

# **A CRITICAL PRACTICE MODEL FOR PHYSIOTHERAPY**

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## **SUPERVISOR'S CERTIFICATE**

This is to certify that the thesis entitled "A critical practice model for physiotherapy" submitted by Franziska Trede in fulfilment of the requirements for the degree of Doctor of Philosophy is in a form ready for examination.

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## **CANDIDATE'S CERTIFICATE**

I, Franziska Trede, hereby declare that the work contained within this thesis is my own and has not been submitted to any other university or institution as a part or whole requirement for any higher degree.

Franziska Trede  
March, 2006

# ABSTRACT

A perspective in critical social science is concerned with knowledge, power and critique. This thesis explores the question: What would physiotherapy practice look like if it were informed by critical social science? This question originated from four observations: (1) physiotherapists work with constantly changing health care demands, (2) traditional practice approaches underpinned by rational objectivity widen the gap between theory and practice, (3) professional judgments are based on more than objective, rational thinking, and (4) concluding from the first three observations clinical physiotherapists rely more and more on thinking for themselves.

If physiotherapists were to adopt a critical social science perspective they would question their practice, identify taken-for-granted, unreflected assumptions and unnecessary system constraints and liberate themselves, their practice and patients, thereby enhancing both the quality of patient care and the practitioner's professional work experience.

Following the hermeneutic tradition I constructed texts from pertinent literature as well as transcripts from participants' interviews, action plans and field notes. I developed an integrative design to interpret these texts drawing from philosophical and critical hermeneutics as well as action research. The question and answer dialogue methodology consisted of four cycles including deep, critical and transformative dimensions. These I labelled critical transformative dialogues.

The first dialogue was with the critical social science literature and with the Gadamer-Habermas and Foucault-Habermas debates in particular. These debates addressed issues of rationality, knowledge and power. Further, I reviewed relevant education, nursing and health promotion literature that addressed these critical social science themes. This first dialogue crystallised my identification of key CSS dimensions relevant to physiotherapy practice.

The second dialogue comprised physiotherapy literature that related to these identified critical social science dimensions, as well as transcripts from physiotherapists' interviews. This dialogue critically interpreted current practice models in their historical, educational and practice contexts. It highlighted the finding that physiotherapy practice is currently dominated by instrumental thinking rather than critical thinking, and that there is a lack of engagement of physiotherapy practice with CSS.

The third dialogue was with physiotherapists trialling CSS in practice. Physiotherapists of this trialling group designed action learning "contracts" where they set out to change their practice in the sense of adopting CSS principles and activities in their practice. I explored with these participants how CSS could work or fit in their practice and practice contexts and how this would be experienced. Through this action learning project of endeavouring to transform their practice towards a CSS model I explored participants' capacity to learn about posing problems concerning their practice, recognise practice contradictions, experience practice challenges and recognise their motivations and interests. This exploration illuminated the viability of CSS in their practice.

The fourth dialogue was with physiotherapists who operationalised CSS values or who could visualise a CSS framework for their practice whether they used this terminology or not. This dialogue brought critical understanding of the advantages and potential limitations of realising a CSS-centred physiotherapy practice.

I conclude the thesis with twelve propositions arising from these four critical transformative dialogues. Based on the trialling, transforming and visioning of CSS as a model for physiotherapy practice, the relevance of these propositions for critical physiotherapy practice is asserted and implications for education and further research are discussed. The contribution that CSS can make to physiotherapy practice is to add critical transformative dialogues as a strategy to advance practice that is patient-centred and multidisciplinary in approach, inclusive of socio-political environments, mindful of professional power and open about professional values.

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# TABLE OF CONTENTS

	PAGE
SUPERVISOR'S CERTIFICATE & CANDIDATE'S CERTIFICATE .....	i
ABSTRACT .....	ii
PUBLICATIONS ARISING FROM THIS THESIS .....	iii
TABLE OF CONTENTS .....	iv
LIST OF TABLES & LIST OF FIGURES .....	v
<b>CHAPTER 1 INTRODUCTION .....</b>	<b>1</b>
1.1 Origins of my research interests in this thesis.....	1
1.2 Statement of the research topic .....	3
1.3 Overview of the research approach .....	4
1.4 Overview of chapters and development of CSS model .....	4
1.5 Significance of the project .....	5
<b>CHAPTER 2 RESEARCH FRAMEWORK AND TEXT CONSTRUCTION.....</b>	<b>6</b>
2.1 Purpose and research questions .....	6
2.2 Locating this study in a research paradigm .....	6
2.3 A critical hermeneutics research approach.....	9
2.4 Research setting, recruitment of participants and ethics .....	12
2.5 Constructing the texts: A process of critical transformative dialogues .....	14
2.6 Development of a CSS model for physiotherapy practice.....	21
2.7 Quality .....	24
2.8 Concluding remarks .....	25
<b>CHAPTER 3 CRITICAL SOCIAL SCIENCE: TEXT 1 .....</b>	<b>26</b>
3.1 Defining critical social science .....	26
3.2 Historical developments in CSS from Marx to Habermas.....	27
3.3 Theory of cognitive interests: Knowledge and human interests .....	31
3.4 The Gadamer-Habermas debate .....	35
3.5 Theory of communicative actions .....	38
3.6 Variations of CSS .....	40
3.7 The current status of critical social science.....	42
3.8 Critical social science operationalised in service professions .....	43
3.9 Defining key dimensions as a basis for operationalising CSS in physiotherapy practice.....	49
3.10 Concluding remarks .....	50
<b>CHAPTER 4 PHYSIOTHERAPY STATUS QUO: TEXT 2 .....</b>	<b>51</b>
4.1 Professional practice, its philosophical underpinnings and professional interests .....	51
4.2 Practice models in the physiotherapy literature .....	57
4.3 Interpretation of physiotherapy practice models and their interests .....	61
4.4 Critique of practice models .....	72
<b>CHAPTER 5 TRIALLING CSS PRACTICE MODEL: TEXT 3.....</b>	<b>75</b>
5.1 Critical reflection on current status of physiotherapy practice .....	75
5.2 Action plans and context of trialling group.....	77
5.3 Trialling CSS dimensions .....	80
5.4 Transformations of individual participants in the trialling CSS phase .....	100
5.5 Prototypes .....	100
5.6 The participants' critical reflection on the exercise of trialling CSS.....	105
5.7 Reflections on my journey of trialling CSS .....	108
<b>CHAPTER 6 VISIONING AND EMBODYING CSS: TEXT 4.....</b>	<b>110</b>
6.1 Constructing Text 4 .....	110
6.2 Visioning CSS principles in context and action.....	113
6.3 Critical reflections on the three participants' practices .....	127
6.4 Potential limitations, constraints and costs.....	130
6.5 Concluding remarks .....	133
<b>CHAPTER 7 CONCLUSIONS: CRITICAL PHYSIOTHERAPY PRACTICE .....</b>	<b>134</b>
7.1 Overview of journey from CSS theory to clinical practice applicability .....	134
7.2 Propositions arising from text interpretations of this study .....	136
7.3 Realising critical physiotherapy practice theory and philosophy in practice .....	139
7.4 A critical practice model for physiotherapy .....	145
7.5 Implications for physiotherapy education .....	145
7.6 Implications for future research .....	147
7.7 Final Remarks.....	147

