

Evidence Based Approches in Physiotherapy Practice

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ABSTRACT

Evidence based practice (EBP) has become a key pillar of modern physiotherapy as it enables the synthesis of rigorously generated research evidence, clinical expertise and patient values in the context of clinical decision-making. The current review challenges the historical process, basic elements and hierarchy of evidence that supports evidence-based practice of physiotherapy. It outlines the importance of validated assessment tools, standardized measures of outcomes and empirically supported interventions in the biggest subspecialties of physiotherapy. The review also covers barriers to implementation and suggests strategic actions to enhance the greater use of EBP. Altogether, evidence-based practice plays a vital role in enhancing clinical effectiveness, patient safety, strengthening professional responsibility, and improving the quality of physiotherapy services in general.

Keywords: Evidence-based practice; Physiotherapy; Clinical decision-making; Outcome measures; Rehabilitation; Patient-centered care

INTRODUCTION

The practice of physiotherapy has experienced significant changes over the past decades, evolving a tradition-based, experience-based model of practice into a more systematic and scientifically based model of care. The key attribute of this paradigm shift is evidence-based practice (EBP) that focuses on the combination of the best quality research evidence with clinical knowledge and patient values in order to make a decision in health care [1]. In the context of the physiotherapy where a wide range of assessment methods and therapeutic interventions are used with differing populations, the implementation of evidence-based methods is key to the effective, safe, and high-quality patient care [2]. Evidence-based physiotherapy attempts to bridge the gap between science and practice by inviting clinicians to pose critical questions and implement the authentic scientific literature to clinical practice environment [3]. The interventions of physiotherapy were often determined in the past by anecdotal experience, opinion, or long-standing clinical traditions. Even though clinical experience cannot be undervalued, practice that lacks empirical support may lead to unequal results, inappropriate treatment plans, and wastage of health-care resources [4].

The growing access to high-quality clinical trials, systematic reviews, and clinical practice guidelines is a pointer to the need to have physiotherapists become more structured and evidence-based in managing patients [5]. Evidence-based practice model is usually understood as a threefold concept of the best current research evidence, clinical expertise, and patient preferences and values in the domain of physiotherapy [6]. Research evidence provides objective information about the effectiveness and safety of interventions; clinical expertise assists physiotherapist in translating and implementing this evidence into the context of the particular presentation of a patient; patient values make sure that care remains personalised, ethical, and culturally sensitive [7]. The overall combination of these factors is the support of shared decision-making and the improvement of patient satisfaction and treatment compliance [8].

Over the past years progress in methodology of research and the growth of databases like PubMed, Cochrane Library, PEDro have made high-quality evidence more easily available to physiotherapy practitioners [9]. Evidence-based practices have been shown to enhance the clinical outcomes in a variety of fields- musculoskeletal rehabilitation, neurological recovery, cardiopulmonary physiotherapy, sports injury management and chronic pain conditions. Furthermore, the introduction of the standardized outcome measures and clinical prediction rules has strengthened the objectivity and reproducibility of the physiotherapy interventions [10].

Although it is well-known, the adoption of the evidence-based practice in physiotherapy is still accompanied by numerous difficulties related to insufficient time, lack of research competencies and knowledge, inaccessibility of resources, and gaps between the academic knowledge and clinical practices [11]. It is necessary to tackle these obstacles and come up with efficient mechanisms that will see them overcome to create a culture of evidence-based practice among physiotherapists [12-14]. This is a review article that seeks to analyze evidence-based strategies in the practice of physiotherapy, its principles, clinical and patient outcome implications . The review aims to reinforce the role of evidence-based

physiotherapy in improving clinical decision-making, promoting professional responsibility, and improving the quality of health-care delivery in general by synthesising modern literature and discourse on the practical application thereof.

REVIEW

Idea and Development of Evidence-Based Practice in Physiotherapy.

Evidence-based practice (EBP) was established as a subset of the more inclusive evidence-based medicine and gradually has begun to be embraced in physiotherapy as a strategy in improving clinical efficacy and responsibility [15]. The essence of EBP is the careful, explicit and responsible application of existing best evidence to make patient-related decisions. In physiotherapy, it has changed the clinical practice in which clinical practice had been based on clinical experience or tradition to scientifically proven treatment plans [16]. With time, EBP has been highlighted as a core competency among physiotherapists by professional organizations and regulatory agencies and is considered to have enhanced patient outcomes and standardized care [17].

