitation and mobility, pain management, respiratory care and management of elderly patients. Discussions also involved those areas that were specific to general physiotherapy practice or emergency department care but which did not overlap.

Conclusions Participants in this study demonstrated a general, but limited, awareness of the scope of physiotherapy practice. There was strong identification of musculoskeletal-based interventions, with less familiarity with the potential role of physiotherapy in cardiorespiratory and rehabilitative management. Further research is needed on consumer awareness of the broader, less traditional roles of physiotherapy to increase acceptance and familiarity of its extended scope.

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Introduction

Over the past decade, physiotherapists have commenced practice in the emergency department (ED) of Australian hospitals in line with international trends, particularly the UK. ED physiotherapy extends clinical privileges to give physiotherapists first-contact practitioner status to manage certain types of clinical presentations [1,2]. A definition of ED physiotherapy that has been used previously is ‘a physiotherapy clinician dedicated to working as a member of the emergency department team to manage patients either autonomously or in conjunction with other attending medical or nursing staff’ [1].

Anaf and Sheppard [1] revealed that the position assesses and manages primarily acute and subacute musculoskeletal conditions [2–6]. ED physiotherapy practices are focused on adult populations [2,3,5,7,8], with a particular emphasis in Australia on managing the physical and transitional care needs of the ageing population [3,7,9]. Patients also report strong satisfaction with their management by ED physiotherapists [4,10]. However, information on patient attitudes
towards physiotherapy intervention, largely investigated in the UK, may reflect different ED physiotherapy models than those seen in Australia. For example, the emphasis on aged care management by Australian ED physiotherapists is not as comprehensively reflected in the international literature. Little has been published that describes the professional roles and responsibilities of ED physiotherapists in an Australian context, with even less known about how those receiving care – the consumers – respond to their intervention.

Traditionally, ED physiotherapy falls under the umbrella of an extended scope of practice, defined as clinicians who display considerable depth of academic knowledge, clinical skills and experience in their area of specialisation, and may be involved in complex treatments beyond the traditional physiotherapy scope of practice [11,12]. Extended scope is demonstrated by a physiotherapist’s acute musculoskeletal management [7], the ordering and interpretation of diagnostic tests such as magnetic resonance imaging [2,11], and a principal contribution towards discharge planning [3,7]. However, the ‘extended’ roles which physiotherapists practice in the ED setting are generally poorly documented in the literature, with little evidence as to how ED patients feel about being treated by physiotherapists with such advanced clinical skills.

The patient perspective is therefore crucial to the physiotherapy profession to help guide and possibly market the ED role among consumers and traditional ED staff. In particular, their perceptions and therefore the acceptability of its practice are needed as part of determining the effectiveness and subsequent application of physiotherapy in the ED. Scant evidence exists on patients’ perceptions of general physiotherapy practice since Sheppard’s early study [13]. It is unknown if patients’ perceptions of physiotherapy have changed since this time.

This study investigated the perceptions of patients attending two Australian EDs of the role of physiotherapy in the ED. The sites used were located in one regional and one metropolitan location. The study sought to uncover if and how ED physiotherapy practice correlated with emergency patients’ perceptions of general physiotherapy practice, and how they saw the role accommodating the needs of an ED environment. Two overarching research aims guided the investigation:

- to identify patient expectations and interpretations of physiotherapy within the ED; and
- to determine what patients expect ED physiotherapy to provide in the context of their environment.

Methods

Methodology

The study’s qualitative framework was based on the principles of interpretivism; exploring how individuals make meaning of situations while acknowledging social constructions of behaviour [14]. Interpretivism encouraged the patients (participants) to reveal their interpretation of how physiotherapy influences the ED system, both in a hypothetical sense discussing its potential roles (the North Queensland cohort), and a tangible sense where ED physiotherapy is already in use (the Melbourne cohort) [14]. Interpretivism was ideal considering that the central tenet of the study explored perceptions, embracing the subjectivity of responses [15].

