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Editorial

The critical skill of asking why? An endorsement of critical reflection in physiotherapy research and practice

"If compelling evidence was published tomorrow that indicated society would be better off without physiotherapy, would you be willing to give it up?"

That was a question posed to me in 2018 intended not as a threat, but as the stimulus for a reflexive exercise on the 'why' of physiotherapy research and practice. I remember my emotional reaction to the question well. As someone who has, for two decades proudly identified as a physiotherapist, the mere question felt threatening. Like so many others, I have sacrificed family time and on occasion (somewhat ironically) my health in the interest of pursuing and promoting physiotherapy knowledge and optimizing practice. The thought of simply wiping my hands of it all and walking away tomorrow was at first too much to consider let alone contemplate. But with time I came to appreciate the intention of the question, its complexities and the reason this type of reflection is worthy of our time. It prompts what we might think of as a reflexive or critical 'thought experiment'. Why exactly *do* we do what we do? Who are physiotherapists meant to be? And perhaps most importantly, why do so many of us experience the type of emotional defensiveness that *I* did when our views of the practice are challenged? To borrow a similarly thought-provoking question from rehabilitation scholar Barbara Gibson (2016) (p. 137): *"what are you doing when you are doing what you are doing?"* Why this way? These questions have the potential to take us in new, previously unimagined directions.

To understand why we do the things we do and the effects of those 'doings', it can be useful to understand where the notion of rehabilitation as a field has come from. The origin of physiotherapy as a professional discipline seems difficult to define, perhaps because the boundaries and confines of its philosophical and theoretical underpinnings are often hidden or ambiguous. In the UK, the discipline appears to have emerged from the *Society of Trained Masseuses* in the mid 1890's, adopting the tenets of biomechanics and the "body-as-machine" framework to distance itself from the 'massage as prostitution' scandals of Victorian England (Nicholls and Cheek, 2006). Around the time of the 1st World War (Evans, 2010), the discipline grew in North America out of formal organizing of providers of remedial gymnastics, massage, electro- and hydro-therapeutic modalities. According to Nicholls and Cheek (2006), training manuals and examinations of these fledgling self-regulating societies focused largely on scientific and medical understandings of health and biomechanics, in addition to appropriate conduct becoming of a (primarily female) professional. From what can be gleaned from this historical information, these early documents provided little in the way of an explicit theoretical framework for a new profession. That is, it would be difficult for practitioners to know they were doing a good job, and when that job was done. From a very long lens view it appears, instead, that few people at the time questioned the notion that conservative strategies and techniques to improve something called 'function' was a generally good idea.

Fast forward 100 years, and despite advances in measurement, clinical reasoning, and regulation, it seems as though the profession is not much closer to a collective understanding of what physiotherapy is meant to do. As Poulis (2007) opines *"While the aim of therapy appears clear, the point at which that aim is achieved is uncertain. Physiotherapists know where they are going without knowing when to stop!"* (p. 71). In 2017 I conducted a pan-Canadian observational study of physiotherapist's opinions and perspectives on practice, its directions, threats, and opportunities. A common threat emerged from that project that could be most easily (though not necessarily appropriately) labelled 'branding', representing the clinicians' perceptions that their profession lacks a cohesive 'brand' in the public eye (*Physiotherapy Canada*, in press). Some suggested, and I suspect they are correct, that if one were to ask 10 different members of the public what exactly physiotherapy is or what a physiotherapist does, the 10 responses would likely be very different. While perhaps not unique to physiotherapy, more alarming were those clinicians who suggested that if one were to ask 10 different physiotherapists the same questions, it would also lead to 10 different answers. This may be the bigger threat, that the theories, frameworks, or boundaries of physiotherapy and physiotherapists are rarely acknowledged and based at least on my own experiences, are seldom prioritised in PT training programs. As a result one could argue that educators and academics have failed in their duty to make obvious the underlying purpose, theory, and collective identity of physiotherapy to young clinicians, but I hesitate to endorse that argument because it presupposes that there is a shared understanding and agreement on PT purpose, theory and identity.

Surveying the global landscape of physiotherapy, through in-person discussions, social media, scientific or professional publications, one can catch *glimpses* of what physiotherapy may be aiming to do. Common terms arise, like *pain, mobility, work, function, participation, quality of life, independence,* and *disability*. Yet while all seem on the surface like noble pursuits, what seems to be missing is a central construct, here I'll borrow the term 'attractor' from dynamical systems theory, around and towards which all of these (often poorly-defined) constructs can gravitate. That is, what could be the 'why?' underlying physiotherapy's valorization of these goals. Surely no patient desires pain reduction simply for the purpose of being able to circle a lower number on a 0–10 scale, or "independence" strictly because the pursuit is noble. If the goal of physiotherapy intervention is to see patients improve their scores on standardized functional measures, then a critical measurement theorist may ask why clinical intervention is not *solely* targeted at the items on those measures. That is, if the effectiveness of physiotherapy intervention or research for neck pain is

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defined by improved scores on the ubiquitous Neck Disability Index, why then should we consider any intervention *other* than those dedicated to lifting, driving, reading, concentrating, personal care, sleeping, work, recreation, headaches or pain?

