# A Retrospective Study of the Physiotherapy Out Patients Who Have Attended at CRP Over the Last Year July 2002 to June 2003

M.S Hossain M A Hossain 2

Physiotherapy is a Profession where Evidence Based Practice is important. This study has been done to see the evidence of out come of the patients. Evidence (sign and symptoms) Based diagnosis through a complete assessment is essential for every patient's clinical diagnosis and to provide appropriate Physiotherapy intervention.

# Aims of the study

To find out the effectiveness of Physiotherapy intervention provided for the patients last year at CRP, Physiotherapy out patient Department.

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# Methodology

- A retrospective study,
- Last one year from July 2001 to June 2002.
- Data has collected from patients initial and discharge Assessment form.

# The following data has been collected

- Types of conditions (diagnosis) received Physiotherapy.
- Treatment goals achieved
- Treatment goals not achieved
- Reasons for not achieved the treatment goals
- Basic treatment principles

# Method of data analysis

 (i) According to Referral CRP and other Doctors diagnosis. Total numbers of types of conditions was collected from the monthly patient's information form.

# The diagnoses are as follows

(ii) Parameter of the treatment achieved and not achieved is standardized 50% ie- Treatment goals were considered to be achieved in 50% or more of the aims were met. Conversely if less than 50% aims were met then goals were fulfilled considered not achieved.

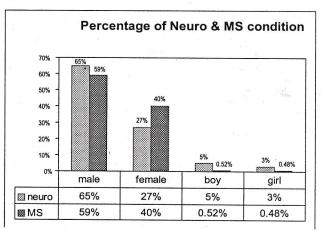
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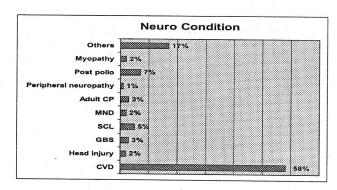
- (iii) The reasons of not achieved was collected from discharge assessment form.
- (iv) Therapists provided different intervention and techniques for different patients. All assessment sheets got together and have written all intervention according to patient's diagnostic condition.

#### Chart 1



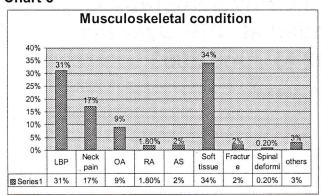
Shown that 65% male, 27% female, 5% boy and 3% girl of the total neurological patients who have received physiotherapy as outdoor neurological patients. 59% male, 40% female, 0.52% boy and 0.48% girl of the total musculo-skeletal patients who received physiotherapy as per appointment of outdoor Musculo-skeletal patients.

# Chart 2



Has shown that highest number is Cerebro Vascular Disease patients. 58% patients receiving physiotherapy at outdoor physiotherapy department as neurological conditions. Others conditions like – Head injury 2%, Gullian Barrie Syndrome 3%, Spinal Cord Lesion 5%, Motor Neuron Disease 2%, Adult Cerebral Palsy 3%, Myopathy 2%, others 17%.

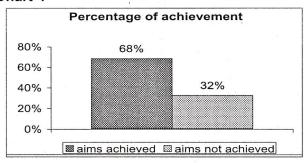
#### Chart 3



Has shown that 34% soft tissue patients receiving physiotherapy treatment of total musculo-skeletal patients. Second highest low back pain patients 31%, other conditions eg neck-pain 17%, osteo-arthritis 9%, rheumotoid arthritis 1.8%, ankylosing spondylytis 2%, fracture 2%, spinal defomity 0.2% and other conditions 3% who received physiotherapy.

## Result

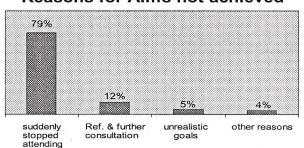
# Chart 4



Has shown that 68% patients (MS & neurological) cured achieved) his/her problem after received physiotherapy treatment and 32% patients did not aims achieved after received treatment

#### Chart 5

#### Reasons for Aims not achieved



Has shown that 79% patients suddenly stopped attending at physiotherapy treatment of the total aims not achieved patients. 12% patients referred for further consultation due to unchanged condition after receiving physiotherapy 5% patients goals was unrealistic, 4% patients have other reasons for aims not achieved.

#### Discussion

The present study demonstrates that CRP physiotherapy outdoor department physiotherapy treatment beneficial for the patients the study has found that 68% patients cured and 32% not cured after receiving physiotherapy.

#### Reasons for not achieve the aims

79% patients suddenly stopped attending during the receiving physiotherapy. Because at CRP outdoor department treated the patients different physiotherapy approaches like McKenzie, Bobath, Cyriax, PNF, Maitland. For spinal pain used McKenzie concept which 70% improved. The patients can manage their problems themselves. So, some patients did not attend the physiotherapy treatment at CRP. CRP physiotherapy department most of the patients are given home exercises. So, sometimes patients manage their pain through home exercises. Also some patients come to CRP long distance. So, they may not this treatment. Patients suddenly stopped attending due to better/ not better/ inconvenience/ other reasons. Some referral was unrealistic for Physiotherapy treatment eg some non-mechanical cause diagnosed later on. Some patients had other complications i.e.- other disease e.g.-DM, BP, Heart or lung disease etc.

#### Recommendation

Physiotherapist needs to do initial assessment, daily treatment note and discharge summary of every patient. Data should continue to be gathered and analysed to enable Physiotherapist to continue to improve their service delivery specially 32% of patients whose aims are not achieved at present.

#### Conclusion

Above all data show that evidence based practice is important to find out the absolute reason of not achieving the patient's treatment aims. Data shows that all patients' treatment aims are not full fill 100% of cases. Above all data show that evidence based practice is important to find out the absolute reason of not achieving the patient's treatment aims. Data shows that all patients' treatment aims are not full fill 100% of cases.

#### Reference

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Carolyn MH. Research methods for clinical therapists. 3rd ed. London: Churchill livingstone.

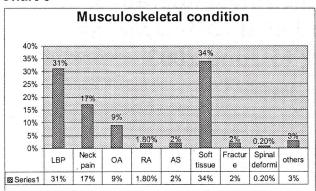
Chinical Standards Board for Scotland, coronary heart disease, Heart attack: Secondary prevention. 2001. http://www.clinicalstanards.org/.

Devellis RF. Scale development: Theory and applications. London: Sage Publications; 1991.p22-41, 82-88.

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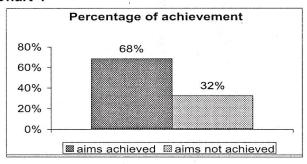
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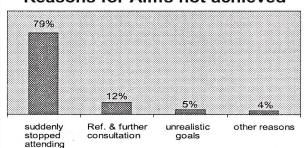
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