Participants

The research participants (n = 80 in total) were ED patients currently receiving care from Case 1 (n = 40) or Case 2 (n = 40). Participants had previously been categorised using the Australasian Triage Scale at levels 3 to 5 in accordance with ethical requirements (Table 1).

To enhance the richness of data, minimal exclusion criteria were applied to sampling. Participation was conditional upon:

- being 18 years of age or older;
- being a patient of the ED under investigation;
- being allocated an Australasian Triage Scale category in the range of level 3 (urgent) to level 5 (non-urgent);
- being physically and mentally capable of completing the survey at leisure (e.g. excluding acute psychiatric or trauma presentations);
- being physically and mentally capable of providing informed consent to be involved in the study, and;
- being able to write and/or converse in the English language.

No further limitations were placed on age, gender, cultural heritage, socio-economic status or occupation.

Design

A qualitative questionnaire which consisted of open-ended questions was administered to ED patients. It allowed patients to document their opinions of ED physiotherapy in their own words, creating responses that could be analysed thematically. The benefit of patients providing their own narrative responses to questions was that it could be completed at their own pace, was less confronting to administer in the acute ED environment, and could be as detailed or as concise as the patient desired. The open-ended questionnaire extracted demographic information and short narrative responses pertaining to patients’ perceptions of ED physiotherapy, including the domains shown in Table 2.

### Table 1
The Australasian triage scale.

<table>
<thead>
<tr>
<th>Category position</th>
<th>Code name</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Resuscitation</td>
<td>Immediate</td>
</tr>
<tr>
<td>2</td>
<td>Emergency</td>
<td>&lt;10 minutes</td>
</tr>
<tr>
<td>3</td>
<td>Urgent</td>
<td>&lt;30 minutes</td>
</tr>
<tr>
<td>4</td>
<td>Semi-urgent</td>
<td>&lt;60 minutes</td>
</tr>
<tr>
<td>5</td>
<td>Non-urgent</td>
<td>&lt;120 minutes</td>
</tr>
</tbody>
</table>

The Australasian triage scale.
Table 2
Summary of questionnaire domains.

- Demographic data (age, gender, occupation and prior experience with emergency department care).
- An understanding of what should happen when attending an emergency department.
- Suggestions for improvements to the emergency department system.
- The role of a physiotherapist in general, including jobs and tasks performed.
- The types of patients believed to be managed by an emergency department physiotherapist, and why.
- Perceptions of how emergency department physiotherapy may make the care received in an emergency department better or worse.
- Reflections on how emergency department physiotherapy may or may not assist with discharge from the department, and why.

These questions explored important similarities and differences in the way that patients understood the role of general physiotherapy, and how their perceptions of physiotherapy translated into the newer ED context. Full ethics approval was obtained from James Cook University Human Research Ethics Committee (HREC), the HRECs of both case hospitals under investigation, and the HREC of an independent hospital in which piloting of the open-ended questionnaire prior to official administration was conducted.

Research procedure

Case 1 was a large metropolitan hospital in Melbourne, Victoria. This hospital has had an ED physiotherapy service in operation for the past 7 years. Case 2 was a large regional hospital in North Queensland which has a primary responsibility to service the far north region of Australia and the Torres Strait as its principal tertiary facility. It had no full-time ED physiotherapy service in place, with physiotherapy provided on an ad-hoc basis, especially at doctors’ requests. Prior to undertaking formal data collection, the questionnaire was piloted for dependability and trustworthiness on a sample of patients (n = 20) at a physiotherapy department in an independent hospital in North Queensland [16]. Qualitative analysis of data was trialled using NVivo software, and patients were offered feedback concerning the face validity of the questions [17]. Recommendations from the participants were minor, primarily around simplifying the wording of questions and providing more writing space. The questionnaire proved to be both dependable and trustworthy as a source of qualitative information. It took approximately 10 minutes to administer.

