



Attitudes and Beliefs about Physiotherapy as a Treatment Option in the Geriatric Population: A Cross-Sectional Study

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ABSTRACT

Background: With the rapid increase in life expectancy, the global burden of chronic diseases and functional limitations among the geriatric population continues to rise. In India, this demographic transition necessitates healthcare approaches that promote functional independence and mobility. Physiotherapy is a vital component of geriatric healthcare; however, awareness and understanding of its benefits remain limited in many communities. **Objective:** To assess the level of awareness, attitudes, and perceived barriers toward physiotherapy among older adults in Rohtak, Haryana. **Methods:** A community-based cross-sectional survey was conducted among 50 healthy geriatric individuals aged ≥ 65 years residing in Rohtak, Haryana. Data were collected through structured, face-to-face interviews using a pretested questionnaire that assessed awareness, attitudes (measured using a 5-point Likert scale), and perceived barriers to physiotherapy utilization. Descriptive statistics and independent t-tests were performed using SPSS software. **Results:** Among the participants, 58% reported awareness of physiotherapy. Approximately 34% recognized its benefits, including improved

mobility and reduced dependence on medications, while 48% expressed concerns regarding its practicality and accessibility. Major barriers identified included limited access to services (47%), financial constraints (26%), family dependence (23%), and perceived physical exertion (8%). Attitudinal analysis revealed a moderate level of belief in physiotherapy's effectiveness, although preference for physiotherapy over pharmacological interventions remained low. **Conclusion:** The findings highlight a moderate level of awareness but a generally low preference for physiotherapy among older adults, primarily due to accessibility and affordability challenges. Integrating physiotherapy into primary healthcare frameworks, enhancing community-based awareness programs, and encouraging caregiver-supported home-based interventions may significantly improve acceptance and utilization. Further large-scale studies are warranted to develop sustainable physiotherapy delivery models tailored to low-resource settings.

Introduction

As the global population ages, the burden of chronic diseases and functional limitations among the geriatric population continues to rise.¹ In India, this demographic shift demands healthcare strategies that promote independence and mobility.² Physiotherapy addresses age-related physical challenges and enhances functional well-being.³ It plays a vital role in improving joint mobility, preventing falls, managing chronic pain, and supporting psychosocial health. However, awareness and understanding of physiotherapy remain limited.^{4,5}

Physiotherapy is often perceived as a post-surgical or injury-specific intervention rather than a preventive strategy.⁴ In rural and semi-urban areas, barriers such as transportation, cost, and service availability compound the issue.⁶ A study on healthcare access among the geriatric population in rural India found that financial insecurity, geographic isolation, and perceived irrelevance of treatment were major deterrents.⁷

Understanding the attitudes and beliefs of the geriatric population is essential to bridge the gap between clinical potential and real-world utilization. Individuals who associate ageing with inevitable decline are



less likely to engage in rehabilitation⁸, while those with positive beliefs about recovery are more receptive to physiotherapy.⁹

Despite growing interest in geriatric rehabilitation, limited research in India explores perceptions of physiotherapy. Most literature focuses on clinical outcomes or service delivery, with few studies addressing psychosocial and cultural dimensions.^{2,5} This study aims to assess awareness, attitudes, and barriers to physiotherapy among the geriatric population to inform inclusive and responsive rehabilitation strategies.

Methodology

This cross-sectional, questionnaire-based study was conducted among 50 geriatric individuals aged 65 years and above residing in Rohtak, Haryana. Participants were recruited using non-probability convenience sampling from public parks and community spaces, ensuring representation across gender and both urban and rural backgrounds. Ethical approval for the study was obtained from the Institutional Ethical Committee of Pt. B. D. Sharma Post Graduate Institute of Medical Sciences (PGIMS), Rohtak. Prior to participation, all individuals were informed about the study objectives, procedures, and confidentiality measures. Written informed consent was obtained from literate participants, while thumb impressions were taken from those unable to sign.

Eligible participants were those aged 65 years or older, capable of effective communication, and willing to provide informed consent. Individuals who had received physiotherapy within the past three months, had severe cognitive impairment, or were suffering from an acute illness at the time of data collection were excluded from the study.

Data were collected through a combination of interviewer-assisted and self-administered surveys. The instruments used included a demographic proforma and a structured questionnaire designed to assess awareness, attitudes, and perceived barriers related to physiotherapy. The attitudinal component utilized a 5-point Likert scale to capture participants' level of agreement with various statements. Interviewers also recorded the time required for each participant to complete the questionnaire and documented any difficulties encountered during the process to ensure data reliability and participant comfort.



Results

The demographic profile of the study participants revealed a mean age of 74.2 ± 5.6 years, with a predominance of females (68%) compared to males (32%). A considerable proportion of the participants (22%) had no formal education, reflecting limited literacy levels within the sample. In terms of residence, 58% of the respondents were from rural areas, while 42% resided in urban settings, ensuring a balanced representation of both populations. The prevalence of chronic illness was high, with 78% of participants reporting one or more long-term health conditions, and 44% were found to be using assistive devices such as walking sticks or walkers for mobility support.

Regarding awareness of physiotherapy, the primary sources of information reported were doctors (40%), followed by family and friends (30%) and media sources such as television, radio, or newspapers (20%). The mean awareness score among the participants was 3.10 ± 0.84 , indicating a moderate level of understanding about physiotherapy and its role in geriatric health management.

