PERCEPTION AND MISCONCEPTION ABOUT PHYSIOTHERAPY AMONG ADULT RESIDENTS IN EGOR LOCAL GOVERNMENT AREA, BENIN CITY, EDO STATE, NIGERIA.

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CERTIFICATION

This dissertation by Offideh, Joan Ojiyovwe is accepted in its presented form as satisfying the dissertation requirement of the degree of Bachelor of Physiotherapy of the School of Basic Medical Sciences, College of Medical Sciences of the University of Benin.

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DEDICATION

This work is dedicated to my ever-supportive family, the real MVPs of my journey.

To Physiotherapy, for being the star of this entire project.

And most importantly, to myself, for surviving the stress, late nights, and endless revisions.

Dear future me, never forget this hustle. This journey was no joke, but you nailed it!

ABSTRACT

Background: Physiotherapy is an essential component of healthcare, yet public understanding of its role remains limited. In Nigeria, physiotherapy remains underutilised partly due to poor awareness and misconceptions about what the profession entails. Many adults in various communities may not seek physiotherapy because they do not know what it is, do not believe it works, or associate it with limited conditions.

Purpose: The aim was to assess awareness, perceptions, misconceptions, sources of information, and the relationship between demographic factors and understanding of physiotherapy, by members of the public.

Methods: A mixed-methods cross-sectional design was employed. Quantitative data were collected using a questionnaire administered to 400 participants, while qualitative insights were obtained from interviews with 10 participants. Data were analysed using descriptive statistics, inferential statistics, and thematic analysis.

Results: Findings showed that awareness of physiotherapy was moderate, with many respondents unable to clearly define its scope. Perceptions were generally positive, as participants recognized physiotherapy's role in stroke rehabilitation, pain management, and mobility restoration. However, misconceptions were widespread, including equating physiotherapy with massage therapy or bone setting and believing that physiotherapy must be painful to be effective. The dominant sources of information were informal (radio/TV, family and friends, community gatherings), while health professionals were less frequently cited. Statistical analysis revealed no significant association between demographic factors (age, gender, education, occupation, religion) and either perception or misconception of physiotherapy.

Conclusion: Physiotherapy is moderately known but poorly understood among residents of Egor LGA, with misconceptions cutting across all demographic groups. There is urgent need for structured public education campaigns and increased visibility of physiotherapists in healthcare. It is recommended that health authorities, professional associations, and physiotherapists themselves actively engage in awareness creation to correct misconceptions and promote physiotherapy as a vital part of healthcare delivery in Nigeria.

Keywords: Physiotherapy, Perception, Misconception, Awareness, Egor Local Government Area

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TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Physiotherapy is a firmly established healthcare discipline dedicated to aiding individuals in preserving, enhancing, and recovering bodily functions, fostering a life free from disability (Doshi et al., 2017). It deals with various conditions affecting human functions ranging from musculoskeletal, neurological, cardiorespiratory, and sports related injuries (Bolarinde et al., 2020). According to World Physiotherapy, physiotherapy encompasses services offered by physiotherapists aimed at helping individuals and communities enhance, preserve, and restore optimal movement and functional capability throughout their lives. This service is rendered in situations where movement and function are at risk due to aging, injury, pain, illnesses, disorders, conditions, or environmental influences, recognising that functional movement is essential to overall health. Physiotherapists focus on recognising and optimising quality of life and movement potential within the areas of promotion, prevention, treatment/intervention, and rehabilitation. These areas include aspects of physical, psychological, emotional, and social well-being (World Physiotherapy, 2023).

The main aim of physiotherapy is to enhance and optimise the quality of life and physical potential of individuals through health promotion, prevention, treatment, intervention, as well as adaptation and rehabilitation of health. The World Health Organization highlights physical inactivity as a leading risk factor for global mortality, responsible for 3.2 million deaths each year. Moreover, physical activity has been proven to reduce the risk of non-communicable diseases. As a result, the role of the physiotherapy profession is vital. Physiotherapy has emerged as an absolutely necessary profession in the healthcare delivery system with the provision of services to improve the well-being of an individual. Physiotherapy has evolved significantly over the years, transitioning from general physical therapies to specialised

services within various healthcare settings (Abichandani & Radia, 2015). These specialisations encompass areas such as musculoskeletal, cardiopulmonary, paediatric, neurological, exercise and sports, women's health, community and palliative care physiotherapy (Nigeria Society of Physiotherapy, n.d).

Physiotherapists have become independent healthcare professionals over the years. In developed countries, people can directly access physiotherapy. However, in developing countries like Nigeria, the physiotherapy profession is still growing compared to other healthcare fields. Despite this evolution, public perception often remains limited. A few research studies have been conducted in countries with both high and low Human Development Index (HDI) to explore awareness of physiotherapy (American Physical Therapy Association, 2011). Even in countries with very high and high HDI, there is a lack of full understanding of the physiotherapy profession. Studies have shown that many people still believe physiotherapy is limited to massage or that it is only meant for injury rehabilitation or post-surgical recovery (Maruf et al., 2012), with knowledge often restricted to musculoskeletal care and poor awareness of physiotherapy in areas like pulmonary rehabilitation, women's health, geriatrics, and neurology. Additionally, many respondents viewed physiotherapy as a neglected profession (Doshi et al., 2017). This narrow understanding can hinder the utilisation of physiotherapy services, especially in communities where awareness is low.

A good knowledge of the role of physiotherapy in healthcare delivery may influence its utilisation by the public. Good utilisation of health services is essential for improving population health. However, studies have shown that the mere presence of healthcare facilities does not guarantee their use. Utilisation is often influenced by a variety of socio-economic and perceptual factors (Adam & Awunor, 2015). In the case of physiotherapy, limited knowledge, cultural beliefs, and misconceptions about the profession can significantly affect whether people seek and use these services.

In Nigeria, challenges persist in educating both the public and healthcare providers about the scope and benefits of physiotherapy and one of the significant hurdles for physiotherapists in the country is the need to inform the masses and fellow healthcare professionals about the profession's role in healthcare delivery (Balogun, 1998). Similarly, Jackson, (2004) emphasised that inadequate knowledge about a profession can lead to misconceptions and inter-professional conflicts, suggesting that increased awareness could positively influence the utilisation of physiotherapy services.

Empirical studies support these observations. For instance, research conducted in a rural community in South-eastern Nigeria identified several obstacles to accessing optimal physiotherapy services. These included the unavailability of services, limited knowledge among health workers and community members about the roles and scope of physiotherapy, reliance on traditional health practitioners, and poor referral practices. Such barriers underscore the need for targeted educational initiatives and the integration of physiotherapy into primary healthcare strategies (Igwesi-Chidobe, 2012).

Furthermore, studies focusing on medical students in Nigeria reveal a gap in understanding the role of physiotherapists within multidisciplinary healthcare teams (Vincent et al., 2014). This lack of awareness among future healthcare providers could perpetuate the cycle of underutilisation and misperception of physiotherapy services. Given these challenges, it's evident that enhancing public and professional awareness about physiotherapy is crucial. Such efforts could lead to better utilisation of physiotherapy services, improved patient outcomes, and a more integrated approach to healthcare delivery. Given the widespread misconceptions and limited understanding, this study aims to explore the perception and misconceptions of physiotherapy among adult residents in Egor Local Government Area, Edo State, Nigeria. Understanding these barriers is key to improving access and ensuring that the full benefits of physiotherapy are realised within the community.

1.2 Statement of the Problem

The success of any healthcare service, including physiotherapy, relies significantly on the awareness and acceptance of the public. In Nigeria, physiotherapy remains underutilised partly due to poor awareness and misconceptions about what the profession entails (Maruf et al., 2012). Many adults in various communities may not seek physiotherapy because they do not know what it is, do not believe it works, or associate it with limited conditions.

Despite the presence of physiotherapy departments in hospitals across Edo State, anecdotal evidence and clinical observations suggest that many residents still bypass physiotherapy services or only come when it is too late. There is limited data on what people truly believe about physiotherapy, especially at the community level. If these perceptions and misconceptions are not addressed, the role of physiotherapy in improving health outcomes may continue to be undervalued.

Therefore, there is a need to systematically investigate how adults in Egor Local Government Area (LGA) perceive physiotherapy, and what misconceptions may be limiting its utilisation. This study will provide evidence that can guide awareness strategies and improve access to physiotherapy services at the community level.

1.3 Research Questions

i. How informed are the adult residents in Egor LGA of Benin city, Edo State about the services provided by physiotherapists?
ii. Where do the older adult residents get their information about physiotherapy and how does this impact their perceptions and misconceptions?
iii. What are the common misconceptions about physiotherapy among the older adult residents?
iv. Do their sociodemographic factors influence their perceptions and misconceptions about physiotherapy?

v. What benefits and limitations do the adult residents associate with physiotherapy and how does this influence their willingness to seek out physiotherapist services?

1.4 Aim of the Study

The aim of this study is to explore the perceptions and misconceptions about physiotherapy among the adult population, using Egor Local Government Area of Benin City, Edo State as a case study.

1.5 Specific Objectives

The specific objectives of this study will be to:

i. Determine the level of awareness of physiotherapy among adults in Egor LGA.
ii. Explore the perceptions about the role and scope of physiotherapy among adult residents in Egor LGA.
iii. Identify common misconceptions about physiotherapy among adult residents in Egor LGA.
iv. Examine the sources of information about physiotherapy within the community.
v. Analyse the relationship between demographic factors and the perception of physiotherapy.

1.6 Hypotheses

1.6.1 Main Hypothesis

There would be no significant relationship between demographic factors and having received information about physiotherapy and the perception and misconception about physiotherapy among adult residents in Egor LGA.

1.6.2 Sub-Hypotheses

i. There would be no significant relationship between demographic factors (gender, marital status, education, occupation and religion) and perception of physiotherapy among adult residents in Egor LGA.

ii. There would be no significant relationship between demographic factors and misconception about physiotherapy among adult residents in Egor LGA.

iii. There would be no significant relationship between having received information about physiotherapy (from any source) and perception of physiotherapy among adult residents in Egor LGA.

iv. There would be no significant relationship between having received information about physiotherapy (from any source) and misconception about physiotherapy among adult residents in Egor LGA.

1.7 Significance of the Study

The findings of this study may provide valuable insights into the current perception and understanding of physiotherapy among adults in Egor LGA of Benin City, Edo State, Nigeria. The findings from this study may contribute to the body of knowledge on public health education and physiotherapy utilisation in Nigeria. It may assist physiotherapists, healthcare planners, and public health educators in designing targeted awareness programs to correct misconceptions and improve access to physiotherapy services.

In the long term, increased awareness and better understanding of physiotherapy may lead to early utilisation, improved rehabilitation outcomes, and a reduction in the burden of untreated or poorly managed health conditions. The outcome of this study may also serve as a baseline for future interventions and policy planning in similar communities.

1.8 Scope of Study and Delimitation

This study focused on assessing the perception and misconception about physiotherapy among adult residents in Egor LGA. It explored participant's level of awareness, beliefs and understanding of physiotherapy as a healthcare profession.

The study was delimited to:

i. Adults aged 18 years and above residing in Egor LGA, Edo State.

ii. Participants may include both health and non-health professionals, to assess varying levels of awareness and misconceptions.

iii. Data was collected using structured questionnaires distributed within selected communities in the LGA.

iv. The study was limited to individuals who have lived in Egor LGA for at least six months to ensure familiarity with local healthcare access.

1.9 Limitations of the Study

This study faced a number of limitations. First, the data were based on self-reported responses, which may have been subject to recall bias or social desirability bias. Second, the study was geographically limited to Egor LGA, and although this was a deliberate choice, it reduces the extent to which the findings can be generalized to other populations. Third, some participants had low literacy levels, which may have affected their ability to fully comprehend the questionnaire despite researcher assistance. Finally, the use of convenience sampling at the final stage may have introduced sampling bias, though every effort was made to ensure representation across different wards and demographic categories.

1.10 Definition of Terms

Perception: In this study, perception refers to the way individuals understand, interpret, and form opinions about physiotherapy.

Misconception: Any inaccurate, misleading, or incorrect belief that participants may hold about physiotherapy.

Physiotherapy: Branch of healthcare that is concerned with promoting and restoring functional movement.

Adult Residents: Individuals aged 18 years and above who have lived in Egor Local Government Area for at least six months.

Egor Local Government Area (Egor LGA): It is one of the eighteen Local Government Areas in Edo State, Nigeria. It serves as the geographical location and focus area for this research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Concept of Physiotherapy

Physiotherapy, also known as physical therapy, is a healthcare profession that focuses on promoting optimal movement and function. According to World Physiotherapy (2023), "physiotherapy is services provided by physiotherapists to individuals and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan. The service is provided in circumstances where movement and function are threatened by ageing, injury, pain, diseases, disorders, conditions and/or environmental factors and with the understanding that functional movement is central to what it means to be healthy". It involves collaboration between the physiotherapist, the patient, their family, caregivers, other healthcare professionals, and the community. It also focuses on assessing movement potential and setting recovery goals, using the physiotherapist's unique knowledge and skills.

