Integrating Physiotherapy into Primary Health Care Practice in Nigeria: A call to action

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SUMMARY

In Nigeria, Physiotherapy is often regarded as a second-contact health service suitable only for secondary and tertiary health facilities that are usually located in urban centers. Yet many patients who require the professional services of a physiotherapist are unable to access it either as a result of non-availability of physiotherapy centers and or non-affordability by the populace occasioned by cost and distance to location of the health facilities. Bringing physiotherapy closer to the doorsteps of those who need it in low-income societies can be ensured through its inclusion in primary health care models. This is because Primary health centers are located with short distances in the community and are funded by the government. We discussed the relevance of primary health care physiotherapy model in promoting health of the population and the feasibility of this model in a low income society such as Nigeria.

Keywords: Physiotherapy, Primary Health Care, Integration

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Introduction

In recognition of the need for broad health care services to address the main health problems of communities, provide promotive, preventive, curative and rehabilitative services, the World Health Organization (WHO) made a declaration in Alma-Ata in 1978 stating that Primary Health Care (PHC) is the means to attaining an acceptable level of health for all[1]. An outcome of this realization is the international call for action on the development and implementation of PHC models of service delivery. The goal of this call to action is to enhance accessibility to health care services thereby improving health equity for the entire citizenry of the member states. However, PHC is to be viewed not as one health care model among others but as a key set of reforms.

Primary health care is a broad concept that emphasizes the provision of service for all people along the

continuum of health from promotion to curative and rehabilitative care[2]. It is an effective strategy to improve access of majority of the populace to needed care in the right place and at the right time provided by the right health care professional, improve efficiency, coordination and continuity of care[3]. PHC models can be viewed as the bedrock of healthcare delivery and a pragmatic approach to health services provision for low-income countries hoping to provide affordable and sustainable care for its citizenry. Such health service provision can take place in an assortment of settings such as health clinics, schools and community health centres[4] also referred to as primary health centers in Nigeria. Primary health centers are small hospitals with few on-site diagnostic facilities or specialized services and are typically located in remote places or less cities[5].

The scope of PHC extends beyond treatment to preventive services such as health education, counseling, disease prevention and therapies[4]. In recent years, the delivery of healthcare services using a PHC model has received much attention, and have thus become a global paradigm shift in healthcare delivery. It is important however that for it to be comprehensive there is a need to have all-inclusive models for constituent health professions including physiotherapy.

Primary Health Care in Nigeria

Nigeria launched its Primary Health Care plan (PHC) in 1987 as the cornerstone of health policy. The main objectives of the policy included accelerated health care personnel development, improved collection and monitoring of health data, ensured availability of essential drugs in all areas of the country; implementation of the Expanded Program on Immunization (EPI), improved nutrition throughout the country, promotion of health awareness, development of a national family health program and widespread promotion of Oral Rehydration Therapy (ORT) for treatment of diarrhea in infants and children. From the above stated objectives, it is apparent that the rehabilitation of people with chronic, non-communicable diseases such as stroke was omitted from the policy.

In Nigeria, as in many other countries of the world, the impact of chronic diseases continues to increase[6-9]. There is thus a need for health care reforms. Currently, the PHC model operational in Nigeria is largely focused on physicians and nursing practitioners and have significantly overlooked the integration of rehabilitation professionals in the persons of Physiotherapists. This has limited the beneficial roles that Physiotherapists can play in primary health promotion particularly in the prevention of musculoskeletal and non-communicable diseases. Rehabilitation is a key component of the PHC renewal[2] and primary care physicians are encouraged to work alongside physiotherapists to enhance outcomes[10].

Physiotherapy Services at the Primary Health Care Level

Physiotherapists (PTs) are first contact, autonomous self-regulating professionals, who are equipped with the necessary education and experience to address the

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needs of health promotion and disease prevention, both at an individual and community level[3]. Physiotherapy is a healthcare discipline that is well positioned to take on an increased role in PHC[4]. As an integral part of a collaborative interdisciplinary PHC team, physiotherapists can assist in health promotion and disease prevention strategies, as well as in the identification and remediation of a myriad of health conditions. Outpatient physiotherapy services based in secondary and tertiary health facilities, as well as institution-based rehabilitation services are models recognizable to majority of physiotherapists. The most significant shortcoming of physiotherapy services based on these models is that they are largely urban-based with rather few available centers, and mostly unaffordable by the needy especially those in low income countries, thereby reducing or compromising accessibility[11].

International models of Primary Health Care (PHC) have demonstrated the feasibility and cost - saving role of physiotherapy in primary care as a means of providing the public with easy access to physiotherapy[4]. There is a need to offer physiotherapy services within the PHC environment and PHC teams need to integrate Physiotherapists into their day-to-day work[12]. Evidence abounds internationally on the benefits of including physiotherapist within PHC teams. These include higher patient satisfaction[13,14], decreased waiting time for physiotherapy[15], increased cost effectiveness[3,16] and improved or positive patient-related health outcomes such as quality of life and health status[13,14].

