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CAN PROFESSIONAL QUALIFICATION CHANGE PHYSICAL THERAPISTS' PERCEPTION ABOUT KNEE OSTEOARTHRITIS TREATMENT? RESULTS OF A CROSS-SECTIONAL SURVEY IN THE AMAZON REGION

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BACKGROUND

Osteoarthritis (OA) is the most prevalent form of arthritis, which requires appropriate therapeutic intervention¹. Physical therapy plays a central role in its management². However, little is known about the beliefs and interventions of physical therapists who treat OA in Brazil. The aim of this study is to determinate whether there is association between the professional qualification of physical therapists (PTs) in the Amazon region of Brazil and their perception of efficiency or not of therapeutic interventions for knee osteoarthritis (OA).

MATERIALS AND METHODS

Cross-sectional online survey study. The professional's efficiency perception was assessed using a list of 20 interventions for a hypothetical case of OA. Data were analyzed with descriptive and inferential analysis using the chi-square test and binary logistic regression.

RESULTS

A total of 370 professionals responded. Graduated PTs were more likely to recognize as efficient: ultrasound (odds ratio, OR: 0.17; confidence interval, CI: 0.06–0.43), short-wave (OR: 0.45; CI: 0.23–0.96), transcutaneous electrical nerve stimulation (TENS) and

Table 1. Association between professional qualification and perception of efficiency or inefficiency of interventions with significant differences.

Interventions	Professional qualification	Odds ratio (95% CI)
Ultrasound	Graduation	0.17 (0.06–0.43)*
	Specialization/Residency	0.50 (0.25–0.96)*
Short-wave diathermy	Graduation	0.45 (0.23–0.89)*
	Specialization/Residency	0.83 (0.46–1.52)
TENS and EE	Graduation	0.26 (0.11–0.62)*
	Specialization/Residency	0.43 (0.22–0.86)*
Cryotherapy	Graduation	0.42 (0.21–0.84)*
	Specialization/Residency	0.88 (0.48–1.61)
Heat	Graduation	0.46 (0.23–0.91)*
	Specialization/Residency	0.85 (0.46–1.55)
Whirlpool therapy	Graduation	0.28 (0.14–0.57)*
	Specialization/Residency	0.72 (0.39–1.35)
Muscle strengthening	Graduation	0.09 (0.01–0.86)*
	Specialization/Residency	0.28 (0.08–0.96)*
Kinesiology tape	Graduation	0.41 (0.20–0.81)*
	Specialization/Residency	0.50 (0.27–0.92)*
Rest	Graduation	0.40 (0.20–0.78)*
	Specialization/Residency	0.56 (0.30–1.03)

*p < 0.05, according to binary logistic regression analysis; TENS: transcutaneous electrical nerve stimulation; EE: electrical stimulation.

electrical stimulation (EE) (OR: 0.26; CI: 0.11–0.62), cryotherapy (OR: 0.42; CI: 0.21–0.84), heat (OR: 0.43; CI: 0.23–0.91), whirlpool (OR: 0.28; CI: 0.14–0.57), muscle strengthening (OR: 0.09; CI: 0.01–0.86), kinesiology tape (OR: 0.41; CI: 0.20–0.81) and rest (OR: 0.40; CI: 0.20–0.78). The same association occurred for ultrasound (OR: 0.50; CI: 0.25–0.96), TENS (OR: 0.43; CI: 0.22–0.86), muscle strengthening (OR: 0.28; CI: 0.08–0.96) and kinesiology tape (OR: 0.50; CI: 0.27–0.92) among specialists (Table 1).

CONCLUSION

There was an inverse association between professional qualification and the perception of interventions efficiency. The lower academic degree leads a lower chance to consider poorly efficient or inefficient some not recommended interventions for knee OA.

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