Parents’ opinion on pediatric physiotherapy and the physical therapy

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Abstract

Introduction: Pediatric physiotherapy deals with the evaluation and rehabilitation of disorders that occur in infants to adolescents. It helps children with motor disabilities to improve their gross mobility and functionality in order to maximize their independence, autonomy and security, as well as to properly prepare their child so that they can successfully participate in their social environment and activities of daily living.

Purpose: The main purpose of this study was to record the opinion of parents about pediatric physiotherapy and the physiotherapist.

Method: The study involved 37 parents of children with motor disabilities. The research was conducted at the Neuro Physio Kids Physical Therapy Center Konstantinou Karamanlis 60 Thessaloniki.

Results: 78% of the sample of parents / guardians who participated in the survey responded that they liked the physiotherapy process, and 79% believed that physiotherapy helps improve their child's functionality.

Conclusion: In our sample, parents / guardians of children with motor disorders who follow a physiotherapeutic intervention program, many researchers like the process of physiotherapy and are actively involved in its implementation as they are encouraged by the physiotherapist. The question of whether physiotherapy helps to improve a child's functionality and to facilitate their day-to-day life is an only negative answer, possibly due to the seriousness of the problem. The rest at a very high rate give positive answers and are aware of the positive effect of physiotherapy. Further research on a larger number of parents / guardians of children with motor disorders is recommended.

Introduction

Families with children with motor disabilities are called upon to deal with a variety of problems from day to day childcare, treatment, child education, social inclusion and, most importantly, their independence. Their support from specialist health professionals (psychologists, therapists, doctors, etc.) is essential for psychological support, guidance, treatment and education so that the parent can cope alone [1,2]. From the first stage of diagnosis and listening to the parent to diagnose their child, they need the support of specialist professionals to understand the condition, answer questions and be trained in how to support their child [3-7]. Parent education in the day-to-day care of the child is necessary to meet the daily needs such as bed-wetting, walking, etc. Both parents and professionals (physiotherapists, occupational therapists, physicians) develop and maintain a beneficial and balanced relationship to create a solid foundation around their child’s therapeutic and supportive role in dealing with the child with the disorder [7].

Numerous studies report that poor ‘inadequate communication’ is the most serious parent / patient complaint and in particular lack of information. But, even when professionals try to communicate, their terminology is often misunderstood or forgotten over time. Lack of communication can also be a means of retaining the expert’s power. Listening to a parent is likely to be of great importance in the communication process [8,9].

Pediatric physiotherapy deals with the evaluation and rehabilitation of disorders that occur in infants to adolescents. It helps children with motor disabilities to improve their gross mobility and functionality, with the aim of maximizing their independence, autonomy and safety, as well as properly preparing their child so that they can successfully participate in their social environment and in the activities of daily life.

The pediatric physiotherapist aims to encourage and improve the child’s ability to move and function in the most normal way [10]. Physiotherapeutic intervention improves the behavioral and movement characteristics that make the child functional and improve

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their quality of life [11,12]. Normal movements cannot be obtained if
the child remains in abnormal positions and moves in a pathological
manner, so pediatric physiotherapy helps the child to change abnormal
positions and movements in order to gain a better quality of functional
activities and therefore a better quality of life.

The physiotherapist evaluating the areas and motor skills in
which each child has difficulty, design the appropriate treatment plan,
focusing on improving each child’s developmental abilities and teaches
parents how to manage their child’s issues. The cooperation and active
involvement of parents in the treatment of their child is crucial in the
therapeutic program, in order to educate and learn for themselves how
to participate in their child’s therapeutic activities, transferring them to
their daily lives [10].

Materials and methods

Thirty-seven (37) parents of children (7 of whom were their father
and 30 of them mothers) with motor impairment participated in the
study, which was conducted in Thessaloniki at the Neuro Physio Kids
Physical Therapy Center Konstantinou Karamanlis 60 Thessaloniki. The
children of age range from 9 months to 18 years old boys and girls
with motor disabilities and were diagnosed with the following conditions:
cerebral palsy, developmental abnormality, myopathy / myasthenia,
individual cases involving diagnoses such as neuropsychological delays,
general hypertension with psychomotor delay, leukoencephalopathy
and hyperkinesia. These diseases are chronic and physiotherapeutic
methods and techniques have been applied for many years.