Official data collection was conducted by the principal researcher (SA) to ensure consistency across the research cases and in the delivery of information to potential participants. A 1-week intensive visit (8 am to 6 pm) was conducted with each case, consistent with general physiotherapy and ED physiotherapy working hours, to recruit participants [7]. The researcher approached all patients following consultation with the treating clinician (nurse, doctor or physiotherapist) to confirm appropriateness for participation (e.g., not in pain, drowsy). Prior to approaching a patient, the researcher probed the patient’s reason for attending the ED on the computer network medTRAK to determine if the clinical condition or triage category allocation would inhibit participation. The reason for attending the ED did not influence the researcher inviting patients to be involved, unless otherwise advised by medical and nursing staff.

Participants were provided with written and verbal explanations of the research, and completed a consent form prior to receiving the questionnaire. Participants completed it at their own pace, taking into account unforeseen interruptions such as doctors or family visits, and were free to move around the ward to complete the questionnaire. All participants opted to complete the questionnaire in their hospital bed or chair. Participants at the metropolitan ED were invited to participate in the research following their encounter with the ED physiotherapist so as to accurately target those eligible for physiotherapy services. All participants were encouraged to write responses as openly as possible and in as much detail as possible to permit thematic analysis. The researcher remained away from the participants’ personal space but was on hand to answer any questions they had regarding the research. Once completed, questionnaires were placed in an envelope and not viewed until after the data collection period at the hospital to minimise researcher preconceptions about the meaning of data, which may bias subsequent analysis.

Data analysis

Analysis was guided by an inductive model presented by Neuendorf [18]. Data were analysed via a combination of electronic and manual data techniques. All questionnaires were transcribed into NVivo [19,20]. Responses ranged from simple phrases (e.g., I don’t know) to narrative passages of 50 words or more. Text was read and re-read prior to preliminary analysis [21]. The text from each questionnaire was generated into codes and nodes [19,20], which in turn facilitated constant comparison between the cases. Following analysis in NVivo, text was further deconstructed manually by the researchers to build richer themes [21]. In particular, the researchers were looking to locate what areas of physiotherapy featured prominently in the minds of participants, and how they saw physiotherapy being ‘located’ in the emergency setting. The interpretivist framework helped to continually centre the data received back to the original research aims, targeting expectations and patient understanding of the profession.

Research trustworthiness

Major components of trustworthiness included developing an auditable trail of data analysis through storing codes and responses in NVivo. This enhanced credibility by theoretically permitting an external reviewer to follow how the researcher arrived at the interpretation of the participants’
views [22]. Transferability was encouraged by describing the participants and the cases fully within ethical boundaries [23]. Results were specific to the two cases under investigation, but the broader theory and conduct of the research was intended to be sufficiently flexible to further Australian ED physiotherapy research [23].

Results

Forty patients were recruited to the study at each site, giving a total of 80 participants for the research. The mean age of patients at Case 1 (metropolitan) was 43.8 years (SD 18.9 years) and at Case 2 (regional) was 38.6 years (SD 18.6 years). Given the purposeful, convenient selection of participants, heterogeneity of occupation or background was anticipated. A breakdown of participants’ occupational categories is presented in Fig. 1.

Three key themes were identified which reflected the study’s aims:

- general skills of physiotherapists;
- common practice – translating physiotherapy into an ED environment; and
- selected ED physiotherapy practice.

Theme 1. General skills of physiotherapists

Participants from both cases inferred that physiotherapists are practical clinicians who are strongly affiliated with providing hands-on contact and treatment regimes, such as exercise therapy, to manage physical impairment. Respondents from Cases 1 and 2 equally felt that terms such as ‘physical’, ‘massage’ and ‘manipulation’ conceptualised the core of physiotherapy practice:

“Basically they work on physical injuries [but] the role does vary – they are manipulators (23-year-old female, Case 2).”

“They release pain, tension, muscular pain in your body… (31-year-old female, Case 1).”

Practical strategies such as exercise prescription, massage and manipulation are a key way in which physiotherapy attempts to restore ‘normalcy’ in patients, where they can ‘work on sore muscles and joints [and] find the problem and find a way to prevent it…by exercises and stretches’:

“[Physiotherapists] help you to return your body’s functions back to normal or as near normal as possible. To provide you with activities and exercises to prevent further problems (53-year-old male, Case 1).”

