

Differences Between Group and Individual Care Systems in Neurorehabilitation: Where Are We Headed?

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The demand for rehabilitation is growing; however, studies demonstrating the superiority of the group format do so through statistical significance, not clinical significance. Individual rehabilitation may provide better patient-therapist interaction and, therefore, may benefit some individuals

In recent years, evidence has emerged showing that group therapies, compared to individual therapies, are as effective or more so.¹⁻⁴ However, there are also reports indicating that individualized exercise instruction may be more beneficial than standard group care for improving balance, although group care may be better for improvements reported by patients.⁵

The demand for rehabilitation services is growing, driven by population growth and aging.² Rehabilitation methods and physical therapy can have significant economic impacts on healthcare resources.⁴ The improvements also generated in group treatment include the following: the vast majority report that they prefer to continue with this modality;¹ the potential cost savings in terms of care, as group therapy often requires less therapist time compared to individual therapy;⁴ it also allows patients to receive the benefits of more intensive therapy while using the same amount of resources.² Another benefit may be the peer support experienced in a group setting, especially when patients complete exercises in pairs.³

However, those studies that demonstrate superiority do so by surpassing the threshold to achieve statistical significance, although they fail to exceed the threshold in other aspects of clinical or personal significance.⁶

Therefore, in the absence of differences or when these derive from statistical significance, the evidence generated by qualitative studies allows us to gain a deeper understanding of preferences.

Van Kessel et al. report that physiotherapists perceive group training as a good adjunct to avoid

losing one-on-one therapy.⁷ Physiotherapists also highlight the positive social aspects they observe in patients, as seeing other people with the same disability empowers them.⁷ That coincides very much with patients' perceptions of group therapy.⁸ However, some feel that being with others during rehabilitation makes them lose focus, and at times, a lack of staff limited the amount of exercise they wanted to do.⁸ Other negative aspects considered by patients included the amount of supervision they received in group care, the reduced feedback, and the need to wait for the therapist to continue their exercises.⁸

Physiotherapists perceived that the group therapy model was effective for patients with the ability and self-determination to attend sessions independently.⁷ Additionally, Lahelle et al. reported that physiotherapists find it challenging to choose exercises and create good group dynamics when starting points differ so greatly.⁹

The behavioral belief that physiotherapy should be individualized seems to contribute to ambivalent attitudes toward group therapy.⁷ Behavioral beliefs about individual rehabilitation appear to be largely shaped by people's experiences with the effects of their self-treatments.⁷

On the other hand, several individuals valued the opportunity to observe the progress of others and reported that it gave them hope and motivation for their self-recovery.⁸ It is important to note that individuals receiving individual therapy also reported having the opportunity to observe other patients and experience camaraderie and peer support, suggesting that these benefits may not be limited to the therapy format.⁸

Individual physiotherapy can provide more frequent opportunities for patient-therapist interaction and responsive direct feedback and may be the best option for some individuals.⁸ When using group formats, therapists should take this need into account.⁸

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Bennett et al. recommend that a “menu” of therapy options be explained and made available to accommodate the diversity of patients’ needs, preferences, and abilities.⁸ Therefore, physicians and service providers should offer flexibility and personalized scheduling regarding the timing, duration, and frequency of therapy, as well as education and options related to the need for rest and supervision (individual or group).⁸ This opportunity to participate in choice and decision-making should be an important aspect of rehabilitation.⁸

Despite all the aforementioned efforts, there are still unresolved questions. What is the current state of physical therapy delivery for individuals with neurological sequelae? Are the perspectives of patients and healthcare providers considered? Do those who prefer individual care pay a differential fee?

It is necessary to consider that the time between the submission of research to a scientific journal and its implementation in practice is 17 and 23 years, respectively.¹⁰

Translating scientific discoveries into patient benefits more quickly should be a policy priority for many health research systems.¹⁰

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