Physiotherapy for Children Conducted in Vietnam and the Physiotherapist’s Experience of Treating Children with Cerebral Palsy

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Hur fysioterapi bedrivs för barn i Vietnam och fysioterapeuternas upplevelse av att behandla barn med Cerebral pares.

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Abstract

Cerebral palsy (CP) is a collected name for disabilities that occur when the immature brain is damaged; the damage occurs prenatally, during birth or during the first two years of life. Since children with CP often have problems in the musculoskeletal system it is very common for these children to be treated by physiotherapists. The aim of this study is to explore the physiotherapist's experience treating children with Cerebral Palsy and how physiotherapy for children is conducted in Vietnam. For this study three physiotherapists in Vietnam were observed during seven weeks and interviewed. The result of the study shows that different aspects are taken into account in the rehabilitation of children with CP and how the physiotherapists feel about working with these children, the process during the time at the hospital, the rehabilitation at home and the experience of recognition and patience.

Keywords: Cerebral palsy, physiotherapy, rehabilitation process, Vietnam
Index | page
--- | ---
Abstract | 3
Background | 5
Aim | 7
Research question | 7
Materials and methods | 7
  *Research context* | 7
  *Research method* | 7
  *Analytical method* | 9
Ethical considerations | 10
Findings | 11
  *The process at the hospital* | 12
  *The rehabilitation at home* | 15
  *The experience of recognition and professional patience* | 17
Discussion | 19
  *Method discussion* | 19
  *Result discussion* | 23
Conclusion | 26
References | 27
Appendix 1 – Letter of information
Appendix 2 – Interview guide
Background

Vietnam is a country in Southeastern Asia which, with an area of 331 100 km², is not much smaller than Sweden, which has an area of 407 340 km² (1). Even though Vietnam is physically smaller than Sweden, Vietnam had a population of 90 million people in 2012. In the same year 1.4 million children were born in Vietnam.

Vietnam is undergoing a health reform that aims to accomplish universal health coverage of health insurance that gives all the residents basic medical care. This current health reform started in 1992 and in 2008 approximately half of the population in Vietnam was covered by some sort of health insurance. The health insurance in Vietnam is divided into two big subgroups, the compulsory health insurance and the voluntary health insurance. Children under 6 years old are all covered under the compulsory health insurance. A part of the health insurance coverage is that children under 6 years old should have free health care. Children over 6 years old that go to school belong to the voluntary health insurance, meaning their guardians pay an amount based on the ability to pay (3). Since the health reform started the mortality of children has decreased significantly from 50.5/1000 in 1990 to 23/1000 in 2012 (4). The health services in Vietnam are delivered by both public and private providers (3, 5). Even though the health service in Vietnam has improved during the last decades some of the problems that still stand are the quality of the service and the distance to the healthcare providers (both in physical distance to the healthcare providers and the numbers of healthcare facilities) (5). However, little is known about the efficiency and quality of the private providers in comparison with the public ones, but during the past years the health care at the public hospitals has improved dramatically (3).

Cerebral palsy (CP) is not the name of one disease; it is instead a collected name for the disabilities that occur in association with damage in the immature brain. The damage of the brain occurs prenatally, during birth or during the first two years of life and is congenital. The degree of disability in children with CP depends on how mature the brain is when the damage takes place and where in the immature brain the damage occurs (6, 7, 8). For the disability to be classified as CP the image of the brain damage should be invariable and not be caused by a progressive disease (6). CP mostly effects the development in movement and posture by causing limitations in activity (9).
CP is divided into three main subgroups: spasticity, dyskinesia and ataxia. Spasticity accounts for approximately 80% of the patients, dyskinesia for approximately 15% of the patients and ataxia for around 5% of the patients. Even these subgroups are divided into smaller groups. Spasticity is internationally divided into bilateral and unilateral spasticity. Unilateral means that only one side of the body is affected by spasticity and bilateral means that both sides are affected. Dyskinesia is divided into choreoathetosis and dystonia. Out of these two dystonia is the most common and means that when doing voluntary or involuntary movement the muscles change between hypotonia and hypertonia. With choreoathetosis the movement ability is usually unaffected but there can be elements of involuntary movement. Ataxia is usually not the first symptom; instead it starts as generalized hypertonia that develops into dyssynergia, dysmetria, tremor and balance disturbances. More than half of the children with CP have other disabilities such as cognitive retardation, epilepsy, and visual impairment (6).