Attitudinal Findings (Likert Scale):

Statement	Mean \pm SD
Medicines more effective than physiotherapy	3.60 ± 1.12
Physiotherapy takes too long	3.28 ± 1.03
Improves quality of life	3.52 ± 1.03
Prefer physiotherapy over medication	2.24 ± 1.14
Too physically demanding	3.26 ± 1.01
Affordable treatment	2.84 ± 1.06
Easily accessible centres	2.96 ± 1.13
Only needed after surgery	2.68 ± 1.03
Exercises are safe	3.26 ± 1.01
Willing to attend sessions	2.70 ± 1.13
Home-based exercises are useful	2.90 ± 1.01
Need family support	3.64 ± 1.02

Barriers Identified:

The major barriers identified in accessing physiotherapy services among the geriatric participants were primarily related to accessibility and personal limitations. Nearly half of the respondents (47%) reported



poor access to physiotherapy services, citing factors such as distance from healthcare facilities and inadequate availability of trained professionals. Financial constraints were noted by 26% of participants, reflecting the economic burden associated with physiotherapy sessions and travel expenses. Dependence on family members for transportation and decision-making was reported by 23% of respondents, highlighting the role of family support in healthcare utilization among the elderly. Additionally, 8% of participants considered the physical effort required during physiotherapy sessions as a deterrent to participation. Furthermore, concerns related to memory, time, and energy were expressed by 28% of individuals, indicating that cognitive fatigue and scheduling difficulties also influenced adherence to physiotherapy practices.

Discussion

A significant proportion of participants believed medications to be more effective than physiotherapy.³ Joshi and Patel observed similar attitudes in Gujarat³, where older adults perceived physiotherapy as secondary to medication, particularly for chronic pain management. A study by Kumar et al. further supports this, noting that older adults often associate physiotherapy with delayed outcomes and prefer quicker pharmacological relief.⁸

Physical effort and time commitment required for physiotherapy were cited as barriers, especially among those with mobility limitations or chronic illnesses. Sharma et al. reported that elderly individuals often view physiotherapy as demanding and tiring⁴, which can discourage participation unless sessions are adapted to their functional capacity. Additionally, Singh et al. found that fatigue and lack of motivation were key deterrents in physiotherapy adherence among older adults with multiple comorbidities.⁹

Misconceptions about physiotherapy's scope were also evident, with many participants viewing it as relevant only after surgery or injury. Chatterjee and Das emphasized that in semi-urban Indian populations, physiotherapy is rarely seen as a preventive or holistic intervention.⁵ This narrow understanding limits its potential in managing age-related decline, preventing falls, and promoting independence. Similar findings were reported by Al-Eisa et al., who noted that older adults often lack awareness of physiotherapy's role in chronic disease management and functional maintenance.¹⁰

The strong agreement on the importance of family support for accessing physiotherapy underscores the central role of caregivers in geriatric rehabilitation. The World Health Organization emphasizes that family involvement significantly enhances adherence and outcomes in older adults, especially when rehabilitation services are home-based or community integrated.² A recent study by Dantas et al. found



that caregiver encouragement and logistical support were among the strongest predictors of physiotherapy adherence in older populations.¹¹

Financial constraints and limited access to physiotherapy centers were additional barriers. Gounden and Puckree noted that economic insecurity and geographic isolation often prevent older adults from seeking rehabilitative care, particularly in rural settings.¹ Integrating physiotherapy into primary healthcare and offering mobile or community-based services could help bridge this gap. This is echoed by Babar et al., who advocate for decentralized physiotherapy services to improve accessibility in underserved regions.¹²

Despite these challenges, some participants expressed positive beliefs about physiotherapy, citing improved mobility, reduced pain, and avoidance of surgery. Khan et al. advocate for caregiver-inclusive strategies and simplified home-based programs to improve physiotherapy uptake, especially when older adults are motivated by functional goals rather than clinical prescriptions.⁶

Finally, the psychological framing of ageing plays a role in rehabilitation engagement. Pengpid and Peltzer found that older adults who associate ageing with inevitable decline are less likely to engage in physical activity or rehabilitation.⁷ This underscores the importance of culturally sensitive education that promotes active ageing and reframes physiotherapy as a tool for empowerment rather than dependency. A study by Resnick et al. supports this, showing that positive self-perceptions of ageing are linked to greater participation in physical rehabilitation programs.¹³

Conclusion

Physiotherapy is moderately recognized yet remains significantly underutilized among the geriatric population. The findings of this study highlight that accessibility challenges, financial constraints, and attitudinal resistance serve as major barriers to its widespread adoption. To enhance physiotherapy uptake, particularly in rural settings, it is essential to implement strategies that improve service accessibility, offer structured home-based programs, and simplify exercise routines to suit the physical capabilities of older adults. Additionally, active involvement of caregivers can play a crucial role in ensuring adherence and motivation among elderly individuals. Overall, these findings emphasize the need for policy-level integration of physiotherapy into comprehensive geriatric care frameworks to promote mobility, independence, and overall quality of life in aging populations.



Limitations

The present study has certain limitations that should be acknowledged. The use of convenience sampling and a relatively small pilot sample restricts the generalizability of the findings to the wider geriatric population. Additionally, the face-to-face mode of data collection may have introduced interviewer bias, potentially influencing participants' responses due to social desirability or perceived expectations. Furthermore, as a preliminary investigation, the study was primarily designed to assess feasibility and descriptive trends rather than being statistically powered to detect subtle differences in attitudes or perceptions toward physiotherapy.

Future Directions

Further research should explore scalable, low-cost physiotherapy models tailored to rural and semi-urban populations. Longitudinal studies evaluating the impact of caregiver involvement and home-based programs on adherence and outcomes are also recommended.

Conflict of Interest

None declared.

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