Introduction

In some, but not all, countries, physiotherapists work as primary care health practitioners. In Australia, over 40% of the approximately 26,000 registered physiotherapists work in a primary care private practice setting. Their primary role includes different aspects of care such as making a diagnosis, providing information and education, treating pain and/or poor function, and implementing prevention strategies. While physiotherapists work in primary care, and in many countries their training is directed at providing the broad skills needed for this role, it is unclear how patients perceive the role of physiotherapists working in primary care. It may be that patients see physiotherapists as primary care clinicians, like general practitioners, who can provide a range of services – including diagnosis, advice, education, treatment and prevention – or they may primarily see physiotherapists as practitioners who provide physical treatments for pain. Physiotherapists working in primary care are well trained to help health systems cope with the enormous and growing burden of musculoskeletal conditions. Their training in assessment and treatment of musculoskeletal conditions typically exceeds that of medical practitioners, yet this is potentially wasted if those presenting to physiotherapists see them only as clinicians to treat pain, rather than well-trained primary care practitioners with knowledge and skills to diagnose and manage musculoskeletal conditions.

In many countries, including Australia, governments appear to acknowledge physiotherapists’ primary care skills by granting primary contact status; however, they do not rebate the costs for a patient who chooses to see a primary care physiotherapist rather than a general practitioner. If physiotherapists are to lobby government and other funders to rebate physiotherapy services in primary care they need evidence that patients perceive them as having all the skills necessary to provide high-quality primary care management of musculoskeletal conditions.

We have been able to identify almost no research that has been conducted on patients’ reasons for presenting to primary care physiotherapists. Privately commissioned studies have been conducted by bodies representing physiotherapy in Australia; however, this information is not published or widely available. Evidence on why patients present to physiotherapists will provide insight into whether or not patients perceive physiotherapists as...
primary care clinicians who provide a range of services, including diagnosis, information, education and prevention. This information is important to clinicians as well as educators and professional bodies advocating for physiotherapy. If patients consider a range of physiotherapy services, including diagnosis, advice and reassurance, as important reasons to attend physiotherapists, then it is important that physiotherapists themselves value these services and do not focus only on treating pain, when this is not the primary or sole reason that a person presents for care. Evidence on why people present to a primary care physiotherapist can also be used by professional bodies to advocate for physiotherapists as primary care practitioners and to push for rebates for patients with musculoskeletal conditions who choose to present to physiotherapists instead of general practitioners.

Therefore, the research questions for this cross-sectional survey were:

1. How important are different aspects of physiotherapy care (diagnosis, information and education, treatment for pain relief, treatment to improve function, and prevention) to patients presenting to a primary care physiotherapist?
2. Are patient factors (eg, age and gender) associated with how important different aspects of physiotherapy care are to individual patients?

Method

Design

This study was a cross-sectional survey of consecutively sampled, adult patients presenting to primary care physiotherapists. Patients were invited to complete the survey either before or immediately after their appointment.

Participants, therapists, and centres

Participants were recruited from 10 physiotherapy practices that were purposely selected to achieve varied geographic and socioeconomic characteristics in the Sydney metropolitan area. Socioeconomic indexes were referenced to the Australian Bureau of Statistics’ Socio-Economic Indexes For Areas (SEIFA) advantage/disadvantage index.5

Participants were adults aged ≥ 18 years, who were consecutively sampled when presenting to the recruiting physiotherapy practices. No other eligibility criteria were used. Consecutive patients were recruited at each site until 50 completed surveys were obtained. Data collection was completed over multiple practice sessions or days, as required, depending on the number of patients attending the clinic.

Consecutive patients were invited to participate in the survey by the practice secretary, who briefly informed them about the study and requirements. If a patient agreed to participate, they completed an appropriate consent form and a non-identifiable hardcopy survey while waiting for, or immediately after, their appointment. A researcher immediately reviewed completed surveys to ensure no missing data. If patients preferred, they were given the option of a take-home survey pack to complete away from the clinic and return either by mailed hardcopy or online. The number of patients who chose not to participate was recorded and was used in conjunction with the completed survey numbers to calculate the response rate. The stated reason for not participating was also recorded.

Outcome measures

No existing survey met the needs of the study, so a 12-item survey was designed; it was piloted with physiotherapists and patients prior to implementation within this study. Existing literature on survey design was used to guide the survey development.10–11

To investigate how important different aspects of physiotherapy care (diagnosis, information and education, treatment for pain relief, treatment to improve function, and prevention) were to patients presenting to a primary care physiotherapist, we asked the following question using a 5-point Likert scale: ‘Please indicate how important the following reasons were in your initial decision to present to a physiotherapist for your current health condition’. An open-ended question was included in the survey prior to the Likert scales, to ask for participants’ main reason for presenting to the physiotherapist. This was used to identify any other aspects of physiotherapy care that were important to patients but not covered in the five predetermined questions.