Since children with CP often have problems within the musculoskeletal system it is not surprising that the physiotherapist has one of the most important roles in the treatment of children with CP in cooperation with a multidisciplinary team. The physiotherapist treatment aims to maintain the current level of activity, help improve the range of skills, and prevent secondary changes in body structures such as secondary contractions and deformations (9). A physiotherapist has many different treatment approaches to choose between or mix together (8, 9, 10). Some of the more common treatment approaches are Bobath concept, conductive education, constraint-induced movement therapy and strength-training programmes (8, 9, 10).

There are always parts in physiotherapy treatments that can be improved, ranging from technique and resources to cost efficiency. By exploring the experience of physiotherapists in a different country the physiotherapists are able to learn and be inspired by new ideas of treatment of children with CP.
Aim
The aim of this study is to explore the physiotherapist’s experience of treating children with Cerebral Palsy and how physiotherapy for children is conducted in Vietnam.

Research questions
- How is physiotherapy conducted in Vietnam?
- How is the physiotherapist’s experience of working with children with cerebral palsy?
- What role does the family have in the rehabilitation of children with cerebral palsy?

Materials and Methods

Research context
The study took place at a private hospital in Hanoi, Vietnam. Three physiotherapists were interviewed about working and treating children with CP and observations were made during a 7-week period.

Research Method
This study is comprised of qualitative research, meaning the data is generated in words (written or spoken) from the participants of the study (11). Qualitative research is characterized by the attempt to understand some part of an individual or group’s social life (12). The collection of data for the research was performed through observation and interviews.

Interviews
The data was collected through interviews; three physiotherapists from a private hospital in Hanoi, Vietnam were interviewed. The interviews took place at the hospital in Hanoi Vietnam the second to last week in October. During the first interview there was no interpreter present and the interviews were done completely in English. During the other two interviews the person who had been interviewed in the first interview was used as an interpreter. During the second interview the person being interviewed tried to answer in English to her best ability, but when she did not understand the question or couldn’t explain the answer in English the
interpreter translated. During the third interview the person being interviewed did not attempt to answer in English; instead the interpreter translated both the questions and answers. The interviews were recorded and later transcribed.

The first interview that was completely in English was transcribed by the author herself, the two other interviews that had an interpreter were transcribed by the author to her best ability but was also sent to a third party with knowledge of the Vietnamese language for a second interpretation to ensure that as little as possible of the data was lost in translation.

The Interviews were based on broad and open questions so that the participant’s point of view was sure to be captured. This also helped to avoid leading interviews. For example: “Please could you tell me how the physiotherapists work with children with CP?” see appendix 2. An interview guide was made as a base for the interviews (13, 14). To create this interview guide the author reached out to clinical working physiotherapists in the field of children rehabilitation in Sweden to get inspiration and understanding about what kind of questions could be relevant and interesting to have in the interview guide.

Observations

Observations were made during a seven week period at a private hospital in Hanoi, Vietnam. The subjects of these observations were the same three physiotherapists as were interviewed, their co-workers at the rehabilitation department at the hospital and also the relationships between the physiotherapists and the family members.

The participants were aware of the author’s role as a physiotherapy student and the purpose of the observations during the whole observation period. As the author became more known at the department the observation went through different phases (13). At first the observations where more passive and observations were made from a distance but as the time went by and the author became more comfortable at the department the observations became more active and the observer was able to start asking questions and observing more specific aspects in the department. Since language was an obstacle of this study it made being an active observer and asking questions more difficult. The questions asked during the observations were not always
understood by the physiotherapists, and if they were the physiotherapists were not always able to answer the questions.

All through the observation period the author kept field notes to collect personal reflections and experiences; these notes were written down as soon as possible after the observation was made (14). The field notes were written about how the physiotherapist worked with the children with CP in general and as the time went by more specific questions about the family, techniques and what surrounded the rehabilitation.

