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Potential Barriers to Accessing Physiotherapy Services Among Community-Dwelling Elderly in Goa: A Narrative Review

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Abstract:

Introduction & Background

Ageing population is accompanied by an increasing rise of chronic diseases, functional limitations and disability resulting in a growing need for rehabilitation services. Physiotherapy plays an important role in maintaining mobility, strength, balance, independence and participation among older adults. However, the availability of physiotherapy services does not necessarily ensure that older adults are able to access or continue using these services. Several individual, socioeconomic, environmental, family-related and healthcare related factors may influence the adherence to physiotherapy by elderly. Goa has growing elderly population, making it important to understand potential barriers that may affect utilization and adherence to physiotherapy services by community dwelling elderly.

Objective

To identify and discuss the potential barriers to accessing physiotherapy services by community dwelling elderly in Goa and to highlight possible approaches that may improve accessibility and continuity of physiotherapy care.

Methodology

A narrative review was adopted. Relevant literature concerning ageing, community-dwelling older adults, physiotherapy, geriatric rehabilitation, healthcare access and utilization, community participation, treatment adherence, home-based rehabilitation, community-based rehabilitation and telerehabilitation was reviewed. Literature from PubMed, Google Scholar, Scopus and relevant World Health Organization and Government of India sources were considered. Literature addressing barriers related to individual, socioeconomic, environmental, family and healthcare were synthesized thematically, with consideration given to evidence related to the Indian and Goan context.

Results

The reviewed literature indicates that access to physiotherapy services among community dwelling elderly may be influenced by multiple interacting barriers. Commonly identified potential barriers include limited awareness about physiotherapy, misconception about ageing, financial constraints, transportation difficulties, geographical distance, physical limitations, dependence on caregivers, fear of falling, social

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isolation, health literacy and communication difficulties. Digital literacy, internet connectivity and concerns regarding tele rehabilitation services may also influence access to emerging remote rehabilitation services. Environmental accessibility, waiting time and continuity of care may further affect regular utilization and adherence to physiotherapy.

Conclusion

Access to physiotherapy among community dwelling elderly is a multidimensional issue influenced by individual, socioeconomic, environmental, family-related and healthcare system related factors. Community based and domiciliary physiotherapy, improved referral pathways, caregiver education, awareness programs and integration of rehabilitation into primary healthcare may help reduce some of these barriers. Tele rehabilitation or hybrid models may provide an additional option for selected individuals, although digital literacy and technological accessibility need to be considered. Further research specifically investigating physiotherapy access and barriers among community dwelling elderly in Goa is required to develop locally appropriate and accessible rehabilitation services.

Keywords: Ageing, Community-dwelling elderly, Physiotherapy, Rehabilitation, Healthcare access, Barriers, Goa.

1. INTRODUCTION

1.1 Ageing

Ageing is natural and lifelong biological process associated with progressive changes in multiple body and organ systems. These changes gradually affect physical and mental capacity and increase susceptibility to diseases[1]. Ageing does not occur at the same rate in all individuals, and chronological age alone does not adequately describe an individual's functioning status. Physiological changes associated with ageing can affect muscle strength, endurance, flexibility, balance and mobility. Older adults are more likely to develop chronic diseases and multimorbidity's, which can further affect functional independence and quality of life[1,2]. Ageing population has become an important demographic change worldwide leading to growing requirement for health, social-care and rehabilitation services[3]. In Goa, the proportion of the elderly population aged 60 years and above increased from 8.33% in 2001 to 11.21% in 2011, indicated towards the importance of considering the healthcare needs of the state's ageing population[4].