Physiotherapists are experts of mobility and function who use evidence-based practice to develop, maintain or restore motor function and movement across all stages of life (Hynynen et al., 2018). They operate as autonomous practitioners as well as members of healthcare teams, while upholding professional ethics. They can serve as the first point of care, allowing patients to access their services directly without needing a referral. Physiotherapy is provided in a wide range of settings to achieve its goals of prevention, health promotion, treatment, and rehabilitation. These include community-based rehabilitation programs, primary healthcare centres, homes, educational and research institutions, fitness and health clubs, hospices, hospitals, nursing homes, occupational health centres, outpatient clinics, private physiotherapy practices, prisons, public spaces for health promotion, rehabilitation centres, schools, senior citizen centres, sports clubs, workplaces, and digital platforms (World Physiotherapy 2023). Bulcha & Melaku (2019) explain that physiotherapy goes beyond just treating patients in

clinics. Physiotherapists are also involved in promoting healthy lifestyles and play an important role in public health by helping prevent diseases and improve overall health. Physiotherapy has evolved significantly over the years, transitioning from general physical therapies to specialised services within various healthcare settings (Abichandani & Radia, 2015). These specialisations encompass areas such as musculoskeletal, cardiopulmonary, paediatric, neurological, exercise and sports, women's health, community and palliative care physiotherapy (Nigeria Society of Physiotherapy, n.d).

2.2 History of Physiotherapy

Greek physicians, including Hippocrates, are considered the first to practice physiotherapy, using treatments such as massage, manual techniques, and hydrotherapy around 460 BC (Wharton, 1991). Physiotherapy began as a profession tracing back to Per Henrik Ling, who is often regarded as the 'father of Swedish gymnastics.' He founded the royal Central Institute of Gymnastics in the year 1813 for massage, manipulation and exercise. The term 'Physiotherapie,' the German version of 'Physiotherapy,' was first used in 1851 in an article by Dr. Lorenz Gleich, a Bavarian military physician (Terlouw, 2006). In 1916, there was a severe polio epidemic leading to the treatment of patients with paralysis using passive movement techniques. Seeing the need, physical therapists created manual muscle testing to assess muscle strength and help restore weak muscles.

In the US, the polio epidemic was so severe that it affected Franklin D. Roosevelt, who later became president and as part of his treatment, underwent various therapies including hydrotherapy. In 1926, he purchased a resort in Georgia turning it into a hydrotherapy centre for polio patients. Today, it is known as the Roosevelt Warm Springs Institute for Rehabilitation (Burns, 1956). The First World War marked the start of physical therapy (PT) as a profession. In 1917, the US army recognised the need to rehabilitate injured soldiers, leading to the creation of special medical units and 15 training programs for "reconstruction aides." In the 1920s,

physiotherapists gained recognition through partnerships with the medical community. The 1930s saw the establishment of the National Foundation for Infantile Paralysis, which supported physiotherapy development during the polio epidemic. During World War II, physiotherapists played a key role in treating soldiers with severe injuries, including amputations and fractures (Moffat, 2003; Murphy, 1995).

Physiotherapy was introduced to Nigeria in 1945 by two British physiotherapists, Miss Manfield and Mr. Williams, who were assigned to treat Nigerian soldiers returning from World War II. They started a three-year diploma program at the Royal Orthopaedic Hospital in Igbobi, Nigeria. This program was eventually replaced by a university-based degree program at the University of Ibadan in 1966. In 1971, the University of Lagos began a diploma program, which became a degree program in 1977. That same year, the University of Ile-Ife (now OAU) introduced the Bachelor of Medical Rehabilitation-Physiotherapy (BMR-PT) degree (Oshin, 2011). In the first three decades of its introduction to Nigeria, physiotherapy was viewed "as a sub-profession with limited advancement opportunities in the civil service" (Oyeyemi, 2009). Today, physiotherapy is officially recognised by the Nigerian government though the profession is still working towards achieving full professional status (Balogun, 2015).

2.3 Specialisation in Physiotherapy

Physiotherapy is a profession with various areas of specialisation, including sports, neurology, wound care, cardiopulmonary, geriatrics, orthopaedics, and paediatrics. Physiotherapists work in various environments such as outpatient clinics, wellness centres, rehabilitation hospitals, skilled nursing and extended care facilities, private homes, schools, research and educational institutions, hospices, industrial settings, workplaces, fitness centres, and sports training facilities. Beyond direct patient care, they also take on roles in health policy, insurance, healthcare administration, and executive leadership. Additionally, they contribute to the medical-legal field by serving as experts, conducting peer reviews, and performing independent

medical examinations (Goyal & Jandyal, 2014). Because the body of knowledge in physiotherapy is vast, there is a need for specialisation in specific clinical areas. While there are many different specialties, the Nigeria Society of Physiotherapy recognises the following: Musculoskeletal physiotherapy, cardiopulmonary physiotherapy, paediatric physiotherapy, neurological physiotherapy, exercise and sports physiotherapy, women's health physiotherapy, community physiotherapy and palliative care physiotherapy (Nigeria Society of Physiotherapy, n.d).

2.3.1 Musculoskeletal Physiotherapy

This speciality is also called orthopaedic physiotherapy and focuses on diagnosing and managing musculoskeletal disorders and conditions including rehabilitation after orthopaedic surgery. It is more frequently found in the outpatient clinical settings. It also deals in the treatment of post-operative orthopaedic procedures, fractures, acute sports injuries, arthritis, sprains, strains, back and neck pain, spinal conditions, and amputations (Khalid et al., 2015). Orthopaedic physiotherapy is a scientific, evidence-based approach aimed at relieving pain, restoring movement, and improving strength and flexibility to return patients to full function. Initially, there is a thorough assessment followed by targeted treatments for conditions like fractures, arthritis, ligament injuries, and post-surgical rehab. Therapies include manual techniques, massage, electrotherapy (ultrasound, interferential, neuromuscular stimulation), dry needling, acupuncture, taping, and individualised rehabilitation exercises. Pre-operative physiotherapy helps prepare patients for surgery, while post-operative care is to ensure optimal recovery and prevent recurrence (Spectrum Health, 2024).

2.3.2 Cardiopulmonary Physiotherapy

Cardiopulmonary rehabilitation involves the treatment of patients with cardiac and respiratory conditions, including post-cardiac surgery rehabilitation. It is a non-drug treatment approach aimed at individuals with chronic respiratory conditions. This multidisciplinary program

includes exercise training, education about the disease, and strategies to modify behaviour. The intervention has proven to greatly reduce dyspnoea and improve physical endurance in individuals with chronic obstructive pulmonary disease (Nici et al., 2006). Furthermore, cardiopulmonary rehabilitation has been shown to be effective in managing various chronic cardiorespiratory conditions such as congestive heart failure, chronic obstructive pulmonary disease (COPD), and pulmonary fibrosis, among others (Servey & Stephens, 2016; Casaburi & ZuWallack, 2009; Vainshelboim et al., 2016). Therapists utilise breathing exercises, airway clearance techniques, and other therapeutic methods as part of this comprehensive approach.

2.3.3 Paediatric Physiotherapy

The World Report on Disability estimates that about 93 million children aged 0–14 live with moderate to severe disabilities, while 13 million with severe disabilities specifically. In low- and middle-income countries, prevalence rates range from 0.4% to 12.7% (World Health Organization & World Bank, 2011). Children with disabilities often face significant challenges, including increased vulnerability to illnesses and the negative effects associated with sedentary lifestyles, which highlights the essential role of physiotherapy in maintaining their mobility, health, and overall well-being. Improving functional ability can help these children participate in daily life and foster social interactions, ultimately enhancing their quality of life and that of their families (Chartered Society of Physiotherapy, 2010; Morris, 2008). As medicine and technology advance, the demand for paediatric physiotherapy continues to grow, enabling more children with chronic conditions to survive, requiring diverse approaches to support independence and function (Hanna, 2019).

Paediatric physiotherapists specialise in assessing, identifying, diagnosing, and managing movement disorders and physiological conditions in children. They recognise that children are not simply small adults and require a unique approach to care. These professionals have a strong understanding of normal child development and how it impacts body systems and

functions. They treat children from infancy up to 19 years of age, addressing conditions in areas such as orthopaedics, congenital anomalies, neurology, neuropsychiatry, respiratory issues, and complications related to prematurity. Their care often involves managing developmental delays and neuromotor disorders (Burslem et al., 2016; Misty et al., 2019).

Their main focus is on improving gross and fine motor skills, balance and coordination, muscle strength and endurance, as well as cognitive skills and how they process or incorporate sensory information (Eke & Feminiyi, 2021). Physiotherapy is broad and treatment evolves with the child's growth and changing needs. Physiotherapists often assess the child's environment, whether at home, school, or in the community to recommend necessary changes that support the child's independence in daily activities, while considering their educational, cultural, and social context (Carter, 2003). Therefore, physiotherapy can benefit a wide range of children and adolescents whose movement and functional abilities are affected by injury, illness, or environmental factors, based on the principle that functional movement is vital to good health (Eke & Feminiyi, 2021).

2.3.4 Neurological Physiotherapy

Neurological rehabilitation is vital in physiotherapy, focusing on helping individuals with neurological conditions regain function and improve their quality of life. Common conditions requiring this form of rehabilitation include stroke, Parkinson's disease, multiple sclerosis, spinal cord injuries, and traumatic brain injuries. The primary goal is to restore as much independence as possible and support patients in reintegrating into their communities. Physiotherapy plays a central role in this process, employing various techniques to address the challenges posed by neurological damage. In addition to these, there is a need to understand the neurological function and the concept of neuroplasticity which is the brain's ability to form new connections and adapt after injury (Kanase et al., 2024). The importance of neurological rehabilitation cannot be overstated, especially since neurological disorders are a leading cause

of global disability. The World Health Organization notes that stroke ranks as the second leading cause of death and third in disability worldwide. As the global population continues to age, the need for effective rehabilitation strategies becomes more urgent. Crucially, rehabilitation must be personalised to the individual, as each patient presents unique needs and recovery pathways. A tailored approach ensures better outcomes and maximises recovery potential (Kanase et al., 2024).

2.3.5 Exercise and Sports Physiotherapy

Sports physiotherapy is a specialised branch of physiotherapy that deals with treating injuries specific to athletes, which differ from those commonly seen in everyday life. The New Zealand Sports Physiotherapy organisation defines sport physiotherapy as "A recognised professional who demonstrates advanced competencies in the promotion of safe physical activity participation, provision of advice, and adaptation of rehabilitation and training interventions, for preventing injury, restoring optimal function, and contributing the enhancement of sports performance, in athletes of all ages and abilities, while ensuring a high standard of professional and ethical practice". Sports Physiotherapy includes rehabilitation to return athletes to sport, acute injury management, medical and surgical considerations, injury prevention and performance enhancement highlighting evidence-based practice and ongoing research through critical inquiry (American Board of Physical Therapy Specialties, 2002).

At the London 2012 Olympic Games, physiotherapists were the largest professional group involved. Their core role included injury treatment, rehabilitation, injury prevention, and performance support. Contrary to common belief, many uninjured athletes sought physiotherapy for maintenance and recovery. Sessions often aimed at sustaining physical function and aiding post-performance recovery. Physiotherapists also managed pre-existing conditions and provided follow-up care during the Games. Overall, physiotherapy played a key role in enhancing athlete performance beyond injury care (Grant et al., 2014).

2.3.6 Women's Health Physiotherapy

Women's health physiotherapy is a specialised area within the physiotherapy profession that addresses the unique healthcare needs of women. This branch focuses on managing a range of health concerns commonly affecting women, such as urinary incontinence, pelvic and low back pain, and osteoporosis, thereby contributing significantly to their overall well-being. Evidence-based interventions, including pelvic floor muscle training, core stability exercises, and fall prevention programs, have proven effective in managing these conditions (Awal & Sharma, 2024). Furthermore, physiotherapists contribute to care in broader domains such as trauma and orthopaedics, neurology, rheumatology, and respiratory physiotherapy, typically employing non-invasive and conservative treatment approaches.

This specialised care enhances functional independence, improves quality of life, and can offer economic benefits, as timely physiotherapy intervention can reduce the need for more expensive medical procedures and long-term healthcare costs (Awal & Sharma, 2024). Pregnancy involves significant physiological (both physical and emotional) changes, and childbirth adds to this stress. Physiotherapy interventions such as breathing techniques and relaxation strategies, can serve both preventive and therapeutic roles, particularly during labour (Goyekar & Shah, 2020). Physiotherapists are equipped to manage issues related to pregnancy and childbirth such as pelvic floor dysfunction and low back pain using manual therapy, exercise prescription, and electrotherapeutic modalities (Reddy & Frantz, 2013; Britnell et al., 2005).

2.3.7 Community Physiotherapy

Community physiotherapy is a specialised branch of physiotherapy that focuses on delivering services in non-hospital environments such as patients' homes, schools, workplaces, community centres, and aged care facilities. As the name implies, it involves offering physiotherapy services in the community, rather than in acute-care or hospital settings (Rajan,

2017). In this model, the physiotherapist visits patients within their communities such as their homes or residential care facilities to provide treatment. The emphasis of community physiotherapy lies in the setting where care is delivered, ensuring that individuals, particularly those with mobility challenges or those living in remote or underserved areas, have access to essential rehabilitation and preventive services. By bringing care directly to the patient, this approach enhances accessibility, encourages early intervention, and reduces the likelihood of hospital readmissions. Furthermore, community physiotherapy supports personalised, holistic care tailored to the unique needs of diverse populations. It plays a vital role in promoting health equity, especially in rural or hard-to-reach areas. Rajan (2013) highlights that community physiotherapy not only improves accessibility but also contributes to faster and more effective recovery within communities. Similarly, Igwesi-Chidobe (2012) emphasised its significance in addressing the rehabilitation needs of rural populations in Nigeria, where conventional physiotherapy services are often limited or unavailable.

