Group Rehabilitation
Research and Clinical Decision Making

Therapy treatment can be provided using a variety of modes; individual, concurrent, group and co-treatment. Individual treatment is the mode most frequently utilized. However, each time treatment is provided, the therapist should consider which mode(s) is the most clinically appropriate to deliver the full and/or portion of the skilled treatment effectively. The decision as to the mode is made by the therapist and based on patient needs, clinical appropriateness, medical necessity and progress towards goals. Documentation should support the skilled service provided as well as the mode of delivery.

The APTA has recently published the following two document to assist the therapist in clinical decision making related group rehabilitation:

THE EFFECTIVENESS OF GROUP REHABILITATION
This document provides the title and conclusion of 17 research articles related to group rehabilitation. As stated in this document, “research demonstrates that group rehabilitation may be equally effective as individual therapy in specific situations or for certain patient populations”. As clinicians, regardless of our discipline, it is imperative that we be familiar with and consider research as we make our clinical decisions related the development of each individual patient’s plan of care necessary to attain optimal outcomes.

GROUP VS INDIVIDUAL CARE
This excellent document provides a decision tree to assist the clinician in the determining the appropriateness of utilizing individual (1:1) versus group therapy treatment. Included in this document are definitions and the comparison of individual and group therapy. Although this document is provided by the APTA the decision making process and the comparison of benefits certainly can be applied across all disciplines.

The two documents referenced above are attached to this FFF.

Please take a few minutes to review these clinically focused articles that support the utilization of group rehabilitation when clinically indicated and based on patient need. In order to provide all patients the opportunity to reach optimal outcomes, we must thoughtfully consider not only the treatment techniques/modalities to be utilized, but equally the best mode of delivery necessary to reach established goals. There are many clinical benefits to patient participation in group. Let us be sure we are considering the clinical appropriateness of this opportunity for each patient as we develop an individualized plan of care necessary to attain goals and prepare the patient for safe and effective transition to the next level of care.
It is important for the physical therapy profession to look for and identify what is the right amount of physical therapy that ensures a patient the optimal outcome. Research demonstrates that group rehabilitation may be as equally effective as individual therapy in specific situations or for certain patient populations. The mode of skilled physical therapy must be supported clinically and well documented. The decision to use skilled group physical therapy in any setting should be based on patients’ needs and clinical presentation.

RESEARCH ON THE VALUE OF GROUP REHABILITATION

Group Format Rehabilitation Is Equally Effective as Individual Therapy in Patients With Surgically Repaired Rotator Cuff Tears [Physiother Res Int. 2019;June 23:e1795]

Conclusion: Group physiotherapy may be as effective as individual formats in improving active range of motion and functional outcomes of participants with surgically repaired rotator cuff tears. Further research is needed to determine the optimal age range for group therapy interventions in this population.

A Hospital-Based Fall Prevention Program in the Community: Opportunities for Frail Older Adults to Participate in Ongoing Physical Activity [Healthc Q. 2018;21(3):64-70]

Conclusion: Older adults who participated in a hospital-based falls prevention program were able to continue engaging in physical activity after completing the 6-week program. Participants sustained gains with the support of an interdisciplinary comprehensive falls risk assessment, individualized goal setting, group exercise and education, home visits by health professionals when needed, and partnership with community agencies for follow-up exercises.


Conclusion: Patient education followed by basic body awareness therapy (BBAT) in groups may benefit patients with hip osteoarthritis. Movement awareness and exploration of movement quality BBAT principles helped patients find resources for daily functional movement. Also, implementing group therapeutic factors in physiotherapy was found to strengthen patients’ motivation and belief in functional improvement.

The Effectiveness of an Exercise Programme on Dynamic Balance in Patients With Medial Knee Osteoarthritis: A Pilot Study [Knee. 2016;23(5):849-56]

Conclusion: An exercise program using the star exclusion balance test was found to be effective in improving dynamic balance in patients with knee osteoarthritis. Dynamic balance is required in different activities of daily living in which patients might be at risk of falling. This improvement may be attributed to increased muscle strength and decreased pain following the program.


Conclusion: The results suggest that standard cardiac rehabilitation programs are a feasible and effective means of reducing the risk of future cardiovascular events for patients after minor stroke and transient ischaemic attack.


Conclusion: A functional program of non-weight-bearing group exercising was found to improve functional status, pain status, lumbar flexion, and extension ranges of motion in women suffering from nonspecific chronic low back pain.


Conclusion: This study highlights the positive experiences and value of group exercise classes for groups of people with diverse cancer and noncancer conditions. The physical, emotional and psychosocial benefits suggest that hospices and other palliative services should explore similar programs as part of their rehabilitation services.
Group Exercise Training for Balance, Functional Status, Spasticity, Fatigue and Quality of Life in Multiple Sclerosis: A Randomized Controlled Trial. [Clin Rehabil. 2013;27(9):813-22]

Conclusion: Supervised group exercise training was found to be effective in improving balance, functional status, spasticity, fatigue, and quality of life in moderately affected people with multiple sclerosis, with no worsening of their clinical status.