In spite of the available evidence, majority of physiotherapists still delivers services through private, secondary and tertiary health centers. This has resulted in cost being a barrier to accessing this important service and inability to pay should not prevent people from accessing health services[17]. Provision of physiotherapy services at the PHC level would make physiotherapy more accessible, reduce often-observed delay in commencement of physiotherapy, as well as reduce workload for physiotherapists at the secondary and tertiary health centers. The reduction in patients' waiting time that the PHC assures would be beneficial to the patients in terms of enhancing better outcomes by reducing tendencies for chronicity, thus reducing the frequency, duration and cost of care.

In the face of the evolving primary care practice in physiotherapy, PHC offers opportunity for such practice especially in the rural community. This emerging primary care practice is a direct function of the first contact, direct access privilege in physiotherapy and is a product of the need for a quicker access to needed healthcare services[18]. Study has demonstrated the expertise of physiotherapists in the assessing, diagnosis and treatment of musculoskeletal problems resulting in more or better patient outcome compared with other health practitioners[19]. It is imperative then, for physiotherapists to be proactive and extend reach of service to places of worship, workplace and homes of the people living with chronic health conditions. This will help to track and give access to, many patients who after discharge from in-patient care are lost in the community.

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An assessment of patients' perception of primary health care services located in a low-income inner city in the United Kingdom showed that patients were more satisfied with primary care than with other aspects of primary health care, such as housing[20]. Physiotherapy, chiropody and pharmacy were reported as the services most requested at the health centre assessed. Evidence has also shown that physiotherapy intervention within a PHC framework can have an important impact on system-level, provider-level and client-level outcomes[3]. In addition to physicians and nurse practitioners there are a number of functions within PHC that can be provided by other professionals, including physiotherapists. To fully engage as PHC providers, physiotherapists must embrace the role of community therapists.

Scope of Physiotherapy in Primary Care

The single most relevance of using primary health care model for provision of physiotherapy services is that it helps to reduce the often-observed gap in accessibility to and affordability of physiotherapy services between different segments of the population. Given the training, knowledge and skill of Physiotherapists, their integration into the PHC model will be an economic solution towards meeting the healthcare needs of the populace[21]. Certain conditions / diseases encountered in PHC settings can be easily identified or improved by the intervention of on-site physiotherapists. These include postnatal care for people with obstetric palsy or VVF and in pediatrics for neonatal brachial plexus injury. Thus, the physiotherapist's role as a first-contact practitioner can emerge from PHC services.

So far, physiotherapists have been involved in secondary and tertiary health promotions. These are basically in form of intervention for the treatment of already existing diseases and education on coping with the arising complications . Often times, the role of physiotherapy is perceived to be limited to active treatment and rehabilitation. On the contrary, the training and education of physiotherapists as independent autonomous practitioners have positioned them to become integral members of the PHC team. This is further enhanced by the long term interaction with patients, essentially due to the nature, frequency and duration of treatments that patients receive in physiotherapy clinics. Primary prevention strategies which are cheaper and more effective in disease prevention, under-utilize physiotherapy services and these strategies form important constituent of PHC physiotherapy.

The physiotherapist is well placed to play the role of health educator not only in the areas of neuro-musculoskeletal disorders but also in general topical health issues like HIV/AIDS, malaria, stress and stress-related health disorders, prevention of road traffic accidents, occupational health and work-related health disorders. Operational framework includes activities like health talk, visual demonstrations, counseling and wherever feasible establishment of advocacy group. Advantages of giving priority to health promotion and disease prevention at the PHC level include ensuring health services cost-effectiveness by reducing the

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number of consults to be handled by the physiotherapist and also reduce pressure on the limited facilities that may be available. There is an associated overall reduction in the burden of both communicable and chronic diseases.

Clinical disorders that can be managed by the PHC physiotherapist are enormous. They range from minor soft tissues injuries like sprain, strain or contusion to neurological disorders like stroke and peripheral nerve lesion, and neonatal brachial plexus palsy. Among the modalities and procedures typically used in curative physiotherapy, exercise therapy and soft tissue manipulation are favored at the PHC level. The reasons include the fact that these two are not equipment-based yet they are effective intervention strategies which can be carried out without much constraint. They are useful in treating varieties of musculoskeletal conditions like spinal pain, myo-fascial tightness, and soft tissue injuries as well as neurological conditions like cerebrovascular diseases. Evidence abounds for realization of goals of therapy at the PHC. This includes the submission that patients who have had a stroke can be successfully rehabilitated in a community hospital[22]. Community studies have shown that exercise programs conducted at the community or primary health care level can improve and retain mobility, functional capacity and balance and result in a demonstrable impact upon the performance of activities and abilities that are considered meaningful to the stroke subjects[23-25].