2.3.8 Palliative Care Physiotherapy

Palliative care is a multidisciplinary, holistic healthcare approach that supports patients and their families facing life-threatening or life-limiting illnesses by helping them live better lives despite the challenges posed by their condition (WHO, 2020). One of the major challenges to quality of life in palliative care is the progressive physical and functional decline associated with advancing illness (Ogundunmade et al., 2024). This often manifests as physical discomfort or pain, instability in gait and mobility, poor coordination and balance, reduced muscle strength and flexibility, decreased tolerance for physical activity, and easy fatigability (WHO, 2020).As these physical impairments increasingly limit a patient's ability to perform activities of daily living (ADLs), especially in individuals who were previously active, physiotherapy becomes a vital component of care. Physiotherapists play a key role in addressing these challenges by supporting both patients and their families through therapeutic interventions aimed at

managing symptoms, preserving or optimising function, and maintaining autonomy (WHO, 2020; Ogundunmade et al., 2024). Even in cases where function cannot be fully restored, physiotherapy helps patients adapt to their limitations, preserve existing abilities, and prevent further complications related to illness or treatment (Ogundunmade et al., 2024).

Palliative rehabilitation, a specialised field that integrates principles of both rehabilitation and palliative care, aims to enhance the quality of life of individuals with life-limiting illnesses by optimising physical function and promoting autonomy despite disease progression (Harding et al., 2022; Hwee Heng, 2024). This approach goes beyond symptom control by focusing on meaningful, patient-centred goals that align with individual values, preferences, energy levels, and overall condition (Harding et al., 2022; WHO, 2023; Hwee Heng, 2024). Patients in palliative care frequently experience significant declines in mobility, which affect not only their ability to perform self-care but also their mood and sense of purpose in societal roles (Harding et al., 2022). As their symptom burden increases and physical abilities decline, it becomes crucial to prioritise functional goals and tailor interventions accordingly (Harding et al., 2022). Traditional rehabilitative strategies such as muscle strengthening, manual therapy, and physical conditioning can mitigate musculoskeletal and cardiorespiratory complications arising from disease, but these must be thoughtfully adapted based on individual capacities and concurrent health concerns (Tiberini & Richardson, 2015; Hwee Heng, 2024).

A core aspect of palliative rehabilitation is collaborative goal setting. This involves early and ongoing discussions between healthcare professionals and patients, ensuring that therapy goals are realistic, meaningful, and aligned with the patient's wishes (Boa et al., 2014). Physiotherapists are instrumental in facilitating these conversations and working closely with patients to actualise their goals while respecting their personal choices and dignity (Boa et al., 2014; Hwee Heng, 2024). Palliative rehabilitation emphasises personalised, non-pharmacological symptom management and goal-setting strategies designed around individual

needs. It seeks to support patients in living as fully as possible, even in the face of advancing illness (Hwee Heng, 2024). By addressing both the physical and emotional aspects of disease progression, palliative physiotherapy becomes a cornerstone of comprehensive care particularly in helping patients maintain quality of life, independence, and dignity during the final stages of life (Ogundunmade et al., 2024).

2.3.9 Geriatric Physiotherapy

Geriatric physiotherapy is a specialised field aimed at restoring or enhancing the remaining functional capacity of older adults while improving their overall quality of life, especially among those living with frailty or disabling impairments (Van Balen et al., 2019). As people age, they commonly experience physical decline such as reduced muscle strength, stamina, balance, and bone density, which can lead to increased dependency and health risks (British Heart Foundation National Centre for Physical Activity and Health, 2015). This makes the role of physiotherapy in the care of older adults particularly essential. Physiotherapy plays an important role in maintaining and restoring functional abilities while enhancing quality of life in older individuals, particularly those who are frail or have significant physical impairments (Lubbe et al., 2023). With the global increase in the prevalence of age-related conditions especially musculoskeletal and neurodegenerative disorders, the demand for specialised geriatric physiotherapy services is expected to grow substantially (Lubbe et al., 2023; Rungruangbaiyok et al., 2024).

Physiotherapists adopt various treatment strategies aimed at enhancing mobility, preventing injuries, and supporting functional independence in the elderly population (Reddy et al., 2024; Chang et al., 2022). Additionally, as older adults face higher risks of falls, functional decline, and chronic diseases, engaging in regular physical activity has been shown to counteract these age-related changes. Exercise not only helps preserve the ability to perform Activities of Daily

Living (ADLs) but also supports cognitive function and overall well-being (Langhammer et al., 2018).

2.4 Therapeutic Modalities

Therapeutic modalities involve the use of thermal, mechanical, electromagnetic, and light energy to achieve specific therapeutic outcomes. The terms therapeutic modalities and physical agents are often used interchangeably to refer to a broad range of treatments that offer various therapeutic effects. However, while physical agents refer to the types of physical energies used, such as thermal, mechanical force, electromagnetic or light, it does not fully convey the intended therapeutic purpose behind their use (Bellew et al., 2016). Physiotherapists frequently use them to assist patients or clients in achieving their therapeutic objectives (Lindsay et al., 1995). Therapeutic modalities have been, are, and will remain part of rehabilitation and are utilised to support other elements of a broader care plan (Bellew et al., 2016). Though some evidence shows that different patients may respond differently to various modalities, they are generally not advised to be used as the sole form of treatment (Page, 2021). Therapeutic modalities include: electrical stimulation, iontophoresis, biofeedback, thermotherapy (both superficial and deep), cryotherapy, ultrasound, phonophoresis, extracorporeal shockwave therapy (ESWT), laser therapy, magnetic therapy, massage, and mechanical traction. Clinical guidelines recommend their use based on varying levels of supporting evidence (Page et al., 2021).

2.4.1 Massage

Massage is the place from which physiotherapy originated (Nicholls, 2021). It involves a systematic touch on the body with the goal of reducing tension, promoting relaxation, and stimulating blood circulation (Harris & Richard, 2010; Ünsal, 2017). Specifically, massage therapy involves the manual assessment and manipulation of the superficial soft tissues such

as the skin, muscles, tendons, ligaments, and fascia as well as related structures within these tissues, for therapeutic purposes (Mak et al., 2024).

The practice of massage offers multiple benefits. It has been shown to relieve pain and fatigue, reduce tension and exhaustion, and exert a sedative effect that enhances overall well-being. Massage also fosters a sense of trust and emotional comfort in individuals (Akpinar et al., 2022). Furthermore, studies indicate that massage lowers blood pressure and heart rate, decreases cortisol levels and depression, and helps regulate sleep (Akpinar et al., 2022). In addition, touch stimulates the lymphatic system, supports digestive function, enhances blood circulation, and alleviates stress. It also triggers the release of endorphins, which help to manage pain and promote relaxation. Overall, massage is considered a safe and highly effective therapy for various physical and psychological conditions (Kashani & Kashani, 2014).

2.4.2 Exercise

Exercise is a form of physical activity that is planned and carried out with the intention of achieving or maintaining physical fitness. Physical fitness itself refers to a collection of attributes that enable an individual to effectively perform physical activity (Eric & Gary, 2010). A more targeted form of exercise is therapeutic exercise, which consists of prescribed movements aimed at correcting physical impairments, restoring musculoskeletal function, or maintaining overall physical well-being (Bielecki & Tadi, 2020). Therapeutic exercises generally fall into three main categories: endurance training, resistance training, and flexibility training. These types can be combined in various ways to create exercise programs suitable for a wide range of patient populations (Nicolson et al., 2017).

2.4.3 Electrical Stimulation

Electrical stimulation (ES) in physiotherapy is commonly used for several therapeutic purposes, including relieving pain, strengthening muscles, enhancing endurance, and generating functional movements (Jackson, J., 2004). Electrical stimulation techniques work

by delivering electrical energy specifically, the movement of electrons or charged particles which leads to the depolarisation of muscle or nerve tissues. This stimulation is achieved by placing electrodes on the skin to stimulate the motor nerves that control the muscles (Press & Bergfeld, 2007).

Several types of electrical stimulation are commonly used in clinical practice. Transcutaneous Electrical Nerve Stimulation (TENS) delivers low-intensity electrical pulses to stimulate nerves, primarily for managing pain and reducing spasticity. Electrical Muscle Stimulation (EMS), on the other hand, targets motor nerves to induce muscle contractions and serves five main functions: preserving or strengthening muscle bulk, facilitating voluntary muscle activation, improving or maintaining range of motion (ROM), reducing spasticity, and acting as an orthotic aid to generate functional movement (Jackson, J., 2004). Neuromuscular Electrical Stimulation (NMES) is a specific modality that delivers electrical impulses to nerves, triggering muscle contractions similar to those naturally produced by the central nervous system. It can be used with or without accompanying functional movement and has long been employed to strengthen muscles, preserve muscle strength, and prevent atrophy, particularly in patients who are immobilised (Hainaut & Duchateau, 1992).

2.4.4 Heat Energy

Thermotherapy and cryotherapy, also known as conductive modalities, involve the application of therapeutic heat and cold to the body. These modalities use the conduction of thermal energy to create a local or, in some cases, a generalised heating or cooling effect on superficial tissues, with a maximum depth of penetration of 1 cm or less (Prentice, 2011). Thermotherapy involves applying any substance to the body that increases tissue temperature, which leads to improved blood flow, tissue metabolism, and increased extensibility of connective tissues (Nadler et al., 2004). Heat is thought to have a relaxing effect on muscle tone by reducing muscle spindle and gamma efferent firing rates. It is also believed that muscle relaxation occurs with the reduction

of pain (Prentice, 2011). In contrast, cryotherapy, or cold analgesia, is the use of low temperatures to relieve pain by removing heat from a body part. Cold causes vasoconstriction, which reduces tissue blood flow, lowers tissue metabolism, decreases oxygen utilisation, and helps reduce inflammation and muscle spasms (Nadler et al., 2004).

2.4.5 Manual Therapy

Manual therapy as defined by Korr (2012) is the "application of an accurately determined and specifically directed manual force to the body, in order to improve mobility in areas that are restricted; in joints, in connective tissues, or in skeletal muscles." Similarly, the Orthopaedic Manual Physical Therapy Description of Advanced Specialty Practice defines manual therapy as a clinical approach that uses particular manual techniques, including but not restricted to manipulation and mobilisation, to diagnose and treat soft tissues and joint structures. The goal of manual therapy is to modulate pain, increase range of motion (ROM), reduce or eliminate soft tissue inflammation, induce relaxation, enhance tissue repair (both contractile and non-contractile), improve extensibility and stability, facilitate movement, and improve function (American Academy of Orthopaedic Manual Physical Therapists, 2018).

2.5 Perception and Misconception about Physiotherapy

Cambridge Dictionary defines perception as "the way that someone thinks and feels about a company, product, service, etc." In a broader sense, perception refers to the process through which individuals interpret and make sense of information received through their senses. This interpretation may not always align with objective reality, as it involves mentally forming an idea or image of the external world (Robbins et al., 2009; Tosi et al., 2000). The perception process typically ends with a judgment phase, where individuals evaluate and draw conclusions from the information they've absorbed (Sharma, 2019). When applied to physiotherapy, perception plays a significant role in shaping how the public understands and values the profession, particularly its relevance, scope, and effectiveness. Public perceptions, whether

positive or negative, can arise from personal experiences, cultural beliefs, community attitudes, or media portrayals. A positive perception often leads to early and consistent use of physiotherapy services, better adherence to treatment, and improved health outcomes. On the other hand, negative or limited perceptions can result in underutilisation, distrust, or complete avoidance of physiotherapy care.

Despite the wide application of physiotherapy in modern healthcare, both public and professional understanding of the profession's full scope remains inadequate. Misconceptions persist, often rooted in outdated views that narrowly associate physiotherapy with movement exercises or acupuncture (Paul & Mullerpatan, 2015). Even in countries with very high and high Human Development Index (HDI), there remains a general misunderstanding of the field, with many believing that physiotherapy is limited to massage and exercise techniques alone (Rognlie & Searls, 2011). Higher literacy levels have been linked to greater understanding and awareness of medical services and health-related information (Odebiyi et al., 2010). For instance, research among urban populations has shown that physiotherapy is recognised in managing musculoskeletal and neurological conditions. However, the profession's role in cardiopulmonary care, health promotion, preventive medicine, and wellness is still largely overlooked and under publicised (James & Murphy, 1979; Yashaswi et al., 2011).

From a theoretical perspective, misconceptions are not merely random misunderstandings; they represent alternative conceptions that differ from scientifically accurate ones (Chi, 2005). The Cambridge Dictionary defines a misconception as "an idea that is wrong because it is based on a failure to understand a situation." According to Jackson, D.A. (2004), the public's lack of accurate knowledge about a profession can lead to the development of misconceptions. Misconceptions such as the assumption that physiotherapy only involves massages and exercises undermine the profession's perceived importance and discourage people from seeking physiotherapy until their health issues become severe (Rognlie & Searls, 2011).