The survey also collected information on demographics and patient factors that could influence what aspects of physiotherapy care individual participants considered to be the most important.10,12,13 The factors that were investigated are listed in Table 1.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n = 500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (yr), mean (SD)</td>
<td>49 (16)</td>
</tr>
<tr>
<td>Gender, n females (%)</td>
<td>286 (57)</td>
</tr>
<tr>
<td>SEIFA index for residential postcode (0 to 10), mean (SD)</td>
<td>6.8 (2.5)</td>
</tr>
<tr>
<td>Low education, n (%)</td>
<td>287 (57)</td>
</tr>
<tr>
<td>Not born in Australia, n (%)</td>
<td>164 (33)</td>
</tr>
<tr>
<td>No financial support for treatment, n (%)</td>
<td>117 (23)</td>
</tr>
<tr>
<td>Completed survey before treatment, n (%)</td>
<td>273 (55)</td>
</tr>
<tr>
<td>Presented with a spinal condition, n (%)</td>
<td>226 (45)</td>
</tr>
<tr>
<td>Return visit, n (%)</td>
<td>400 (80)</td>
</tr>
<tr>
<td>Medical practitioner referral, n (%)</td>
<td>247 (49)</td>
</tr>
</tbody>
</table>

SEIFA = Socio-Economic Indexes for Areas, where lower scores indicate greater disadvantage.

Low education defined as below university level.

Data analysis

Descriptive statistics were used to summarise the participants’ demographic and other presenting characteristics. To evaluate how important patients considered each of the five aspects of care, we calculated the median (IQR) score on the 5-point Likert rating scale for each aspect of care. The frequency values were also plotted to assess the spread of importance ratings across the five aspects of care. Finally, for each aspect of care, we calculated the proportion of participants who scored that aspect highest or equal highest on the Likert scales.

Multivariate logistic regression models were performed to evaluate if each of the 10 patient factors were associated with different responses to each of the five questions about how important different aspects of care were. We dichotomised responses on the 5-point Likert scale by pooling ‘quite important’ or ‘extremely important’ into ‘highly important’ and the other three responses into ‘not important’.

The responses to open-ended questions were reviewed to identify other aspects of physiotherapy treatment that may not have been considered for the five Likert scale items. Any new presenting reason categories were noted during data entry and were reviewed by the researchers.

Results

Flow of participants and centres through the study

The survey was conducted at 10 private primary care physiotherapy practices located within the Sydney metropolitan area during March and April 2015 and in March and July 2016. Each participant in this study had presented to one of 16 physiotherapists working at these sites. According to Australian Bureau of Statistics data,3 three sites were from low socioeconomic areas,
three from a middle socioeconomic area, and four from high socioeconomic areas. In total, 500 of the 533 approached patients participated in the survey, giving a response rate of 94%. The reasons for non-participation and the completeness of the data are presented in the flow diagram (Figure 1). All participants chose to complete the survey while at the clinic rather than at home. The participants’ characteristics are shown in Table 1.

The qualitative question did not identify any reasons beyond those outlined in the five specified aspects of physiotherapy treatment. Several participants responded that being referred by a medical practitioner or having a previous health condition managed by the current or a previous physiotherapist was listed as a reason for presenting. These responses were not considered as new categories, because they were not aspects of physiotherapy treatment.

**Aspects of treatment sought when presenting to a primary care physiotherapist**

The distribution of responses to the Likert scale items that rated the importance of the five aspects of physiotherapy treatment can be seen in Table 2 and Figure 2. The median importance rating of treatment for pain relief, improved function and prevention was

### Table 2

<table>
<thead>
<tr>
<th>Aspect of treatment</th>
<th>Not at all important (%)</th>
<th>Little bit important (%)</th>
<th>Moderately important (%)</th>
<th>Quite important (%)</th>
<th>Extremely important (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>26</td>
<td>63</td>
</tr>
<tr>
<td>Function</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>26</td>
<td>66</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>8</td>
<td>9</td>
<td>18</td>
<td>32</td>
<td>33</td>
</tr>
<tr>
<td>Information</td>
<td>3</td>
<td>9</td>
<td>20</td>
<td>36</td>
<td>31</td>
</tr>
<tr>
<td>Prevention</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>31</td>
<td>59</td>
</tr>
</tbody>
</table>

Rows may not sum to exactly 100%, due to the effect of rounding.

