Physiotherapy in Pakistan: Addressing Challenges, Opportunities, and the Way Forward with Pragmatism

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Physical therapy, or physiotherapy, is a crucial component of patient treatment in a variety of healthcare settings. The objectives of this discipline are to preserve, advance, and restore physical function, mobility, and general health. Using interventions, evidence-based physiotherapists collaborate closely with patients to treat a variety of ailments, injuries, and diseases.1

In Pakistan, physiotherapy discipline has largely been neglected. Historically, there have been limited opportunities for research and advanced degrees, and the majority of the education was vocational in nature. The volume of scholarly work was also scarce. There weren't many universities with physiotherapy departments prior to the 1990s. But in the past 20-25 years, academics and medical professionals have started to wonder: what exactly is physiotherapy? Is it craft, science, art, or any combination of these? What can be done or should be done to support and enable patients in the evolving healthcare system? In Pakistan's vast healthcare landscape, physiotherapy, often referred to as the 'newcomer' progressively gaining relevance and reputation. In a country where MBBS (Bachelor of Medicine, Bachelor of Surgery), has been practiced for nearly 200 years,² the introduction of a BS in physiotherapy in late 1990s brought with it a special set of opportunities and problems.

The thorough and demanding process of physiotherapy education gives prospective physiotherapists the information, abilities, and competences required to provide patients with the best possible care.3 In Pakistan, currently a five-year bachelor's degree (DPT) is the standard point of entry for physiotherapy study. In recent years, a number of universities provide graduate-level courses in physiotherapy and rehabilitation sciences, including MS and PhD studies. Extensive clinical training is included into physiotherapy curriculum to give students practical exposure in a variety of healthcare settings.⁴ Additionally, physical therapists can choose to specialize in orthopaedics, neurology, sports rehabilitation, women health, paediatrics, cardiology. With the breadth of knowledge and sophisticated abilities these specializations offer, physiotherapists can provide specialized care and improve patient outcomes.⁵ Addressing contextualization of Pakistani learning needs and ensuring quality assurance across educational institutions remain significant challenges in the field. To overcome these challenges, there is a pressing need for a greater emphasis on evidence-based practice, increased research initiatives, and a heightened commitment to continuous training within profession. Likewise, the physiotherapy curriculum needs updating and linkage with ongoing research need to be established to keep abreast of new developments.

Pakistan, characterized by its diversity, includes a substantial segment of the population with limited access to education. Against this demographic backdrop, and considering the historical dominance of MBBS in the healthcare landscape, there exists a notable lack of awareness regarding the term "physiotherapy" among many individuals. Even public think of physiotherapists as simple "malishya (masseur)" due to malpractice on the name of physiotherapy profession by some quacks. This lack of awareness is deeply rooted in both the shortcomings of the education system and the prevalent economic disparities across the country.

relationship between doctors and physiotherapists in Pakistan sometimes involves a hierarchical dynamic, where physiotherapists are perceived merely as technicians working under the supervision of doctors. There is an ongoing debate

regarding whether physiotherapists should have the autonomy to practice independently without direct medical supervision. Resolving this dispute requires a balanced consideration of the capabilities and responsibilities of physiotherapists, the existing healthcare infrastructure, and the overall goal of providing optimal patient care. Striking a balance that allows for independent practice within the scope of their expertise while maintaining collaboration with medical professionals could be a potential solution.

From the perspective of the average Pakistani citizen, the concept of medicine is closely associated with the consumption of pills and injections.⁶ This perception is rooted in the prevalent reliance on various forms of medication, including allopathic, homeopathic, ayurvedic, and unani approaches, as primary methods for addressing health issues. Within this framework, MBBS professionals are viewed as pioneers in the medical field, with widespread presence in both urban and rural areas. In contrast, physiotherapy is actively exploring opportunities. Although it's starting to gain momentum in cities, it's still difficult to reach economically poor and rural populations which are large in number. Essentially, physiotherapy often becomes a healthcare service more readily available to the upper-middle class and affluent segments of society. 7,8 Non-Governmental Organizations (NGOs), public hospitals, and free camps bridge this accessibility gap by extending physiotherapy services to rural and marginalized populations. These organizations play a crucial role in making physiotherapy interventions more inclusive and reaching communities that might otherwise have limited access to such rehabilitative services.