**Analytical Method**

To analyse the data the author used a qualitative content analysis method. In the interviews conducted with the physiotherapists at the private hospital in Hanoi Vietnam the physiotherapists were the subjects of analysis. Additionally the observations that were made during this time and the field notes from them were analysed and became a part of the result. After the interviews had been conducted and recorded they were transcribed. The meaning units, in the form of words, phrases or paragraphs related to the participants’ experiences of working as physiotherapists with children with CP were identified. From the beginning there were fourteen subgroups that were categorized and labelled using common elements. The categories and labels then made up a theme (15). After the interviews were divided into categories the field notes were analysed and put under the category the author felt they belonged to be a part of the result.
Ethical considerations

No ethical review was necessary on this study. The ethical aspects of this qualitative study involved the information from the informants that participated in the interviews. The informants participating in this study were given both verbal and written information about the purpose of the study. Information was also given to the informants’ about their voluntary participation in the interviews and their right to terminate the interview at any given time.

All personal information about the informants and their interviews was saved on password protected cell phones and a computer that only the author had access to. To ensure that there was no possibility to identify the informants with regard to who said what the content from the interviews was mixed in the finished thesis. To preserve the anonymity of the informants the author did not write out who said what or which specific hospital the interviews were made at.

One ethical dilemma with this study was the fact that the interpreter for two of the interviews was a physiotherapist at the department and a co-worker of the other two physiotherapists. When the interpreter is a co-worker the way the informants answered the questions could be different than if the interpreter had been a working interpreter. When talking to someone that has a knowledge in the field of the questions and also has worked in the field for a longer time then the person being interviewed might try to accommodate the interpreter or could be intimidated to not speak as freely as they would with another interpreter. To have an interpreter at all is an ethical dilemma since when an interpreter is present it means a barrier in the language and then not knowing if the interpreter is translating correctly.
Findings

The process at the hospital
- To do assessments and rehabilitation plans
- To collaborate with other healthcare professions
- To use treatment concepts and techniques

The rehabilitation at home
- The importance of family
- To educate the family members

The experience of recognition and professional patience
- To get gratitude from the family members
- To have patience and experience
The process at the hospital

Through assessment, rehabilitation plans, treatment concepts, techniques and collaborations with other healthcare professions the subgroups give a picture of the process at the hospital.

The assessment and rehabilitation plan

“Here we have some assessment form so when patient come here patient get to exam in the doctor room first. And then the registration nurse make the initial assessment and then transfer patient come here to see PT and PT can do some evaluation by assess assessment form in in the first time patient and after one week two week we re-exam we evaluate to to see how patient improve.”

All of the informants talked about the process of rehabilitation and its different aspects both in Vietnam and in general but mostly specific to the private hospital. When the patients first came to the hospital they met the rehabilitation doctor who examines the patient and after the examination sends the patient to the registration nurse. The nurses then assessed the patient by filming the patient before they could continue and meet the physiotherapist to start the treatment. The film that the registration nurse made is extended and shows both patient’s ability to do different level of activities and whether the patient has any deformities in the extremities or spine. This film was used as a baseline visual tool to evaluate the patient’s progress against. In this private hospital the rehabilitation doctors requested that the patients came to meet the physiotherapist to do the rehabilitation programme once every day Monday to Saturday or twice a day if possible; most patients came once a day. Every session with the physiotherapist were around one hour.

“She replies that the treatment depends on the patient. We have to take into account which action the patient is able to do, which one he isn’t. The treatment should be in line with the current condition of the patient. For example, if the patient is not able to turn his body, we have to practice that before practicing on sitting and standing.”

The informants all said that the first time they met a child they did some assessment to know what level they should start the rehabilitation at and how they should design the rehabilitation plan. How the rehabilitation is performed and how the rehabilitation plan is designed
depended on the extent of the child’s brain injury, if the child had any secondary complications and the age of the child. The more severe type of CP the child had the more and longer rehabilitation the child would need. Taken into consideration were also the child’s age and what level of motor development was appropriate for the child’s age. One of the informants said that through looking when the children were playing she could get a sense of which mental awareness and physical activity level the child was at. From that she got a sense of where to start the rehabilitation. They all talked about the importance of starting the rehabilitation as soon as possible and if the child was young when they started with exercises they saw better outcome of the rehabilitation. Something that was observed in the hospital was that the children that were a little bit older had been there for a longer period of time when compared to those that were very young when they first came to meet the physiotherapists. Whether they followed any specific rehabilitation plan was hard for the author to observe.