Although awareness about physiotherapy is gradually increasing, it is still incomplete. Persistent myths continue to downplay the profession's significance and misrepresent its practice areas (Mehndiratta & Kalra, 2021).

Public awareness refers to the extent of the general population's knowledge and understanding of a subject, service, or profession. Closely linked is the concept of health literacy, which Nutbeam (2000) describes as the ability to access, comprehend, and use health information to make informed decisions. Both public awareness and health literacy are critical factors influencing how people perceive and engage with healthcare services. In Nigeria, several studies have indicated that awareness of physiotherapy remains particularly low, especially in rural and less-educated communities. This lack of knowledge not only delays access to appropriate care but also increases reliance on traditional or unqualified healthcare providers. Improving awareness is essential, as it helps challenge false beliefs and promotes better understanding and utilisation of physiotherapy services. Many factors influence how individuals form perceptions and misconceptions about physiotherapy. These include personal experiences, cultural beliefs, level of education, exposure to accurate health information, and encounters with healthcare professionals. Among these, awareness and health literacy are especially impactful. When people lack access to credible, relevant information about physiotherapy, they are more likely to develop false or incomplete beliefs about its scope and value. Nutbeam (2000) emphasises that health literacy enables individuals to make informed decisions by helping them access and use reliable health information. Low healthcare literacy has proven to determine how individuals perceive and use healthcare services.

In Nigeria, Adekoya-Cole et al., (2015) found that poor education, strong cultural beliefs, and limited access to health information significantly contribute to the public's poor understanding of available healthcare services, including physiotherapy. As a result, many people remain unaware of what physiotherapists do, where they work, or the range of conditions they manage

leading to delayed care-seeking behaviour and underuse of physiotherapy services. In some cases, culturally embedded narratives and dependence on traditional healers further reinforce these misconceptions. Therefore, perception and misconception about physiotherapy should not be viewed in isolation. They are influenced by a complex interaction of internal beliefs and external factors such as education campaigns, media exposure, peer experiences, and community norms. Understanding these dynamics is essential for developing effective public education and outreach programs aimed at enhancing the image and utilisation of physiotherapy. In the healthcare context, persistent misconceptions can result in poor health-seeking behaviours and significant underutilisation of important health services.

2.6 Empirical Review

Table 1: Summary of empirical review

AUTHOR/YEAR/COUNTRY	TITLE	SAMPLE SIZE	AIM OF STUDY	STUDY TYPE	INSTRUMENTS	FINDINGS	RESEARCH GAP
Al-Eisa et al.,/2016/Saudi Arabia	Awareness, perception and beliefs about physiotherapy in Saudi Arabia: a cross sectional study	280 participants	To assess the level of awareness, perception and beliefs of physicians working in Saudi Arabia about physiotherapy	Cross-sectional	Questionnaire	Fair awareness about physiotherapy among the participants	Study lacks qualitative data and longitudinal follow-up
Bolarinde et al.,/2020/Nigeria	Awareness and perception of physiotherapy among senior students of selected schools in a southwestern community of Nigeria	259 participants	To assess the level of awareness and perception of physiotherapy among senior students	Cross-sectional survey	Questionnaire	Significant level of awareness of physiotherapy but knowledge of its full scope is inadequate	Limited geographical scope. Study lacks qualitative data and longitudinal follow-up
Chiwaridzo & Msiska/2015/Zimbabwe	Level of knowledge of physiotherapy among high school sports	102 participants	To assess the level of knowledge of physiotherapy among high	Cross-sectional descriptive study	Questionnaire	67% of sports coaches has adequate knowledge about	Limited geographical scope and lacks qualitative data

	coaches in Harare, Zimbabwe		school sports coaches in government administered high schools			physiotherapy with regards to its scope of practice, place of work, conditions seen, equipment and techniques used	
Dissanayaka & Banneheka/2014/Sri Lanka	Awareness of physiotherapy among high school students	776 participants	To assess level of awareness about physiotherapy among high school students	Survey	Questionnaire	63% of participants were unaware of physiotherapy profession and its application	Limited geographical scope and lack of qualitative data. Need for educational programs among the general public.
Doshi et al.,/2017/India	Physiotherapy awareness in medical and non-medical population: a social media survey	256 participants	To assess the level of physiotherapy awareness in medical and general population	Observational study (online)	Questionnaire	Significant level of awareness of physiotherapy but poor knowledge of its full scope of practice	Lacks qualitative data. Need for improving awareness of physiotherapy field and its specialties
Igwesi-Chidobe/2012/ Nigeria	Obstacles to obtaining optimal physiotherapy services in a rural	408 participants	To determine the obstacles to obtaining optimal physiotherapy services in a	Cross-sectional study	Interview and questionnaire	85% of the population have never heard of physiotherapy	Study is limited to a specific rural area which means its findings may not apply

	community in southeastern Nigeria		rural community				to urban settings
Khalid et al.,/2013/Pakistan	Level of awareness of medical professionals about physical therapy	100 participants	To determine level of awareness about physical therapy of medical professional	Descriptive cross-sectional survey	Questionnaire	Participants demonstrated high level of awareness of physical therapy	Lacks qualitative data and longitudinal follow-up
Kumar/2013/India	Public awareness towards physiotherapy: a survey	300 participants	To determine the awareness of physiotherapy, gender differences and to identify the sources of public's information about physiotherapy among the general population	Cross-sectional survey	Questionnaire	Significant lack of awareness about physiotherapy. Low level of education and less access to mass media were major contributors	Study focused on a specific geographical area which may not represent the broader population. The study did not consider how sociodemographic factors influence awareness
Maruf et al.,/2012/Nigeria	Awareness, belief, attitude and utilization of physiotherapy services in a	885 adult resident of Nnewi, southeastern Nigeria	To investigate the awareness, attitude, belief, and utilisation of physiotherapy services.	Cross-sectional survey	Questionnaire	61.8% were aware about physiotherapy. Participants showed positive belief and attitude	Study focused only on one urban area and was limited to Christians limiting generalisability

	Nigerian population					and utilisation of physiotherapy services was high	. It lacks qualitative data that could provide better understanding of why people hold certain attitudes or beliefs.
Mbada et al.,/2015/Nigeria	Awareness, knowledge and perception of professional identity of physiotherapy among residents of three rural communities in Ife North local government, south west, Nigeria	386 participants	To determine the level of awareness, knowledge and perception of professional identity of physiotherapy among rural dwellers in Nigeria	Cross-sectional survey	Questionnaire	Poor awareness of physiotherapy as a profession with majority of the participants (60%) likening it to masseurs and 30.8% to medical doctors	Study lacks qualitative data and longitudinal follow-up. Does not examine rural-urban differences
Mehndiratta & Kalra/2021/India	Awareness of physiotherapy among the high school students in various government and private schools in New Delhi: a survey	640 participants	To assess the level of awareness of physiotherapy among high school students	Descriptive study	Questionnaire	Moderate level of awareness among high school students	Limited geographical scope. Need for research in widespread locations to obtain a more comprehensive result

Menaria et al.,/2022/India	Awareness about physiotherapy among general public- a cross-sectional survey analysis	346 participants	To assess the level of awareness about physiotherapy among the general public	Cross-sectional survey	Questionnaire (online survey)	Overall awareness of physiotherapy full scope of practice was low	Need for educational programs to increase awareness among the general public
Odebiyi et al.,/2008/Nigeria	Knowledge and perception of physiotherapy by final year students of a Nigerian university	98 participants	To determine the level of knowledge and perception of physiotherapy among students of CMUL	Survey	Questionnaire	Participants exhibited good knowledge and fair perception of physiotherapy	Limited to final year medical students of CMUL and lacks longitudinal follow-up on knowledge
Odole et al.,/2020/Nigeria	Awareness, belief, attitude and utilization of physiotherapy services among the general public in Ibadan, Nigeria	500 participants	To assess the general public's awareness, belief, attitude and utilisation of physiotherapy in Ibadan	Cross-sectional survey	Questionnaire	84.6% of participants were aware of physiotherapy, 64.7% believe that physiotherapy treat conditions affecting only bones and joints	Lacks qualitative data and does not track changes over time
Paul & Mullerpatan/2015	Revie of physiotherapy awareness across the globe	9 studies	To explore awareness about physiotherapy across the world in	Review study	Literature review	Published literature indicated low level of awareness about the scope	Study is a narrative review summarising existing literature

			countries with very high, medium and low human development index			of physiotherapy among the general public in countries with very high to low human development index	without conducting primary research
Rognlie & Searls/2011/United States	Public perception of physical therapist scope of practice	115 participants	To assess the public knowledge about physical therapy scope of practice	Survey	Questionnaire	Lack of complete knowledge about physical therapist's scope of practice. Educational level is associated with awareness of the profession	Limited geographical scope. Need for educational programs among the public
Sheppard/1994/ Australia	Public perception of physiotherapy: implication for marketing	510 members of the general public	To determine the public perception of physiotherapy	Survey	Questionnaire (telephone based)	High percentage of the population (85%) were familiar with physiotherapy while 96% were aware about physiotherapy	Outdated findings. The study was conducted in Australia and findings may not apply to developing countries like Nigeria where awareness and

							cultural context differ greatly
Singh et al.,/2020/India	Awareness of physiotherapy among the high school students	300 participants	To assess the level of awareness of physiotherapy among high school students	Descriptive study	Questionnaire	53.2% of the participants were aware of physiotherapy profession and its application	Study includes only high school students and is limited to Ludhiana. Need for more awareness about physiotherapy scope and its treatment
Vincent et al.,/2014/Nigeria	Medical students' awareness of the role of physiotherapists in multidisciplinary healthcare	198 participants	To assess the level of awareness of the role of physiotherapists in multidisciplinary healthcare among medical students	Survey	Questionnaire	High level of awareness of physiotherapy roles but low awareness of physiotherapy on first contact basis and autonomy	Limited geographical scope, lacks qualitative data and follow-up that could provide better insights
Yashaswi et al.,/2011/India	Awareness about physiotherapy among higher secondary students and perseverance among students and	109 participants	To determine the level of awareness about physiotherapy among higher secondary students and perseverance	Survey	Questionnaire	Limited awareness of physiotherapy among higher secondary students and declining perseverance among students	Lack of qualitative data, limited geographical scope and small sample size, thus, results cannot be generalised.

	professionals toward physiotherapy		among students and professionals toward physiotherapy			and professionals towards physiotherapy	Study did not assess how awareness and perseverance evolve over time providing deeper insights into factors affecting these aspects

CHAPTER THREE

MATERIALS AND METHODS

This chapter describes the methodology of the study, including the research design, population, selection criteria, data collection instruments, and methods of data analysis. It also describes the ethical considerations and procedure for data collection.

3.1 Materials

3.1.1 Population

The study population consisted of adult residents in Egor Local Government Area. Egor LGA comprises ten wards which are Evbotubu, Ogida/Use, Oliha, Egor, Uwelu, Evbareke, Uselu I, Uselu II, Okhoro and Ugbowo. Individuals were selected from the different wards to ensure representation of various age groups, educational backgrounds, and occupations. They were recruited for both the quantitative (questionnaire) and qualitative (interview) components.

3.1.2 Selection Criteria

3.1.2.1 Inclusion Criteria

- Adults aged 18 years and above.
- Residents in Egor LGA for at least six months.
- Able to understand and communicate in English or Pidgin English.
- Those who were willing to participate and gave informed consent.

3.1.2.2 Exclusion Criteria

- Individuals with physical disabilities that may affect their participation.
- Individuals with significant cognitive or communication impairments.
- Individuals with professional training in physiotherapy.
- Individuals who had participated in a physiotherapy awareness campaign or program in the last six months.

3.1.3 List of Instruments

i. Questionnaire

ii. Interview guide

iii. Audio recorder

3.1.4 Description of Instruments

i. **Structured Questionnaire:**

This was self-developed to collect quantitative data on participants' socio-demographic characteristics, perception, and common misconceptions about physiotherapy.

It is divided into two sections:

Section A (Demographics Information) contains items on socio-demographic characteristics such as sex, marital status, educational level, occupation and religion.

Section B (Data on Questionnaire) gathers data related to the study objectives and is further divided into five subsections:

a) Level of awareness of physiotherapy among adults

b) Perception about the role and scope of physiotherapy among adult residents

c) Common misconceptions about physiotherapy among adults

d) Sources of information about physiotherapy within the community

e) Relationship between demographic factors and perception of physiotherapy

All items in section B were rated on a 4-point Likert scale ranging from strongly disagree (1) to strongly agree (4). The questionnaire was reviewed by my supervisor. A pilot study was conducted on 20 participants to assess its internal consistency and Cronbach's Alpha yielded a reliability of 0.82, indicating a good reliability.

ii. **Semi-Structured Interview Guide:**

This was used to collect qualitative data from selected participants.

It contains open-ended questions exploring participants' understanding, beliefs, personal experiences, and sources of information about physiotherapy.

iii. **Audio Recorder:**

An audio recording device (smartphone) was used, with participants' informed consent, to record interview sessions for accurate documentation and transcription.

3.2 Methods

3.2.1 Research Design

This study employed a cross-sectional mixed-methods design, combining quantitative and qualitative approaches to provide a comprehensive understanding of perceptions and misconceptions about physiotherapy. Quantitative data were obtained through structured questionnaires, while qualitative data were gathered through semi-structured interviews and analysed thematically.