Table 1: Summarizes origin, principles, evolution, and clinical impact of evidence-based physiotherapy.

Origin of EBP	Evidence-based practice originated as a subset of evidence-based medicine.
Adoption in Physiotherapy	Gradually embraced in physiotherapy to improve clinical effectiveness and professional accountability.
Core Concept	Involves careful, explicit, and responsible use of the best available evidence for patient-related decision-making.
Traditional Practice Model	Earlier physiotherapy practice relied largely on clinical experience, expert opinion, and tradition.
Shift in Practice	Transitioned from experience-based care to scientifically validated and research-supported treatment approaches.
Role of Research Evidence	Emphasizes the application of scientifically proven interventions in clinical practice.
Recognition by Authorities	Identified as a core competency by professional organizations and regulatory bodies.
Impact on Patient Care	Contributes to improved patient outcomes and more consistent, standardized physiotherapy care.
Professional Significance	Enhances clinical responsibility, accountability, and quality of physiotherapy practice.

Evidence-Based Physiotherapy Practice Components.

The three components on which the evidence-based physiotherapy is based are best available research evidence, clinical expertise, and patient values and preferences which are interdependent. The studies used in research evidence are of high qualification, e.g., randomised controlled trials, systematic reviews, and meta-analyses [18]. Clinical expertise allows the physiotherapists to interpret and translate this evidence depending on the presentation of the patient, comorbidity, and contextual variables. Patient values guarantee personalized care; they involve personal objectives, expectations, cultural beliefs and lifestyle factors. These components can be integrated to aid in shared decision-making as well as subsequent therapeutic adherence and satisfaction [19].



Figure 1: Illustrates integration of evidence, expertise, and patient-centered decision-making.

Physiotherapy and Hierarchy and Sources of Evidence.

The levels of evidence have an important role to play in informing the physiotherapy interventions. Systematic reviews and meta-analyses are regarded as the highest order of evidence, then randomised controlled trials, cohort studies, case-control studies, and even expert opinion. Physiotherapists can access high quality research in specialized databases like the Physiotherapy Evidence Database (PEDro), Cochrane Library and PubMed. Professional organisations have developed clinical practice guidelines that further translate research findings into clinical practice recommendations to enable effective and consistent clinical decision-making [20].

Table 2: Summarizes evidence hierarchy and key sources guiding physiotherapy practice.

Aspect	Description
Purpose of Evidence Hierarchy	Guides selection and justification of physiotherapy interventions
Highest Level of Evidence	Systematic reviews and meta-analyses
Strong Primary Evidence	Randomized controlled trials (RCTs)
Moderate Evidence	Cohort studies
Lower Level Evidence	Case-control studies
Lowest Level of Evidence	Expert opinion
Specialized Databases	PEDro, Cochrane Library, PubMed
Role of Databases	Provide access to high-quality physiotherapy research
Clinical Practice Guidelines	Developed by professional organizations
Function of Guidelines	Translate research into consistent clinical recommendations

Evidence-Based Evaluation and Outcomes Measures.

Evidence-based practice is not only limited to intervention selection but also to assessment and outcome assessment [21]. Diagnostic accuracy and monitoring of treatments is improved because of the use of validated assessment tools and standardised outcome measures. Functional scales, pain assessment instruments, strength and mobility tests as well as quality-of-life questionnaires are highly evidence-based. Through these tools physiotherapists can determine the progress of the patient, assess the efficacy of the treatment and adjust rehabilitation programmes hence encouraging objective and reproducible clinical practice [22].

