



A balancing act

APA Musculoskeletal Physiotherapist **Sam Abbaszadah**, an Associate Member of the Australian College of Physiotherapists, questions whether the profession needs to re-evaluate its attitude towards differing clinical approaches underpinning patient management.

Manual therapy has been a big part of the physiotherapy profession for decades. However, in recent times there seems to be a big shift away from manual therapy towards assessment and treatment of patients based on the psychosocial realm. Certainly, the tertiary institutes that I have been part of seem polarised more and more towards the psychosocial model in patient care.

Although I acknowledge the importance of psychosocial factors in patient management, I do question the magnitude of this shift and its impact on the profession as a whole.

As I reach the final stages of the Australian College of Physiotherapists' specialisation program, I reflect on the changes in practice over my clinical career. At times, it seems, to me, that we are not very good at maintaining a balanced view, particularly in regards to topics that we know the least about. For many years, we had only manual therapy experts to guide us in our clinical practice. In recent times, we seem to have replaced expert clinicians with research gurus. In either case, these past or present experts have extreme faith and belief in what they do. Perhaps this explains why we jump from one ideology to another.

In the beginning of my career I followed many of these experts in manual therapy, wishing to emulate their apparent success in patient management. It was not long, however, before I realised the limitations of manual therapy. I could see that many of the experts I admired had extreme beliefs, built around their own clinical experiences and observations. The idea that everyone will benefit from manual therapy did not agree with my beliefs, thus I decided to chase the research gurus. It was not long before I realised that many research gurus also had extreme ideation in their interpretation of the research evidence. In fact, to me, many of the current proponents of evidence-based practice base their ideas on the average effect and are not interested in the outliers who show much stronger outcomes. In my practice, I see more of these outliers where research has less impact. Furthermore, they seem to ignore the patient values and place less weight on the clinical expertise required in manual therapy to be a skilled practitioner.

Unfortunately, the danger with extreme gurus—manual therapy or research gurus—is they have the potential to segregate and disunite the profession. A good example is what many refer to as the core revolution. Twenty years ago, some preliminary research showed an altered activation in deep trunk muscles of people with chronic low back pain (LBP). Based on these early research studies, many physiotherapists decided to replace holistic manual therapy with core exercises and this belief was sold to the public and the medical profession very aggressively. The reality was the profession accepted the views of the research gurus too eagerly and quickly. The current research shows that the core exercise

approach is not superior to manual therapy or graded exercises in the long-term. Consequently, not only are we left with a segregated profession in regards to the management of LBP but also a misinformed public and medical profession. Loss of credibility between our physiotherapy profession and the public and medical profession is likely to be the main driver of our own professional destruction.

I also witnessed the effects of the research gurus' biases during my time as a postgraduate clinical supervisor on a master's degree program. During this time, I saw many postgraduate students (who were experienced practising physiotherapists) choose a hands-off approach over a hands-on manual therapy approach to treat a range of different musculoskeletal disorders. In my opinion, only on very few occasions was this approach warranted for those patients. As for the assessment of patients, many of my students decided to skip much of the objective assessment and decided to use only a very brief manual therapy intervention. The students' reasoning in not using a manual therapy approach was usually justified with a simple 'there is no research to support it'.

What these students failed to realise was that their justification for not using manual therapy was based on what they had been taught at university level, rather than what they had read themselves in the research evidence. In other words, they blindly accepted what the gurus in power had told them and failed to see that there is also much research evidence supportive of manual therapy. I witnessed many of these postgraduate students become more and more extreme in their beliefs as the semester progressed and, sadly, manual therapy skills were lost.

It seems to be that there are some individuals in our profession who do not believe in the universal law of balance. Too much of anything can be bad and can result in deterioration. Physiotherapy is no different. In other words, extreme views favouring manual therapy or psychosocial management have destructive effects, parallels of which can be seen in recent times with the effects of extreme religious views on society.

The best lesson that I have learnt is that there are no gurus. There are those who have kindly contributed to our profession. Their views need to be respected but they should not be worshiped. We also need to realise that evidence-based practice is a balance between the patient's values, the therapist's skills, and current research. More importantly, we all need to be flexible in regards to our beliefs.

I encourage you to question your own beliefs, evaluate them, and ask yourself whether you are prepared to accept a wide range of perspectives.