

**Editorial**

## Navigating Conflicts in Physiotherapy Practice: Evidence-Based Pathways to Resolution

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The foundation of contemporary rehabilitation is physiotherapy, which has its roots in patient-centred care, clinical reasoning, and developing scientific data. Conflicts in physiotherapy treatment are prevalent, even with these guiding principles. Healthcare professionals' disagreements, miscommunications between patients and providers, different interpretations of the evidence, or discrepancies between clinical experience and patient expectations can all lead to these conflicts. Evidence-based practice (EBP) provides a methodical and moral way to address these conflicts while maintaining the quality of care as the field develops.

### Understanding the Nature of Conflicts in Physiotherapy

Physiotherapy conflicts can take many different forms. When physiotherapists' suggested treatment strategies conflict with those of referring doctors or other allied health professionals, interprofessional conflicts may result. Regarding therapy techniques, senior and junior physiotherapists may have intra-professional conflicts. Most delicately, patients can object to suggested treatments because of their own personal convictions, cultural backgrounds, or data from unreliable sources.

Moreover, the disparity in the weighting of clinical intuition and evidence is frequently the source of heterogeneity in clinical decision-making. Based on years of clinical success, a physiotherapist might favor manual therapy, while guidelines or current systematic reviews might indicate that exercise therapy has more empirical support for the same illness.<sup>(1)</sup>

### Evidence-Based Practice: A Framework for Resolution

Clinical knowledge, patient values, and the best available research evidence are the three main pillars of evidence-based practice.<sup>(2)</sup> Instead of undervaluing clinical experience, it places it in a broader context of making decisions based on research.

EBP offers a common language for discussion and agreement when disagreements occur. Physiotherapists can offer validated strategies backed by meta-analyses or randomized controlled trials by using high-quality clinical guidelines, such as those issued by the American Physical Therapy Association (APTA) or the National Institute for Health and Care Excellence (NICE). This makes the case for a certain course of therapy stronger, particularly in multidisciplinary settings.

### Communication as a Clinical Tool

In many cases, scientific data is not enough to settle conflicts. It is crucial to be able to communicate such evidence in a way that is patient-friendly, sympathetic, and straightforward. Patients' compliance and satisfaction typically increase when they participate in shared decision-making and are given options supported by solid data.<sup>(3)</sup> Professional respect is also fostered and collaborative treatment planning is encouraged when colleagues are involved in talks that strike a balance between evidence and lived clinical experience.

### Case Reflections and Practical Integration

Think about a patient who suffers from persistent low back pain, a disease that is commonly the focus of philosophical and clinical discussion. A physiotherapist may lean toward exercise-based therapies as per recommendations from the Lancet Low Back Pain Series,<sup>(4)</sup> whereas the referring physician may emphasize imaging and pharmaceutical management. A shared strategy that honors the opinions of all stakeholders and follows best practices can be accomplished by incorporating research findings into a civil, interprofessional discussion and include the patient.

### Conclusion

In the practice of physical therapy, conflict is not always bad. In reality, when used constructively, it can encourage interdisciplinary discussion and critical thinking. The most trustworthy compass for resolving these kinds of disputes is still evidence-based practice, which gives physiotherapists a methodical, moral, and patient-centered way to make clinical decisions. Grounding treatment decisions in solid evidence while respecting professional competence and patient voice is still not only ideal, but crucial as the profession's complexity and responsibilities continue to increase.

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