3.2.2 Sampling Technique

A multistage sampling technique was used. Egor LGA was stratified into wards, from which several communities were randomly selected. Within those communities, convenience sampling was used to recruit participants for the questionnaire. For the qualitative interviews, purposive sampling was used to select 10 participants based on diversity in age, gender, education level, and responses from the questionnaire.

3.2.3 Sample Size

Using Slovin's formula for a known population:

$$n = \frac{N}{1 + N(e)^2}$$

n= sample size

N= estimated population of Egor LGA

The population of Egor LGA was projected to be 502,700 in 2022. However, the focus of this study is on adult residents aged 18 years and above. Based on the census data, adults made up approximately 65% of the total population yielding an estimated adult population of 326,755 (Citypopulation.de, 2022).

e= margin of error (0.05)

$$\frac{326{,}755}{1 + 326{,}755(0.05)^2} \approx 400$$

Therefore, 400 participants were recruited for the quantitative aspect of the study. Additionally, 10 participants were purposively selected for interviews.

3.2.4 Ethical Considerations

Ethical approval for this study was granted by the Edo State Ministry of Health, Benin City (Protocol Number HA/737/25/D/07100764 and Approval Number HA/737/25/D/09180764). All participants were informed of the study's objectives and procedures, and signed informed consent was obtained. Confidentiality and anonymity was assured. Participation was voluntary, and participants were given the right to withdraw at any time without consequences.

3.2.5 Procedure for Data Collection

The study was carried out in several phases to ensure comprehensive data collection and integrity of the research process. First, ethical approval was obtained from the appropriate ethics committee. Once approval was secured, participants were approached in public places such as markets, religious centres, motor parks, and community spaces. The purpose of the

study was explained in simple, understandable terms, and individuals who met the inclusion criteria were invited to participate. Informed consent was obtained from all participants before data was collected. The data collection process followed a mixed-methods approach. For the quantitative component, a structured questionnaire was administered to a sample of adult residents.

For the qualitative component, in-depth interviews were conducted with selected individuals who consented to participate in the second phase of the study. The interviews were guided by a semi-structured interview guide and interviews were conducted in English and pidgin English. Both the questionnaires and interviews were conducted in an environment that ensured minimal distraction for the participants. Following the data collection phase, quantitative data were entered into SPSS for statistical analysis, while qualitative data from interviews were transcribed and thematically analysed to identify recurring themes and narratives relevant to the research questions.

3.2.6 Data Analysis

Quantitative data from the questionnaires were analysed using SPSS version 27.0. Descriptive statistics, such as frequencies and percentages, were used to summarize respondents' characteristics and responses. Inferential statistics were applied to examine differences and relationships between demographic variables and perception/misconception scores of physiotherapy. Independent T-tests were used to compare mean scores between two groups (e.g., gender), while one-way ANOVA was used for comparisons among multiple groups (e.g., marital status, educational level). Spearman's rho correlation was employed to assess relationships between receiving information and perception/misconception scores. The alpha significance level was set at 0.05. Qualitative Data from interviews were transcribed verbatim and analysed using thematic analysis, following Braun and Clarke’s six steps:

1. Familiarisation with data

2. Generation of initial codes

3. Searching for themes

4. Reviewing themes

5. Defining and naming themes

6. Producing the report

Findings from both methods were integrated during interpretation to provide comprehensive insights.

CHAPTER FOUR

RESULTS

4.1 Preamble

This study aimed to explore perceptions and misconceptions about physiotherapy among adult residents of Egor LGA, using a mixed methods approach with 400 participants in the quantitative survey and 10 participants in the qualitative interviews. The quantitative survey quantified the prevalence and distribution of various views on physiotherapy within the community, while the qualitative interviews provided rich insights into the underlying reasoning, experiences, and beliefs shaping those views. This complementary use of quantitative and qualitative methods enhances the overall understanding by showing areas of agreement, as well as key differences and insights. The following sections present the quantitative results first, followed by the qualitative findings. The chapter concludes with an integrated triangulation of both data sources to provide a comprehensive understanding of physiotherapy perception and misconception in this community.

4.2 Quantitative Findings

4.2.1 Sociodemographic characteristics of the respondents

Table 2 presents the sociodemographic characteristics of the respondents. 233 (58.3%) of the respondents were female, 269 (67.3%) were single. 84 (21%) had secondary level of education. A large proportion were students (168; 42.0%). Christianity was the predominant religion (n = 379; 94.8%), followed by Islam (n = 18; 4.5%).

Table 2: Sociodemographic characteristics of the respondents

	Frequency	Percentage
Gender		
Male	167	41.8
Female	233	58.3
Marital Status		
Single	269	67.3
Married	105	26.3
Widowed	14	3.5
Divorced/Separated	12	3.0
Educational Level		
No formal education	16	4.0
Primary	19	4.8
Secondary	84	21.0
OND/NCE	54	13.5
HND/Bachelor's	168	42.0
Master's/PhD	59	14.8
Occupation		
Unemployed	38	9.5
Student	168	42.0
Artisan/Skilled Worker	36	9.0
Trader	40	10.0
Civil Servant	65	16.3
Private sector employee	40	10.0
Retired	9	2.3
Other	4	1.0
Religion		
Christianity	379	94.8
Islam	18	4.5
Traditional	3	0.8

4.2.2 Awareness and perception of physiotherapy among the respondents

Table 3 presents respondents' awareness and perceptions of physiotherapy. Only 144 (36.0%) agreed that they had heard about physiotherapy before, while 256 (64.0%) disagreed. Similarly, 146 (36.5%) agreed that physiotherapy is part of medical treatment, and 155 (38.8%) reported knowing at least one place where physiotherapy can be obtained. Fewer respondents, 134 (33.5%), agreed that physiotherapists help people recover from sickness or injury, and 160 (40.0%) reported understanding what physiotherapy means and what it is used for. Misconceptions were also evident as 154 (38.5%) agreed that physiotherapy is only for people with broken bones or injuries. In terms of perceived benefits, 139 (34.8%) believed physiotherapists can help people who have problems walking or moving, 146 (36.5%) believed physiotherapy can help those who have had a stroke or weakness in the body, and 143 (35.8%) thought physiotherapy helps reduce pain and improve daily life. Finally, 147 (36.8%) believed physiotherapy is an important part of health care like medicine and nursing. Overall, the mean awareness score was 2.26 ± 0.40 (range 1–3.2) and the mean perception score was 2.34 ± 0.42 (range 1.2–3.8), indicating moderate awareness and perception of physiotherapy among respondents.

Table 3: Awareness and perception of physiotherapy among the respondents

	SA (%)	A (%)	D (%)	SD (%)
I have heard about physiotherapy before.	35 (8.8)	109 (27.3)	181 (45.3)	75 (18.8)
I know that physiotherapy is part of medical treatment.	34 (8.5)	112 (28)	170 (42.5)	84 (21.0)
I know at least one place where people can get physiotherapy treatment.	37 (9.3)	118 (29.5)	167 (41.8)	78 (91.5)
I know that physiotherapists help people recover from sickness or injury.	41 (10.3)	93 (23.3)	187 (46.8)	79 (19.8)
I understand what physiotherapy means and what it is used for.	40 (10.0)	120 (30.0)	166 (41.5)	74 (18.5)
I believe physiotherapy is only for people with broken bones or injuries.	43 (10.8)	111 (27.8)	164 (41.0)	82 (20.5)
I believe physiotherapists can help people who have problems walking or moving.	33 (8.3)	106 (26.5)	174 (43.5)	87 (21.8)
I believe physiotherapy can help people who have had a stroke or weakness in their body.	57 (14.2)	89 (22.3)	173 (43.3)	81 (20.3)
I think physiotherapy helps reduce pain and improve daily life.	51 (12.8)	92 (23.0)	183 (45.8)	74 (18.5)
I believe physiotherapy is an important part of health care like medicine and nursing.	37 (9.3)	110 (27.5)	173 (43.3)	80 (20.0)
	Range		**Mean ± SD**	
Overall awareness score	1 – 3.2		2.26 ± 0.40	
Overall perception score	1.2 – 3.8		2.34 ± 0.42	

4.2.3 Common misconceptions about physiotherapy among the respondents

Table 4 presents respondents' misconceptions about physiotherapy. The most common misconception was that physiotherapy is the same as body massage, as 150 (37.6%) of respondents agreed with this statement. The next common misconception was that traditional bone setters are better than physiotherapists, agreed to by 149 (37.3%) of respondents. This was followed by the belief that anyone can do what a physiotherapist does without formal training, reported by 146 (36.5%). Another misconception was that only old people or accident victims need physiotherapy, with 144 (36.0%) in agreement. The least common misconception was that physiotherapy gives quick results after one or two visits, agreed to by 129 (35.1%) of the respondents. The overall misconception score was 2.28 ± 0.38 (range 1.4–3.6), indicating that although misconceptions about physiotherapy were present, a good number of respondents disagreed with the negative statements.

Table 4: Misconceptions about physiotherapy among the respondents

	SA (%)	A (%)	D (%)	SD (%)
I think physiotherapy is the same as body massage.	49 (12.3)	101 (25.3)	175 (43.8)	75 (18.8)
I believe only old people or people in accidents need physiotherapy.	36 (9.0)	108 (27.0)	184 (46.0)	72 (18.0)
I think physiotherapy gives quick results after just one or two visits.	41 (10.3)	88 (24.8)	188 (47.0)	72 (18.0)
I think anyone can do what a physiotherapist does without training.	30 (7.5)	116 (29.0)	176 (44.0)	78 (19.5)
I think traditional bone setters are better than physiotherapists.	47 (11.8)	102 (25.5)	173 (43.0)	79 (19.8)
	Range		**Mean ± SD**	
Overall misconception score	1.4 – 3.6		2.28 ± 0.38	

4.2.4 Sources of information about physiotherapy within the community

Table 5 shows respondents' sources of information about physiotherapy within the community. A total of 149 (37.3%) of the respondents reported learning about physiotherapy through radio or television, while 251 (62.8%) had not received information through this channel. Similarly, 129 (32.3%) had received information from nurses, doctors, or other health workers, whereas 271 (67.8%) had not. A total of 139 (34.8%) had seen or read about physiotherapy on social media platforms such as Facebook or WhatsApp, while 261 (65.3%) had not. In addition, 151 (37.8%) had heard about physiotherapy during community meetings or religious gatherings, compared to 249 (62.3%) who had not. Lastly, 139 (34.8%) learned about physiotherapy from friends, family, or neighbours, while 261 (65.3%) did not report this as a source.

Table 5: **Sources of information about physiotherapy within the community**

	SA (%)	A (%)	D (%)	SD (%)
I have learned about physiotherapy by listening to radio or watching TV.	44 (11.0)	105 (26.3)	180 (45.0)	71 (17.8)
I have received information about physiotherapy from nurses, doctors, or health workers.	40 (10.0)	89 (22.3)	201 (50.2)	70 (17.5)
I have seen or read about physiotherapy on social media like Facebook or WhatsApp.	44 (11.0)	95 (23.8)	178 (44.5)	83 (20.8)
I have heard about physiotherapy during community meetings or church/mosque gatherings.	34 (8.5)	117 (29.3)	174 (43.5)	75 (18.8)
My friends, family, or neighbors have told me about physiotherapy.	41 (10.3)	98 (24.5)	188 (47.0)	73 (18.3)

4.2.5 Perceived relationship between demographic factors and perception of physiotherapy

Table 6 presents respondents' perceived relationship between demographic factors and their perception of physiotherapy. 140 (35.0%) respondents agreed that their level of education helped them understand physiotherapy better, while 260 (65.0%) disagreed. Similarly, 124 (31.0%) felt that younger people in their area knew more about physiotherapy than older people, compared to 276 (69.0%) who disagreed. A total of 147 (36.8%) agreed that men and women in their community think differently about physiotherapy, while 253 (63.3%) disagreed. Likewise, 138 (34.6%) believed that people who earn more money are more likely to use physiotherapy services, whereas 262 (65.5%) disagreed. A total of 142 (35.6%) agreed that their beliefs or culture affect how they think about physiotherapy, compared to 258 (64.4%) who disagreed.

Table 6: Perceived relationship between demographic factors and perception of physiotherapy

	SA (%)	A (%)	D (%)	SD (%)
I understand physiotherapy better because of my level of education.	41 (10.3)	99 (24.8)	174 (43.5)	86 (21.5)
Younger people in my area know more about physiotherapy than older people.	36 (9.0)	88 (22.0)	199 (49.8)	77 (19.3)
In my community, men and women think differently about physiotherapy.	38 (9.5)	109 (27.3)	175 (43.8)	78 (19.5)
People who earn more money are more likely to use physiotherapy services.	39 (9.8)	99 (24.8)	173 (43.3)	89 (22.3)
My beliefs or culture affect how I think about physiotherapy.	39 (9.8)	103 (25.8)	177 (44.3)	81 (20.3)

4.2.6 Relationship between demographic factors and perception of physiotherapy

There was no significant influence of any of the selected demographic variables on the perception of physiotherapy among the respondents. This is presented in Table 7.

