

ADHESIVE CAPSULITIS PATIENTS SATISFACTION WITH THE PHYSIOTHERAPY ,AN ANALYSIS IN TERTIARY CARE HOSPITAL, PAKISTAN

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ABSTRACT

Objective: The purpose of this study was to survey the patient satisfaction of services in physical therapy outdoor in Ghurki hospital, Lahore, Pakistan. **Study Design** Descriptive Case Study **Place and Duration:** Department of Physiotherapy and Rehabilitation, Ghurki Trust Teaching Hospital, Lahore from 1st Jan 2016 to 30th June 2016 **Methodology:** 100 patients were given a pre formed performa and were asked to fill it in a privacy having different satisfaction levels regarding physiotherapy. **Results:** Majority of the patients were between 25 to 35 years i-e 55 % while remaining 45% were between 36 to 50 years. 34% of the patients having adhesive capsulitis secondary to trauma While 52% of patients having Diabetes while remaining having some other causes. 75% of the patients were fully satisfied from physiotherapy due to relief of pain **Conclusion:** The time the therapist spent with the patients and the behavior of the therapists as well as the quality of care and services provided by the therapist are important for patient satisfaction.

Key Words: Adhesive Capsulitis Frozen shoulder, Patient Satisfaction, Physiotherapy

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INTRODUCTION

Shoulder joint is unique because of its range of motion in different directions which allows us to do our daily activities.¹ The rheumatologist, orthopedics surgeon and physiotherapists are facing daily with the patients of adhesive capsulitis.² This condition is unique because of its various names, different staging and different modes of treatment which are still in debate.³ It is most common in female individuals, thyroid patients, diabetes, age between 40 to 65 years and patients having previous episode of opposite limb.⁴ It is a self limiting condition but the recovery may take upto 2 years.⁵ Most of the patients having resolved from this condition between 18-30 months but sometime it may take longer time. It is mostly diagnosed through clinical examination and no need of further

investigations like MRI or CT scan.⁶

Frozen shoulder was initially known by name of "peri-arthritis scapulohumerale" by Duplay in 1896. Codman, in 1934, characterized the diagnosis of "frozen shoulder" as a condition characterized by pain and reduced range of motion in the affected shoulder. Neviasser, in the pre-arthroscopic era, subsequently used the term "adhesive capsulitis" to describe the findings of chronic inflammation and fibrosis of the joint capsule, although arthroscopic examination would support the term "fibrotic capsulitis" with the absence of adhesions.⁷ The prevalence of this condition in general population is about 2 % but it may be as high as 30% in patients having diabetes and other endocrinopathies.⁸ Like Frozen shoulder several other conditions can cause

shoulder pain ,proper history and physical examination can help differentiate adhesive capsulitis from other conditions that cause a stiff, painful shoulder.⁹

Frozen shoulder having three phase.

(1) Painful phase, where there is a gradual onset of aching shoulder, usually worst at night and when lying on the affected side, and lasts for 2–9 months;

(2) Stiffening or frozen phase, in which the pain level is often not altered and the patient experiences difficulty with simple activities of daily living. The stiffness progresses and may lead to muscle wasting due to disuse atrophy. This phase lasts for 4–12 months; and

(3) Thawing phase, where the patient experiences a gradual increase in the range of movement and improvement in pain, although it may reappear as the stiffness eases. This phase lasts for 5–12 months.¹⁰

There are different modalities of treatment of this condition. It is important to consider patient symptoms, stage of the condition ,patient selection, and recognition of different patterns of motion loss¹¹ Among the different modalities of treatment, Physical rehabilitation having important role. In developing countries like Pakistan, there is limited availability of Physiotherapist as well as less awareness about it. The main aim of this study was to enhance the patient experience and improve the quality of physical therapy services provided to the patients regardless of their socioeconomic status. This study will help to improve patient compliance to physical therapy.

MATERIAL AND METHODS

It was a Descriptive case series done at Department of Physiotherapy and Rehabilitation , Ghurki Trust and Teaching Hospital, Lahore from Jan 2016 to July 2016 after approval from Hospital Ethical Committee .A sample size of 100 patients were selected randomly. All the patients with age of 26 to 55 and with adhesive capsulitis all were

included after a written informed consent. While Patients with bursitis of shoulder, shoulder infections, congenital problem, non-cooperative patients or refused to be a part of study or unable to read the Performa were excluded from the study. All the patients were given a pre formed Performa to fill it. The Performa were in two versions i-e English and Urdu. The patient was given an option to fill any one of it . The preformed Performa included different variables like appointment interval, duration taken by the physiotherapist, consent of the patients, privacy and many more. After collecting the Data, It was analyzed by using Statistical package for social sciences (SPSS) version 20. Quantitative variables were presented in mean \pm standard deviation. Categorical variables were presented in the form of frequencies and percentages. Results were presented in the form of table.