Protocol

A special questionnaire was used as a measuring tool, completed
by parents of children with motor impairments. Questionnaires were
collected through personal interviews during March - April 2018 and
descriptive statistics and correlation analysis were performed.

Statistical analysis

Initially, variables were investigated for basic characteristics,
frequencies, extreme values, etc. Descriptive methods were initially
applied to evaluate the results of the study and then independent tests
were performed with the help of IBM SPSS Statistics 23. The variables
of the sample as well as the number of cases per category led to non-
parametric case tests. Kruskal-Wallis test was used to test for mean
differences in dichotomous variables. In all cases the level of statistical
significance was <0.05.

Results

Our sample consisted of 37 parents of children (7 fathers and 30
mothers) with motor disorders following a physiotherapy intervention.
67.6% of children receive physiotherapy at least 2 to 3 times a week
(Table 1) and 95% started physiotherapy immediately (Table 2).

It is also characteristic that many researchers like the process of
physiotherapy and are actively involved in its implementation as they
are encouraged by the physiotherapist (Table 3). Physiotherapy is
performed by 89.2% in a private clinic (Table 4).

The question of whether Physiotherapy helps to improve a child’s
functionality and if it makes their daily lives easier, the exception is only
one negative answer, possibly due to the seriousness of the problem.
The rest at a very high rate give positive answers and are aware of the
positive effect of physiotherapy (Table 5).

| Frequency of Physiotherapy | People | Percentage |
|---------------------------|--------|------------|
| Every day                 | 1      | 2.7%       |
| Twice / three times a week| 25     | 67.6%      |
| Once a week               | 10     | 27%        |
| Rarely                    | 1      | 2.7%       |
| Total                     | 37     | 100%       |

| Started physiotherapy immediately after referral | People | Percentage |
|-----------------------------------------------|--------|------------|
| Yes                                           | 35     | 94.6%      |
| No                                            | 2      | 5.4%       |
| Total                                         | 37     | 100.0%     |

| Views on Physical Therapy Positive Answers | People | Percentage |
|--------------------------------------------|--------|------------|
| Actively participate in conducting therapeutic session | 19     | 51.4%      |
| You would prefer to use this time in another way | 13     | 35.1%      |
| Physiotherapist encourages your active participation in physiotherapy session | 23     | 62.2%      |
| Do you think that physiotherapy alone is enough for the functional development of your child | 15     | 40.5%      |
| Further homework needed | 33     | 89.2%      |
| It needs to be combined with some complementary therapy (horse therapy, hydrotherapy etc) | 18     | 48.6%      |

| Physical Therapy | People | Percentage |
|------------------|--------|------------|
| House            | 3      | 2.7%       |
| Private clinic   | 34     | 89.2%      |
| Total            | 37     | 100%       |

| Do You Know the Positive Impact of Physical Therapy on the Physical Fitness and therefore on Your Child's Health | People | Percentage |
|----------------------------------------------------------------------------------------------------------------|--------|------------|
| I know perfectly                                           | 19     | 51.4%      |
| I know quite a few                                         | 17     | 45.9%      |
| I don't know at all                                        | 1      | 2.7%       |
| Total                                                      | 37     | 100%       |

| Physiotherapy education physical therapy | | |
|-----------------------------------------|-----------------|
| Apply at home specialized exercises, position changes, activity training at the suggestion of your physiotherapist | |
| If yes how many hours do you work per week | People | Percentage |
| > 7 hours a week                         | 6 (85.7%) | 1 (14.3%) |
| 6-7 hours weekly                         | 11 (84.6%) | 2 (15.4%) |
| <4 hours per week                        | 9 (90.9%) | 1 (10.0%) |
| Total                                    | 26 (88.7%) | 4 (13.3%) |

Usually both parents work at home physiotherapy and most of
them spend between 6-7 hours a week (min.6).

When asked what they consider to be a priority in their child’s
recovery, 61% said they could walk and move alone or with aids (Table 7).