Table 7: Comparison of mean perception scores of physiotherapy across demographic groups

	Mean ± SD	t/F	p-value
Gender[a]			
Male	2.34 ± 0.39	-0.574	0.566
Female	2.36 ± 0.44		
Marital status[b]			
Single	2.39 ± 0.41	1.181	0.317
Married	2.31 ± 0.45		
Widowed	2.27 ± 0.48		
Divorced/Separated	2.28 ± 0.18		
Educational Level[b]			
No formal education	2.38 ± 0.44	0.607	0.695
Primary	2.26 ± 0.43		
Secondary	2.34 ± 0.35		
OND/NCE	2.3 ± 0.41		
HND/Bachelor's	2.39 ± 0.46		
Master's/PhD	2.38 ± 0.41		
Occupational status[b]			
Unemployed	2.33 ± 0.44	0.379	0.914
Student	2.38 ± 0.43		
Artisan/Skilled Worker	2.34 ± 0.45		
Trader	2.38 ± 0.43		
Civil Servant	2.37 ± 0.4		
Private sector employee	2.28 ± 0.4		
Retired	2.29 ± 0.32		
Other	2.45 ± 0.41		
Religion[b]			
Christianity	2.36 ± 0.42	0.260	0.171
Islam	2.29 ± 0.4		
Traditional	2.33 ± 0.58		

[a] Independent T test, [b] One way ANOVA

4.2.7 Relationship between demographic factors and misconceptions about physiotherapy

There was no significant influence of any of the selected demographic variables on the misconceptions about physiotherapy among the respondents. This is presented in Table 8.

Table 8: Comparison of mean misconception scores of physiotherapy across demographic groups

	Mean ± SD	t/F	p-value
Gender[a]			
Male	2.28 ± 0.36	0.154	0.878
Female	2.28 ± 0.39		
Marital status[b]			
Single	2.29 ± 0.38	0.47	0.704
Married	2.26 ± 0.38		
Widowed	2.36 ± 0.33		
Divorced/Separated	2.22 ± 0.39		
Educational Level[b]			
No formal education	2.16 ± 0.39	1.705	0.132
Primary	2.39 ± 0.32		
Secondary	2.25 ± 0.4		
OND/NCE	2.35 ± 0.34		
HND/Bachelor's	2.3 ± 0.39		
Master's/PhD	2.2 ± 0.35		
Occupational status[b]			
Unemployed	2.34 ± 0.42	1.242	0.279
Student	2.27 ± 0.37		
Artisan/Skilled Worker	2.28 ± 0.35		
Trader	2.22 ± 0.41		
Civil Servant	2.28 ± 0.39		
Private sector employee	2.36 ± 0.37		
Retired	2.04 ± 0.31		
Other	2.5 ± 0.12		
Religion[b]			
Christianity	2.28 ± 0.38	0.470	0.625
Islam	2.2 ± 0.36		
Traditional	2.2 ± 0.53		

[a] Independent T test, [b] One way ANOVA

4.2.8 Relationship between receiving information and perception/misconceptions about physiotherapy

There was no significant correlation between receiving information about physiotherapy and the level of perception or misconception about the profession among the respondents. This is presented in Table 9.

Table 9: Spearman correlation between having received information and perception/misconceptions about physiotherapy

	Rs	p-value
Perception	-0.009	0.854
Misconception	0.012	0.817

4.2.9 Hypothesis Testing

Hypothesis 1: There would be no significant difference in perception about physiotherapy between male and female adult residents in Egor LGA.

Alpha level: 0.05

Test statistic: Independent T test

Observed: $p > 0.05$

Since the observed p value was greater than 0.05 Alpha level. The hypothesis was therefore not rejected.

Hypothesis 2: There would be no significant difference in misconception about physiotherapy between male and female adult residents in Egor LGA.

Alpha level: 0.05

Test statistic: Independent T test

Observed: $p > 0.05$

Since the observed p value was greater than 0.05 Alpha level. The hypothesis was therefore not rejected.

Hypothesis 3: There would be no significant difference in perception of physiotherapy across sociodemographic factors (marital status, educational level, occupational status and religion) among adult residents in Egor LGA.

Alpha level: 0.05

Test statistic: One way ANOVA

Observed: $p > 0.05$

Since the observed p value was greater than 0.05 Alpha level. The hypothesis was therefore not rejected.

Hypothesis 4: : There would be no significant difference in misconception of physiotherapy across sociodemographic factors (marital status, educational level, occupational status and religion) among adult residents in Egor LGA.

Alpha level: 0.05

Test statistic: One way ANOVA

Observed: $p > 0.05$

Since the observed p value was greater than 0.05 Alpha level. The hypothesis was therefore not rejected.

Hypothesis 5: There would be no significant relationship between having received information about physiotherapy (from any source) and perception of physiotherapy among adult residents in Egor LGA.

Alpha level: 0.05

Test statistic: Spearman rho correlation

Observed: $p > 0.05$

Since the observed p value was greater than 0.05 Alpha level. The hypothesis was therefore not rejected.

Hypothesis 6: There would be no significant relationship between having received information about physiotherapy (from any source) and misconception about physiotherapy among adult residents in Egor LGA.

Alpha level: 0.05

Test statistic: Spearman rho correlation

Observed: $p > 0.05$

Since the observed p value was greater than 0.05 Alpha level. The hypothesis was therefore not rejected.

4.3 Qualitative Findings

This section presents a comprehensive exploration of the perception and misconception about physiotherapy among adults in Egor LGA of Benin City, Edo State. The thematic analysis is guided by the specific study objectives which include determining awareness levels, exploring perceptions of physiotherapy's role and scope, identifying prevalent misconceptions, uncovering sources of physiotherapy information. Data collected through in-depth interviews were systematically analysed using Braun and Clarke's thematic approach, revealing nine key themes that capture participants' knowledge, beliefs, experiences, and attitudes toward physiotherapy. These themes shed light on both the facilitators and barriers to physiotherapy acceptance, highlighting areas for targeted community education and service improvement. Subsequent sections detail each theme with participant quotes, providing detailed insights into how physiotherapy is understood and experienced in this population and offering essential context for informing policy and practice in physiotherapy awareness and uptake in Egor LGA.

Theme 1: Awareness of Physiotherapy

Participants generally demonstrated basic awareness of physiotherapy as a healthcare service. All participants, P1 through P10, reported having heard about physiotherapy, though their understanding of what it entails varied. Participants cited a variety of sources for their awareness: Family members or friends who had experienced physiotherapy (e.g., P2: "From a family member.") Media outlets such as television (P1: "I have heard about it through television.") Exposure during hospital visits or treatment (P6: "When my auntie was sick.")

Information from school (P6: “From school I heard about it.”) Informal discussion within communities (P5: “I heard about it many years ago when I was talking about physiotherapy.”) While basic awareness was high, depth of knowledge ranged from superficial to detailed understanding. Some participants articulated physiotherapy as a specialized medical discipline focused on mobility and rehabilitation (P2: “I think it’s a healthcare profession focused on helping people restore or improve their mobility...”) while others had more limited conceptions (“Physiotherapy is, I know it’s a medical form of treatment, it’s all about massaging.”)

Theme 2: Perceived Scope and Function

Participants generally understood physiotherapy as a treatment to restore movement and function and manage pain (P10: “It helps restore movement and restore function.”) Many identified it as relevant for diverse conditions: Stroke and paralysis rehabilitation (P2: “Stroke... maybe people that have issues with paralysis”) Treatment of bone, joint, muscle, and nerve conditions (P5: “Even all this cramping, vein thing that is not going off.”) Pain management including back, joint, and muscle pain (P3: “Yes, all this joint pain you have to seek physiotherapy services.”) Functional rehabilitation for bedridden or disabled patients (P3: “When people are bedridden...that’s when physiotherapy comes in.”) Use of exercises and therapeutic machines (P6: “Has to do with exercises, machines...”) Several participants emphasised that physiotherapy is a professional, scientific, and evidence-based medical field, distinct from traditional bone setter and massage. P3 noted, “In physiotherapy, they have quite a lot of research. There’s science and science works with evidence, so it’s evidence based.”

Theme 3: Misconceptions about Physiotherapy

Despite general awareness, misconceptions existed. The most frequent misunderstanding was equating physiotherapy with bone setters (bone doctors) who specialize in manipulating bones without formal medical training (P8: “I actually don’t know but I just believe they are bone doctors.”) Another misconception was that physiotherapy is synonymous with massage (P9:

“Common misconception that it was just bone massage…”) Participants reported confusion with other professions such as psychology illustrating difficulties in distinguishing physiotherapy from other medical fields. (P2: “They will mistake it with a psychologist...”) There was also the belief that physiotherapy is for the wealthy (P5: “The people in my area, some of them think physiotherapy is meant for the rich.”) Causes for misconceptions were attributed to limited knowledge, lack of exposure, and assumptions based on observation of bone setting practices in communities (P9: “There’s an assumption that that’s what it is because they’ve seen a lot of bone setters and assume that that is what physiotherapy is.”) These misconceptions negatively affected how people sought care especially when traditional methods appear cheaper or culturally preferred. For example, P3 stated, “Instead of me to go to a physiotherapist, I’ll rather go to a local bone setter, which is more cheaper compared to a physiotherapist.”

Theme 4: Experience and Impact

Participants shared various treatment experiences and the perceived impact of physiotherapy in their lives or those of relatives (P1: “I observed that after some sessions that he had, there was great improvement.”) Many cited successful recovery and improved mobility following physiotherapy. P5 recalled, “They just helped her improve and regain mobility of her left arm and left leg,” indicating restored function. Accounts of painful treatment sessions were common. P5 described, “From the experience of my sister, when she went for treatment, she was always screaming and screaming,” highlighting therapy-related discomfort. Some participants believed pain was necessary for treatment effectiveness and was a part of healing ("If there is no pain, no gain" – P1), while others cautioned against equating pain with progress ("It’s not every time something must be painful, pain doesn’t mean that it’s working" – P6). These beliefs influenced some participants’ willingness to continue therapy (P6:“I don’t want to waste my money for something that is very, very painful.”)

Theme 5: Importance and Effectiveness

Physiotherapy was widely regarded as essential for functional recovery and rehabilitation, especially after injury or illness (P3: “I think it’s important in the recovery of a patient.”) P2 emphasized, “Like even after you treat these people, they feel they want a good treatment, but they have to still go through the recovery phase...The physiotherapist will help them, maybe help them to start working properly again,” underscoring its rehabilitation role. Participants believed ignoring physiotherapy risks worse outcomes such as disability or chronic impairment. P4 warned, “The person might end up being disabled or it will take a longer time before perfect healing takes place.”

Theme 6: Barriers and Facilitators

Participants identified several barriers to physiotherapy utilization:

Cost barriers: Preference for local bone setters partly due to affordability, “If I’m going to a physiotherapist, that is still the same as a bone doctors, I’d rather go to the traditional bone setter because a physiotherapist would be more expensive” – P6

Fear of pain: Painful sessions deterred some from starting or continuing physiotherapy (P6: “It affects, well, because I don’t want to experience that pain, I don’t want to waste my money for something that is very very painful”).

Cultural beliefs: Traditional healing practices were preferred in some communities (P4: “While some still stick to that traditional method of doing things like the work of a physiotherapist.”)

On the other hand facilitators included positive testimonials, better understanding about physiotherapy and desire for quick recovery (P1: “Testimonies prove that it’s good...so yes I definitely would want to.”) Health preservation was a strong motivator (P3: “Definitely, definitely, why, because I want to live.”)

Theme 7: Accessibility and Settings

Participants predominantly associated physiotherapy services with hospitals and formal clinics. P1 stated, “The physiotherapists, they work mainly in hospitals…” highlighting hospital centrality. Some recognized services extended to homes, sports centres, and schools (P7: “Yes, for example, if you need like home treatment, in schools, etc.”). However, scepticism or uncertainty existed about physiotherapy outside hospital environments. P2 remarked, “Again, that is not physiotherapy, that is like traditional,” reflecting limited awareness of community or home-based services.

Theme 8: Public Awareness and Education

There was consensus on low public understanding coupled with persistent misconceptions (P2: “No, they are not well informed at all, because a lot of people around me don’t fully understand what it is. Me personally, I don’t fully understand what it is.”) P2 went further to state: “In my area, I don’t believe they know what it is.” Participants stated the need for awareness campaigns. Suggested approaches included media campaigns (TV, radio, social media), community outreach, and school programs. P1 remarked:

“I think more publications should be done, maybe on the radio, television, even it can be a play let or something just to create awareness or should I say a seminar..”

Theme 9: Openness and Recommendations

Participants were generally open to future physiotherapy if required, emphasizing physical health and recovery. Most would recommend physiotherapy based on positive outcomes and observed benefits. For example, P3 declared: “Very, very, very well, because I’ve heard positive testimonies, and I will not hesitate to, if need be...I will always recommend physiotherapy.” This openness reflects trust in physiotherapy’s effectiveness once understood.

4.4 Triangulation of Findings

This section integrates the key findings from the quantitative and qualitative parts of the study to offer a comprehensive understanding of physiotherapy perception and misconception within the community. Through triangulation, the strengths and limitations of each methods are balanced, revealing how the different data sources align, complement, or contrast with one another, enriching the overall interpretation. Table 10 displays a side-by-side comparison of key quantitative findings with corresponding qualitative themes, illustrating the relationships and distinctions between these complementary data.

