Standardisation of terms in the physiotherapy profession

Mark Elkins

Editor, Journal of Physiotherapy

Agreement about the meaning of technical terms is valuable for communication within a health profession. It facilitates mutual understanding during communication about patients and their management, research, education, and professional issues. However, inconsistencies are common in the use of technical terms in healthcare (Cimino et al 1994, Schulz et al 2001). Several factors promote such inconsistencies. Healthcare professions identify new diagnoses, develop new techniques, and generate new paradigms to understand disease and dysfunction, but these advances are not collated or disseminated globally in a co-ordinated way. In their practice, clinicians may generate descriptors for conditions and interventions among their local peers, but these descriptors may not be widely accepted. Undergraduates are influenced by the terms used by their educators. Therefore, a single term may have a different meaning for different users and multiple terms may be used for a single concept.

Several healthcare professions have standardised some technical terms internationally, including dentistry (World Dental Federation) and laboratory medicine (Forrey et al 1996). In medicine, the World Health Organisation developed the International Classification of Diseases, better known as ICD-10. This system is valuable to many health professions including physiotherapy. However, this system does not always allow sufficient or relevant detail for physiotherapists to define some conditions. Furthermore, it only covers diagnoses and so does not include terms for therapeutic interventions, clinical assessment tools, educational qualifications, and other professional issues.

The World Confederation of Physical Therapy (WCPT) has recently launched a glossary to encourage consistency in terminology within the profession. The initial edition of the glossary appears to be compiled from the definitions of terms in existing WCPT policy statements and therefore defines only about 170 terms. The terms span education (eg, curriculum, qualifications), professional issues (eg, autonomous practice, informed consent), and social issues (eg, disasters, human rights). Some areas of professional practice are also defined, such as community-based rehabilitation, and aged care. Very few clinical terms are defined. However, the WCPT invites member organisations, regions, and subgroups to suggest amendments and new terms for consideration for inclusion.

The WCPT states that the glossary is not intended to be an exhaustive list of terms used in physiotherapy. This is a reasonable caveat, given that large biomedical terminologies are usually the result of a team effort sustained over a long period (Bodenreider et al 2002). Nevertheless, the glossary could be a valuable opportunity for standardisation of terms used in physiotherapy assessment and intervention – particularly those that are known to be used inconsistently. Some groups of physiotherapists have previously worked to standardise such terms in a particular clinical area, eg, adverse events in orthopaedic physiotherapy (Carllesco et al 2010), and interventions used in airway clearance (IPG-CF 2009). These definitions would make ready contributions, helping to grow the glossary and giving the definitions wider exposure and endorsement for use internationally.

Some clinical concepts are too complex to be covered adequately by brief text entries in a glossary. For example, extensive text can be required to explain even simple stretches (Nelson et al 2011) or resistance exercises (Ng et al 2010). More complex exercises may be more adequately defined pictorially (Harvey et al 2011). Some exercise regimens are so extensive that they must be described in an online appendix when reported in a published paper (Reeve et al 2010). Nevertheless, this detail is important if clinicians are to describe a patient’s management to a colleague or if they are to understand and replicate an intervention from a clinical trial. Here, other initiatives, such as www.physiotherapyexercises.com, are useful. This website, which is appraised in detail in this issue of the journal, allows free online access to definitions of a wide array of exercises used in rehabilitation. Each exercise is described using text, diagrams, and photographs, in some cases supplemented by video. It therefore provides comprehensive definitions of over 900 exercises. Physiotherapists wishing to describe an exercise can refer to the site knowing that the exercise they name will not be misinterpreted. Other aspects (such as resistance, repetitions, and any modifications) still need to be defined, but at least the basic description can be unambiguously agreed upon by reference to the site. Other sites do much to standardise even more complex interventions, such as pulmonary rehabilitation on the Australian Lung Foundation’s Pulmonary Rehabilitation Toolkit website.

Physiotherapists should consider using and supporting initiatives such as those described above. Increasing standardisation of the terms we use clinically and in research has the potential to improve communication within the profession.

References


Websites

Australian Lung Foundation: www.pulmonaryrehab.com.au
World Confederation of Physical Therapy: www.wcpt.org/glossary
World Dental Federation: www.fdiworldental.org/two-digit-notalton
World Health Organisation: www.who.int/classifications/icd/en/
www.physiotherapyexercises.com

Editorial