The use of techniques such as exercise therapy was understood by participants at both cases to be something that physiotherapists provide ‘after-the-fact’ of injury; a way of restoring function. It was not translated as a role for an ED physiotherapist. Hypothetically, given that exercises are recognised by the broader community as a postacute strategy [24], it was challenging for participants to see it as necessary in an environment as acute as the ED.

According to participants in Case 1, comfort and support of patients with physical injuries is a primary general physiotherapy skill. This was summarised by one participant who said that, in general, ‘they help me when I can’t help myself’. This was supported by another participant who described the role of physiotherapy as ‘rehabilitating patients…and [being] a friend’. Key descriptors involved physiotherapists improving confidence and offering encouragement:

“[Physiotherapists] give you confidence and make you feel that after a painful experience you get back to your best (81-year-old female, Case 1).”
“[They] encourage me, liaise with my general practitioner, suggest different treatments [and are] sympathetic (44-year-old female, Case 1).”

The general role of physiotherapy in offering comfort and support was not readily described by participants in Case 2. They tended to think of support in much more clinical terms; a by-product of identifying the problem and striving to fix it:

“They pin point the problem areas and assist in making them [the patients] feel better (22-year-old male, Case 2).”

Respondents in Case 1 continued their description of physiotherapy as informing and supporting patients through a process of education and communication, with those in Case 2 again not describing this as a general perception of physiotherapy. According to some in Case 1, physiotherapists ‘provide advice’ with a view to ‘teaching and informing patients about their condition…’. Part of educating and communicating meant acting as a bridge between health professionals. Physiotherapy was seen by several Case 1 participants as a profession that could facilitate patient–clinician liaison, explain medical conditions and interventions, and arrange necessary follow-up care:

“[Physiotherapists] advise, guide and assist in the rehab of injuries and illness. To treat patients and liaise with other medical staff and follow-up (60-year-old female, Case 1).”

“[They] help patients with musculoskeletal problems, respiratory problems, or those who require rehabilitation or help mobilising as part of a multidisciplinary team (26-year-old female, Case 1).”

**Theme 2. Common practice – translating physiotherapy into an ED environment**

The question of whether patients’ perceptions of the identity and role of physiotherapy would be ‘lost in translation’ within the ED environment centred on identifying what patients saw as common practice; those features of physiotherapy that they described as a general role, and also a role in the ED. Participants identified six key domains that physiotherapy could offer in a general setting, as well as in the specific ED environment. The first domain, sports injury management, was described by many in Case 2 as a general role and expectation of physiotherapy practice:

“[Physiotherapists] help rehabilitation after accidents [and] sporting injuries (46-year-old female, Case 2).”

Fewer participants in Case 1 described sporting injuries as a general physiotherapy role when asked, preferring to cite it as an expectation of what ED physiotherapy can offer:

“[ED physiotherapists] see people with sports injuries or strained muscles, because they are specifically trained in that area (30-year-old male, Case 1).”

Thus, the key case comparison is the stage where physiotherapy manages sports injuries. Those in Case 2 viewed this as a general application of the profession in the community, whereas participants in Case 1 saw it more specifically as an emergency field of practice. There was general agreement among the participants that sporting injuries are a subset of musculoskeletal management; however, the mechanism and nature of injury seemed to correlate better with the acute services that the ED can offer in the view of Case 1 participants:

“[ED physiotherapists would] see a sporting person – most likely to suffer body/muscle/joint injuries (23-year-old male, Case 1).”

The most strongly identified role of general physiotherapy and ED physiotherapy was musculoskeletal management; the second key domain. Both the metropolitan and regional cases saw this equally as the dominant role. Physiotherapists in general were seen to:

“…help people recover from injuries/problems by working on the problem or wasted away muscle group to achieve the best outcome for the patient (29-year-old male, Case 1).”

“Assess patients with shoulder, arms, back and leg muscle injuries – relieve pain and place muscles back into the correct position (25-year-old male, Case 2).”