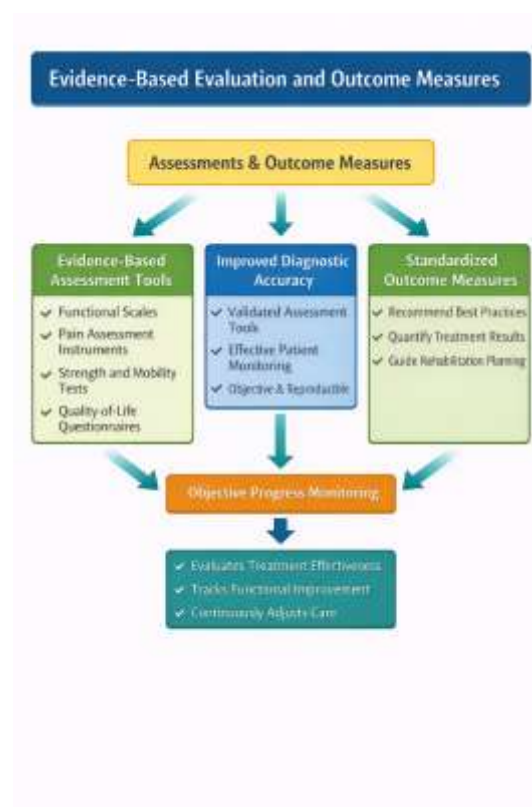


Figure 2: Depicts evidence-based assessment tools enabling objective outcome evaluation.

Evidence-Based Interventions in Physiotherapy Specialties.

Evidence-based practice has proven to be extremely beneficial in most physiotherapy fields. Exercise therapy, manual therapy, and education are some of the interventions that are strongly evidenced in musculoskeletal physiotherapy to manage low back pains, osteoarthritis and sport injuries [23]. To improve functional recovery after stroke or spinal cord injury, neurological physiotherapy focuses on task-specific training, neuroplasticity-based training, and early mobilisation. The aerobic training, breathing exercises, and pulmonary rehabilitation are supported as evidenced in cardiopulmonary physiotherapy to enhance the process of improving exercise tolerance and quality of life. Equally, paediatric and geriatric physiotherapy are evidence-based practices that use interventions to overcome age-related and developmental functional disadvantages [24].

Table 3: Summarizes physiotherapy specialties, interventions, and targeted outcomes.

	Exercise therapy, manual therapy, patient education	Management of low back pain, osteoarthritis, and sports injuries
	Task-specific training, neuroplasticity-based rehabilitation, early mobilization	Improved functional recovery after stroke and spinal cord injury
	Aerobic training, breathing exercises, pulmonary rehabilitation	Enhanced exercise tolerance and improved quality of life
	Developmental exercises, mobility training	Management of developmental functional limitations
	Strength training, balance exercises, mobility improvement	Reduction of age-related functional decline

Evidence-based practice faces several barriers to its implementation.

The implementation of evidence-based practice in physiotherapy is challenged in a number of ways, even though evidence-based practice is proven to be beneficial. The most frequent obstacles are insufficient time to appraise the literature, lack of training in research, lack of access to scientific databases, and the unwillingness to abandon old patterns of practice. Further, research findings might not be relevant to the individual patient since strict inclusion criteria are used in clinical

trials. To effectively implement it, it is important to address the barriers using the means of the continuous professional training, institutional support, and better access to the resources [25].

Actions to Advance the Evidence-Based Physiotherapy Practice.

In order to promote the adoption of evidence-based practices, some models have been suggested, such as ongoing professional development programmes, mentorship models, journal clubs, and integration of EBP training into undergraduate and postgraduate education. Clinical decision-making systems, outcome tracking systems, and interdisciplinary collaboration also promote the introduction of research into practice. The availability of up to date evidence has also been enhanced by the advancement of digital health technologies and online databases that provide access to evidence to clinicians [26].

Action Area	Description
Continuing Professional Development	Ongoing training programs to update knowledge and research skills
Mentorship Models	Guidance from experienced clinicians to support EBP implementation
Journal Clubs	Regular critical appraisal of recent research literature
Educational Integration	Inclusion of EBP training in undergraduate and postgraduate curricula
Clinical Decision-Making Systems	Use of structured tools to apply research findings in practice
Outcome Tracking Systems	Monitoring patient outcomes to evaluate treatment effectiveness
Interdisciplinary Collaboration	Collaboration among healthcare professionals to translate evidence into practice
Digital Health	

Clinical Implications and Professional Implications.

There are clinical and professional implications of adopting evidence-based approaches in physiotherapy. It encourages an improved standard of care, patient safety and clinical credibility. Moreover, evidence-based practice also plays a role in providing cost-effective health-care delivery through a decrease in the unnecessary and ineffective interventions. Professionally speaking, it facilitates lifelong learning, ethical practice, and adherence to international standards of practice in health-care [27].