1.2 Community-dwelling elderly

Community-dwelling elderly generally refers to older adults who live within the community rather than in institutional or long-term residential care. In India, individuals aged 60 years and above are generally considered older persons under national elderly healthcare programes[5]. Community dwelling older adults represent a diverse population. Some are independent and physically active, whereas others experience limitations in mobility, activities of daily living and participation. The Longitudinal Ageing Study in India (LASI) provided information on health, socioeconomic status and healthcare utilization by older adults. The LASI data suggested that socioeconomic status, education levels, insurance coverage may influence healthcare utilization by older adults in India[6,7]. A qualitative study conducted among elderly in Goa

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reported concerns related to joint pain, chronic health conditions, family and financial issues, and limited awareness of available community resources[8]. Although the study does not examine physiotherapy access, its findings can be considered for knowing local context to barriers to rehabilitation.

1.3 Effect on community participation

Community participation involves involvement in social, recreational, cultural and other activities outside the home. Meeting friends and relatives, participating in leisure activities, volunteering and attending social or cultural events are examples of community participation[9,10]. Age related reductions in mobility, and physical limitations may make participation in these activities difficult. Environmental factors such as transportation, walking ability and social support also influence participation[11]. Therefore, we can conclude functional limitations affect more than physical independence.

1.4 Role of Physiotherapy in Geriatrics

Physical activity is an important component of healthy ageing. Regular physical activity contributes to maintaining physical function and reducing consequences associated with physical inactivity[12]. Physiotherapy benefits older adults with musculoskeletal conditions, neurological disorders, balance impairments, falls, chronic pain, weakness and deconditioning. Exercise programs involving balance and functional training have shown reduction in falls among community-dwelling elderly [13,14]. Rehabilitation is recognized by the World Health Organization as an essential health service, and the need for rehabilitation is expected to increase with ageing population and growing burden of chronic conditions in elderly [15]. Thus, physiotherapy is seen not just as postoperative or injury related service but also has a major role in preventive rehabilitation and health promotion.

1.5 Barriers to Adherence to Physiotherapy Treatment

Access and adherence are related distinctly. Access refers to the ability to obtain and use a healthcare service, whereas adherence refers to the extent to which an individual follows an agreed treatment program. Previous research has identified several barriers to physiotherapy adherence, including low self-efficacy, psychological factors, pain during exercise, poor social support and perceived difficulties associated with treatment[16]. Adherence may additionally be affected by motivation, fear of falling, health status, socioeconomic status, physical ability and characteristics of the exercise program[17,18]. A recent mixed method systemic review of community dwelling elders identified multiple factors influencing exercise adherence, including environmental context and resources, social influences, skills, emotions and motivation[18]. These findings are important because an individual cannot adhere to physiotherapy treatment if the service itself cannot be reached or accessed.

2. OBJECTIVE

To identify and discuss the potential barriers to accessing physiotherapy services by community dwelling elderly in Goa and to highlight possible approaches that may improve accessibility and continuity of physiotherapy care.

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3. METHODOLOGY

3.1 Study Design

A narrative design was adopted to explore the broad and multidimensional issue of physiotherapy accessibility among community-dwelling older adults. A narrative review was considered appropriate because the topic involves multiple interacting dimensions, including individual characteristics, family support, socioeconomic status, transportation, environmental accessibility, healthcare utilization and rehabilitation service delivery.

3.2 Literature search

Relevant literature concerning ageing, community-dwelling older adults, physiotherapy, geriatric rehabilitation, healthcare access and utilization, community participation, treatment adherence, home-based rehabilitation, community-based rehabilitation and telerehabilitation was considered. Literature from PubMed, Google Scholar, Scopus and relevant World Health Organization and Government of India sources was reviewed.

3.3 Search terms

The following terms and combinations were considered:

- Community-dwelling elderly
- Older adults
- Physiotherapy
- Geriatric rehabilitation
- Physical therapy
- Rehabilitation access
- Healthcare access
- Healthcare utilization
- Barriers
- Community participation
- Tele-rehabilitation
- India
- Goa

3.4 Selection of literature

Literature was considered when it provided information related to one or more of the following:

a. Healthcare or rehabilitation access to older adults.
b. Barriers to physiotherapy or rehabilitation.
c. Community participation among older adults.
d. Home-based or community-based rehabilitation.
e. Healthcare utilization in India.