Both cases articulated more specific patient conditions to which an ED physiotherapist should attend. This helped to delineate the physiotherapy role from other emergency staff, as physiotherapists were seen to be musculoskeletal specialists:

“[ED physiotherapists see] patients coming in with injuries that are muscular, i.e. the ankle is not broken so the physiotherapist may be able to help reduce the pain or prevent the injury occurring again. Also help them to move after they leave the ED (21-year-old female, Case 2).”

“Musculoskeletal pain problems; for example, sciatica, low back pain, spinal referral anterior chest pain… (23-year-old female, Case 1).”

Physiotherapists as musculoskeletal specialists has long been recognised as a core component of the profession’s identity, with research conducted by Sheppard [13] and Lee and Sheppard [25] showing that the public most strongly recognised the role of physiotherapy in musculoskeletal care.

Rehabilitation and mobility, the third domain, was repeatedly described by participants in Case 1, more than Case 2, as a general and ED role of physiotherapy. The term ‘rehabilitation’ conveyed a sense of helping and expediting recovery, and conceptualising physiotherapists as ‘doers’, sympathetic with previous themes such as hands-on contact:

“They attend to rehabilitation in hospital – surgery, anything that needs body movement, breathing, broken bones, heart conditions… (42-year-old male, Case 1).”
Rehabilitation was particularly used by patients to convey goal-oriented interventions in the sense that ‘the role of the physiotherapist is to provide… rehab – help people to do things again like walk, use their hands. . .’. Only those in Case 1, however, saw rehabilitation, and especially facilitating mobility, as a role of physiotherapy in the ED. Participants were not particular about why physiotherapists were the most appropriate profession to facilitate this, or even why they see it as a priority in an emergency setting, choosing instead to describe rehabilitation and mobility as a general contribution to the emergency system:

‘[They manage] people that really need care–people that can’t manage to walk, use their arms, need to exercise to get better… (42-year-old male, Case 1).’

The fourth domain, pain management, was the one instance where respondents in Case 2 more consistently reported this to be a general and ED physiotherapy role than participants in Case 1. Generally, Case 2 participants saw physiotherapy as having several different strategies to manage painful conditions, primarily to ‘alleviate muscular aches and pains’:

‘I think they should assess the patients’ needs and pain thresholds and understand that one form of treatment and physical pain will not work for all patients (21-year-old female, Case 2).’

Using physiotherapy in the ED setting would be most useful to help address painful conditions, especially when pain is the primary symptom of an otherwise minor condition:

‘[They] could massage, help the pain; [it’s] someone who knows the ins and outs of pain (46-year-old male, Case 2).’

Providing respiratory support and management, the fifth domain, was of key importance to Case 1 participants. No conclusive evidence was obtained as to why Case 2 participants did not see this as a role of physiotherapy; however, one prominent theory exists. The vast difference in weather patterns between the two sites – one located in a cooler, southern climate and one situated in the tropical north – may mean that seasonal respiratory conditions are more prevalent in the metropolitan case under question [26]. General physiotherapy, according to some of these metropolitan patients, offers treatment for ‘asthma etc. and management of chronic diseases, that is, chronic obstructive pulmonary disease’. Physiotherapy additionally ‘helps you in teaching you techniques to breathe or walk better’ and can ‘help clear lungs’.

Using physiotherapy in the ED was also seen as beneficial for managing acute exacerbations of respiratory conditions:

‘[ED physiotherapists treat] broken arms, popped out shoulders, dislocation of all sorts of things. Physios have – they know what they are doing whereas the doctors don’t in that area. It makes me angry that the doctors don’t appreciate the specialisation of physios (74-year-old female, Case 1).’

The final domain identified translating physiotherapy into the ED environment concerned the management of elderly patients. This theme was dominated by respondents from Case 1, but there was limited insight offered from both cases as to why physiotherapy might be useful to assist the elderly. According to several Case 1 participants, the elderly are notable consumers of emergency services, creating a logical category of people who require rehabilitative intervention:

‘[ED physiotherapists see] elderly patients – to assess mobility, e.g. before allowing patients to go home (26-year-old female, Case 1).’

