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## Short Communication

# Importance of biopsychosocial model in Indian clinical physiotherapy practice

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### ABSTRACT

The biopsychosocial model is one of the most important models in physiotherapy practice. It has been proven to be particularly useful in treating behaviorally regulated diseases that have a wide range of risk factors, such as type 2 diabetes mellitus, osteoarthritis, obesity, hypertension, and cardiac issues. Physiotherapists should be aware of their modes of action in terms of the cultural environment in which they operate and the unique needs of the patients in order to refocus Physiotherapy practice toward the whole treatment of patients without compromising professional ethics. The purpose of this paper is to provide an overview of physiotherapists' methods of action and to highlight the importance of incorporating models of disablement, the idea of rehabilitation, the biomedical model, and the biopsychosocial model into patient management strategies.

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## 1. Introduction

Comprehensive patient assessments are part of physiotherapy training programs, and they frequently lead to the design of both short- and long-term treatment objectives. The focus of therapy efforts is typically less on the social and psychological status in relation to the presenting problems and more on the resolution of pathology. Biological concepts alone can not adequately describe health; rather, a combination of biological, psychological, and social elements should be considered (Santrock, 2007). According to anecdotal data, therapy plans that focus solely on relieving pathology are more likely to result in a high rate of clinical dysfunction recurrence. Health care personnel frequently give little thought to, if any, the psychological component of their patients' health. According to Vonk et al. (2004), two well-researched treatment approaches that have been published can also be used in physiotherapy practice.

The first is the biomedical approach, according to which pain is seen as a sign of physiological injury and is treated by eradicating the pathologic condition that is causing it (Lindstrom et al., 1992). In this instance, pain acts as a sign of how well a treatment is working. In contrast, the biopsychosocial approach describes how accompanying psychological and social elements, rather than the underlying illness, contribute to the duration of pain. Thus, the biopsychosocial model's therapeutic strategy aims to lessen painful behavior while enhancing constructive behavior.

In the field of physiotherapy, there is a continuing need to help patients live as well as possible. It is necessary to adopt a holistic approach to patient management while maintaining the standard biomedical model of care. In order to improve the delivery of healthcare, this analytical submission emphasizes the necessity of incorporating models of disablement, the idea of rehabilitation, the biomedical model, and the biopsychosocial model into patient management strategies.

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## 2. Biopsychosocial Model

The fundamental idea behind this model is based on the assumption that, rather than being solely understood in terms of biological causes, health is best understood in terms of a combination of biological, psychological, and social components. The biopsychosocial model (BPS) emphasizes the treatment of disease processes, taking into account biological, psychological, and social influences upon a patient's functioning, in contrast to the biomedical model, which explains every disease process in terms of an underlying deviation from normal functions caused by injury, pathogen, genetic, or developmental abnormality (Halligan and Aylward, 2006). The chance that patients would engage in health behaviors may be influenced by their beliefs of their health and the threat of disease, as well as obstacles in their social or cultural context, according to a growing body of empirical data.

The model has been proven to be particularly useful in treating behaviorally regulated diseases that have a wide range of risk factors, such as type 2 diabetes mellitus, osteoarthritis, obesity, hypertension, and cardiac issues. BPS places more of an emphasis on treating the person than the handicap. The foundation of the therapy strategy is behavioral graded activities (BGA), which involve changing daily activities to prevent or postpone dysfunctions. Operant behavioral therapy, a branch of BPS that is mostly used by physiotherapists, aims to reduce pain-related behavior while promoting healthy behavior. It uses time-contingent strategies to enhance the patients' degree of exercise while being directed by their functional abilities (Lindstrom et al., 1992).

The opportunity to discuss the patient's beliefs about pain and its causes, an explanation of how pain develops and is maintained, reassurance that it is safe for the patient to increase activity level, formulation of therapy goals based on the patient's primary complaints that are connected to basic daily activities, and assessment of the level of engagement based on the pain-contingent measure at baseline are all essential components of BGA. After that, based on the baseline scores, primary treatment goals, and the Global Overview of the Models of Physiotherapy Practice, the patient and the physical therapist set time-contingent treatment quotas for each activity.

Based on the baseline measurement, there is a need for integration toward better patient care behavior (Vonk, 2004). To reach the target within the allotted time, these are gradually increased. Activities completed are recorded, discussed, and reinforced in following therapy sessions while pain-related behaviors are ignored. As sources of motivation, it is decided to use praise and patients' reported progress. At the conclusion of the session, broad discussions about learnt health behaviors and how to handle condition relapses are held. On outcomes including pain experience, mood impacts other than depression, social role, and for the

management of chronic pain to waiting list control groups, operant behavioral therapy was found to be effective.

For chronic neck and shoulder pain, biopsychosocial multidisciplinary rehabilitation was also found to be more successful than other rehabilitation techniques (Karjalainen et al., 2001).

## 3. Conclusion

Beyond what is typically thought, physiotherapy's modes of action are rooted in broad-based paradigms. However, the application of these models in clinical practice is frequently associated with the routine that is pathology-focused. A thorough treatment strategy that embraces the integration of pertinent models as determined appropriate in a specific clinical situation is more likely to produce a more satisfying management outcome. Physiotherapists should be aware of their modes of action in terms of the cultural environment in which they operate and the unique needs of the patients in order to refocus physiotherapy practice toward the whole treatment of patients without compromising professional ethics.<sup>1-3</sup>

## 4. Recommendations

The following measures should be taken into consideration to achieve the best possible integration of the available models given the problems frequently experienced when integrating new treatment policies into current modes of practice:

1. Using appropriate outcome measures to evaluate environmental factors, physical impairment, activity restriction, and participation restriction. Prior to the intervention, throughout the intervention, at the time of discharge, and during the follow-up period, this should be guaranteed.
2. Physiotherapists' methods of action should be carried out in accordance with cultural contexts and the patients' primary needs.
3. The training curriculum needs to be evaluated so that all pertinent models are incorporated into the training programs, especially at the entry level.
4. The development and implementation of clinical practice guidelines to enable more practical physiotherapy practice.<sup>4,5</sup>

## 5. Conflict of Interest


None.

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