

A Survey of Clinical Instructor's Perspectives on Teaching Thrust Joint Manipulation to Physical Therapist Students

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Abstract: The purpose of this study was to investigate clinical instructor's (CI's) perspectives on teaching thrust joint manipulation (TJM) to physical therapist students during clinical education. A literature review of current research and a survey helped to understand factors that impact clinical instructors decision making when choosing to allow their students to perform TJM.

Background: Studies have been performed looking at this issue from the perspective of a clinical student. However, understanding the factors that influence CIs when allowing their student to perform TJM helps us to understand the utilization of TJM by physical therapist students.

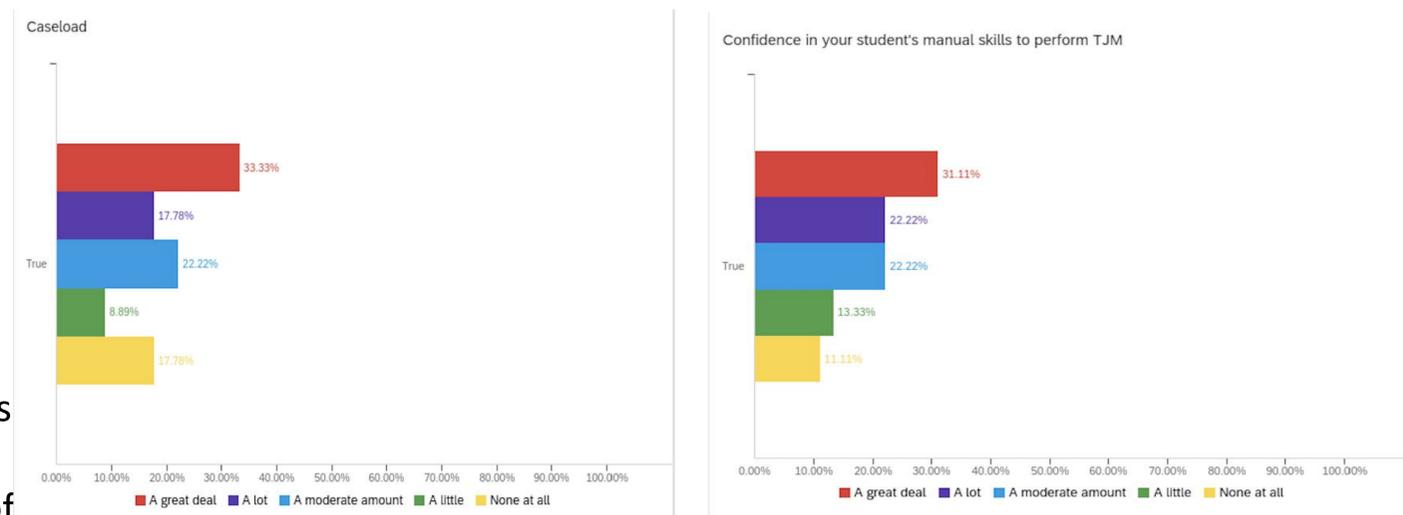
Hypothesis: We hypothesized that the survey will show the lack of TJM use by clinical students.

Methods: A 28 item survey was sent to CIs across 30 states. The survey was created through feedback from current CIs as well as professors and students at Northeastern University. The survey was sent out in February of 2020 and remained open for 6 weeks.