When asked if they understand the reasons for their child’s
functional limitation, 73% said yes (Table 8).
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Table 7. Primary goal

| What is considered a priority in your child’s recovery | People | Percentage |
|-------------------------------------------------------|--------|------------|
| Positive Responses                                    |        |            |
| Can eat without help                                  | 11     | (30.6%)    |
| Can be washed without help                            | 11     | (30.6%)    |
| Can sit (alone or with auxiliary means)               | 8      | (22.2%)    |
| Standing upright (alone or with auxiliary means)      | 11     | (30.6%)    |
| Walking and moving (alone or with auxiliary means)    | 22     | (61.1%)    |
| Improvement of external appearance (eg posture)       | 18     | (50.0%)    |
| Speaking                                              | 10     | (27.8%)    |

Table 8. Reasons of limitations

| Understand the Reasons of Your Child’s Functional Limitation | People | Percentage |
|-------------------------------------------------------------|--------|------------|
| Yes, I understand                                           | 27     | (73.0%)    |
| Yes, I understand the basics                                | 8      | (21.6%)    |
| Yes, I partially understand                                | 2      | (5.4%)     |
| Total                                                       | 37     | (100.0%)   |

Discussion

Pediatric physiotherapy pays particular attention to the harmonious and good therapist-child-parent relationship, so a good communication and continuous cooperation between them is essential [13-15]. The physiotherapist needs the parent’s cooperation to achieve effective treatment as the outcome depends directly on the active involvement, support and confidence of the parents so that their child can benefit from it [16]. Both parents and professional physiotherapists need to create and maintain a beneficial and balanced relationship in order to establish a solid background around their child’s therapeutic and supportive role in dealing with the disorder.

Good cooperation and communication between the therapist and the parent become essential for the child’s progress and treatment [10]. Parenting is a very important source of help in the treatment of children with dysfunctions as the benefits gained through therapeutic intervention can benefit from it [16]. Both parents and professional physiotherapists must: be accessible and friendly in order to gain the trust of the parent and the child.

• shares and demonstrates understanding of parents’ emotions, managing their reactions and being able to restore balance.

• tries to attract and encourage parents to attend the therapy session and to educate them on how to apply therapeutic techniques at home.

References

1. Bennett T, Nelson DE, Lingerfelt BV, Davenport-Ersoff, C (1992) Family centered service coordination, Facilitating Family-centered training in early intervention. AZ: Communication Skill Builders 143-171.
2. Effgen SK, Chiarello LA (2000) Physical Therapist education for service in early intervention. Infants Young Child 12: 63-76
3. Blacher J (1984) “Sequential stages of parental adjustment to the birth of a child with handicaps: fact or artefact?” Severely Handicapped Young Children and their Families: Research in Review Mental Retardation 22: 55-68
4. Weisbren SE (1980) Parents reactions after the birth of a developmentally disabled child”, American Journal of Mental Deficiency 84: 345-351
5. Davis H, Buchan L, Choudhury, P. Ali (1994) “Supporting families of children with chronic illness or disability: multi-cultural issues” in P. Mittler and H. Mittler (eds) Innovations in Family Support for People with Learning Disabilities. Working with Families of Children with Special Needs: Partnership and Practice
6. Cunningham CC, Davis H (1985) Working with Parents: Frameworks for Collaboration, Milton Keynes Open University Press.
7. Cunningham CC (1985) Training and education approaches for parents of children with special needs British Journal of Medical Psychology 58: 285-305.
8. Davis, H (1993) Counselling Parents of Children with Chronic Illness or Disability, Leicester British Psychological Society
9. Fost N (1981) Counselling families who have a child with a severe congenital anomaly. Pediatrics 67: 321-325. [Crossref]
10. Hristara-Papadopoulou Alexandra, Georgiadou Athena, Papadopoulou Ourania, (2014) Physiotherapy in Paediatrics.
11. Bailey DB, McWilliam, PJ (1993) The search for quality indicators. Handbook of Early Childhood Intervention 3-20.
12. Bailey DB, McWilliam RA, Darkeas LA, Hebbeler K, Simeonsson, et al. (1998) Family outcomes in early intervention: A framework for program evaluation and efficacy research. Exceptional Children 64: 313-328
13. Turnbull A, Blue Banning M, Turville V, Park J (1999) From Parent Education to Partnership Education: A call for a Transformed Focus. Topics in Early Childhood Special Education 19: 164-171.
14. Turnbull AP, Turnbull HR (1993) Group action planning: Families, friends, and professionals. Unpublished manuscript. The University of Kansas, The Beach Center on Families and Disability, Lawrence.
15. Turnbull AP, Turnbull HR (2001) From the Old to The New Paradigm of Disability and Families: Research to Enhance Family Quality of Life Outcomes. KU Scholar Works
16. Roush J, Hanison M, Palsha, S (1991) Family-centred early intervention: The perceptions of professionals. American Annals of the Deaf 136: 360-366.