Table 10: Triangulation of key quantitative and qualitative findings

Variables/Themes	Quantitative Findings	Qualitative Findings	Integrated Insights
Awareness of physiotherapy	36% had heard of physiotherapy; 40% reported understanding what it means with an overall awareness score of 2.26 ± 0.40 (moderate)	Most participants had heard the term but gave varied descriptions	Both data show moderate awareness with knowledge mostly surface level
Perception of physiotherapy	About 36 – 40% recognised physiotherapy as part of a medical treatment for stroke, recovery and pain relief with an overall perception score of 2.34 ± 0.42 (moderate)	Many viewed physiotherapy as useful for recovery and mobility but with limited understanding of its scope	Perception is generally positive but incomplete with gaps in scope and role recognition
Misconception about physiotherapy	37.6% thought it to be the same as massage, 36% believed only old/accident victims need it, 35.1% expected quick results after few visits, 36.5% thought untrained people can do it, 37.3% favoured bone setters over	Misconceptions included physiotherapists being bone doctors, masseuses or that treatment must be painful to be effective. There was also the belief physiotherapy is for the wealthy	Strong alignment: misconceptions are common in both data, suggesting public confusion about physiotherapy identity and methods

	physiotherapy. Overall misconception score of 2.28 ± 0.38		
Sources of information	Radio/TV (37.3%), health workers (32.3%), social media (34.8%), religious/community meetings (37.8%), family/friends (34.8%)	Participants named similar sources but stressed family/friends influence	Sources are mainly informal and indirect which may explain persistence of misconceptions

Both data sets converge on the conclusion that awareness and correct understanding of physiotherapy in Egor LGA are moderate but limited by misconceptions and lack of widespread accurate information.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Discussion

The findings of this study revealed that the majority of adult residents in Egor Local Government Area were aware of physiotherapy, although the depth of knowledge and understanding varied. This aligns with Maruf et al. (2012), who reported that 61.8% of residents in south-eastern Nigeria were aware of physiotherapy but lacked detailed knowledge. Similarly, Sheppard (1994) found high levels of awareness, with 85% of respondents familiar with physiotherapy and 96% aware of it as a profession. However, this contrasts with Mbada et al. (2015), who noted that only 16.8% of respondents were aware of physiotherapy as a profession. Despite this difference in awareness levels, both studies observed a common persistence of misconceptions, particularly the tendency to equate physiotherapy with massage. In line with this, several participants in the present study described physiotherapy as "just massage" or confused it with bone setting, reflecting the same misunderstanding noted by Mbada et al. (2015), where 60% of respondents equated physiotherapy to massage, and Sharma et al. (2024), where 62% held a similar belief. In contrast, Bolarinde et al. (2020) reported that 91.5% of their respondents correctly distinguished between a masseur and a physiotherapist, suggesting that enhanced awareness can reduce such misunderstandings.

Regarding the perceived role and scope of physiotherapy, many respondents in this study recognized physiotherapists as health professionals involved in rehabilitation, pain relief, and recovery from conditions such as stroke or mobility difficulties. However, misconceptions about physiotherapy being limited to bone and joint problems were evident. For instance, 38.5% of respondents expressed this view. This is similar in nature, though lower in proportion, to Odole et al. (2020), who found 84% awareness of physiotherapy but noted that 64.7% of

respondents believed physiotherapists to treat only bone and joints disorders. Such a restricted view highlights the persistence of partial knowledge despite high levels of general awareness in both studies. Qualitative insights also revealed beliefs that physiotherapy is chiefly for accident victims or those with broken bones, mirroring the misconceptions documented by Sharma et al. (2024), where 39% believed physiotherapy dealt only with injuries. A common belief among participants in this study was that physiotherapy is inherently painful, with some asserting that painful treatment was necessary for effectiveness. This matches Sharma et al. (2024), whose findings indicated that 88% of respondents believed physiotherapy to be always painful. The majority of respondents who had received treatment from physiotherapists expressed high satisfaction with the care and were impressed by the treatment outcomes. This satisfaction likely explains why many participants reported willingness to recommend physiotherapy services to others and expressed preference for physiotherapy over traditional care options for conditions treatable by physiotherapy. Such positive attitudes are consistent with previous work by Maruf et al. (2012) who likewise reported favourable public attitudes toward physiotherapy and its societal importance. The positive outlook seen here may be due in part to participants' familiarity with physiotherapy through personal or family experiences.

No statistically significant associations were found between demographic factors such as gender, marital status, education, occupation, or religion and perceptions or misconceptions about physiotherapy. This contrasts with Kumar (2013) in India, who reported education and media access as influential determinants of physiotherapy awareness. However, this finding aligns with Yashaswi et al. (2011), who observed that even higher secondary school students in India exhibited poor knowledge of physiotherapy, suggesting that understanding may not correlate straightforwardly with educational level. Regarding sources of information, participants reported learning about physiotherapy through healthcare workers, family and friends, social media, and religious gatherings. Similar results were reported by Ranganathan

and Kamalambal (2017), who found that students primarily acquired knowledge through television, advertisements, and the internet, while family and friends who had undergone physiotherapy were key informants. Reliance on informal sources in both this study and prior literature suggests that structured and professional health education remains inadequate, potentially sustaining misconceptions.

Interestingly, this study's findings diverged from the report by Igwesi-Chidobe (2012), which found that 85% of respondents had never heard of physiotherapy. The present study's relatively higher awareness in Egor LGA may indicate growing visibility and recognition of physiotherapy within some Nigerian communities. Yet, as Doshi et al. (2017) emphasized, substantive awareness does not necessarily translate into comprehensive knowledge of physiotherapy's full scope, and this pattern was evident here as participants were often misinformed about the profession. Lastly, the disparities discussed by Paul and Mullerpatan (2015) between countries with high and low Human Development Index provided a useful context for understanding the uneven awareness and persistent misconceptions observed in Nigeria and echoed in this study. Overall, these findings reinforce existing evidence that although physiotherapy is increasingly recognized as a health profession, misconceptions about its scope, purpose, and practice remain widespread. This study contributes to the growing body of literature underscoring the critical need for targeted awareness campaigns and public education to correct misunderstandings and to promote physiotherapy as an integral component of modern healthcare.

5.2 Conclusion

The findings revealed that awareness of physiotherapy was moderate, with many respondents having heard of the profession but lacking a clear understanding of its scope. While perceptions of physiotherapy were generally positive, misconceptions remained widespread, with physiotherapy often confused with massage therapy or traditional bone setting and sometimes

perceived as effective only when painful. Informal sources such as media, family, and community gatherings were the dominant channels of information, while professional sources contributed far less. Statistical analysis further showed that demographic factors such as age, gender, education, occupation, and religion did not significantly influence perceptions or misconceptions, suggesting that limited knowledge and misinformation cut across the entire population.

5.3 Recommendations

Based on the findings of this study, several recommendations are proposed. Health authorities and policymakers should implement targeted community-based awareness campaigns to increase understanding of physiotherapy, using trusted communication platforms such as religious gatherings, community meetings, and local media. Physiotherapy associations and professional bodies should also play an active role in sensitization efforts, emphasizing the full scope of physiotherapy beyond musculoskeletal care. Hospitals and clinics should ensure that physiotherapists are more visible in patient care teams, allowing the public to interact with them directly. At the educational level, physiotherapy awareness should be incorporated into secondary school and community health education programs to counter misconceptions from an early stage. Finally, physiotherapists themselves should engage more with the public through outreach programs, health fairs, and social media, using simple and relatable messages that can correct false beliefs.

5.4 Implications for Further Studies

The present study was limited to adult residents in Egor LGA, which may not fully reflect perceptions in other LGAs or states in Nigeria. Further studies should therefore replicate this work in different regions and among varied populations to allow for comparison and generalization. Future research could also focus specifically on the role of health professionals and educational interventions in shaping awareness of physiotherapy, since informal sources

were shown to dominate. In addition, longitudinal studies could explore whether sustained awareness programs lead to measurable changes in public perception and reduction of misconceptions over time.

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APPENDICES

APPENDIX I

CODEBOOK FOR THE INTERVIEWS

Theme	Sub-theme	Code	Description	Example Quote
1. Awareness of Physiotherapy	**General awareness**	**Aware of physiotherapy**	All participants reported having heard of physiotherapy. This captures the shared baseline knowledge of its existence, even though their definitions and depth of knowledge varied.	"Yes, I have heard about physiotherapy services." (P1) "Yes, I've heard about it…" (P2)
	Sources of knowledge	**Family/friend experience**	Participant became aware of physiotherapy through family member or friend's experience	"From a family member." (P2)
		Hospital exposure	Participant first learned about physiotherapy during hospital visits or treatment	"When my auntie was sick…" (P6)
		School-based knowledge	Participant became aware through school	"From school, I heard about it." (P6)

		Media / informal discussion	Participant learned via TV, radio, informal talk/ community discussions	"I have heard about it through the television." (P1) "I heard about it many years ago when I was talking about physiotherapy because..." (P5)
2. Perceived Scope and Function	**Range of treatments**	**Mobility restoration & rehab**	Participant says physiotherapy restores movement and function	"It helps restore movement and restore function." (P10)
		Managing pain/disability	Participant mentions joint pain, back pain, limb deformities, paralysis, bedridden patients	"All this joint pain, you have to seek physiotherapy services." (P3)
	Differentiation from others	**Distinguishing from massage/traditional bone setting**	Participant recognises physiotherapy as an evidence based practice	""In physiotherapy, they have quite a lot of research. There's science and science works with evidence, so it's evidence based." (P3)
3. Misconception about Physiotherapy	**Misidentification of physiotherapy**	**Physio = massage**	Participant equates physiotherapy with massage	"Common misconception that it was just bone massage…" (P9)
		Physio = bone doctors	Participant equates physiotherap	"I just believe they are." (P8) "Yes, I think you can

			y with bone setting	also call them bone doctors." (P10)
		Confusion with other professions	Participants confuses physiotherapy with other health professions	"They will mistake it with a psychologist..." (P2)
	Socioeconomic Belief	**Physiotherapy is for the wealthy**	Perception that physiotherapy services are only affordable or suitable for wealthy individuals	"The people in my area, some of them think physiotherapy is meant for the rich." (P5)
	Causes of misconception	**Limited exposure/assumptions**	Misconceptions arise from limited knowledge, assumptions made from limited exposure	"There's an assumption that that's what it is because they've seen a lot of bone setters and..." (P9)
	Impact of misconception	**Influence on health-seeking behaviour**	Misconception reduces willingness, preference for traditional bone setters	"Instead of me to go to a physiotherapist, I'll rather go to a local bone setter…" (P3)
4. Experience and Impact	**Treatment outcomes**	**Observed improvements**	Participant observed positive outcomes of physiotherapy	"I observed that after some sessions that he had, there was great improvement." (P1)
	Pain during therapy	**Pain experiences**	Participant reports physiotherapy as painful for self or relative	"From the experience of my sister…she was always screaming and screaming." (P5)

		Pain-effectiveness belief	Participant links pain to effectiveness or recovery	"If there is no pain, no gain." (P1)
5. Importance and Effectiveness	**Recovery and rehab role**	**Essential for recovery**	Participant says physiotherapy necessary for recovery/rehab	"I think it's important in the recovery of a patient." (P3)
	Consequences of ignoring physiotherapy	**Negative outcomes if ignored**	Participant says ignoring physiotherapy leads to disability, loss of function, worsening of condition	"The person might end up being disabled…" (P4)
6. Barriers and Facilitators	**Barriers**	**Cost barrier**	Participant prefers bone setter due to lower cost	"If I'm going to a physiotherapist, that is still the same as a bone doctors, I'd rather go to the traditional bone setter because a physiotherapist would be more expensive" (P6)
		Fear of pain	Fear of pain discourages utilisation	"I don't want to experience that pain…" (P6)
	Facilitators	**Quick recovery & health as motivators**	Quick recovery, desire to live, positive testimonies increase willingness	"Definitely, definitely. Why? Because I want to live…" (P3)
7. Work Setting / Delivery of Care	**Hospital-based care**	**Hospital-centric view**	Participant sees physiotherap	"The physiotherapists, they work

			y as hospital-based only	mainly in hospitals…" (P1)
	Non-hospital care	**Awareness of alternative settings**	Participant mentions home, private, sports or school settings	"Yes, for example, if you need like home treatment, in schools, etc."(P7)
	Perception of settings	**Uncertainty/rejection of non-hospital practice**	Participant unsure or rejects non-hospital practice	"Again, that is not physiotherapy, that is like traditional" (P2)
8. Public Awareness and Education	**Public awareness level**	**Low community awareness**	Participant notes community lacks awareness of physiotherapy	"In my area, I don't believe they know what it is." (P2)
	Suggestions for increasing awareness	**Campaigns and outreach**	Participant suggests radio, TV, social media, school and community sensitisation	"I think more publications should be done…radio, television…" (P1)
9. Openness and Recommendations	**Openness to future physiotherapy**	**Willingness to utilise physiotherapy if needed**	Participant expresses openness to receive physiotherapy	"Very, very, very well… I will not hesitate to, if need be." (P1)
	Recommendations to others	**Willingness to recommend physiotherapy to others**	Participant says they would recommend physiotherapy because of benefits	"Yes, I will at any time or at any given opportunity. I will always recommend physiotherapy." (P1)

APPENDIX II

INFORMED CONSENT FORM

INFORMED CONSENT FORM

My name is Offideh Joan Ojiyovwe, a final year student of the Department of Physiotherapy, School of Basic Medical Sciences, University of Benin. I am conducting a study on "Perception and Misconception about Physiotherapy among Adult Residents in Egor Local Government Area, Benin City, Edo State, Nigeria". You are invited to participate in this research study. Before you decide, it is important you understand why the research is being done and what it will involve. Please take time to read the following information carefully.

