

The experiences of Portuguese physiotherapists when they assess head posture for patients with neck pain: A focus group study

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Introduction and aim:

Physiotherapists assess head posture (HP) as part of the routine clinical examination of patients with neck pain (NP) as recommended by experts in the field¹. This is because deviations from an 'ideal HP' are claimed to be related to the development and maintenance of NP². Little is known about the clinical procedures used by physiotherapists when assessing HP for these patients. The aim of this study was to gather information from physiotherapists about the rationale and protocols they use when assessing HP for patients with NP.

Methods:

Physiotherapists with at least 3 years experience of working with NP patients in Portugal (Table 1) participated in one of a series of focus group discussions conducted in Portugal (n=6-8 per group).

[Table 1 – Age, sex and clinical experience of participants.]

Each FG session plan had the same structure and was divided in three parts: a first part where the facilitator welcomed the group, introduced the purpose and context of the FG, explained what the focus group is and how it flows and asked participants to introduce them; a second part where the participants were presented with the questions to prompt the discussion (Fig. 1) and a third part where the facilitator summarised the main points of the focus group and thanked the participants. Discussions were audio-taped, transcribed and analysed using content analysis³. No new perspectives on the issues raised were reported after 3 focus groups (i.e. saturation reached using 21 physiotherapists). The final report was emailed back to the participants in the FGs for further comment, but no major changes were suggested.

[Figure 1 – Flowchart of procedures for the focus groups.]

Results:

In general, all participants contributed to the discussion and FGs allowed a free-flowing discussion with participants giving their contribution and agreeing more than disagreeing with others' opinions. Some participants had some difficulty focusing on HP and tended to also speak about other aspects of patient examination.

When analysing the data the following categories and subcategories were identified: 1) situations when HP is assessed; 2) how is the assessment of HP conducted, 2.1) position of the patient, 2.2) instructions given to the patient 2.3) procedures/equipment used; 3) features of HP assessed; 4) characterisation of HP deviations from the norm; 5) rationale to assess HP; 6) influence of the outcome of HP assessment in the treatment plan.

All participants reported that they undertook HP assessment while the patient was standing and during the first consultation with the NP patient. In general, participants reported that they assessed several features of HP (eg. head rotation, head side-flexion, head extension, forward HP) using clinical observation and subjective judgements about 'deviations from the norm' (Fig. 2 and 3). The rationale for undertaking HP assessment was to inform medical diagnosis in relation to excessive loading of structures in the neck or spine. Participants claimed that the outcome of HP assessment influenced their choice of therapeutic intervention especially in relation to selecting manual therapy techniques (Table 2).

[Figure 2 - Female showing left-side neck inclination. Participants in the focus groups reported that they use an imaginary line between the inferior margins of both ears to assess deviation from the norm ("ideally" this line is horizontal).]

[Figure 3 – Two individuals showing different degrees of forward HP (A shows more forward HP than B). Participants in the focus groups reported that they imagine the line of gravity and the distance between this line and the ear is used to decide on the degree of forward HP. In "ideal" HP the line of gravity passes through the ear, the shoulder, the hip, the knee and the ankle.]

[Table 2 – Examples of participants' answers.]

Conclusion:

Physiotherapists consider HP assessment to be an important part of assessing patients with NP. Though the rationale for assessing HP is similar, different protocols are used by physiotherapists, what could lead to different results and make the exchange of information between physiotherapists difficult. The findings from the FGs have informed the development of a questionnaire, which will determine the views, and experience of a large sample of physiotherapists who deal with NP patients.

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