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Dr. Sana Lalkate
Clinical Physiotherapist,
Pune, Maharashtra, India

Dr Neha Ghugare
Assistant Professor,
Faculty of Physiotherapy,
Tilak Maharashtra Vidyapeeth
Deemed University, Pune,
Maharashtra, India

Should physiotherapists be allowed to prescribe medicines? Physiotherapist's perspective

Dr. Sana Lalkate and Dr Neha Ghugare

Abstract

Background: Physiotherapy is a dynamic process in which change and development within the scope of practice is ongoing. In many countries Physiotherapists are now first-line practitioners and specialization is also becoming a reality. As first line practitioners Physiotherapists are expected to have knowledge of drugs which are an adjunct to Physiotherapy treatment.

Aim: To survey amongst Indian Physiotherapists about their views whether we should be allowed to prescribe medicines.

Methods: A self administered questionnaire was sent to 1000 physiotherapists. A response rate of 30% was obtained. The data was analyzed statically on Microsoft Excel 2007.

Results: In this study, 87% physiotherapists are of the view that pharmacology is a subject of utmost need to physiotherapists whereas 13% think it is not and 64% physiotherapists are of the view that we should be allowed to prescribe medicines whereas 36% Physiotherapists don't agree to this fact.

Conclusion: Physiotherapists in India are of the view that we should be allowed to prescribe certain drugs.

Keywords: Pharmacology, medicines, licensing exam, physiotherapists

Introduction

Physiotherapists have recognized the importance of knowledge of pharmacology and pharmacokinetics to ensure best possible treatment outcome. Furthermore increasing financial, as well as resource constraints results in allied health professionals having an increased responsibility to provide a cost effective service in accordance with the evidence for best practice. Although there is very little evidence to support the assumption that physiotherapists have a need for prescription rights, one study stated that front-line and rural practitioners had reported a need to prescribe, specifically non-steroidal anti-inflammatory drugs (NSAID), to complement certain manual therapy techniques.

Correspondence with spokespersons for physiotherapy associations in Canada, United Kingdom (UK) and Australia has also confirmed that therapists in these countries have expressed the need to expand their scope of practice to include the right to prescribe certain medicines. According to the Chartered Society of Physiotherapy (CSP) physiotherapists in clinical specialist positions in the UK may now become supplementary prescribers (CSP 2004). This enables them to administer, monitor and alter dosages as necessary within a specific Clinical Management Plan. As early as 1994 the South African Society of Physiotherapists (SASP) attempted to formulate guidelines for a course to provide physiotherapists with all the knowledge required to prescribe specific categories of drugs, notably bronchodilators, mucolytics and certain skin preparations^[1].

Currently physiotherapists in India are not allowed to administer drug prescription, so it is crucial to explore what are the views of Physiotherapists in India regarding they being allowed to administer, store and prescribe drugs.

Aim: To survey among Physiotherapists about their views regarding whether they should be allowed to prescribe medicines.

Objectives

1. To know what are the views of Physiotherapists regarding current pharmacology syllabus in physiotherapy curriculum

Corresponding Author:
Dr. Sana Lalkate
Clinical Physiotherapist,
Pune, Maharashtra, India

- To know what are the domains in which Physiotherapists want drug prescription rights, if they want to.
- To know the attitude of Physiotherapists towards if they being allowed to prescribe medicines and also if they being not allowed to prescribe medicines.

Materials and Methods

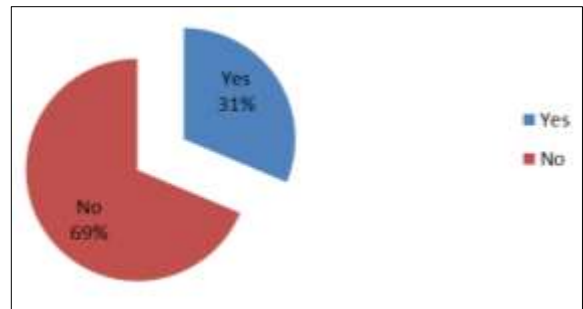
This cross sectional study was conducted amongst Physiotherapists. Institutional ethical committee clearance was obtained. The sampling method was purposive sampling. The questionnaire contained 10 questions out of which 9 were closed ended and 1 was an open ended question. This questionnaire was emailed to Physiotherapists via Google docs; also the link was put on Social networking sites which contain various physiotherapy groups. Also the questionnaire was filled manually by Physiotherapists. A total of 1000 questionnaires were distributed out of which 300 Physiotherapists responded (Response rate of 30%). Non responders were reminded again after 2 weeks. A written consent was taken by all the Physiotherapists before the questionnaire was filled. Physiotherapists with BPTH and MPTh degree and minimum of 1 year of clinical experience were included in the study. Physiotherapy undergraduate students and Physiotherapists who have discontinued practice for more than a year were excluded from the study.