“The ultimate goal is to make the patient ready to come back to his world (physically and mentally).”

In connection with the design of rehabilitation plan they also talked about goals for the children. Only some informants talked about both short-term and long-term goals while all of them talked about long-term goals. The long-term goals included everything from sitting up unsupported to being able to work in the future. The informants that talked about short-term goals had goals like rolling, lifting the head and similar things that the physiotherapists wanted the children to be able to do along the way to the long-term goal. During the observations it was seen that the physiotherapists had a developing focus during one session, it could go from lifting the head to sitting to standing.
To use treatment concepts and techniques

“Ehmm we use facilitate exercise for patient like rolling and sitting, sitting balance and stand up standing balance and some other exercise with our hands try to help patient do something with PT help.”

Almost all of the informants talked about Vojta and Bobath as concepts they follow when working with children with CP. Two of the informants also talked about PNF as a technique they used. Something the informants did talk more about was the use of facilitation and inhibition exercises to reduce spasticity and build up strength in the muscles. The observations showed a repetitive pattern of treatment and how the exercises built up to the next part of the session with focus on one thing at the time. During a session there could be several focus points, for example one focus could be lifting the head or sitting. One of the informants related that they used electrotherapy and exercises as treatment for the children with CP. Nearly all children with CP at this hospital did get electrotherapy in connection to the rehabilitation session with the physiotherapist but it was not included in the one hour time. The electrotherapy either occurred before or after the child saw the physiotherapist for manual therapy. A physiotherapist started up the electrotherapy (it didn’t have to be the same physiotherapist that would be treating the child later) and left the child with its parents. When the electrotherapy was finished the parents took the child to the children adapted rehabilitation room and waited for the physiotherapist to come if the physiotherapist was not anywhere nearby.

To collaborate with other healthcare professions

“Yes, nurse. Yes we often co col collaborate with like teamwork we combine OT, speechtherapist, nurse and some other.”

The informants talked about the collaboration with other professionals including nurses, occupational therapists, speech therapists, and doctors. They also talked about how when the physiotherapists worked with the children, they worked with one patient at a time and also about how they sometimes needed and got help from their physiotherapist co-workers. During the observations the author could see that they usually worked one patient with one physiotherapist and all of the physiotherapists worked in the same room. They had one big
room that was adapted for children’s rehabilitation where they worked with all the children at the same time. Even though they did not do group exercises the children still seemed to belong to a group, especially since the children almost always came the same time every day. One of the informants talked about the fact that occupation therapy and speech therapy wasn’t very common because they were new therapies in Vietnam and that at this hospital only the basic therapies were available since it was such a new hospital. In doing the observations the author saw the collaboration between physiotherapists, doctors and nurses during the seven weeks spent at the private hospital. The collaboration between the different professions was seen mostly in the beginning when a child came to the hospital. This was when the physiotherapist talked with the doctors and nurses to get a better understanding of the child’s condition.

**The rehabilitation at home**

For the children with CP in Vietnam the family was a big part of the rehabilitation since a big part of the rehabilitation were placed in the families homes through the education they were given from the physiotherapists at the hospital.

**The importance of the family**

“It is extremely crucial to the treatment, since they [the family] are the most closest to the patient. The time spent in the hospital is short, time spent at home is much longer. Furthermore, the patient love their relatives most, much more than the staff in the hospital.”

One of the things that all of the informants discussed was how important the family is to the children with CP. They talked about how the children only spend a short period of time at the hospital and a long time at home with their parents or relatives and how the children loved their family more than the physiotherapists. This played a role in the rehabilitation because the relatives spend more time with the children and know them better. When the children came to the hospital they came for about a month before the family continued the rehabilitation at home on their own. Another thing that the informants talked about when it came to why the family is so important for the rehabilitation process was the distance. There are not many big hospitals or centres for children with disabilities and therefore many have to travel a long way for rehabilitation. They mentioned that as being the reason why the children
only come to the hospital for a month at a time and how this put extra pressure on the family members to do the rehabilitation in their home. Throughout the observations at the hospital the observations showed what a big part of the rehabilitation the parents and relatives were. The family members were a part of the rehabilitation and always present during the whole session. Specific to the children with CP was that it didn’t have to be the parents to the child that was with them at the hospital; it could be the grandparents or uncle and so on.