If pain is to remain a primary outcome for physiotherapy intervention, then another thought experiment is to consider the question "what is the opposite of pain"? Some may suggest it is pleasure, then perhaps ***hedonism*** is physiotherapy's attractor construct? What is the "opposite of disability"? Perhaps it's a return to productive work, providing a case for ***capitalism*** as the attractor construct. Is the intention to ensure people can contribute to society and be 'good' citizens? Then, maybe ***neoliberalism*** is the attractor? Is the intention to ensure all patients score at or near a threshold of 'normal' – normal function, normal quality of life, or normal status? Then perhaps some type of conformational ***normalization*** is our attractor? My intention is to offer these potential attractor constructs to provoke reflection and discomfort – not to endorse them, as surely none are sufficient (or even appropriate) philosophies to drive an entire profession with pride.

The impact of a lack of, or hidden, theory or framework should be a priority concern to all physiotherapy stakeholders. Making theory more obvious will become increasingly important as technology affords clinicians the ability to do many new and interesting things. As novel interventions emerge in the future, the notions of what physiotherapy *is* or *could be* risks becoming diluted to the point of being unrecognizable without guiding theories and boundaries. Perhaps the most obvious impact of hidden theory is that it is too often unclear what defines "good" physiotherapy. Theoretical frameworks *should* guide everything from what and how we measure clinical outcomes, to how success is defined (and by whom), the design of meaningful research, and the development of overall professional identity. They should also be dynamic enough, embracing ambiguity, fluidity, and reflexivity, to respond to contemporary challenges and to guide planning for a future-oriented physiotherapy. I would also suggest that the lack of explicit theoretical bases for physiotherapy has contributed to what appears (from an admittedly unscientific observation) to be an increasing frequency of intra-professional discord online most often through social media platforms. I am commonly witness to several disparate opinions being argued, sometimes vociferously, regarding what other physiotherapists 'should' or 'should not' do, clearly driven by different takes on the values, functions, and theories of what physiotherapy is or is not. From whose perspective *should* we consider the concepts of 'value' in physiotherapy practice? As a measurement scientist these are uncomfortable questions to ponder, though it must be asked: have the tools used to collect the data needed to make effectiveness or value judgements tapped meaningful constructs, and what are the potential unintended harms that might arise as a result of using *those* tools for *that* patient? Whose interests have they best served, and whose have perhaps being left unexplored?

It is far easier to criticize than it is to defend an alternative, yet I do not currently have one to offer with confidence. I have previously endorsed constructs such as health-related satisfaction (Walton et al., 2010), or Ryan and Deci's concept of ***eudaimonism*** that embrace meaning and self-realization as meaningful end-points for physiotherapy care (Ryan and Deci, 2001). While I still find these intriguing as potential attractor constructs, they remain incomplete theories on which to build an entire professional discipline. I am heartened to see that critical disability scholarship does appear to be generating some momentum in physiotherapy research (Setchell et al., 2018a, 2018b; Gibson and Teachman, 2012; Kerry, 2017), albeit slowly and from a small number of scholars when compared to the juggernauts of exercise, pain science, manual therapy, dry needling and thermo/electrotherapeutic modalities. Perhaps one of the reasons that critical theory-based scholarship has yet to ignite the passions of clinicians in the same way as new clinical techniques is that many of the 'why' questions are meant to orient critical thought and reflection, discomfort even, but resist closure with one 'right' answer. Instead such questions can help us to imagine how physiotherapy can or should be 'otherwise' in order to respond to broader social change. For a profession that has spent a century working towards legitimization, posing such seemingly unanswerable questions may be too uncomfortable. I however have found myself aligning with the directions of critical disability scholars and believe that physiotherapy cannot continue to wander aimlessly through the new-growth forests of tech-enabled healthcare, population shifts, and geopolitical turmoil without a theory-driven map, compass, and clear destination.

So I offer a call-to-action, echoing a similar recent call from Setchell and colleagues (Setchell et al., 2018a). For PT scholars: before setting out on the next study of novel intervention ask the questions of 'Why?'; Why this way? Why this outcome? To clinicians, ask 'Why this course? Whose interests will it serve?' before registering for that next continuing professional development course. To educators, to ask 'Why this pedagogy? Why these learning objectives?' To journals in the field, to ask 'Why?' when considering the relative dearth of critical social science perspectives on editorial boards. These reflective questions are not to stifle innovation or discovery and are not intended to suggest that previous work has been in some way wrong. Rather, through this reflexive process of challenging assumptions and 'taken for granted truths' and laying bare the theoretical frameworks around which these truths have come to be formed, physiotherapy research, training and practice may find even greater richness in a time of considerable social vicissitude. And, perhaps, doing so will ensure that physiotherapy does indeed remain right for society.

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David M. Walton
School of Physical Therapy, Western University, Canada
E-mail address: dwalton5@uwo.ca.