DISCUSSION

Evidence-based practice (EBP) has radically transformed the field of physiotherapy by the systematic combination of research evidence, clinical experience, and patient values into therapeutic care. This scientific breakthrough will change the practice where the tradition or experience-based interventions are replaced with scientifically-proven treatments, thus enhancing effectiveness, safety, and patient-centredness [28]. Utilization of evidence-based evaluation tools and standardized measures of outcomes allows physiotherapists to have an objective view of the progress, improve the rehabilitation regimes, and increase the treatment adherence and patient satisfaction levels. Although it has proven to be effective, EBP has a lot of challenges such as limited time frames, lack of adequate research skills, lack of access to relevant databases and intrinsic resistance to change [29]. Mitigating interventions include specific professional development, mentorship schemes, journal clubs, and systematic introduction of the EBP concepts in academic curricula, which are further enhanced with digital health technologies. EBP also leads to a high level of patient safety, better clinical outcomes, and increased cost-effectiveness in clinical settings, and professional development, ethical behavior, and adherence to international standards. Overall, evidence-based methods offer a systematic approach that connects research to practice, which facilitates accountability and improves the overall quality of physiotherapy treatment [30].

CONCLUSION

The application of evidence-based physiotherapy is a guarantee of effective, safe, and patient-centered care as it combines research evidence, clinical expertise, and patient values. It enhances outcomes of treatment, practices and boosts accountability among the professionals. In spite of the obstacles, the barriers can be addressed by using professional development, mentorship, and digital resource strategies to ensure successful implementation. Ongoing activities on outcomes measurement, personalized care, and research-based interventions will enhance physiotherapy practice and promote quality care throughout the world.