To educate the family

“Ah yes, the time the patient come here to do to gets rehabilitation programs we often show the their patient family their patient member... like patient parents learn how to do exercise for them and let them try to do for for e CP patient at home ehm yeah do when ever they can.”

During the time that the children came to the hospital for rehabilitation, the physiotherapists showed the parents or relative how to do different exercises that they could do at home. They started with few and easy exercises so that the family had the chance to learn before increasing the amount of exercises and the difficulties. They said it was for both when the children no longer came to the hospital and because it was good to do the exercises as often as possible. Since the physiotherapists only saw the children once a day it was good that someone else knew the exercises and could help with the rehabilitation. The observations showed how the family was involved in the rehabilitation and how the family member did the exercises that the physiotherapists had showed them. Due to language barriers the observations showed how the physiotherapists talked to the parents during the sessions but the author could not understand all that was said. When asked the informants said that they often talk to the children’s parents and ask if they understood the exercises and if they had done the exercises at home.
The experience of recognition and professional patience

When the informants talked about their experiences working with children with CP they had very different opinions about the work. Some of them felt good about being able to help someone that really needed their help while others had a harder time getting used to working with these children and felt that working with the children required patience.

To have patience and experience

“Must be patience, maybe must be patience and try to ask patient parents help and collaborate.”

Something that all of the informants mentioned was the fact that it requires a lot of patience when working with children with CP and they often needed to ask the children’s parents to help them during the session. Since many of the children have some kind of mental retardation the physiotherapist felt that patience was required in the work. Patience was required when the children didn’t understand or want to do the exercises that the physiotherapist did during the sessions. The informants said that this was one of the hard parts of the job since in Vietnam they study between 3-4 years to become a physiotherapist but a very small part of the education is about children with CP. Throughout the time at the private hospital the author observed what the informants meant by saying that patience was required with children who couldn’t understand the physiotherapists or didn’t want to do the exercises that they were supposed to. Many of the children cried and did not want to do the exercises. It was also possible to see which of the physiotherapists had worked longer with the children and had the experience and patience, as they had more tricks for capturing the children’s attention or to stop the children from crying.

To get gratitude from the family members

”I love children so much, therefore when I see a child with disease, I feel very sorry for him. I feel extremely happy and relieved when I can help them”

Though all of the informants mentioned the difficult parts of working with children with CP some of them still said that they felt that it was a very rewarding job. One said that it was a very happy job, to be able to help children and their families through the rehabilitation of the
children. When being there during the session of physiotherapy of the children the observations showed the gratitude from the family members towards the physiotherapist. Even though the author could not understand the language the family members were almost always smiling when the physiotherapist was working with their children, talking in happy tones during the sessions and leaving the sessions with smiles. Another way that the gratitude showed from the family members was the way they said thank you after every session with the physiotherapists.
Discussion

Method discussion

The aim of this study was to explore the physiotherapist's experience of treatment of children with Cerebral Palsy and how physiotherapy for children is conducted in Vietnam. A qualitative method was chosen for this study as the aim was to explore experience and that could not be measured (11). When doing a qualitative study you try to ensure trustworthiness of the study through credibility, dependability and transferability (15).

