

A Narrative Review of Compliance and Outcomes for Physical Therapy in Minority Population



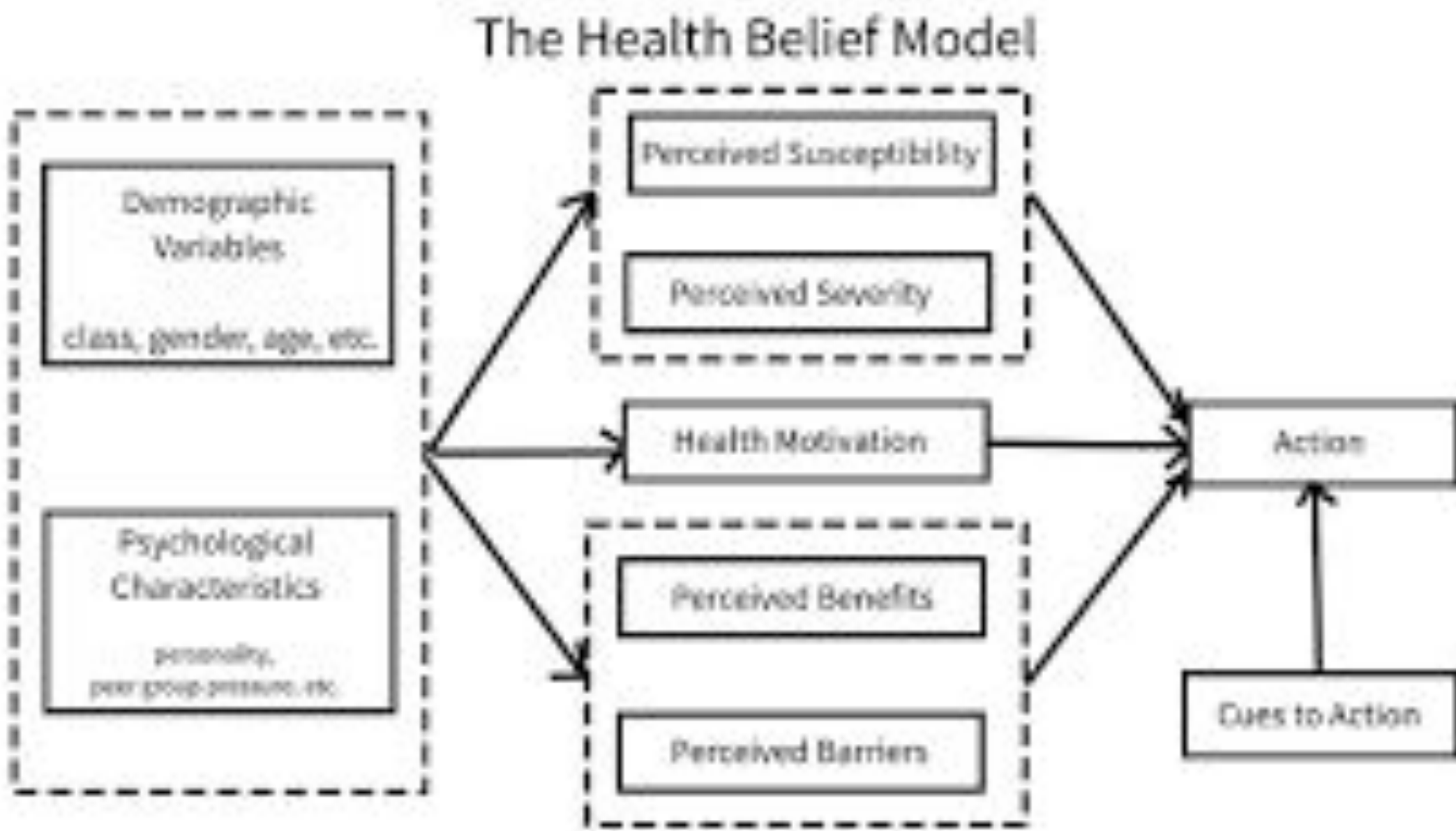
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INTRODUCTION

- The purpose of this narrative review is to identify variables that impact compliance/retention to physical therapy services, more specifically in non-white/low SES populations
- There is existing research about the impact of ethnicity and SES in health care, but little research has been done examining the effects of ethnicity and SES in PT
- This information can be used to provide education and cultural competence training for clinicians that will, in turn, increase compliance and adherence to physical therapy interventions
- Hypothesis: PT patients of non-white ethnicity and lower SES will have lower compliance/retention in treatment due to decreased amount of treatment options and quality of care during physical therapy intervention

METHODS

- Literature search and back searching was performed from 07/20- 03/21 in Academic Search Premier, CINAHL, MEDLINE, and PubMed
- Search terms included: physical therapy, adherence, compliance, retention, patient, demographic, access, utilization, ethnicity, race, culture, socioeconomic status, SES, USA, and United States
- Identified a total of 152 potential articles for screening, of which 16 met our inclusion/exclusion criteria.
- We identified common themes throughout the articles and applied them to the Health Belief Model (HBM)



Inclusion Criteria: discussion of ethnicity and SES as influencing factors for patient adherence/compliance to PT related interventions. Patient demographics in regards to access and utilization were included for synthesis

Exclusion Criteria: more than 10 years old, located outside the U.S., in a language other than English, or were not associated with SES and ethnicity in regard to physical therapy interventions/treatment

Minorities and low socioeconomic individuals receive worse PT care and have worse outcomes

	Perceived Threats (distrust in medical system, disparities in treatment)	Perceived Benefits (outweighed by perceived barriers and threats)	Perceived Barriers (lack of resources, time, and knowledge)
Freburger, JK et al.		X	X
Sharpe, JA et al.		X	X
Brown, HW et al.	X	X	X
Murtagh, CM et al.	X	X	X
Kinnet-Hopkins, D et al.	X	X	
De Heer, HD et al.	X	X	X
Sullivan-Marx, EM et al.	X	X	X
Fat, SC et al.	X	X	X
Williams, BR et al.		X	X
Parry, KK et al.			X
Dieli-Conwright, CM et al.		X	
Sandstrom, R et al.	X	X	
King, C et al.	X		
Chevan, J et al.			X
Yeboah-Korang, A et al.			X
Hawala-Druy, S et al.	X	X	X

Table 1: Categorization of authors' studies according to constructs of the Health Belief Model (HBM). Perceived susceptibility and severity were identified in the articles and paired together to create the construct of perceived threat.

RESULTS

- Perceived Barriers
 - Lack of resources, time, and knowledge
 - Additional Barrier: less likely to be referred
- Perceived Threats
 - Distrust in medical system
 - Disparities in physician treatment
- Perceived Benefits
 - Outweighed by minorities due to perceived barriers and threats

CONCLUSIONS

- Increased emphasis on advocacy and cultural competency can result in better utilization of physical therapy services by non-white ethnicities and low-socioeconomic populations through a reduction in perceived barriers and perceived threats.
- Patient education is an effective way to improve perceived benefits, which will, in turn, improve patient compliance and retention.
- Additional research needs to be done in this area

LIMITATIONS

- Limited research specific to physical therapy that examines ethnicity/SES in regards to patient outcomes



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<https://qrco.de/bcOQbH>

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