<b>REFERENCES</b>	.....	149
<b>APPENDICES</b>	.....	156
Appendix 1	Information and consent forms .....	160
Appendix 2	(A) Pre-implementation workshop plan, (B) glossary of terms and references (C) sample action plans	
Appendix 3	Talk on CSS draft .....	166
Appendix 4	Summary of key points of feedback from the ANZAME 05 workshop .....	168

#### LIST OF TABLES

Table 1.1	Overview of critical transformative dialogue cycles .....	4
Table 1.2	Overview of thesis chapters .....	5
Table 2.1a	Participants' background Text 2 .....	13
Table 2.1b	Participants' background Text 3 .....	13
Table 2.1c	Participants' background Text 4 .....	13
Table 2.2	Critical transformative dialogues: Four texts .....	14
Table 2.3	Second stage analysis .....	23
Table 3.1	Critical social science in historical perspective – Phases in development .....	28
Table 3.2	Distinctions of intentions and definitions of rationality .....	28
Table 3.3	Habermas, interests and the natural, social and critical sciences .....	32
Table 3.4	Differences between the philosophical positions of Gadamer and Habermas .....	36
Table 3.5	Foucault-Habermas Debate: Commonalities and differences .....	41
Table 3.6	Different implications of values and facts to learning, practice and knowledge .....	44
Table 3.7	Comparing interest and its influence on health care practice .....	46
Table 4.1	Technical and practical interests that shape practice knowledge .....	52
Table 4.2	Public and private discourses of documenting clinical practice .....	52
Table 4.3	Three frameworks for professional practice models in health .....	56
Table 4.4	Driving forces for therapist- and patient-centred models .....	59
Table 4.5	Practice challenges of clinical reasoning .....	73
Table 5.1	Portraying the status quo of physiotherapy practice by participants in the trialling phase .....	76
Table 5.2	Participants and their intended foci within a CSS framework for practice .....	78
Table 5.3	Strategies that participants had planned .....	78
Table 5.4	Strategies matched to participants .....	79
Table 5.5	Five deeper cycles of critical self-reflection for transformative learning .....	80
Table 5.6	Individual journeys of participants in the trialling group .....	101
Table 5.7	Initial and final questions of participants in critical appraisal workshop .....	107
Table 6.1	Participants' background – Text 4 .....	112
Table 6.2	Interest critique .....	129
Table 6.3	Emancipation .....	129
Table 6.4	Essence and core aspects of the fourth text - critique of the CSS model .....	130
Table 7.1	Interest informed practices .....	135
Table 7.2	Influence of interests on aspects of practice .....	137
Table 7.3	Five prototypical engagements with CSS .....	142

#### LIST OF FIGURES

Figure 2.1	Participants' pathway options .....	12
Figure 2.2	Research design: A critical, transformative dialogue .....	17
Figure 2.3	Design of cycle 3: The action learning cycle .....	19
Figure 4.1	Ideology and professional practice .....	53
Figure 4.2	Physiotherapy practice force field .....	58
Figure 4.3	Practice approaches .....	62
Figure 4.4	Locating participants into practice models .....	62
Figure 4.5	Aspects of practice that shape understanding of being a physiotherapist .....	63
Figure 4.6	Interest in participation .....	65
Figure 5.1	Prototypical journeys of trialling CSS .....	105
Figure 6.1	The three research groups and the four critical transformative dialogues cycles .....	111
Figure 6.2	Influences and interdependence to perceived number of treatments required for physiotherapy .....	126
Figure 6.3	Influences of Raymond's practice .....	128
Figure 7.1	The Gadamer-Habermas debate in physiotherapy practice context .....	140
Figure 7.2	Uncritical and critical physiotherapists .....	143
Figure 7.3	Critical practice model .....	146