To have credibility in a study the result should reflect the research questions, aim, the way of how the participants were chosen, and the amount of data. In addition, how well the categories and meaningful units are chosen should be taken into consideration. Also, in talking and discussing with other experts researchers can improve the credibility of a study (15). Since the aim of this study was to explore the experience and how physiotherapy in Vietnam is conducted, the research questions and aim were about something that I think the result answers. This builds up a part of the credibility of the study. Another part that is positive for the credibility of this study is the way the author discussed with others. Since the author had no personal experience of working with children the author reached out to a physiotherapist that worked in the clinic for help in deciding what kind of questions could be relevant and interesting to include in the interview guide. When it came to analysing the content from the interviews, the fact that there was only one author became a potential area for misunderstanding in the sorting of information into categories. When there are two people writing a study together they can categorize the content one by one first and then they are able to meet up to compare and discuss. This possibility was not an option for the author and since the author was at the hospital for seven weeks for observations it made it difficult to lay aside personal values when making observations. To improve the credibility of the study the categories were discussed with the supervisor. The amount of data in this study included three interviews and the observations made during the seven weeks spent at the hospital. The reason that only three interviews were possible was because of the combination of not being able to use one of the hospitals interpreters and lack of time when trying to coordinate meetings with both the physiotherapist who helped out as interpreter and the other physiotherapists since they all had their own patients.
Since there was no possibility to use one of the hospital interpreters one of the staff members from the rehabilitation department was used as an interpreter for two out of three interviews, which might decrease the trustworthiness of the study. In using a co-worker as an interpreter the answers of the questions might not have been the same as if it had been an independent interpreter. The person would perhaps felt more free and able to answer the questions differently with an independent interpreter since an independent interpreter would not have judged the answers. On the other hand, an independent interpreter that doesn’t have the knowledge of area may have had a harder time translating the person’s answers. As with everything you get better with practice and this is especially true when it comes to interviewing people. As more interviews were held the techniques and confidence in the interviews got better and this could have affected the outcome of the interviews since the author learned better how to ask follow-up questions. Since there were language barriers in this study the growth in the technique of interviewing might not have affected the result as much as it could have if all had spoken the same language. When doing an interview it’s a conversation between two or more people and the interviews should give the information that the questions ask about (11). When doing an interview in your own language it’s easier to follow up on questions and ask more about something interesting that the answer from the previous question revealed. In this study the result of two interviews depended on whether the interpreter understood the question and translated them so they had the same purpose. That is a hard part with an interpreter; when one is needed it means that the language skills aren’t good enough to get a fair result out of the interviews. Since the language skills aren’t so good (or nonexistent) knowing which way the questions are being translated is difficult, unless the interviewed answered something completely different. Also an aspect was that the interpreter translated to his best ability but parts of the answers that could have been interesting to ask follow-up questions on could have been lost in translation. Another part that could have affected the outcome from the interviews was the fact that the author had been at the hospital for six weeks before the interviews were held. This was a positive aspect because the participants felt comfortable with the author and knew who she was. Since the interviews were made after six weeks there was not as much nervousness during the interviews as there could have been if the interviews had been done in the beginning before the author had gotten to know the staff at the department. On the other hand could the fact that the author had gotten to know them have affected the answers of the interviews or how the questions were asked.
The reason for involvement of a third party in this study was to ensure a better trustworthiness by asking the third party, who had knowledge of the Vietnamese language, to transcribe the two interviews that were not done only in English. With knowledge of the Vietnamese language the third party could still help out with translation even though he didn’t have any knowledge of the area of medical profession. Due to this fact it’s possible that some data still was lost in translation but not as much as would have been lost without the third party. Having a third party that transcribed two of the interviews gave almost double as much data from those interviews as would have been collected if the author would have transcribed them.

A part of collecting the data for this thesis involved the execution of observations. The observations were made by the author following the physiotherapists at the rehabilitation department almost every day for seven weeks when they worked with the children with CP. The purpose of the observations was to see how the physiotherapists worked with the children with CP and the different aspects of their sessions with the children. When using direct observations it is possible to observe how but not why (11). Many of the observations were repetitive and resulted in similar field notes through the whole observation period. Even though the author became closer to the physiotherapists and felt more comfortable asking questions about what they were doing and more about the work in general the language barriers still made hard to completely understand all the answers. If the author instead would have tried to look from different points of view on different days it is possible that the observations would have given more variety and a different outcome. It is not possible to observe everything that happens around us, we cannot register and see everything and different people notice different things (11). Therefore if someone else were to perform the same study they might not get the same result since they may see the observations in a different way.

