



A change from Compliance to Adherence

Implementation of the principles of “Psychomotorik I’B’P” in physiotherapy with children with disabilities

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Background

Compliance versus Adherence

Compliance: a paternalistic model, characterized by the explicit authority by professionals. The cooperation of the patient is required.¹

Adherence: active cooperation of patients and professionals on decision-making to find an objective agreement. This implies that the view of the patient is considered in the treatment planning.²

In order to achieve adherence, it is necessary to create fundamentals for active cooperation and effective learning.

In terms of ‘active cooperation’ and ‘effective learning’ the didactical and methodical principles of psychomotricity conform to the basic principles of neurobiology.

When these principles are properly applied, both parents and children show motivation and satisfaction. This implies that adherence is confirmed.³

Methods

Parents are questioned with questionnaires at the C.D.N..

Preconditions: sufficient language ability in French or German of parents, child (aged from 0-25) in therapy for at least one month. All diagnoses were included.

The questionnaire comprises a section with specific questions to psychomotor principles with 18 questions, a section to adherence with 11 questions, and a section for comments. The section of psychomotor principles includes questions concerning communication and questions concerning atmosphere in therapy.

A sum score was calculated for the constructs ‘psychomotor principles’ and ‘adherence’ and for the sub scores of psychomotor principles ‘communication’ and ‘atmosphere’.

Correlation was calculated with Spearman’s rank correlation.

Purpose

Evaluation of the following questions:

- 1: Do the physiotherapists at the C.D.N. implement the didactical and methodical principles of psychomotricity in a recognizable way for the parents?
- 2: Is adherence present in children and their parents?
- 3: Do principles of psychomotricity correlate with adherence?

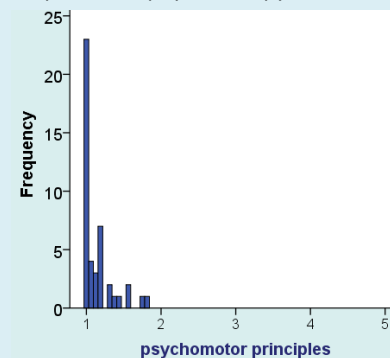
Results

55 questionnaires were distributed; the survey’s response was 86%.

4 questionnaires were excluded because of missing data in one or more questions.

In total 45 questionnaires were evaluated.

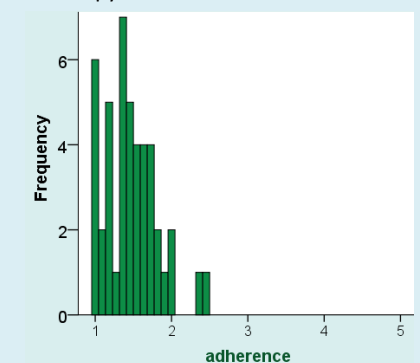
Psychomotor principles are recognizable for parents in physiotherapy.



1 = psychomotor principles recognizable
5 = psychomotor principles not recognizable

Chart 1: average points given for the questions in the construct psychomotor principles

Parents consider adherence often as present in therapy.



1 = adherence present
5 = adherence not present

Chart 2: average points given for the questions in the construct adherence

The construct ‘psychomotor principles’ built out of the two dimensions ‘atmosphere’ and ‘communication’ correlates significant with the construct ‘adherence’ $r_s = 0.478$, $p < 0.01$.

Both dimensions (‘atmosphere’ and ‘communication’) correlate with the construct ‘adherence’ with similar values. It can’t be concluded, which of the dimensions is more important for adherence.

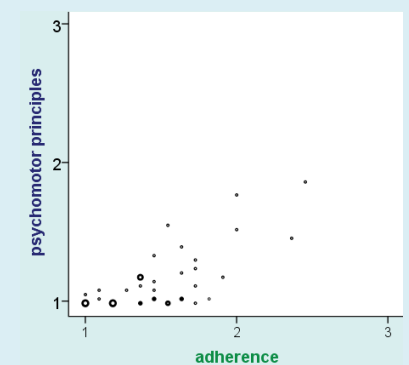


Chart 3: Spearman’s correlation = 0.478

Conclusion/Perspective

In the C.D.N. psychomotor principles are mostly implemented and parents estimate that adherence is often present. There is a moderate correlation between the implementation of psychomotor principles and adherence.

To achieve adherence the implementation of psychomotor principles seems to be a good means, which includes communication in a respectful way and a well-adapted atmosphere for the child and parents, in which they feel confident and secure.

To identify if adherence improves after an intense training of the therapists in psychomotor principles, further evaluation is needed.

Relevance and impact:

Persons with a disability and their families should make sure that:

- Communication between them and therapist is open and respectful.
- Atmosphere in therapy enhances confidence and security.

References

- 1 Aronson, J. K. (2007). Compliance, concordance, adherence. *British Journal of Clinical Pharmacology*, 63(4), 383–384.
- 2 Sabaté, E. (2003). Adherence to Long-term Therapies: Evidence for Action.
- 3 Zgorksi-Lätsch, M. Psychomotorik - Dopning für das Kindergehirn? (2010).