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f. Ageing and rehabilitation in the India and Goa context.
g. Evidence specifically concerning older adults in Goa.

3.5 Thematic analysis

The findings were organized into major themes relating to individual, family/social, environmental and healthcare system barriers.

4. REVIEW OF LITERATURE

4.1 Healthcare access among older adults

Healthcare access among older adults is influenced by several socioeconomic and structural factors. Evidence from a study indicated that healthcare utilization in India is associated with factors including insurance coverage, socioeconomic status and literacy. Cost and distance can also influence access to healthcare services [6]. A 2023 analysis of LASI data found that healthcare seeking behavior and facility utilization varies among different age groups [7]. These findings are relevant to physiotherapy because rehabilitation may require repeated visits and therefore can be particularly affected by transportation costs, treatment expenses and other practical difficulties.

4.2 Barriers to rehabilitation access

Rehabilitation access is a multidimensional issue. A systematic review examining access to rehabilitation in low- and middle-income countries identified limitations related to availability, affordability, geographical accessibility and use of rehabilitation services[19]. The WHO has emphasized the need to strengthen rehabilitation within health systems and improve the availability, quality and accessibility of rehabilitation services[15]. A recent systematic review focusing specifically on older adults identified socioeconomic barriers on the demand side and geographical barriers on the supply side. Community factors and the digital divide could influence both demand and supply[20]. Therefore, simply increasing the number of physiotherapy facilities may not be sufficient if older adults cannot afford, reach or appropriately use the services.

5. POTENTIAL BARRIERS TO ACCESSING PHYSIOTHERAPY SERVICES

5.1 Lack of Awareness:

Lack of awareness about physiotherapy may prevent older adults from seeking rehabilitation. Some elderly people may associate physiotherapy mainly with fractures, surgery or sports injuries and may not recognize its role in chronic pain, arthritis, weakness, balance impairments, falls prevention and age-related functional decline. Older adults also reported limited knowledge regarding the preventive role of physiotherapy in fall prevention, with some believing that physiotherapy is only required after a specific injury or fall. The Goa specific qualitative study also reported that participants have limited awareness of community resources available for elderly[8]. This highlights the importance of community-level health awareness.

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5.2 Misconception about ageing:

Pain, stiffness, weakness and reduced mobility may sometimes be considered unavoidable consequences of ageing. Such beliefs may delay professional assessment. An older adult may progressively reduce physical activity because they believe that their physical limitations cannot be improved. Healthy ageing, however, focuses on maintaining functional ability and participation rather than simply accepting functional decline as an unavoidable consequence of chronological age[1].

5.3 Financial Constraints:

Financial limitations may affect access to physiotherapy particularly when repeated treatment is required. Expenses may include treatment fees, transportation, assistive devices and costs incurred by family members. Evidence from earlier research indicates that socioeconomic status and insurance coverage are associated with healthcare utilization among community dwelling elderly[6,7]. A recent national analysis also reported cost and distance among important barriers to healthcare access for older adults in India6. Thus, knowing about financial barriers is important when the patient requires multiple sessions over an extended period.

5.4 Transportation Difficulties:

Transportation is a major barrier for older adults with mobility limitations, specifically for the ones using assistive aids. It is an important environmental factor influencing community participation among older adults[11]. Individuals with severe knee pain, neurological weakness, balance impairments, those using crutches or wheelchairs for ambulation may find difficulties using public transportation and depend on family members or private transport.

5.5 Geographical Distance:

Although goa is a small state, distance alone does not determine accessibility. Road connectivity, availability of public transport facilities, mobility limitations and dependency on caregivers/family members determine whether travelling to a physiotherapy clinic/ hospital is practically possible. Therefore, WHO has recommended integrating rehabilitation into primary healthcare partly as bringing rehabilitation closer to communities can improve accessibility.