Speculatively, participants see the elderly as vulnerable, with key terms used including ‘frail’ and ‘needing help’, necessitating special care and attention in the ED. This is consistent with findings identified by Anaf and Sheppard [7] in an observational study exploring the nature of patients attending physiotherapy in the ED. A large number of patients required general mobility assistance and management for pre-existing conditions, and a substantial portion of these patients was of mature age [7].

Theme 3. Selected ED physiotherapy practice

Only two areas of physiotherapy practice were perceived by both cases to be a specialty in the ED. Orthopaedic intervention, the management of fractures and dislocations as separate to musculoskeletal care [7], was a large expectation of ED physiotherapy in both cases. For one patient in Case 1, a 74-year-old woman, the role of ED physiotherapy in orthopaedics was an important step in giving physiotherapists the recognition she felt they deserved:

‘[ED physiotherapists treat] broken arms, popped out shoulders, dislocation of all sorts of things. Physios have – they know what they are doing whereas the doctors don’t in that area. It makes me angry that the doctors don’t appreciate the specialisation of physios (74-year-old female, Case 1).’

From this cohort’s perspective, the injurious nature of orthopaedic conditions, such as broken bones, was appropriate for physiotherapy intervention as physiotherapists can offer ‘. . . immediate treatment, assessment of the situation. . .[and] . . . know how quickly rehabilitation can proceed’.

Several patients in Case 2 reasoned that the role of ED physiotherapy in managing orthopaedic conditions would likely occur because of the profession’s previously identified involvement in muscular problems, and offering support and comfort to patients:

‘People recovering with broken bones [to] help strengthen muscles. . . (22-year-old male, Case 2).’

‘Anybody with strains, fractures, disabilities so as to reassure them that help is available. . . (68-year-old male, Case 2).’
Participants of Case 2, more than Case 1, felt that an especially obvious, dedicated role of ED physiotherapy was to provide care for accident victims. Case 1 participants were more likely to describe the spectrum of potential accidents, including ‘people who have had car accidents, falls, work accidents’ and ‘accidents like motor vehicle accidents, industrial, sports...’. Four Case 2 participants simply described physiotherapists as treating people in ‘motor vehicle accidents’; however, particular reasoning included improving the speed of assessment and treatment, and having appropriate clinical knowledge to attend to the injuries:

“[ED physiotherapists would see] car accidents, accidents in general – to assess the patients, treatment may be more effectively started in the ED (22-year-old female, Case 2).”

“[ED physiotherapists could see] patients who have come in after accidents – ‘cause they may have a better idea of the injury (29-year-old female, Case 2).”

Discussion

This study illustrates that many features of physiotherapy practice appear lost in translation across different professional contexts. That is, what participants describe as general physiotherapy practice does not necessarily reflect what they perceive ED physiotherapy to involve. Collectively, conditions treated by physiotherapists were considered to be mainly musculoskeletal by participants. Physiotherapists are known experts in the area of musculoskeletal therapy, but given the acknowledgement of these skills in one context, less was known about other areas of physiotherapy practice [13,25]. For example, components of education and communication, which were recognised as a general physiotherapy skill, were not readily perceived by participants as occurring in the ED setting. Other clinical fields such as neurology or cardiorespiratory care are also not as well understood by the general population, despite these being critical knowledge bases for ED physiotherapists. Conversely, ED physiotherapy conjured images of acute trauma and physical damage across both cases, leading to ED physiotherapy practice being conceptualised as managing accident victims or patients with orthopaedic trauma.

It is unclear if introducing physiotherapists as autonomous clinicians, who can treat patients to avoid unnecessary medical consultation, would be poorly received by patients. The literature suggests that patients who receive physiotherapy intervention instead of medical or nursing care are not disappointed, and tend to be more highly satisfied with their quality of care. Patients particularly value the increased length of consultation time and decreased overall waiting time [2,4,27,28]. It would appear that participants in both cases can articulate roles for physiotherapists to be part of the emergency team [27].