Statistical Analysis

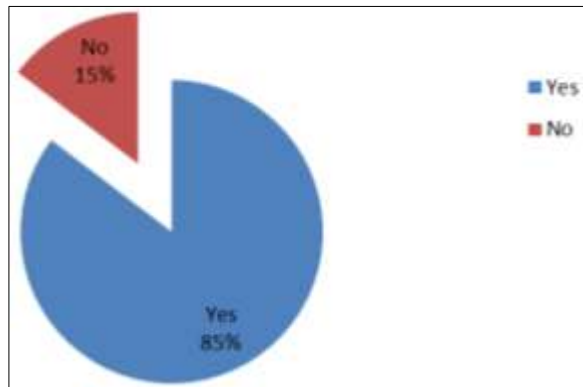
Microsoft Office Excel version 2007 was used for analysis of data collected. Data was represented in graphical form.

Results

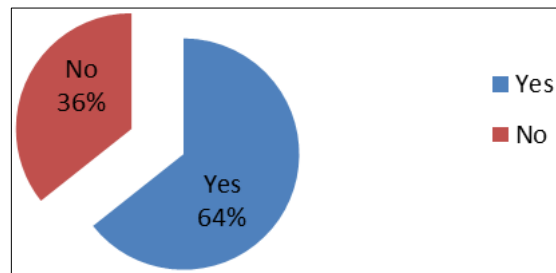
The results shown here have been calculated out of 300 subjects who have responded.



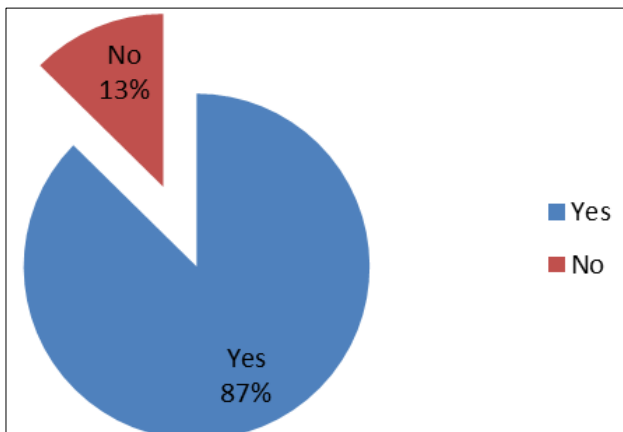
Graph 2: Is extent of pharmacology sufficient for us?



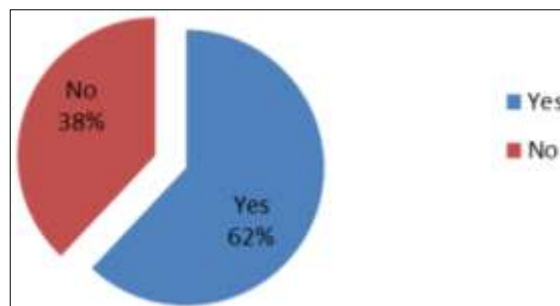
Graph 3: Is it necessary to know patient is on what medicines before our treatment?



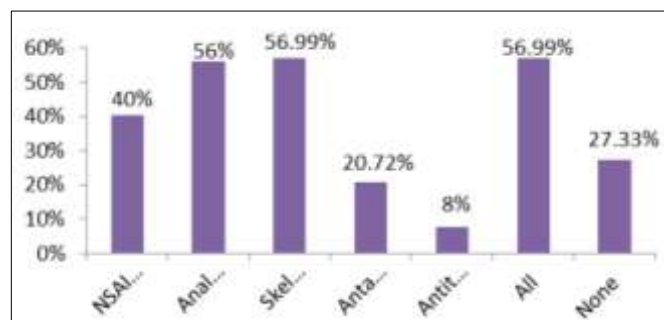
Graph 4: Should we be allowed to prescribe medicines?