5.6 Physical Limitations:

The condition requiring physiotherapy may prevent the older adult from attending an outpatient clinic. An individual with severe weakness, poor balance, post stroke disability or significant musculoskeletal limitations may be unable to travel independently. This creates an important challenge in geriatric rehabilitation. Older adults with greater rehabilitation needs have greater difficulty reaching rehabilitation services. Home-based rehabilitation may therefore be relevant for selected patients. Recent systematic review and meta-analysis of 27 RCT's involving 4948 community dwelling older adults suggests that home rehabilitation can improve activities of daily living and physical performance in community dwelling elderly with low physical performance[21].

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5.7 Dependence on family Members:

Mostly family members may assist older adults with Transportation, finances, appointment scheduling and mobility. When family members are working, living away or having competing responsibilities, regular attendance may become difficult. Thus, family support can facilitate treatment attendance and help older adults perform prescribed home exercises.

5.8 Fear of falling:

Fear of falling may make older adults reluctant to leave their homes or travel independently. Previous falls may result in reduced confidence and activity restrictions, which can contribute to further weakness and deconditioning. This is relevant because exercise and balance programs can reduce falls among community dwelling elderly[13,14]. However, individuals with substantial fear of falling may initially require caregiver assistant or home-based intervention.

5.9 Inadequate of referral:

Older adults may not always receive appropriate referrals to physiotherapy. An individual may consult a physician for knee pain, back pain, weakness or mobility problems but may not be referred to as rehabilitation. Strengthening communication between physicians, physiotherapists, nurses and primary healthcare providers may improve identification and referral of elderly who require rehabilitation[15]. Indias national program for health care of elderly also includes physiotherapy and rehabilitation within geriatric healthcare services[22].

5.10 Limited availability of Domiciliary Services:

Home based/ Domiciliary physiotherapy may be particularly useful for elderly people who are unable to travel. However, the availability of home-based services may depend on workforce availability, geographical coverage, travel requirements and affordability. Community based rehabilitation may provide an additional approach. A recent systematic review and meta-analysis found that community-based rehabilitation centers can improve aspects of physical fitness among community dwelling elderly[21].

5.11 Social isolation:

Social isolation may influence healthcare access and participation. Older adults living alone may lack someone to accompany them to appointments or assist with home exercises. At the same time, group-based community exercise may provide both physical activity and social interaction. Social support is an important environmental factor associated with community participation among older adults[11].

5.12 Cultural Beliefs and Treatment Preferences:

Some older adults may initially prefer home remedies, massage or traditional treatment approaches for pain and mobility problems. These approaches may coexist with professional healthcare, but exclusive reliance on them may delay physiotherapy assessment. Understanding local beliefs and communicating respectfully may therefore be important when developing community rehabilitation programs.

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5.13 Health Literacy:

Health literacy may affect an individual understanding of physiotherapy and the importance of continuing treatment. For example, an older adult may discontinue treatment once pain decreases without understanding the importance of continued strengthening, balance training or functional exercises. Therefore, physiotherapy education should be simple, practical and adapted to the individual's ability to understand and remember instructions.

5.14 Language and Communication:

Communication difficulties may affect both access and adherence. Older adults may be more comfortable receiving Health information in their preferred language. In Goa, different individual's may communicate primarily in Konkani, Marathi, Hindi or English. Demonstrations, pictures and simple instructions can be useful when explaining exercises and treatment plans. Language and Communication barriers have also been identified as factors influencing access to rehabilitation and home care services in older population.

5.15 Digital Literacy:

Tele-rehabilitation may reduce travel related barriers for some older adults. Physiotherapists-led exercise-based telerehabilitation has been investigated as an alternative to face-to-face rehabilitation for older adults, with evidence suggesting potential benefits for patient and health service outcomes[23]. However, older adults may have trouble using smartphones, video call platforms or digital healthcare applications. Therefore, digital rehabilitation should complement rather than completely replace face-to-face care.