The context of people’s experience is important in forming their perceptions of physiotherapy [25]. Therefore, it is valuable to consider the differences between the metropolitan context of Case 1 and the regional setting of Case 2. The most striking difference is the more narrow perception of physiotherapy by the regional group (Case 2). In general, they offer less explanation or discussion as to why physiotherapy could be of assistance in the ED. One possible explanation is that there are known limitations on the availability of health professionals in the regional area; the capacity for physiotherapy departments to prioritise emergency care is likely reduced. Conversely, metropolitan Australian cities who experience overwhelming caseload volumes are prime candidates to receive additional support from physiotherapy practitioners in EDs, as a way of streamlining care [2,7]. This may, in turn, bolster the profile of ED physiotherapy within the community.

This study provides valuable insight into components of physiotherapy care that are valued by patients, and which they identify as being provided by the physiotherapy profession. These include the physical components of care, such as hands-on management, and the ability to understand and assist with pain management. This is irrespective of the clinical setting. Most patients tend to think about what the nature of a ‘typical’ ED setting would involve – accidents, trauma and pain – and try to align physiotherapy practice to these components, rather than thinking about the skill set of physiotherapists and how they might be of assistance in an emergency context. This has important ramifications for how physiotherapists may market themselves to the general public, and reinforces that the participants in this study have a general but limited awareness of the scope of physiotherapy practice.

The limitations of this study primarily centre on the restriction of the investigation to two centres. A national survey of patients incorporating multiple emergency facilities would develop a more comprehensive understanding of patient perceptions of ED practice. However, to the researchers’ knowledge, this is the first ED physiotherapy study to investigate the opinions of regional and metropolitan-based Australians, providing an important precursor to future qualitative and physiotherapy marketing research.

The researchers acknowledge that the subjective and personal reflections of participants will limit broad transferability of findings. Conducting the research in a highly acute setting did necessitate detailed discussion with ED managers as to the most appropriate way to capture a snapshot of qualitative data. Although not traditionally used within an interpretivist framework, the qualitative survey was considered by the authors to be appropriate to allow patients to reflect concisely on ED physiotherapy. Patients reported finding the survey easy to use and valued the open-ended narrative sections to document their views. The researchers concede, however, that the succinct nature of the survey instrument may limit more substantial reflections on the topic had other qualitative techniques been employed.
Finally, given that EDs are often stressful and overwhelming for patients, this may influence the subjective opinion of patients based on their personal state at the time of the research and may be a limitation to the findings. However, detailed consultation with ED staff meant that the researchers took every precaution to survey those patients who were deemed appropriate to participate (e.g. resting comfortably, not experiencing acute pain episodes).

**Conclusion**

Studies that examine patients’ awareness and attitudes towards physiotherapy practice are essential to ongoing quality improvement by the profession; they inform expectations of physiotherapy treatment and therefore levels of satisfaction. However, perceptions of physiotherapy do not seem to translate from different areas of practice. Patients from both cohorts mentioned a variety of roles that physiotherapists undertake in the ED. There was disparity between the two cases as to what these roles involve. Only one-third of the roles cited were described equally between the cases, implying substantial case differences. While the participants recognised that physiotherapists have roles in longer-term rehabilitation in other settings, the patients assumed that physiotherapists have a greater role in acute management: relieving pain, relaxing and comforting the patient, providing acute soft tissue injury management, and helping dislocated joints. In an Australian context, this is contrary to the actual emphases of ED physiotherapy: discharge co-ordination, aged care planning, organising home-based support services and community outpatient referrals, and acute musculoskeletal care [7–9,29]. Patients envisage an ED physiotherapy role more typical of the advanced, extended care responsibilities in the UK [2,4–6].

Future research directions should incorporate more detailed patient perspectives, which could include multicentre studies using qualitative strategies (e.g. consumer surveys, in-depth interviews) as well as quantitative data incorporating detailed questionnaires and patient throughput statistics. This information may then, in turn, be used to direct promotion and awareness of the contribution that physiotherapists can play in the ED in line with the intended directions of physiotherapy practice in this setting.

**Ethical approval:** James Cook University and participating clinical sites.

**Conflict of interest:** None declared.

**References**