### Figure 2

Distribution of the importance ratings for each aspect of physiotherapy treatment.
5 (IQR 4 to 5), whereas for diagnosis and information and education the median was 4 (IQR 3 to 5). Most patients rated each of the five aspects of care as either ‘quite important’ or ‘extremely important’: pain relief (89%), improved function (93%), diagnosis (65%), information and education (68%), and prevention (90%). The aspects of care rated highest or equal highest in importance by most participants were pain relief (73%), improved function (77%), and prevention (71%). Less commonly, participants rated diagnosis (41%) or information and education (38%) as the highest or equal highest in importance. Note that the percentage values do not sum to 100%, due to multiple aspects being rated equally important by some participants.

Factors associated with reasons for presentation

The association between patient factors and their ratings on the dichotomised importance ratings for the five aspects of care are shown in Figures 3 to 7. Participants were more likely to consider pain relief important if they were female (OR 2.07, 95% CI 1.15 to 3.73) or presented with a spinal condition (OR 2.73, 95% CI 1.42 to 5.25). No investigated variables were associated with how improved function was rated. Diagnosis was more likely to be rated as important by participants who had not completed university education (OR 2.01, 95% CI 1.34 to 3.03). Participants were more likely to rate information and education as important if they had

![Figure 3](image-url)  
**Figure 3.** Factors influencing importance of pain relief.  
SEIFA = Socio-Economic Indexes for Areas (0 to 10 points, where lower scores indicate greater disadvantage).  
Low education defined as below university level.

![Figure 4](image-url)  
**Figure 4.** Factors influencing importance of function.  
SEIFA = Socio-Economic Indexes for Areas (0 to 10 points, where lower scores indicate greater disadvantage).  
Low education defined as below university level.
lower educational levels (OR 1.55, 95% CI 1.03 to 2.34) or were presenting with spinal pain (OR 1.50, 95% CI 1.01 to 2.21). The importance rating of prevention strategies was not influenced by any investigated factors.

**Discussion**

This study demonstrated that patients present to private primary care physiotherapists for a variety of reasons, all of which they generally rate as important. Most participants considered all five of the aspects of physiotherapy treatment as highly important (ie, quite important or extremely important) reasons to present to a private primary care physiotherapist: pain relief (89%), improved function (93%), diagnosis (65%), information and education (68%), and prevention (90%). Pain relief (73%), improved function (77%), and prevention (71%) were commonly rated as the highest or equal highest in importance as reasons for attending the physiotherapy practice. Less commonly, participants rated diagnosis (41%) or information and education (38%) as the highest or equal highest in importance.

This study also demonstrated that some patient factors influenced the participants’ rating of importance with respect to
pain relief, diagnosis, and information and education. Females and those with spinal pain more commonly rated pain relief as important. Participants with lower educational levels were more likely to rate diagnosis and information and education as important, compared with those with higher educational levels.

The study included a large sample of patients from a range of socioeconomic regions across Sydney, to ensure a representative sample of the target population. Patients were approached to participate in this study on a consecutive basis to help reduce participation bias. All refusals to participate were recorded. Response rates were very high, with no missing data from patients who agreed to be involved. The qualitative item in the survey (asking for the reason why participants presented to the physiotherapist, in their own words) did not identify any other broad aspect of physiotherapy treatment beyond the five presupposed reasons, suggesting that these aspects of care covered a comprehensive range of reasons for presenting for care. The responses to the open-ended question that did not align closely with the five aspects of care were mostly patients listing their self-diagnosis (eg, ‘my knee pain’ or ‘ankle sprain’) or mechanism of injury (eg, ‘I twisted my knee and fell!’).

All attempts were made to develop a valid and reliable survey with several previously used items.10,12,13 However, there was no existing survey that was appropriate for the study’s purpose, so the survey that was used had not undergone testing of clinimetric properties. Participants completed the survey either on their first or return visit, either before or after seeing the physiotherapist. It is possible that this may have influenced the findings, but it was done to optimise response rate. Participants’ ratings of importance with respect to the five aspects of care were not associated with whether participants completed the survey on their first or return visit, or before or after seeing the physiotherapist. However, there was a non-significant trend to higher ratings of importance for diagnosis, information and education, treatment to improve function, and prevention in participants who completed the survey after seeing the physiotherapist. This trend may be explained by participants becoming aware of these aspects of care during the visit with the physiotherapist.

When investigating if patient factors were predictors of different responses to each of the five questions, we dichotomised responses into ‘not important’. The results may have been different if an alternative threshold was used for dichotomising this outcome.

