

STUDY OF THE IDENTITY CHANGES OF A GROUP OF PHYSIOTHERAPISTS WHO PRACTISE DBM FASCIATHERAPY

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Hypotheses and objectives

With reference to the opportunity for physiotherapists to integrate knowledge about fascia within their clinical practice and to develop a new perspective on somatic disorders [1], we hypothesize that physiotherapists practising DBM Fasciatherapy may have made professional adjustments, and in particular experienced identity shifts [2]. This research investigates professional identity changes amongst French physiotherapists who practise Fasciatherapy. A quantitative survey was conducted amongst a population of practitioners, with a view to:

- Identifying the impacts of the changes resulting from DBM Fasciatherapy practice;
- Exploring and characterizing the existence of various professional identity profiles.



Material and method

We used a self-administered customized questionnaire investigating 5 dimensions of professional identity (Figure 1). The questionnaire was forwarded through the internet to a population of 446 physiotherapists trained in DBM Fasciatherapy. First, we used a descriptive analysis to better understand the investigated population and the main changes involved. Then, we carried out a multivariate analysis to study the existence of varying identity profiles.

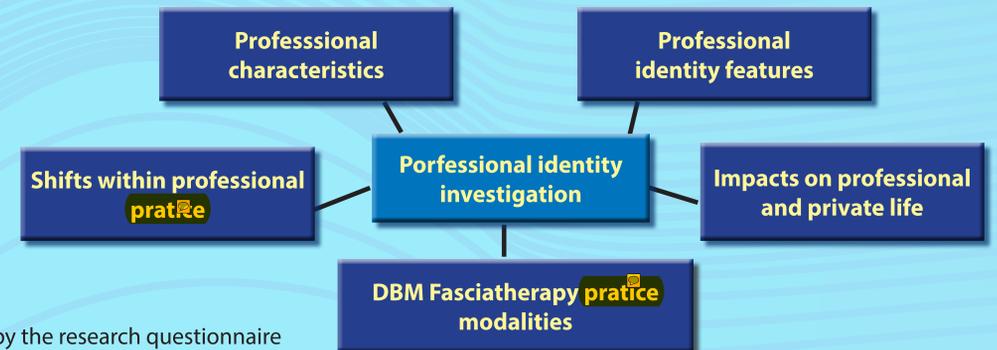


Figure 1 : Dimensions of the professional identity investigated by the research questionnaire

Results

238 questionnaires were completed (ie 53% of the population surveyed).

1 - General characteristics of the population and professional changes

The descriptive statistical analysis shows the general characteristics of the population and the general changes that the respondents associate with their practice of DBM Fasciatherapy (Table 1).

Professional characteristics	DBM Fasciatherapy practice modalities	Changes in professional practice
Mostly women (65%)	Devote most or all of their physiotherapy activity to the practice of fasciatherapy (63%)	Have created their own practice (45%)
Between 30 and 44 years old (44%)	Practise fasciatherapy outside of the physiotherapy session (50.4%)	Saw their patient base changing (75,6%)
Using manual therapy techniques (70,2%)	Practise fasciatherapy exclusively (without resorting to other techniques) (73.1%)	Have broadened their patient intake (54,6%)
Self-employed (92.4%)	Give 5 to 10 sessions per day (58%) longer than 30 mns (79%)	Have changed patient care (96%) more holistic (84%) and educative (45%)

Table 1 : General characteristics and changes made by the population

2 - Specific identity profiles

91.6% of the population include fasciatherapy in the definition of their professional identity (physio-fasciatherapist or fasciatherapist). A correspondance factor analysis (CFA) (Figure 2) followed by a classification using the k-means method on 7 identity variables (within parameters of perceived identity, presented identity, projected identity and displayed identity) revealed 3 identity profiles that appeared significant, characterized and opposed to one another (Table 2).

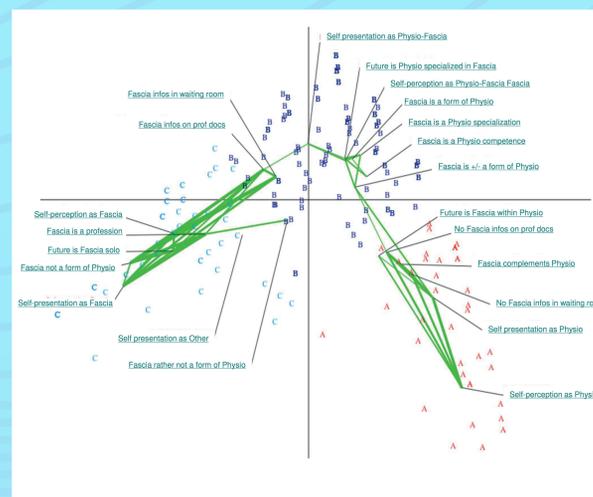


Figure 2: Results of a Correspondance Factor Analysis (CFA) (A = Physiotherapists; B = Physio-fasciatherapists; C = Fasciatherapists)

Characteristic	Physiotherapist (Type A : n=42, 17,6%)	Physio-fasciatherapist (Type B : n=132, 55,5%)	Fasciatherapist (Type C : n=64, 26,9 %)
Change to patient base	No change	Increased patient base Patients' fasciatherapy demand = 25 to 50% of consultations	Decreased patient base Patients' fasciatherapy demand = 100% of consultations
Use of Fasciatherapy modality	Smaller part within or in addition to physiotherapy techniques Used with other techniques	Larger part Replacing or within physiotherapy techniques Not used with other techniques	Solely Replacing physiotherapy or outside its scope No used with other techniques
Fasciatherapy session	<1 session/day 20 to 30 min	5 to 10 sessions/day 30 to 45 min	5 to more 10 sessions/day 45 to 60 min
Professional impact	More pleasure to improve practice	To find a more personal style and to differentiate from other physiotherapist Renewed motivation Better financial outcome	Living a passion Vocation More pleasure More satisfaction and worth
Personal impact	More self-aware	Greater confidence More adaptable Needs-boundaries balance Finding solutions	Better self-esteem Fuller more joyful life Better physical and mental health

Table 2 : The 3 identity profiles and their characteristics

Discussion and conclusion

Practising DBM Fasciatherapy has an impact on the professional practice and identity features of physiotherapists. The highest proportion of the respondents combine the identities of physiotherapist and fasciatherapists, a significant number choose to be solely fasciatherapists and a few remain physiotherapists. These profiles are defined with regards to the statutory, professional and practical characteristics of DBM Fasciatherapy.

References:

- [1] Kwong, E. H., Findley, T. W. (2014). Fascia-Current knowledge and future directions in physiatry : Narrative review. The Journal of Rehabilitation Research and Development. Volume 51. n° 6. p. 875-884
 [2] Courraud, C. (2012). Au carrefour de la kinésithérapie et de la fasciathérapie – Approche exploratoire des reconfigurations identitaires des kinésithérapeutes formés à la fasciathérapie. Réciprocités. n°6 novembre 2012. Revue du CERAP. p. 20-35.