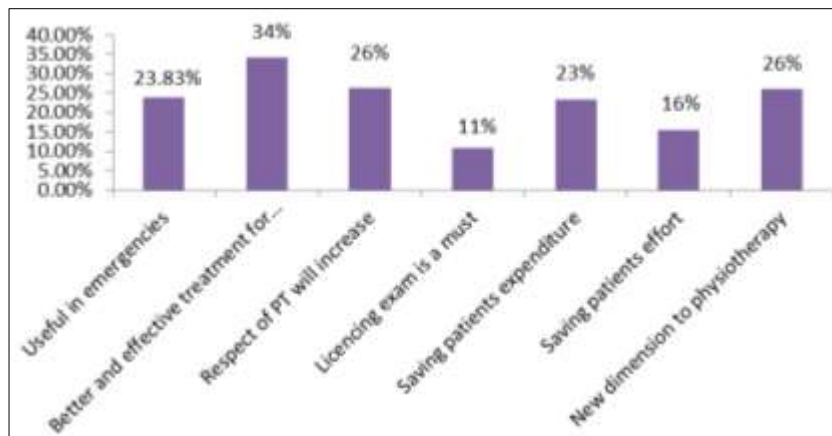
Graph 1: Need of the subject pharmacology



Graph 5: Should pharmacological licensing exam be conducted for us?



Graph 6: Which medicines should we be allowed to prescribe?



Graph 7 and Fig 7A: why we should be allowed to prescribe medicines?

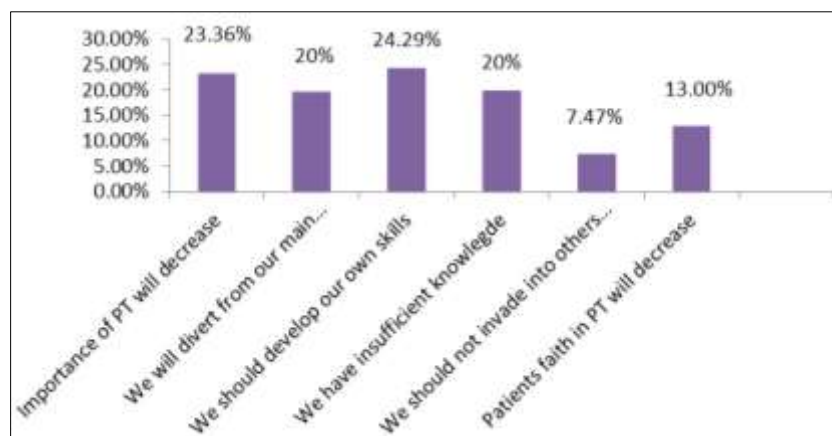


Fig 7B: Why we should not be allowed to prescribe medicines?

Discussion

Pharmacology is a subject of need according to 87% of Physiotherapists in our study. Physiotherapists have a professional responsibility to ensure that they are thoroughly familiar with the medicines patient is on, its dosages and possible side effects [2]. However the extent to which we study pharmacology is not sufficient for us for the reason that Undergraduate physiotherapy students attend very less of pharmacological content in the entire course, which is insufficient for us to give any prescription [2].

85% the Physiotherapists feel that we should know patient is on which medicines before giving physiotherapy treatment, which is supported by a study conducted in South Africa which says knowledge of drug interactions, especially with physiotherapy modalities and techniques, would enable Physiotherapists to manage their patients more holistically and that they would be able to give informed advice regarding suitable medication, thereby facilitating best practice [1].

64% of the respondents feel we should be allowed to prescribe medicines because it would expand the scope of practice leading to enhancement of the profession. In a study done previously, more than 78% of all clinicians indicated that there could be possible and definite benefits for musculoskeletal patients if Physiotherapists were involved in monitoring and prescribing non-steroidal anti-inflammatory drugs [3]. In the context of their expanded roles as non-physician health care providers and primary evaluators for patients with NMS conditions, Army physical therapists may be allowed to prescribe certain pharmacologic agents. These privileges are granted when

necessitated by specific clinical situations; most typically this applies to settings with a scarcity of orthopedists [4].