In contrast to MBBS professionals, who frequently diagnose and prescribe medication within a single consultation, physiotherapy demands a more extended commitment. Patients undergoing physiotherapy may need to attend sessions for at least a few days before observing significant results. This divergence in the approach to treatment can contribute to the perception that physiotherapy is a less immediate or matured profession, as it involves a more gradual and sustained therapeutic process compared to the relatively swift interventions often with medical consultations associated and prescription medications.

Income in the field of physiotherapy is intricately linked to factors such as market penetration, the complexity of treatments, and the severity of ailments being addressed. Recent

graduates can anticipate earning between 40,000 to 50,000 PKR per month, with the opportunity for supplementary income through private patient visits. Experienced physiotherapists, leveraging their expertise, may earn even higher salaries, reaching up to 0.1 million PKR per month, in addition to potential income derived from private practice engagements.

In Pakistan, the act of wearing a stethoscope can markedly shape the perception individuals hold of you within the healthcare field. This observation surfaced during our training, where individuals adorned with stethoscopes were frequently addressed as 'doctors,' a designation applied even by fellow nurses. While this perception may not always align with professional roles accurately or equitably, it emphasizes the substantial impact that attire and symbols of authority, such as the stethoscope, wield in shaping perceptions within the healthcare domain.

Contemporary and future physiotherapists are, and will be, presented with challenges different to their forebears. The journey of physiotherapy in Pakistan is one of growth and gradual acceptance. As the profession continues to evolve, there are several steps that can be taken to improve its status:

- Patience: Acknowledge that the evolution of the profession takes time, particularly considering its relative young in Pakistan.
- Awareness: Disseminate information among patients and the broader public regarding the advantages of physiotherapy.
- Quality Improvement: Persistently strive to elevate the quality of treatment offered through continuous learning and improvement.
- Professionalism: Uphold the highest ethical standards in practice, fostering trust and confidence among patients and colleagues.
- Attire: Project a professional image, recognizing that presentation plays a role in garnering respect from both patients and peers.

In summary, Pakistani physiotherapy faces distinctive challenges that stem from historical circumstances, but it also offers many opportunities for development and progress. By addressing these issues and advocating for professionalism, awareness, and high-quality care, physiotherapy in the entire country may eventually gain greater respect and recognition as well as a greater influence on the healthcare system as a whole.

References

- Nicholls DA, Vieira A. Physiotherapy, movement, and action. Physiother Theory Pract. 2023;39(12):2520-38.
 - https://doi.org/10.1080/09593985.2022.2095954.
- 2. Sood R. Medical education in India. Med Teach. 2008;30(6):585-91. https://doi.org/10.1080/01421590802139823.
- 3. Barradell S. Moving forth: Imagining physiotherapy education differently. Physiother Theory Pract. 2017;33(6):439-447. https://doi.org/10.1080/09593985.2017.1323361.
- Reubenson A, Elkins MR. Clinical education of physiotherapy students. J Physiother. 2022;68(3):153-155. https://doi.org/10.1016/j.jphys.2022.05.012.

- 5. Caeiro C, Cruz EB, Pereira CM. Arts, literature and reflective writing as educational strategies to promote narrative reasoning capabilities among physiotherapy students. Physiother Theory Pract. 2014;30(8):572-80. https://doi.org/10.3109/09593985.2014.928919.
- 6. Afridi B, Khan H, Akkol EK, Aschner M. Pain Perception and Management: Where do We Stand? Curr Mol Pharmacol. 2021;14(5):678-688. https://doi.org/10.2174/18744672136662006111424
- 7. Jones A. Is the physiotherapy profession under threat? Physiother 2006;11(1):1-3. Res Int. https://doi.org/10.1002/pri.34.
- Trede F. Emancipatory physiotherapy practice. Physiother Theory Pract. 2012;28(6):466-473. https://doi.org/10.3109/09593985.2012.676942.