5.16 Physical Accessibility of Healthcare Facilities:

The physical environment of a physiotherapy facility can influence accessibility. Potential Barriers include stairs without appropriate handrails, absence of ram0s, slippery surfaces, inadequate lighting, Inaccessible toilets and inadequate space for walking aids or wheelchairs. Recent research in community dwelling older adults demonstrated the importance of environmental barriers and facilitators in functioning, activity and participation. Age friendly Healthcare environments should accommodate the functional Limitations of older adults[24].

5.17 Waiting time and Clinic Timings:

Long waiting times may discourage older adults from attending physiotherapy. This may be problematic when the patient depends on a family member for transportation. Patient experience and Healthcare service characteristics, including waiting time, can influence Healthcare utilization among elderly in India. Appropriate appointment systems and suitable clinic timings may improve accessibility.

5.18 Psychological Barriers:

Fear, low confidence, low Motivation and negative expectations may affect treatment seeking and adherence. Studies on exercise adherence among older adults have identified psychological and behavioral

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factors such as low self-efficacy, motivation and fear of falling as relevant barriers[16-18]. Patient centered goal setting, regular feedback and positive reinforcement may help improve confidence and participation.

5.19 Complexity of Home exercise programs:

A complicated home exercise program may be difficult for older adults to remember or perform correctly. Program should be individualized, progressive and related to functional goals. Exercise adherence research supports approaches involving education, monitoring, feedback, social support and individually tailored programs[17,18].

5.20 Lack of continuity of care:

Physiotherapy often requires repeated assessment and progression. Interruptions may occur because of transportation difficulties, financial constraints, illnesses, caregiver availability or lack of follow up. Continuity of care is therefore important for achieving rehabilitation goals.

6. DISCUSSION

The available literature suggests that access to physiotherapy among community dwelling elderly is influenced by multiple interacting factors rather than a single barrier. Healthcare access among older adults is affected by socioeconomic status, healthcare utilization patterns, insurance coverage, geographical accessibility and individual characteristics[6,7,20]. These factors are particularly relevant to physiotherapy because rehabilitation frequently requires repeated visits and active participation over aa period An older adult may recognize the need for physiotherapy but still be unable to attend because of transport difficulties, financial limitations or dependence on family member. Thus, barriers to avail physiotherapy services may extend beyond the healthcare facility itself. This issue is particularly important in geriatric rehabilitation because functional impairment may simultaneously increase the need for rehabilitation and decrease the ability to reach conventional outpatient services. Older adults with weaknesses, pain, balance impairments or reduced mobility may have difficulty travelling independently. Evidence regarding home rehabilitation suggests that appropriately designed rehabilitation programs delivered in home environment can improve physical performance and activities of daily living among community older adults with low physical performance[21].

Adherence is another important factor. Even when physiotherapy services are available, treatment outcomes may be affected if older adults are unable to follow prescribed exercise programs or attend sessions regularly. Previous research has identified factors such as self-efficacy, motivation, social support, perceived barriers and psychological factors as being associated with exercise or treatment adherence[16,18]. Therefore, improving access should involve not only bringing the patient to the service but also ensuring that treatment is understandable, acceptable and feasible within the individual's daily life. Community based rehabilitation may provide another approach for addressing some of these limitations. Community based rehabilitation centers and programs can bring rehabilitation closer to where older adults live and may simultaneously provide opportunities for physical activity and social interaction[25]. This

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approach may be particularly relevant were transportation or caregiver availability limits regular attendance at conventional physiotherapy clinics.

The availability of rehabilitation services alone, however, does not guarantee equitable access. A systematic review of rehabilitation access in low- and middle-income countries identified barriers related to availability, affordability and geographical accessibility[19]. Similarly, recent evidence focusing specifically on older adults has identified socioeconomic, geographical, community level and digital factors as important influences on access to health and social[20]. These findings support the need to consider physiotherapy accessibility as a multidimensional issue. Digital rehabilitation may provide an additional option for some community dwelling older adults. Physiotherapists-led tele rehabilitation has demonstrated potential benefits for older adults and may reduce the need for travel to healthcare facilities[23,29].