REFERENCES

- [1]. Dusin J, Melanson A, Mische-Lawson L. Evidence-based practice models and frameworks in the healthcare setting: a scoping review. *BMJ Open*. 2023 May 22;13(5):e071188. doi: 10.1136/bmjopen-2022-071188. PMID: 37217268; PMCID: PMC10230988.
- [2]. Dr. Sooriaprakas Chandrasekaran, Dr. Akshay Rathi, Dr. Navin Kumar Duraisamy. *The 10th Dentist: Innovations Transforming Modern Oral Care*. 1st Edition. Font Fusions Publication; 2026. 188 p. doi: <https://doi.org/10.63150/fontfusions6>
- [3]. Roos R. Current state of evidence-based practice in clinical physiotherapy. *S Afr J Physiother*. 2025 May 29;81(1):2139. doi: 10.4102/sajp.v81i1.2139. PMID: 40470171; PMCID: PMC12135705.
- [4]. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Board on Health Care Services; Committee on Unequal Treatment Revisited: The Current State of Racial and Ethnic Disparities in Health Care; Nass SJ, Amankwah FK, DeVoe JE, et al., editors. *Ending Unequal Treatment: Strategies to Achieve Equitable Health Care and Optimal Health for All*. Washington (DC): National Academies Press (US); 2024 Aug 23. 5, Health Care Service Delivery. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK607582/>
- [5]. Elkins MR, Herbert RD, Moseley AM, Sherrington C, Maher C. Rating the quality of trials in systematic reviews of physical therapy interventions. *Cardiopulm Phys Ther J*. 2010 Sep;21(3):20-6. PMID: 20957075; PMCID: PMC2941354.
- [6]. Adhikary I, Pachauri D, Gupta LK, Awasthi S. Vestibular rehabilitation training on balance among individuals with neck pain. *Oral Sphere J. Dent. Health Sci*. 2025;1(3):149-155. doi: <https://doi.org/10.63150/osjdhs.2025.11>
- [7]. Cipta DA, Andoko D, Theja A, Utama AVE, Hendrik H, William DG, Reina N, Handoko MT, Lumbuun N. Culturally sensitive patient-centered healthcare: a focus on health behavior modification in low and middle-income nations-insights from Indonesia. *Front Med (Lausanne)*. 2024 Apr 12;11:1353037. doi: 10.3389/fmed.2024.1353037. PMID: 38681051; PMCID: PMC11047771.
- [8]. Montori VM, Ruissen MM, Hargraves IG, Brito JP, Kunneman M. Shared decision-making as a method of care. *BMJ Evid Based Med*. 2023 Aug;28(4):213-217. doi: 10.1136/bmjebm-2022-112068. Epub 2022 Dec 2. PMID: 36460328; PMCID: PMC10423463.
- [9]. Moseley AM, Elkins MR, Van der Wees PJ, Pinheiro MB. Using research to guide practice: The Physiotherapy Evidence Database (PEDro). *Braz J Phys Ther*. 2020 Sep-Oct;24(5):384-391. doi: 10.1016/j.bjpt.2019.11.002. Epub 2019 N Beneciuk JM, Bishop MD, George SZ. Clinical prediction rules for physical therapy interventions: a systematic review. *Phys Ther*. 2009 Feb;89(2):114-24. doi: 10.2522/ptj.20080239. Epub 2008 Dec 18. PMID: 19095806; PMCID: PMC2636674. ov 30. PMID: 31813695; PMCID: PMC7563998.
- [10]. Beattie P, Nelson R. Clinical prediction rules: what are they and what do they tell us? *Aust J Physiother*. 2006;52(3):157-63. doi: 10.1016/s0004-9514(06)70024-1. PMID: 16942450.
- [11]. Tambunan EH. Theory-Practice Gap During Clinical Learning: A Descriptive Qualitative Study of Nursing Students' Experiences and Perceptions. *J Caring Sci*. 2024 Apr 9;13(2):74-81. doi: 10.34172/jcs.33251. PMID: 39318732; PMCID: PMC11417294.
- [12]. Nair SP, Panhale VP, Nair N. Perceived barriers to evidence-based practice among Physiotherapy students. *J Educ Health Promot*. 2021 Jan 28;10:17. doi: 10.4103/jehp.jehp_410_20. PMID: 33688526; PMCID: PMC7933677.
- [13]. Caffini G, Battista S, Raschi A, Testa M. Physiotherapists' knowledge of and adherence to evidence-based practice guidelines and recommendations for ankle sprains management: a cross-sectional study. *BMC Musculoskelet Disord*. 2022 Nov 11;23(1):975. doi: 10.1186/s12891-022-05914-5. PMID: 36368960; PMCID: PMC9650827.
- [14]. Malenfant S, Jaggi P, Hayden KA, Sinclair S. Compassion in healthcare: an updated scoping review of the literature. *BMC Palliat Care*. 2022 May 18;21(1):80. doi: 10.1186/s12904-022-00942-3. PMID: 35585622; PMCID: PMC9116004.
- [15]. Roos R. Current state of evidence-based practice in clinical physiotherapy. *S Afr J Physiother*. 2025 May 29;81(1):2139. doi: 10.4102/sajp.v81i1.2139. PMID: 40470171; PMCID: PMC12135705.
- [16]. Alowais SA, Alghamdi SS, Alsuhebany N, Alqahtani T, Alshaya AI, Almohareb SN, Aldairem A, Alrashed M, Bin Saleh K, Badreldin HA, Al Yami MS, Al Harbi S, Albekairy AM. Revolutionizing healthcare: the role of artificial intelligence in clinical practice. *BMC Med Educ*. 2023 Sep 22;23(1):689. doi: 10.1186/s12909-023-04698-z. PMID: 37740191; PMCID: PMC10517477.
- [17]. Shumba TW, Tekian A. Competencies of undergraduate physiotherapy education: A scoping review. *S Afr J Physiother*. 2024 Jan 19;80(1):1879. doi: 10.4102/sajp.v80i1.1879. PMID: 38322654; PMCID: PMC10839158.
- [18]. P Panhale V, Bellare B, Jiandani M. Evidence-based practice in Physiotherapy curricula: A survey of Indian Health Science Universities. *J Adv Med Educ Prof*. 2017 Jul;5(3):101-107. PMID: 28761883; PMCID: PMC5522901.