Purpose of the Study:

This study aims to assess the perception and misconception about physiotherapy among adult residents in Egor Local Government Area of Benin City.

Voluntary Participation:

Your participation in this study is entirely voluntary. You may choose not to participate or to withdraw at any point without any consequences.

Procedures:

If you agree to participate, you will be asked to complete a short questionnaire. The questionnaire will take about 10–15 minutes. Additionally, some individuals will be selected for a brief interview session, which is expected to last about 20-30 minutes. All information collected will be kept strictly confidential and used only for academic purposes. Your sincere response to the questionnaire and/or interview will be most helpful.

Confidentiality:

All information collected will be kept strictly confidential and used only for academic purposes. No identifying information will be recorded. Your participation and responses will be appreciated and kept confidential.

Benefits and Risks:

There are no direct benefits to you, but your participation will help improve awareness and understanding of physiotherapy in your community. There are no anticipated risks.

Consent Statement:

I have read and understood the purpose of this research and what it involves. I voluntarily agree to participate.

Signature of Participant: _____

Date: _____

APPENDIX III

QUESTIONNAIRE

DEPARTMENT OF PHYSIOTHERAPY

FACULTY OF BASIC MEDICAL SCIENCES

UNIVERSITY OF BENIN, BENIN CITY.

Dear respondents,

I am an undergraduate student in the above named Department. As part of the requirement for the programme, I am conducting a research on **perception and misconception about physiotherapy among adult residents in Egor Local Government Area, Benin City, Edo State**. In this regard, you have been randomly selected as a sample. I also wish to assure you that your answers will be treated in strict confidence and used for the stated academic purpose only.

Thank you for your cooperation.

Section A: Demographic Information

(Instruction: Please tick the most appropriate option or fill in the blank where applicable.)

Sex: Male ( ) Female ( ) Prefer not to say ( )

Marital Status: Single ( ) Married ( ) Widowed ( ) Divorced/Separated ( )

Educational Level: No formal education ( ) Primary school ( ) Secondary school ( ) OND/NCE ( ) HND/Bachelor's degree ( ) Master's/PhD ( )

Occupation: Unemployed ( ) Student ( ) Artisan/Skilled Worker ( ) Trader/Business Owner( ) Civil Servant ( ) Private Sector Employee ( ) Retired ( ) Others: _____

Religion: Christianity ( ) Islam ( ) Traditional Religion ( ) Others: _____ Prefer not to say ( )

Section B: Data on Questionnaire

Indicate the extent to which you agree or disagree with the following statements.

Key: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD)

S/N	ITEMS	SA	A	D	SD
	Awareness of physiotherapy among adults				
1.	I have heard about physiotherapy before.				
2.	I know that physiotherapy is part of medical treatment.				
3.	I know at least one place where people can get physiotherapy treatment.				
4.	I know that physiotherapists help people recover from sickness or injury.				
5.	I understand what physiotherapy means and what it is used for.				
	Perceptions about the role and scope of physiotherapy among adult residents				
6.	I believe physiotherapy is only for people with broken bones or injuries.				
7.	I believe physiotherapists can help people who have problems walking or moving.				
8.	I believe physiotherapy can help people who have had a stroke or weakness in their body.				
9.	I think physiotherapy helps reduce pain and improve daily life.				
10.	I believe physiotherapy is an important part of health care like medicine and nursing.				
	Common misconceptions about physiotherapy among adult				
11.	I think physiotherapy is the same as body massage.				
12.	I believe only old people or people in accidents need physiotherapy.				
13.	I think physiotherapy gives quick results after just one or two visits.				
14.	I think anyone can do what a physiotherapist does without training.				
15	I think traditional bone setters are better than physiotherapists.				
	Sources of information about physiotherapy within the community				

16.	I have learned about physiotherapy by listening to radio or watching TV.				
17.	I have received information about physiotherapy from nurses, doctors, or health workers.				
18.	I have seen or read about physiotherapy on social media like Facebook or WhatsApp.				
19.	I have heard about physiotherapy during community meetings or church/mosque gatherings.				
20.	My friends, family, or neighbors have told me about physiotherapy.				
	Relationship between demographic factors and perception of physiotherapy				
21.	I understand physiotherapy better because of my level of education.				
22.	Younger people in my area know more about physiotherapy than older people.				
23.	In my community, men and women think differently about physiotherapy.				
24.	People who earn more money are more likely to use physiotherapy services.				
25.	My beliefs or culture affect how I think about physiotherapy.				

APPENDIX IV

INTERVIEW GUIDE

Interview Questions

These semi-structured interview questions are designed to assess the perception and misconception about physiotherapy among adult residents in Egor Local Government Area, Benin City, Edo State, Nigeria.

The interview question guide for adult residents:

1. Are you familiar with the term “physiotherapy” or have you heard about physiotherapy services before?

   Probe:

   Can you describe what you think physiotherapy is?

   Where did you first hear about it?

2. Have you or anyone you know ever received physiotherapy services?

   Probe:

   Can you share your experience or what you observed?

   What kind of treatment or care was provided?

3. In your opinion, what kind of health problems or conditions do you think physiotherapists treat?

   Probe:

   Do you think physiotherapy is only for people with bone or joint issues?

4. Do you believe there is a difference between physiotherapy and other forms of healthcare, like massage therapy, traditional bone setting, or general medicine?

   Probe:

   What is the difference ?

   Have you ever confused physiotherapy with any of these?

5. Do you think physiotherapy is important in the recovery or treatment of patients? Why or why not?

   Probe:

   What do you think happens if someone ignores physiotherapy?

6. Where do you think physiotherapists work (e.g., hospitals, clinics, at home)?

   Probe:

   Do you believe physiotherapy can be done in places outside the hospital?

7. What are some of the things you've heard from others (friends, media, community) about physiotherapy?

   Probe:

   Were these things mostly positive, negative, or unclear?

   How did they influence what you think about physiotherapy?

8. Some people believe that physiotherapy is mainly massage, what do you think about this?

   Probe: Where do you think this belief comes from?

   How does your view differ from that?

9. Others believe that physiotherapists are bone doctors.

   Probe: Have you heard this belief before?

   What are your thoughts on that?

   How do you think this affects people's willingness to see a physiotherapist?

10. Some people believe physiotherapy is always painful or that if it's not painful it's not effective.

    Probe: Have you heard this belief before?

    What are your thoughts on this?

    How do you think this affects people's willingness to go for physiotherapy?

    Have you personally experienced physiotherapy as painful or not painful?

11. What beliefs have you heard about who should and who should not receive physiotherapy services.

    Probe: Who do you think physiotherapy is meant for?

    Do you agree with these beliefs? Why or why not?

12. Have you ever believed something about physiotherapy that later turned out to be false?

Probe: What was it?

How did you find out the truth?

13. Do you think the public is well-informed about what physiotherapy really is?

    Probe:

    Why do you think so?

    What do you think could be done to increase awareness?

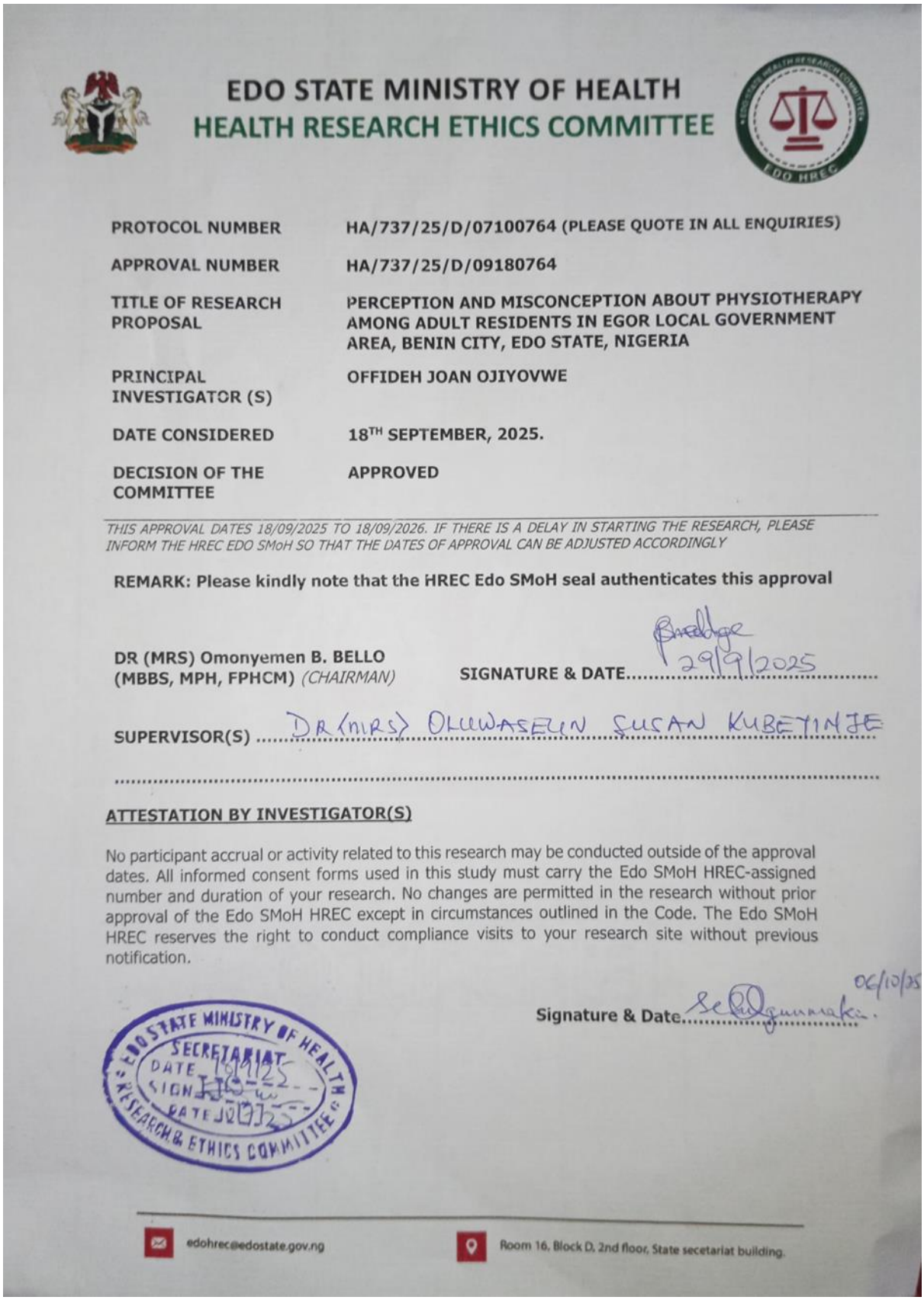
14. Would you be open to receiving physiotherapy in the future if your health condition required it? Why or why not?

    Probe: What factors would make you more willing or less willing to go for physiotherapy?

    Would you recommend it to others? Why or why not?

APPENDIX V

ETHICAL APPROVAL



EDO STATE MINISTRY OF HEALTH
HEALTH RESEARCH ETHICS COMMITTEE

PROTOCOL NUMBER	**HA/737/25/D/07100764 (PLEASE QUOTE IN ALL ENQUIRIES)**
APPROVAL NUMBER	**HA/737/25/D/09180764**
TITLE OF RESEARCH PROPOSAL	**PERCEPTION AND MISCONCEPTION ABOUT PHYSIOTHERAPY AMONG ADULT RESIDENTS IN EGOR LOCAL GOVERNMENT AREA, BENIN CITY, EDO STATE, NIGERIA**
PRINCIPAL INVESTIGATOR (S)	**OFFIDEH JOAN OJIYOVWE**
DATE CONSIDERED	**18TH SEPTEMBER, 2025.**
DECISION OF THE COMMITTEE	**APPROVED**

THIS APPROVAL DATES 18/09/2025 TO 18/09/2026. IF THERE IS A DELAY IN STARTING THE RESEARCH, PLEASE INFORM THE HREC EDO SMoH SO THAT THE DATES OF APPROVAL CAN BE ADJUSTED ACCORDINGLY

REMARK: Please kindly note that the HREC Edo SMoH seal authenticates this approval

DR (MRS) Omonyemen B. BELLO
(MBBS, MPH, FPHCM) *(CHAIRMAN)* **SIGNATURE & DATE** 29/9/2025

SUPERVISOR(S) DR (MRS) OKUWASELIN SUSAN KUBEYINJE

ATTESTATION BY INVESTIGATOR(S)

No participant accrual or activity related to this research may be conducted outside of the approval dates. All informed consent forms used in this study must carry the Edo SMoH HREC-assigned number and duration of your research. No changes are permitted in the research without prior approval of the Edo SMoH HREC except in circumstances outlined in the Code. The Edo SMoH HREC reserves the right to conduct compliance visits to your research site without previous notification.

Signature & Date 06/10/25

EDO STATE MINISTRY OF HEALTH SECRETARIAT DATE 29/9/25 RESEARCH & ETHICS COMMITTEE

edohrec@edostate.gov.ng Room 16, Block D, 2nd floor, State secetariat building.