To our knowledge, this is the first study that has directly asked patients what is important to them when presenting to primary care physiotherapists. Husk and colleagues performed a study14 that investigated patients’ satisfaction with musculoskeletal physiotherapy care and the factors that influenced this degree of satisfaction. It is difficult to make direct comparisons with the present study because the study question was quite different; nevertheless, the findings were similar in that patients placed a high level of importance on aspects of care that were not directly related to improvements in their presenting health condition (eg, attributes of the therapist in the Husk study and process of care in both studies).

It is critical for the physiotherapy profession to understand how their patients perceive the profession and what they expect when presenting for care. This study provides insight into the aspects of care that patients presenting to primary care physiotherapists in Australia consider important. It appears that those presenting for care view physiotherapists as health professionals who can provide diagnosis, education, information, and prevention strategies, as well as treatment for pain and disability. The study does not provide any data on broad community perceptions about physiotherapists and it is possible that the general community perception of physiotherapists is different. Many people with musculoskeletal conditions continue to see their general practitioner as the first point of contact with the health system. It is important for future research to investigate why this is the case, given that physiotherapists have substantially more training in assessing and managing musculoskeletal conditions. The current study suggests that at least those people presenting to physiotherapists consider physiotherapists to have a wide range of primary care skills, so it is possible that other factors, such as the additional cost associated with presenting to physiotherapists compared with general practitioners, are important drivers for many people continuing to see general practitioners first when they have musculoskeletal conditions. The present study found that fewer participants rated diagnosis or information and education as highly important reasons to present to a primary care physiotherapist. It is possible that some patients still consider these aspects of care as primarily a general practitioner’s role, and
therefore primary care physiotherapists need to do more to promote their skills and ability in these areas.

While the findings of this study generally support the role of physiotherapists as primary care practitioners, they also raise some challenges for the profession. Much recent evidence suggests that many people with musculoskeletal conditions presenting to primary care need minimal care focusing on high-quality advice, reassurance and self-management, after serious causes have been eliminated.15–17 For physiotherapists to be viewed as the primary care clinicians of choice for musculoskeletal conditions, it is essential that they fully embrace this important role and do not provide excessive treatment. However, private practice physiotherapists should strongly consider a greater focus on prevention, based on the findings that the majority of patients presenting for care rate prevention as highly important, and recent evidence suggests that prevention programs for conditions like back pain are effective.15 The findings of the current study support the argument for physiotherapists to lobby government and other funders to cover primary care physiotherapy; however, there is a need to demonstrate that this will not result in increased costs.

The current study demonstrates that while patients generally value all aspects of physiotherapy care, certain aspects of care are more important for individual patients. It is important for physiotherapists to ascertain what is most important for each person presenting for care, and to ensure alignment between the patient’s and physiotherapist’s expectations and goals.15 Our findings suggest some general patterns that physiotherapists should be aware of. Patients with lower educational levels were more likely to rate diagnosis and information and education as important. Patients presenting with a spinal condition or who were female placed a higher level of importance on treatment for pain relief. Improved function was the aspect of care that was rated highest on average, and no particular patient characteristics were associated with this, probably at least in part due to the fact that it was considered important by almost all patients. The importance of improved function may be common to similar patients presenting to other health professionals (eg, general practitioners or chiropractors) with similar conditions, or it may be a feature that patients specifically associate with physiotherapists. Future research should investigate any differences in what patients’ expectations are of physiotherapists compared with other health professionals, when presenting with musculoskeletal conditions that are seen by a number of different primary care clinicians.

In conclusion, physiotherapists working in primary care should be confident that the majority of patients presenting for care consider physiotherapists to be health professionals who can provide diagnosis, education, information, and prevention strategies, as well as treatment for pain and/or disability. Physiotherapists should therefore confidently take on the important role of primary care clinicians and not simply focus on managing pain. Given the importance that most patients place on prevention, this is an aspect of care that physiotherapists should strongly consider and discuss with patients. Those who advocate for physiotherapists should lobby government and other funders to cover the costs of patients with musculoskeletal conditions who choose to seek primary care management from a physiotherapist rather than a general practitioner.

What is already known on this topic: Physiotherapists in primary care can offer diagnosis, information, education, treatment of pain, treatment of poor function, and prevention strategies. Little research has investigated how patients perceive these aspects of the role of physiotherapists working in primary care.

What this study adds: Patients presenting to primary care physiotherapists generally rated all aspects of care that physiotherapists can offer as important. Pain relief was more commonly rated as highly important by female patients and those with spinal pain. Patients with lower educational levels were more likely to rate diagnosis and information/education as important.

Ethics approval: The Macquarie University Human Research Ethics Committee (HREC) approved this study (approval #: 2014001093) in December 2014. All participants gave written informed consent before data collection began.

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Correspondence: Mark Hancock, Department of Health Professions, Macquarie University, Sydney, Australia. Email: mark.hancock@mq.edu.au

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