- [19]. Ben-Zacharia A, Adamson M, Boyd A, Hardeman P, Smrtka J, Walker B, Walker T. Impact of Shared Decision Making on Disease-Modifying Drug Adherence in Multiple Sclerosis. *Int J MS Care*. 2018 Nov-Dec;20(6):287-297. doi: 10.7224/1537-2073.2017-070. PMID: 30568566; PMCID: PMC6295876.
- [20]. Panteli D, Legido-Quigley H, Reichebner C, et al. Clinical Practice Guidelines as a quality strategy. In: Busse R, Klazinga N, Panteli D, et al., editors. *Improving healthcare quality in Europe: Characteristics, effectiveness and implementation of different strategies* [Internet]. Copenhagen (Denmark): European Observatory on Health Systems and Policies; 2019. (Health Policy Series, No. 53.) 9. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK549283/>
- [21]. Brunt BA, Morris MM. Nursing Professional Development Evidence-Based Practice. [Updated 2023 Mar 4]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK589676/>
- [22]. Cancelliere C, Yu H, Southerst D, Connell G, Verville L, Bussi res A, Gross DP, Pereira P, Mior S, Tricco AC, Cedraschi C, Brunton G, Nordin M, Shearer HM, Wong JJ, Hayden JA, Ogilvie R, Wang D, C  t   P, Hincapi   CA. Improving Rehabilitation Research to Optimize Care and Outcomes for People with Chronic Primary Low Back Pain: Methodological and Reporting Recommendations from a WHO Systematic Review Series. *J Occup Rehabil*. 2023 Dec;33(4):673-686. doi: 10.1007/s10926-023-10140-4. Epub 2023 Nov 22. PMID: 37991649; PMCID: PMC10684421.
- [23]. Mauck MC, Aylward AF, Barton CE, Birckhead B, Carey T, Dalton DM, Fields AJ, Fritz J, Hassett AL, Hoffmeyer A, Jones SB, McLean SA, Mehling WE, O'Neill CW, Schneider MJ, Williams DA, Zheng P, Wasan AD. Evidence-based interventions to treat chronic low back pain: treatment selection for a personalized medicine approach. *Pain Rep*. 2022 Sep 30;7(5):e1019. doi: 10.1097/PR9.0000000000001019. PMID: 36203645; PMCID: PMC9529058.
- [24].  ahin N, Karahan AY, Albayrak  . Effectiveness of physical therapy and exercise on pain and functional status in patients with chronic low back pain: a randomized-controlled trial. *Turk J Phys Med Rehabil*. 2017 Aug 9;64(1):52-58. doi: 10.5606/tftrd.2018.1238. PMID: 31453489; PMCID: PMC6709610.
- [25]. Paci M, Faedda G, Ugolini A, Pellicciari L. Barriers to evidence-based practice implementation in physiotherapy: a systematic review and meta-analysis. *Int J Qual Health Care*. 2021 Jun 26;33(2):mzab093. doi: 10.1093/intqhc/mzab093. PMID: 34110410.
- [26]. Ahmed MM, Okesanya OJ, Olaleke NO, Adigun OA, Adebayo UO, Oso TA, Eshun G, Lucero-Prisno DE 3rd. Integrating Digital Health Innovations to Achieve Universal Health Coverage: Promoting Health Outcomes and Quality Through Global Public Health Equity. *Healthcare (Basel)*. 2025 May 5;13(9):1060. doi: 10.3390/healthcare13091060. PMID: 40361838; PMCID: PMC12071628.
- [27]. King J, Anderson CM. Patient Safety and Physiotherapy: What Does it Mean for Your Clinical Practice? *Physiother Can*. 2010 Summer;62(3):172-9. doi: 10.3138/physio.62.3.172. Epub 2010 Jul 23. PMID: 21629594; PMCID: PMC2909853.
- [28]. Bridges PH, Bierema LL, Valentine T. The propensity to adopt evidence-based practice among physical therapists. *BMC Health Serv Res*. 2007 Jul 5;7:103. doi: 10.1186/1472-6963-7-103. PMID: 17615076; PMCID: PMC1929067.
- [29]. Majid S, Foo S, Luyt B, Zhang X, Theng YL, Chang YK, Mokhtar IA. Adopting evidence-based practice in clinical decision making: nurses' perceptions, knowledge, and barriers. *J Med Libr Assoc*. 2011 Jul;99(3):229-36. doi: 10.3163/1536-5050.99.3.010. PMID: 21753915; PMCID: PMC3133901.
- [30]. Ferreira RM, Martins PN, Pimenta N, Gon alves RS. Measuring evidence-based practice in physical therapy: a mix-methods study. *PeerJ*. 2022 Jan 4;9:e12666. doi: 10.7717/peerj.12666. PMID: 35036149; PMCID: PMC8740513.