RESULTS

There were 100 patients. Among them 54(54%) were females and 46(46%) were males with male to female ratio were 0.86:1 and mean age of 54.5 \pm 7.8 years. Majority of the patients were between 25 to 35 years i-e 55 % while remaining 45% were between 36 to 50 years.34% of the patients having adhesive capsulitis secondary to trauma While 52% of patients having Diabetes while remaining having some other causes.61% of patients having right shoulder involvement , 30% having left shoulder while only 9% having both shoulder involvement.

52% visit the physiotherapy facility for the first time Whereas 48% of patients have used physiotherapy facility before. Regarding patients satisfaction about time took by physiotherapist during session, majority of patient approximately 45%and 35% agreed and strongly agreed respectively with the phenomenon that they are satisfied with the time took to receive an appointment Whereas approximately 5% and 2% patients disagreed and neutral respectively with the time took to receive an appointment. Several other factors like accessibility of physiotherapist,



Effectiveness of physiotherapy in management, communication skills of physiotherapist ,privacy

Table 1: Opinions of patients regarding Physiotherapy

Variable	Patients Opinion Outcome				
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Availability of Physiotherapist	2%	5%	13%	45%	35%
Accessibility of Physiotherapist	1%	1%	2%	40%	56%
Duration of Physiotherapy	12%	10%	8%	25%	45%
Competency of Physiotherapist	10%	12%	15%	43%	20%
Satisfaction with results	2%	2%	1%	20%	75%
Consent before physiotherapy	2%	5%	12%	41%	40%
Communication skills	2%	14%	10%	40%	34%
Privacy of patients	1%	2%	3%	45%	49%
Good attitude of staff	5%	4%	10%	43%	39%

of the patients, Consent before physiotherapy etc are summarized in Table 1;

DISCUSSION

Frozen shoulder is a commonly encountered condition during practice and most common cause of painful and stiff shoulder. There are different modalities of treatment of this condition.¹² Among Non surgical treatment modalities protection, relative rest and ice, NSAIDs, Physical therapy either at home or supervised, acupuncture and steroid injection while among Operative treatments, depending on the particular disorder, include rotator cuff repair, subacromial decompression, capsular tightening, or manipulation under anesthesia.¹³ Steroid injection for the management of frozen shoulder is mostly used and gives a fast relief of pain and improves range of motion¹⁴ Another modality of management is arthroscopic capsular release, which is a safe and effective treatment for this condition.¹⁵ Similarly a fluoroscopic guided intra articular injection series of cortisone is an effective treatment option in frozen shoulder syndrome which can lead to fast pain reduction and increased range of motion.() Physiotherapy

plays an excellent role in management of frozen shoulder patients.¹⁷

Morrison DS et al in their study found that 67% of the patients having physiotherapy sessions had a satisfactory result.28 per cent had no improvement and went on to have an arthroscopic subacromial decompression.5 per cent had an unsatisfactory result but declined additional treatment.18 per cent of the 413 patients who had a successful result had a recurrence of the symptoms during the follow-up period; the symptoms resolved with rest or after resumption of the exercise program.¹⁸ In another study, bee venom acupuncture (BVA) in combination with physiotherapy was found to be more effective in functional improvement and pain reduction in patients with adhesive capsulitis (AC)¹⁹

Oldmeadow et al did analysis of physiotherapist after orthopedics intervention and found that , Thirty of 38 patients reported being "satisfied" (score, 2) or "very satisfied" (score, 1) with the care they received from the physiotherapy screening clinic (mean score, 1.4; range, 1–4). Five patients withheld an opinion while waiting to complete physiotherapy treatment and three were unsatisfied as they still had pain.²⁰ Mulligan's technique and passive stretching exercises are both effective in reducing pain, and restoring range of motion and function. However, compared with stretching exercises, Mulligan's technique led to better improvements in terms of pain, range of motion, shoulder scores, and patient and physiotherapist satisfaction.²¹

Issa K et al found that 76% of the patients were satisfied with the physical therapy services. Different factors play an important role in patient satisfaction like age,sex,duration of therapy,number of patients ,continuing of care with the same therapist and total number of sessions completed.²²

In a previous study by Beattie PF et al in 2002 said that Patient satisfaction was most associated with

items that reflected a high-quality interaction with the therapist (e.g., time, adequate explanations and instructions to patients). Time spent waiting for the therapist used was not strongly correlated with overall satisfaction with care which had a close association with our results.^{2,3} There are several limitations in this study. Due to the shortage of time the sample size is small. Due to the cross-sectional design of the current study, it is possible to find patient satisfaction with services in physical therapy department. Any of non-significant findings may be due to lack of statistical power. Patient satisfaction is an important patient-focused indicator of the quality of patient care and satisfied patients are more adherent to treatment. Administration should take some action to clear all the conflicts to provide better services to patients in physical therapy department in Gurki Hospital.

CONCLUSION

The time the therapist spent with patients and the behavior of the therapists and the quality of care and services provided by the therapist are important for patient satisfaction.

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