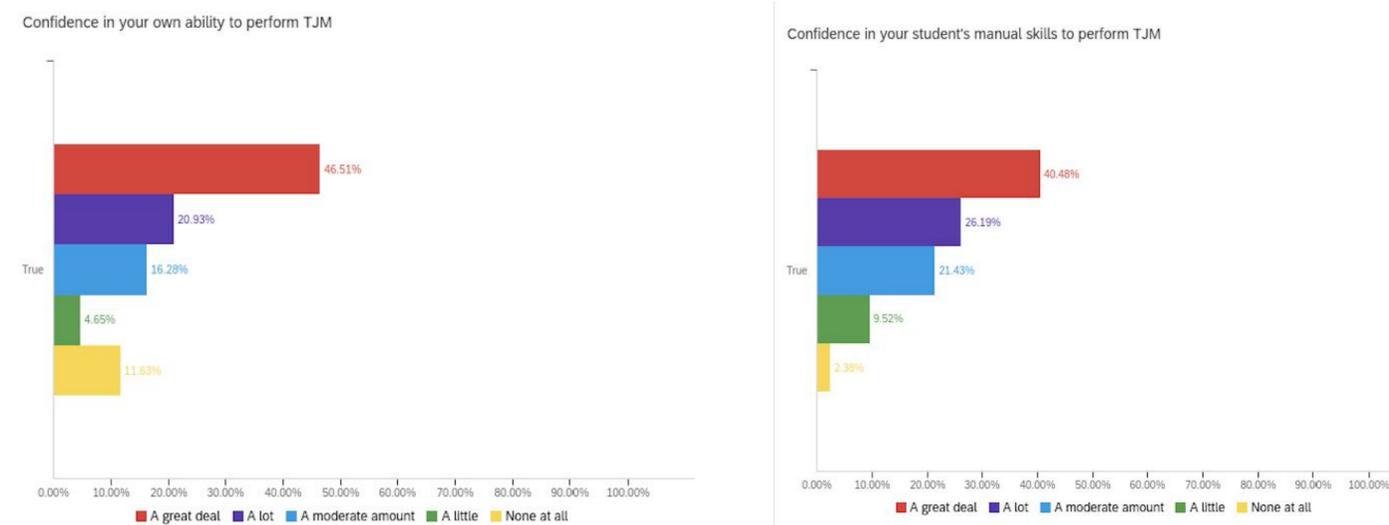
Limitations: Limitations of this study included a possible low response rate and skewed demographics from biased survey responses.

Discussion: We found that caseload (33%) and CI's confidence in their student's ability to perform TJM (31%) were the two biggest barriers to clinical students performing TJM in the clinic. The two biggest facilitators to clinical students performing TJM were the CI's confidence in their own skills in performing TJM (46%) and their confidence in their student's ability to perform TJM (40%).

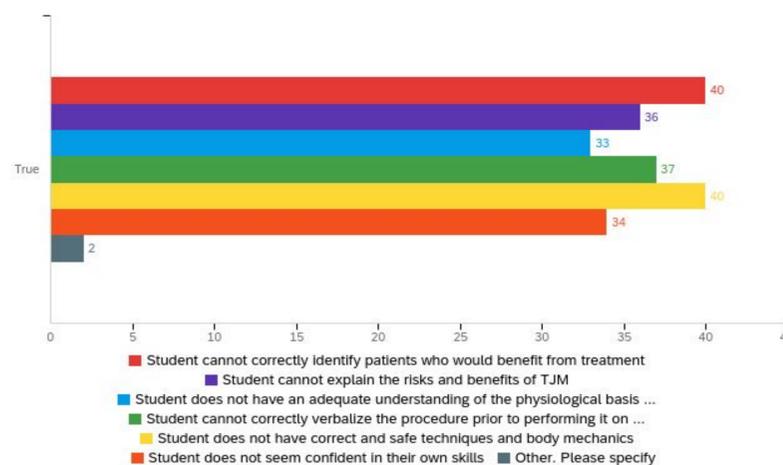
How much did any of the following barriers influence allowing your clinical student to perform TJM?



How much did any of the following factors facilitate you allowing your clinical student to perform TJM?



What factors lead to you preventing your student from performing TJM? (Please select all that apply)



Data: 51 people completed the survey. The majority of the responses (41%) were from therapists in the New England region with had 6-10 years of experience as a licenced PT. The two practice settings that were most widely represented were outpatient private practice clinics (53%) and hospital-based outpatient clinics (37%).

Conclusion: Analysis of our results supported our hypothesis that there is a general lack of TJM use by clinical students. Low levels of CI's confidence in their student's abilities to perform TJM limits the student's chances to apply the skill in a clinical setting.

Relevance: These results benefit future physical therapy program's TJM curriculum. Our ultimate goal is to provide future physical therapist students with more opportunity to use TJM on clinical education experiences.