Evidence specifically examining physiotherapy utilization among community dwelling elderly in Goa remains limited. Consequently, findings from international and National studies should be considered as potential explanations rather than direct evidence that all identified barriers occur among elderly people in Goa. Overall, the literature indicates that improving physiotherapy access requires interventions at several levels. The potential barriers identified in this article can be organized into several interconnected levels as follows.

Level	Potential Barriers
Individual	a. Lack of awareness, b. Pain c. Weaknesses d. Fear of Falling e. Low Motivation f. Health literacy
Family/Social	a. Dependence on caregivers b. Social isolation c. Limited family support
Environmental	a. Transportation b. Geographical distance c. Inaccessible facilities
Healthcare System	a. Cost b. Referral c. Waiting time d. Workforce e. Service availability
Digital	a. Limited digital literacy b. Difficulty using tele-rehabilitation

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These factors may interact rather than occur independently. For example: elderly person may understand the importance of physiotherapy but still be unable to attend the sessions because of low financial status and transportation problems. The lack of Goa specific research remains an important gap. Future studies should directly investigate the prevalence, and relative barriers present in front of the elderly from Goa. The results thus identified would help design the appropriate strategies to overcome the same.

7. RECOMMENDATIONS

- Community awareness and screening programs can educate older adults regarding mobility, falls, exercise, chronic pain and the role and importance of physiotherapy in it.
- Providing physiotherapy services closer to where elderly live and at affordable fees will reduce the financial, transportation and geographical barriers. Community based rehabilitation has demonstrated potential benefits for physical fitness among community dwelling older adults[23].
- Affordable home-based physiotherapy services should be considered for community dwelling elderly.
- Caregivers should be educated about importance of treatment continuity.
- Clear referral pathways between primary healthcare providers and physiotherapists will help identify older adults who require rehabilitation.
- Community exercise programs can provide opportunities for physical activity while potentially reducing social isolation.
- Exercise and health education should be provided in simple local languages and easy to understand demonstrations.
- Tele-rehabilitation can be considered for suitable patients who have difficulties travelling, while recognizing limitations related to digital literacy and clinical suitability[25].

8. RESEARCH GAP

Although considerable literature is available about ageing, healthcare utilization, rehabilitation, community participation and physiotherapy adherence, limited attention has been directed towards the specific barriers affecting access to physiotherapy among community dwelling elderly in Goa. Evidence from other countries and other regions of India provides a useful framework, but barriers may differ according to local healthcare infra structure, socioeconomic status, transportation, family structure, and availability of rehabilitation services. Future research in Goa can examine perceived need for physiotherapy, financial barriers, transportation barriers, distance from services, referrals patterns, digital literacy. A community-based study can help identify which barriers are most important locally and guide development of physiotherapy services that are more accessible to older adults.

9. CONCLUSION

Physiotherapy has an important role in maintaining mobility, functional independence, physical activity and community participation among community dwelling elderly. However, the availability of physiotherapy services does not necessarily mean that older adults can access them.

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Potential barriers may occur at individual, family, environmental and healthcare system levels. These include lack of awareness, misconception regarding ageing, financial limitations, transportation difficulties, physical limitations, dependence on caregivers, inadequate referrals, social isolation, cultural beliefs, health literacy, communication difficulties, inaccessible facilities, waiting time and poor continuity of care and therapy. These barriers may interact and have a cumulative effect. For example, an elderly person with mobility limitations may simultaneously experience Transportation difficulties, caregiver dependence and financial Constraints.

In Goa, improving access to physiotherapy may therefore require a shift from a predominantly clinic centered approach towards a more community oriented, accessible and patient centered rehabilitation model. Community based physiotherapy, domiciliary rehabilitation, caregiver education, awareness programs, improved referral pathways and appropriately selected tele rehabilitation or hybrid models may help address some of these barriers. However, most of the available evidence comes from international or Indian studies rather than from physiotherapy specific research conducted in Goa. Therefore, further community-based research is needed to identify the actual barriers experienced by older adults in Goa and to determine which interventions can most effectively improve access to physiotherapy services.

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