Challenges to Physiotherapy Services Provision at the Primary Health Care Level

Operating at the primary health care level is synonymous with working as a community physiotherapist often in rural, remote communities especially in low-income nations of the world. The potential challenges to service provision at this level are both intrinsic and extrinsic. They include lack of awareness about scope of physiotherapy services causing physiotherapy to be under-valued. This factor is both intrinsic and extrinsic. The intrinsic component is based on the fact that the laws governing the practice of physiotherapy itself have limited the scope of practice. Physiotherapists at whatever level of healthcare continuum require a physician referral before seeing patients. Many health practitioners are unaware of the scope of physiotherapy practice and as such do not refer patients as and when due. Physiotherapists are only called in to manage complications which are oftentimes preventable. Without a referral system support, PHC cannot work[26]. Extrinsic challenges include poor infrastructural amenities like poor road, lack of electricity, poor communication facilities and marked variation in salary structure from urban-based practitioner. One other major barrier to the practice of physiotherapy at PHC level is a lack of trust by other health professionals. Often times, there are conflicts of roles or a deliberate lack of recognition of roles and competencies of one another.

Moving Physiotherapy Profession Forward (Integrating Physiotherapy into PHC)

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One of the ways to move the physiotherapy profession's agenda forward is by following the paradigm shift in healthcare delivery. Our scope of practice must move outside of institutions where technologies are based to environments of people living with chronic diseases. Physiotherapists need to educate, orientate and re-orientate other health care providers, government officials and policy makers as well as the populace on our roles in PHC and how we can contribute to a successful and/or better patient outcomes.

There is a need to expand the scope and role of practice as an autonomous profession. Autonomous practice implies independent, self-determined professional judgments and action for which the individual involved is responsible. Unfortunately, in Nigeria by law, Physiotherapists are restricted to function only in a referral-based capacity. What else can this indicate other than an absolute lack of autonomy of practice[18]. The best place for first-contact practitioner status to evolve is in PHC. The board regulating the practice of the profession should review the law and policies governing physiotherapy practice in order to enhance first-contact practice and ultimately improve access to physiotherapy services.

Another major challenge that is identifiable not just at the primary health care level but also requires attention is role misrepresentation. There have been cases where patients requiring physiotherapy or exercise prescription both of which are important in the management of chronic disease have had such undertaken by physicians, nurse practitioners and others who are not Physiotherapists. Physiotherapy is a protected term and is to be provided strictly by physiotherapists or under the direction or supervision of a physiotherapist[27]. Anything contrary is not physiotherapy and health practitioners should be aware of this. Policy makers should also attach appropriate punishment for defaulters. This will encourage each health discipline to work within their stipulated scope and encourage the overall development of our healthcare system.

Physiotherapists accepting to work at primary health care level would require special knowledge and skill and should be psychologically prepared for working without traditional physiotherapy equipments, modalities and referral system. This would encourage him/her to meet up with the requirements of working as a community physiotherapist. A sound knowledge of the processes leading to making physical (working) diagnosis is essential in order to be able to determine which patient requires physiotherapy, those needing referral to another health care provider or health facility. For those patients who would benefit from physiotherapy, application of the physiotherapist's physical diagnosis skills would enable him identify what treatment approach would work and to initiate such treatment at appropriate schedule. At this level of care, it is particularly important for the patient to be involved in the physiotherapist's own plan and ensure that exercise design fits into the routine of the patient's lifestyle.

Training and retraining programs may be instituted for the PHC physiotherapists to improve skills and knowledge. Good innovation and improvisation abilities

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by the physiotherapist are also key attributes of a successful PHC physiotherapy. That power of adaptability to working in a setting with minimal equipments and treatment modalities are necessary tools. The physiotherapist may be faced with challenges of making night splint, cock-up splint thus assuming the role of orthotist and sometimes he may need to carry out wound dressing like nursing staff. Walking aids like crutches and parallel bars may be made with woods.

The physiotherapist must keep good clinical records and be knowledgeable in translating such records to data which can be analyzed and presented in format useful for effective facility and manpower planning, evidence based practice and health promotion activities. Good communication skill and understanding of the cultural beliefs and practice of the people to whom he is providing services would be relevant in ensuring greater deliveries.

The PHC Physiotherapist needs to be well motivated by the institution managing health care, fellow health workers as well as the other physiotherapists working at the secondary and tertiary health care levels so as to reduce the probable feeling of being cut off from mainstream physiotherapy activities. The supervising authorities should involve the PHC Physiotherapist in planning activities and policy that would impact his environment and provide him with transportation if he needs to be itinerant, which is often necessary in order to widen his area of coverage. While the primary goal of physiotherapy at community level is to bring his professional service closer to the populace, the PHC physiotherapist requires strong managerial skills in addition to his clinical proficiency; he must possess good team spirit and a good sense of accountability.

Conclusion

Primary health care is about taking away the overwhelming focus on hospitals and breaking down the barriers that exist between patients and healthcare providers. Reforms along this line have developed and continue to evolve in many countries but with little or no involvement of physiotherapist as players in PHC services in Nigeria. Yet, inherent in the training of physiotherapists is the knowledge and skills needed to participate fully at this level of healthcare provision. It is recommended/advocated that health policy makers should provide enabling environment for the integration of physiotherapy in primary health care model. This will help improve access to physiotherapy and reduce the burden of diseases on individuals, families and the country at large.

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