Dependability refers to inconsistencies of data and to what degree the data could change over time and how a researcher’s decision changes during the analysing process (15). This study is not made during such long time that the data could have changed during the time the data were collected. However the data in the study could change with the growing experience of the physiotherapists or the profession developing with time.
When talking about transferability it refers to the ability to transfer the result to similar groups and relations (15). Through explaining how the study was done the study in itself could be transferred to other groups and relations. Since the result is from only one hospital in Vietnam it is hard to say that the result of this study could be transferred to the physiotherapists in general in Vietnam. For better transferability and overall result physiotherapists from different hospitals in Vietnam could have been interviewed.
Result discussion

At this private hospital there is a very clear picture of the process for children with CP. They first met the doctor, then a nurse, and in the end they meet the physiotherapist. A concept that for the author seemed like a very long way. However, after reading articles about the history of the physiotherapy profession’s development (16) it became clearer that it’s not that strange. Physiotherapy has existed in Sweden since the 19th century (16). Not too long ago we had to have a remittance from the doctors to go to the physiotherapist. In Great Britain the profession was not recognised until the 1920s (17). This is not to say that physiotherapy was of lower quality than other professions but that we, when compared with other countries, have had the profession for a longer time and since I have a different experience of the process of seeing a physiotherapist my first reaction was that it was a strange process.

Something that several articles refer to is the importance of multidisciplinary teams when working with children with CP and how the physiotherapist has an important role in this team (8, 18, 19). The process at the hospital where the children meets all these professionals makes for collaboration between the different healthcare professions, since the children see all of these different professionals. At the hospital they talked to each other to get a better understanding of the patient or to discuss progress in the rehabilitation. The studies (8, 18, 19) also wrote that occupational therapy was the profession that was most commonly combined with physiotherapy. A profession that one of the informants at the hospital said was not so common because that it was a new therapy.

The informants in the study described clearly how they worked with the children and used different techniques as treatment of CP. Studies have been made to compare the different concepts but have not showed that any specific concept has been better than any other (9). What was shown in these studies was that intensive treatment towards a specific goal showed some advantage (9). Since the children come to the physiotherapist at least once a day six days of the week at this private hospital that could count as an intensive treatment. When studies have showed that no specific concepts are better than another (9) and at this private hospital they did work with a combination of different techniques.
Almost all children diagnosed with CP follow a physiotherapy plan (20) and according to the informants it is so at this hospital. Setting goals is an important factor in physiotherapy and setting goals in treatment implies assessing the child’s functions and motor activity (20). The physiotherapist worked in a way that allowed the exercises to develop into the next in a natural way and adapted to the child’s motoric level and age. Even if the author didn’t get any explanation of what the goals for any specific patient were, the observations of the way of working and developing the exercises shows how they work towards a goal with the rehabilitation.

The health care service has improved in Vietnam during the last decades but some of the problems that still stand are the distance to the healthcare providers in both physical healthcare places and the distance to them (5). The distance to health care providers in Vietnam is one of the reasons the responsibility for rehabilitation extends to the families in Vietnam according to the informants. Children with CP go through rehabilitation all through their childhood, depending on the level of injury, the age, and the focus of rehabilitation difference (21). Most of them see a physiotherapist during this time (20, 18, 19). However, at this private hospital in Vietnam the children came for one month at the time, most of them only one month before the family took over the rehabilitation at home. Rehabilitation at home is also an important part of the rehabilitation of children with CP. Earlier studies has talked about the physiotherapist guiding and educating family members about how to position and use techniques at home (21). A study showed that individualized home-based exercises were valuable for children with CP (22). What kind of exercises that the family members were given from the physiotherapists the author has no comments on, since the language barriers made it hard to ask and understand the instructions given to the family members. In any case the family members did get exercises to do for the children at home. One of the concepts that the informants said they used at this private hospital was the concept of Bobath. The Bobath concept includes showing the parents exercise to help the child in their normal day (9, 10, 23).

The family members that come with their children to the physiotherapist at this private hospital seemed very engaged in the rehabilitation. But there is a study that showed some of the dilemmas of engaging the family members in the rehabilitation, one being the time to show the parents the exercises for the children and another to get the parents to attend the physiotherapy session because of difficulties getting time off of work (24). These problems
couldn’t be seen in Vietnam since the family members were there every session with the child. But how the engagement looked in the homes after the time spent at the hospital would have been an interesting aspect to understand the family’s role even more. Since the children only come to the hospital for a month of rehabilitation it is unknown what happens after that month. Depending upon the age of the child the physiotherapist focuses on different aspects in the rehabilitation (21) and the priorities from the family differ depending on the age of the child (25). So when the children only came for a month to this hospital, the physiotherapist has a specific focus that was appropriate for that time. But as the child grows the focus changes and since they no longer go to the physiotherapist the family members could have a hard time staying engaged in the rehabilitation. The program and exercises they learned from the physiotherapist might no longer be effective in the same way they were when the physiotherapist showed them. It has been shown that children of younger ages are more benefitted by physiotherapy interventions then older children (20, 26). Almost all of the children the author saw at the hospital in Vietnam were very young so even if they only come for a month they come during a time when they benefit more from the rehabilitation.