62% of the therapists are of the opinion that a licensing exam should be conducted before Physiotherapists being allowed to prescribe medicines. The study by Grimmer and Gilbert states that appropriate licensing exam assumes that the Physiotherapist would be aware of the contraindications, interactions and indications for the use of drugs which could make safe and effective recommendations in full knowledge of the patients overall medical status. It thus assumes that the Physiotherapist is in a position to inform the patient adequately about drug use [5].

Majority of the physiotherapists feel that we can prescribe NSAID’s, Analgesics , Skeletal Muscle Relaxants and 56% of the physiotherapists feel that we should be allowed to prescribe all the mentioned medicines i.e. NSAID’s, Analgesics, Skeletal Muscle Relaxants, Antitussives, Antacids. In New Zealand, some sports team only takes a Physiotherapist as a sole health care provider while on tours. When that happens a Physiotherapist is often expected to carry and administer a range of medications including NSAID’s, antiemetics, antidiarrhoeal, antihistaminic, sleeping tablets, respiratory medications, antibiotics [6].

Out of 64% of physiotherapists who are of the opinion that we should be allowed to prescribe medicines, most are in the view that it would give better and effective treatment to the patient, Respect of Physiotherapist would increase, it would give a new dimension to physiotherapy profession, it would help save patients expenditure and a few of them suggest it would help patients effort and that if Physiotherapists are allowed to prescribe, there should be a

licensing exam conducted for them. A study supporting this fact suggest, the expanded scope of practice models of care are ultimately aimed at improving access to care, with equal or better effectiveness, while containing costs and retaining patient, a reduction in waiting times is both a health system and patient benefit. To summarize, it expedited recovery and improved function and increased patient satisfaction with expanded scope physiotherapist roles, as well as reduced health system costs and better service access^[7].

Out of 36% of the therapists who feel we should not be allowed to prescribe medicines, majority suggest that importance of physiotherapy treatment would decrease and that we should excel and develop our own physiotherapy skills so that patient feel much better only through physiotherapy treatment. Rest of them suggest that we have insufficient knowledge in pharmacology in order for us to be able to prescribe medicines, also others suggest that we would divert from our main approach i.e. physiotherapy treatment, while a few are of the opinion that respect of a Physiotherapist will decrease and that we should not invade into others profession. Study which supports this fact says that physiotherapy relies more on manual techniques and physical rehabilitation, also that if we start prescribing medicines to could compromise good inter professional Relationships amongst medical professionals^[8].

In a study which studied attitudes and knowledge of physiotherapists for drugs, 72% of respondents said that physiotherapist's knowledge of drugs is insufficient^[8].

Conclusion

Our study concludes that Physiotherapists in India want drug prescription rights mainly for the drugs like NSAID's, Analgesics, Skeletal Muscle Relaxants, Antacids and Antitussives.

References

1. Unger M, Lochner R. Pharmacology Practice and South African Physiotherapists-Part Two A Needs Analysis. South African Journal of Physiotherapy 2006;62(2):18.
2. Lansbury G, Sullivan G. Physiotherapists and drug administration: A survey of practices in New South Wales. Aust J Physiother 1998;44(4):231-237.
3. Holdsworth LK, Webster VS, McFadyen AK. Scottish Physiotherapy Self-Referral Study Group. Physiotherapists' and general practitioners' views of self-referral and physiotherapy scope of practice: results from a national trial. Physiotherapy 2008;94(3):236-43.
4. Benson CJ, Schreck RC, Underwood FB, Greathouse DG. The role of Army physical therapists as non-physician health care providers who prescribe certain medications: observations and experiences. Physical therapy 1995;75(5):380-6.
5. Grimmer K, Kumar S, Gilbert A, Milanese S. Non-steroidal anti-inflammatory drugs (NSAIDs): Physiotherapists' use, knowledge and attitudes. Australian Journal of Physiotherapy 2002;48(2):82-92.
6. Anderson L. Physiotherapists administering medications under instruction. British journal of sports medicine 2012;46(4):222-3.
7. Govt of Western Australia Department of Health, WA Health Expanded Scope of Practice Physiotherapy Project A Literature Overview. Available on: <http://www.ochpo.health.wa.gov.au/docs/ExpandedScopeofPracticePhysiotherapy-ALiteratureOverview.pdf>

8. Emary PC, Stuber KJ. Chiropractors' attitudes toward drug prescription rights: A narrative review. Chiropr Man Therap 2014;22(1):34.