

# Discovering

## **physiotherapy research priorities**

that matter to patients,  
carers and clinicians

# Executive summary

## Introduction

Physiotherapy helps restore movement and function for people affected by injury, illness or disability. Physiotherapists maintain health for people of all ages, helping them to manage their health problems and prevent injury or illness.

Research priorities for physiotherapy are set regularly and there is robust evidence showing that physiotherapy is effective. However, physiotherapy is constantly evolving and adapting to the changing needs of the UK population and health and social care. Advances in technology have a massive impact on physiotherapy treatments as well as how and where they are provided. Physiotherapy research and therefore priority setting need to evolve in line with physiotherapy practice.

What aspects of physiotherapy need to be researched? It is important to have evidence about physiotherapy treatments but the outcome of treatment also depends on how services are accessed and delivered. Long term outcomes for patients and their carers are affected by how well they can self-manage their conditions. Prevention is the key to reducing health problems and the role of physiotherapy in public health is under-researched.

The aim of the Physiotherapy PSP was to identify generic priorities that can be applied to physiotherapy for any injury, illness or disability, in any setting, for people of all ages.

Who should be involved in setting research priorities? Research funders and researchers want to develop evidence that will be used. It therefore makes sense that the users of their research, patients, carers and clinicians, are the key contributors in deciding what is most important.

With this in mind, the CSP set up a James Lind Alliance (JLA) Physiotherapy Priority Setting Partnership (PSP) to identify research priorities for the UK physiotherapy profession.

## Methodology and results

The JLA Physiotherapy PSP was initiated in January 2018. The partnership was overseen by a steering group and chaired by an independent JLA Adviser. The PSP was supported by 43 partner organisations.

In Stage 1 uncertainties were identified by clinicians, patients and carers, researchers, students, service providers and commissioners using an online survey. Uncertainties focussed on 4 areas of physiotherapy: treatments, self-management, prevention and service delivery. We received 510 responses which identified 2152 uncertainties. Around 50% of the responses were from patients, carers and members of the public.

In Stage 2 coding and thematic analysis were used to develop the uncertainties into 65 similarly themed “indicative” questions. Literature searches confirmed that all 65 questions were unanswered.

In Stage 3 interim prioritisation was undertaken using an online survey. Physiotherapists, patients and carers selected and ranked their top ten questions. The 636 responses were analysed to produce a ranked list of the 65 questions.

In Stage 4 a final prioritisation workshop was held in February 2018. Patients, carers and physiotherapists working in clinical practice discussed the top 25 questions and agreed their top ten research priorities.

### Top 10 physiotherapy priorities

- 1 When health problems are developing, at what point is physiotherapy most/least effective for improving patient results compared to no physiotherapy? What factors affect this?
- 2 When used by physiotherapists, what methods are effective in helping patients to make health changes, engage with treatment, check their progress, or manage their health after discharge?
- 3 What are the best ways to deliver physiotherapy services to meet patients' needs and improve outcomes for patients and services?
- 4 To stop health problems occurring or worsening, what physiotherapy treatments, advice or approaches are safe and effective? Where more than one treatment/approach works, which work best and in what dose?
- 5 What are patients' expectations regarding recovery, how do these compare to physiotherapists' views and, where recovery is not possible, how is this managed?
- 6 How does waiting for physiotherapy affect patient and service outcomes?
- 7 What parts of physiotherapy treatments cause behaviour change or physical improvement?
- 8 What approaches are effective for enabling parents, relations or carers to support physiotherapy treatment or to help patients to manage their own health problem?
- 9 How is patient progress and/or the results of physiotherapy treatment measured? How is service performance measured and checked?
- 10 How can access to physiotherapy be improved for groups who have reduced access?

### Conclusions and next steps

Our physiotherapy research priorities have been agreed using a patient- and clinician-focussed approach. Priorities include clinical practice and treatments, self-management, prevention and service delivery. They are relevant for all areas of physiotherapy encompassing any condition, injury or disability, all ages and settings.

The priorities are areas of uncertainty rather than questions. We are undertaking further work to develop specific research questions for each of the top ten priorities.

## Executive summary

*(continued)*

We will work collaboratively with research funders and researchers to ensure that evidence is developed in the areas that matter most to patients, carers and clinicians.

We encourage patient and carer representatives and organisations to promote the priorities and support the development of research questions and proposals.

The priorities will also be promoted to those involved in commissioning or providing physiotherapy services.

### Further information

More information about the Physiotherapy PSP and updates on how we are using the priorities are available at [www.csp.org.uk/priorities](http://www.csp.org.uk/priorities)

### Stay in touch

Let us know how you are using the priorities by contacting us at [physiopriorities@csp.org.uk](mailto:physiopriorities@csp.org.uk)





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