

[EDITORIAL]**Unexplored Avenues of Research in Primary Care Physiotherapy****Ganvir Suvarna¹, Ganvir Shyam², Nirmal Surya³.**¹Professor and Head, Dept of Neurophysiotherapy, ²Professor and Head Dept of Community Physiotherapy, DVVPF's College of Physiotherapy, Ahmednagar³Chairman Surya Neuro Centre Mumbai, President Indian Federation of Neurorehabilitation (IFNR), Mumbai, India**Introduction :**

Primary health care services, as defined in the proceedings of the Alma-Ata Conference in 1978, refer to the first contact between patients and health care professionals^[1]. The Declaration of Astana in 2018 further confirmed the role of primary health care and suggested governments ensure a functional referral system between primary and other levels of health care^[2]. Components of primary care include taking care of older patients in the community along with pain in the neck, shoulder, and lower back and other chronic conditions^[3,4].

Primary Health centers (PHC)^[2], Family Health Teams (FHT)^[5], Aboriginal Health Access Center (AHCC)^[6], Nurse Practitioner-Led Clinics (NPL)^[7], Community Health Centers (CHC)^[8] are some of the primary health care systems functioning in different countries. Strong evidence supports physiotherapy services being provided at PHC for Arthritis, Diabetes, Fall Prevention, Coronary Heart Diseases, Chronic Lung Diseases, Urinary Incontinence, Low Back Pain, Total Hip and Knee replacements, and Osteoporosis. This has led to decreased wait times for surgery, fewer radiological investigations, and increased patient satisfaction^[9].

However, the role of Physiotherapy in primary care is not well documented in the literature for patients suffering from Neurological conditions, especially in chronic conditions such as Stroke, Spinal cord injury, Multiple sclerosis, and many more.

In India, after being discharged from the hospital with instructions regarding the continuum of Physiotherapy by the treating physicians, many patients are shifted to home as there are very few community care centers. However, these patients

usually require long-term rehabilitation care, considering the structural changes in the nervous system and neuroplasticity^[10]. Without community care centers, home rehabilitation, family-based rehabilitation, or telerehabilitation is their only option^[11,12]. Each has its advantages and disadvantages. Advantages include at-hand family care and support; disadvantages include the absence of direct supervision by competent healthcare professionals.

However, like other conditions treated at community centers, patients with neurological dysfunction may benefit from the services of Physiotherapists at Primary care centers (if appointed by authorities), where, along with direct supervision by a therapist, family members can also be trained for the patient care within the given ample amount of time. However, in the absence of Physiotherapy facilities at such centers in some countries, Physiotherapists still take care of such patients through home visits in the community. However, precise documentation in terms of improvement in functional status needs to be improved. The advantage of this treatment system is that the same Physiotherapist usually treats the patient for a long duration of rehabilitation and hence is well versed with patients' functional status over time.

Hence, Physiotherapists may undertake well-designed research studies, beginning with case reports or case series, to document the effect of Physiotherapy intervention in Primary care based on ICF categories of activity limitations and participation restrictions measured quantitatively using capacity and performance.^[13] This will help to provide or establish evidence regarding the important role of Physiotherapy in Primary care.

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