The informants talked about their education and how they didn’t learn so much about children with CP while studying and that it therefore was hard working with these children. A study was made (27) that talked about the limitations for development of skills in higher educations in Vietnam. It shows how the professional experience of working could affect the way the physiotherapists could experience the work. The study (27) doesn’t bring up any health care university at all but many economic universities, some technological universities, law university and pedagogy university and whether these students and graduates feel that they are limited in learning the needed skills for the work market when they go for more developed educations. This could be transferred over to the informants’ comments about not learning so much about this aspect of the work with children with CP during their education. One of the rehabilitation doctors at this private hospital told the author that there were only four universities for physiotherapy in the whole of Vietnam. Patience is not something that you can learn in school but something that the informants felt was an important part of the work with the children with CP. They felt that a lot of patience was required for this job. Working with children with disabilities and their families can put demands on the physiotherapist’s energy and time (28). If a child cries during the whole physiotherapy session it would drain more energy from the physiotherapist then if the child would have been happy the whole session.
Maybe the physiotherapists that had worked longer with the children with CP didn’t have more patience then the younger physiotherapists but they had learned how to handle the situations in other ways. They had the experience and knew tricks to use to ease the session if the child was in a bad mood or refused physiotherapy.

Families with children who have disabilities can appear defensive and resistant to help, because of experience from the past with demanding or inconclusive professionals in healthcare, school and so on (28). The families at this hospital, on the other hand, seemed very happy with the physiotherapists’ work and the informants talked about it being a happy job to be able to help these families. The gratitude the physiotherapists got from the families was shown through the smiles and the way the family members said thank you after every session. They always had smiles on their faces when they came to the hospital.

**Conclusion**

The result of this study reflects upon how the physiotherapists work with children with CP and what aspects they have in their rehabilitation. Families hold an important role in the rehabilitation for children with CP in Vietnam because they take over the rehabilitation at home after the time at the hospital. It would be interesting to see the rehabilitation continued in the homes to get a better understanding of the whole rehabilitation. Another aspect that would be interesting to investigate further more the physiotherapists’ experience of the work. There are many studies made on families with children with disabilities and how they cope with the situation, but studies on how physiotherapists or other professionals handle and cope with working with children with disabilities are few and far between. How do they handle different situations? Do they have any tricks? Is there anything that is harder? Many questions were raised while doing this study.
References


Appendix 1

Letter of information

Hello,
My name is Lotten Gustafsson I'm a physiotherapy student at Luleå University of technology where I'm currently studying my last semester. I'm writing my bachelor thesis about physiotherapists experience of working and treating children with cerebral palsy. The aim of this study is to explore physiotherapists experiences of working with children with cerebral palsy in Vietnam. This study is based on interviews from physiotherapists and observations made during the time spent in Vietnam.

I would be very grateful if you as a physiotherapist could take part of a interview about the subject. Participation in the study is completely voluntary and if at any time during the interview would like terminate the interview, you have full right to do so without any explanation. No personal information will be used in the study only the answers of the questions together with the observations will be analysed and reflected over.

If you have any questions please contact me on:
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Best regards
Lotten Gustafsson
Appendix 2

Interview guide

- How does the physiotherapist work with the children with CP?
- Does the physiotherapist collaborate with any other healthcare professions? (teamwork?, if yes what kind of professions? if no why not?)
- What role does the physiotherapist have in the rehabilitation?
- How do the physiotherapist evaluate the children? (do you have any follow-up program?)
- Do you follow any concept when treating children with CP?
- Are any technique more common?
- What role does the guardians/relatives have in the rehabilitation process?
- What can the guardians/relatives do of the rehabilitation on their own at home?