Conclusion: The community-based group exercise program was found to be safe, feasible, and effective. While some measures showed no improvement, there was no evidence of decline. This is an important outcome for people with progressive neurological disorders and suggests that community-based group exercise is a promising option for people with Parkinson disease.


Conclusion: Group rehabilitation was found to reduce back pain and to improve functional status and quality of life in women with postmenopausal osteoporosis, who were able to maintain these outcomes for 6 months. The use of physical exercises might strengthen the habit to training.


Conclusion: Given that adherence to adaptive physical activity is the key predictor of improved back pain, the study suggests that future efforts should focus on strategies to improve adherence.


Conclusion: Group rehabilitation integrated with individual treatments was shown to be more effective than individual treatments alone in improving independence measured by the FIM™ scale. While both study groups obtained statistically significant clinical improvements, the improvement in the FIM™ scale was significantly better in the integrated treatment group.


Conclusion: Evidence shows that rehabilitation in a group format results in equivalent clinical outcomes to similar therapy in an individual format in the treatment of back pain and urinary incontinence.


Conclusion: Inpatient group therapy task training for patients with moderate to severe stroke was shown to be safe and as effective as a dose-matched individual therapy task training. Task training in a group format may be delivered as an alternative to individual therapy or in addition to it as a way to increase time spent in gait-related activities.


Conclusion: A group-based program was found to be safe and acceptable to older adults with impaired mobility and resulted in potentially clinically meaningful improvements in mobility.

Effects of Group, Individual, and Home Exercise in Persons With Parkinson Disease: A Randomized Clinical Trial [J Neurol Phys Ther. 2015;39(4):204-12]

Conclusion: Delivery method and the presence of common comorbidities impact the success of rehabilitation for people with Parkinson disease. Researchers found: 1) home exercise was least effective at improving mobility; 2) individually treated participants improved the most in balance and functional measures; 3) group class participants improved mainly in gait measures; and 4) the presence of certain comorbidities limited success of interventions primarily for home exercise participants.

Older Adults’ Motivating Factors and Barriers to Exercise to Prevent Falls [Scand J Occup Ther. 2011;18(2):153-60]

Conclusion: The results of the study suggest the need for greater involvement from all health professionals in motivating older adults to attend exercise groups. The results also suggest that physical therapists should be more aware of the importance of comparative levels of physical function when including participants in exercise groups.
When is it appropriate to provide group therapy versus individual—one-on-one—therapy? This decision tree can help you determine the approach you should take, using the following assumptions:

- All patients receive individual services. For some, those services will be supplemented with group therapy based on the patient’s needs, desires, and goals.
- Interventions provided in group therapy will require the skills of a licensed provider, will be medically necessary, and will enhance the therapeutic experience.

**Can the therapeutic intervention be provided using group therapy to achieve plan of care goals?**

- **NO**: Provide individual therapy only
- **YES**: Will group therapy provide a value-added benefit and enhance the therapeutic experience?
  - **NO**: Provide individual therapy only
  - **YES**: Is the individual open to participating in group therapy?
    - **NO**: Provide individual therapy only
    - **YES**: Provide group therapy with individual therapy

**Comparison of Benefits**

**Individual Therapy**
- More easily maintains confidentiality
- Allows the therapist a more thorough understanding of patient specific problems
- Enables a more intense and comprehensive level of treatment
- More easily allows for the pace of therapy to be adjusted—sped up when the patient can handle it or slowed down when the patient needs more time
- Fosters the strongest therapeutic alliance, or patient-therapist relationship. This alliance is a key component of a successful therapy intervention
- Better allows the patient to develop self-awareness by discussing issues and getting feedback from the therapist
- Better allows the therapist to determine the patient’s level of communication skills and more easily adapt to meet patient needs

**Group Therapy**
- Creates a network that promotes growth and learning by enabling patients to receive and give support, and to share experiences different points of view
- Increases access to care by allowing for more patients to be seen during a given time
- Improves patients’ socialization skills
- Satisfies the need for individuals to identify with others who share similar experiences and see they are not alone
- Reduces social isolation and enhances coping mechanisms
- Takes the spotlight off an individual who is not comfortable being singled out
- Allows for modeling—a form of learning in which individuals learn by imitating the actions of others
- Is more cost-effective than one-on-one therapy
- Is supported by evidence to promote increased patient engagement and sustainable outcomes
- Enables the therapist to perform interventions in more complex or distractible environments that mimic real-world experiences
- Mirrors day-to-day life tasks that patients typically do with others
- May provide a healthy competitive environment that can enhance the patient’s engagement

**Definitions:**

**Individual (One on One) Therapy**: A session involving a therapist or therapist assistant providing an intervention to one patient.

**Group Therapy**: A session in which a qualified rehabilitation therapist or therapist assistant is treating 2 to 6 patients at the same time who are performing the same or similar activities. (Turn over for a comparison of benefits between individual and group therapy.)